NON-COMMUNICABLE DISEASES AND UK AID IN THE ERA OF COVID-19

STUDY AND REPORT FOR THE UK WORKING GROUP ON NCDs
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UK Working Group on NCDs

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A doctor meeting with a patient at her clinic in Uganda
CREDIT: PRIMARY CARE INTERNATIONAL /LIFENET

Acronyms and abbreviations

AfGH	Action for Global Health
BHP	Better Health Programme
DFID	Department for International Development
EANCDA	East Africa NCD Alliance
FCDO	Foreign, Commonwealth and Development Office
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	gross national income
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HLM	High-Level Meeting (UN)
HSS	health-system strengthening
IRC	International Rescue Committee
LICs	low-income countries
LMICs	low- and middle-income countries
MICs	middle-income countries
NCDs	non-communicable diseases
NGO	non-governmental organisation
ODA	overseas development assistance
PAHO	Pan American Health Organization
PCI	Primary Care International
PHC	primary health care
PLWNCDs	people living with NCDs
RCM	regional committee meeting
SDGs	Sustainable Development Goals
TB	tuberculosis
THET	Tropical Health Education Trust
UHC	universal health coverage
UK	United Kingdom
UKWG	UK Working Group on NCDs
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Family Planning Association
UNHCR	UN High Commissioner for Refugees
WHA	World Health Assembly
WHO	World Health Organization
WHO AFRO	WHO Regional Office for Africa
WHO EURO	WHO Regional Office for Europe
WHO SEARO	WHO Regional Office for South-East Asia
WHO WPRO	WHO Regional Office for the Western Pacific

Executive summary

This report advocates for non-communicable diseases (NCDs) and health systems strengthening (HSS) to be at the heart of future UK overseas development assistance (ODA) for health, as the world builds back from COVID-19. There is a need to increase understanding and action on NCDs globally by the UK government and stimulate policy that drives such ODA.

NCDs – chief among them cardiovascular disease, diabetes, cancer and chronic lung disease – account for 70% of premature deaths worldwide, with mental-health conditions adding significantly to this burden of ill health. They exact a huge toll on health, the economy and human potential, leading to tremendous social and economic burdens – and thus there is a need for global actors to prioritise funding to address NCD threats. Although the UK is recognised for its thought-leadership in international development and is the third largest donor in global health, there still remains a big gap in health systems in many of the low- and middle-income countries (LMICs) supported by UK ODA. The recent cuts in UK ODA could prove to be catastrophic for countries with weak health systems that are struggling with the increasing burden of NCDs, leading to excess premature deaths and disability, as indicated in this report. UK ODA has been reduced from its 0.7% of gross national income (GNI) commitment to 0.5% at a point when GNI is also reduced because of the economic crisis, resulting in significant cuts administered at short notice that have compromised health care delivery for NCDs in LMICs and challenged trust in the UK development sector.

The report highlights the challenges faced by people living with NCDs (PLWNCDs), the impact of COVID-19 on NCD health-care services, and the impact of aid cuts on NCDs and health systems. It includes findings from a survey and interviews with NCD professionals and PLWNCDs. This provides an insight into on-the-ground experience of NCDs in LMICs, which is consistent with the findings in the evidence reviewed.

Results from the survey show that many PLWNCDs suffer loss of income, pay for most of their health-care services out-of-pocket, and end up in poverty or experience catastrophic expenditure. The pandemic is disrupting health services including access to essential lifesaving medications and routine services: funding was redirected to COVID-19 and NCD clinics (including mental health services) closed to provide space for COVID-19 services, and staff were reassigned to COVID-19 care. Health systems were not well prepared to deal with the pandemic while still being able to continue to provide adequate services for NCDs. In addition, PLWNCDs were disproportionately affected by COVID-19, with higher rates of serious illness, hospitalisation and death.

NCDs are a development issue that requires a multisector and multilateral approach to address them. The pandemic has demonstrated the need for strong and resilient health systems that can cope with future emerging pandemics, while continuing to provide essential health services – and this will require increased funding towards HSS and universal health coverage (UHC).

Health worker with a patient in her clinic in Libya
CREDIT PRIMARY CARE INTERNATIONAL

Physical activity in Brazil
CREDIT: WORLD OBESITY FEDERATION IMAGE BANK

CREDIT © 2014 MONKEY BUSINESS IMAGES/SHUTTERSTOCK

The pandemic has created a significant economic burden both for the UK and for the countries where it provides ODA. This will challenge attempts to persuade policymakers to increase ODA funding for NCDs when they are being pressurised both by their own government and governments in LMICs to support management of COVID-19 in addition to other health issues (including allocations specifically to address NCDs). However, provision for NCDs is a core component of 'building back better' in response to the lessons learned from the COVID-19 pandemic – not least because people living with co-morbidities (such as diabetes or obesity) are at significantly increased risk of serious outcomes of COVID-19. The provision of the World Health Organization's implementation road map 2023–30 (itself a response to the WHO Global Action Plan for the Prevention and Control of NCDs 2023–2030) could provide guidance to support building back better, and bring the world closer to fulfilling its commitment to the Sustainable Development Goal on NCDs (target 3.4).

Collaboration between the UK Working Group on NCDs and its members, civil society organisations, the Foreign, Commonwealth and Development Office (FCDO) and PLWNCDs to address the issues highlighted in the report has the potential to strengthen the UK's capacity to address the needs of NCDs as part of building back better when the fiscal conditions to enable a return to ODA at 0.7% of GNI are met, currently predicted to be 2024/5.

IRC Physician screening blood pressure for a patient CREDIT IRC

'It is completely unacceptable that half the world still lacks coverage for the most essential health services. And it is unnecessary. A solution exists: universal health coverage allows everyone to obtain the health services they need, when and where they need them, without facing financial hardship.'

– Dr Tedros Adhanom Ghebreyesus, Director-General, WHO[1]

1 About this report and survey

The goal of this project is to ensure that NCDs and HSS are at the heart of future development assistance for health with a focus on UK ODA. **The project aims to increase understanding and action on NCDs globally by the UK government and stimulate policy that drives such ODA.**

The report addresses the context for NCDs as a development issue; the nature and impact of recent changes/reductions in UK ODA; the challenge and opportunity afforded by COVID-19 to bring NCDs firmly within health systems strengthening, and how to 'build back better' as/when the ODA of 0.7% of GNI commitment to aid is restored. It looks at building back better/fairer, resilience and recovery, and the need to continue investing in NCDs as part of ODA to advance towards UHC and HSS.

Information was gathered through desk research, a survey, and semi-structured interviews with people living with NCDs and key informants from a few organisations working in the NCD space. **The themes from the survey are discussed throughout this report, and also explored in the excerpts from in-depth interviews with PLWNCDs and key informants**. The Annex contains the methodology and limitations of the survey.

The survey was sent online to organisations targeted for their work in global health, to NCD alliances across several regions and to other non-governmental organisations (NGOs) focusing on NCDs. The link to the survey was also shared on social media. 33 different organisations responded to the survey link (see Annex).

Three PLWNCDs and six key informants were interviewed. In-depth interviews are important to provide the perspective of people potentially affected by cuts in ODA, avoiding it being just facts and figures. All interviews were recorded (with permission) and subsequently transcribed.

Community health worker checking diabetic feet for a patient
CREDIT: IRC

Community health worker reviewing drugs for an NCD patient – the International Rescue Committee (IRC) humanitarian response to the Syrian crisis in Jordan has expanded primary health care (PHC) interventions across the provinces of Mafraq, Irbid and Zarqa. CREDIT: IRC

2 NCDs, international development and ODA

2.1 Global context

NCDs* – such as cardiovascular disease (heart disease and stroke), diabetes, chronic lung disease and cancer – account for 70% of deaths worldwide, with mental-health conditions, such as depression, adding significantly to this burden of ill health. Together, these five NCDs are estimated to cost US$47 trillion in lost gross domestic product globally between 2010 and 2030, and 86% of premature deaths (occurring in those aged under 70) from NCDs are in LMICs.[2]

This epidemiological change has been driven by environmental, socioeconomic and behavioural risk factors: poverty (barriers in access to care), changes in demographics (ageing and urbanisation), environments that discourage physical activity, air pollution, and the influence of commercial determinants of health leading to the ready availability of tobacco, alcohol and food and drink high in fat, salt and sugar and low in other nutrients.[3]

NCDs are not a new problem and have been identified as one of the major challenges for sustainable development in the 21st century; they have received greater attention worldwide in recent years, as global efforts to address this growing health challenge have become more organised and prominent.[4] NCDs have surpassed communicable diseases as the leading cause of death in all continents except Africa, where NCD-related deaths are nevertheless projected to surpass deaths from communicable diseases, maternal/perinatal conditions and nutritional deficiencies by 2030.[5] Other NCDs, such as sickle cell disease, are also an important part of the disease burden in many low-income countries (LICs), as the Lancet NCDI (NCDs and injuries) and Poverty Commission clearly identified in 2020.[6]

** These NCDs are sometimes referred to collectively as 'chronic diseases', but this report follows the WHO in using the term NCDs (particularly as diseases such as HIV/AIDS can now be considered chronic, but are communicable diseases).*

2.2 Impact of NCDs on health and development

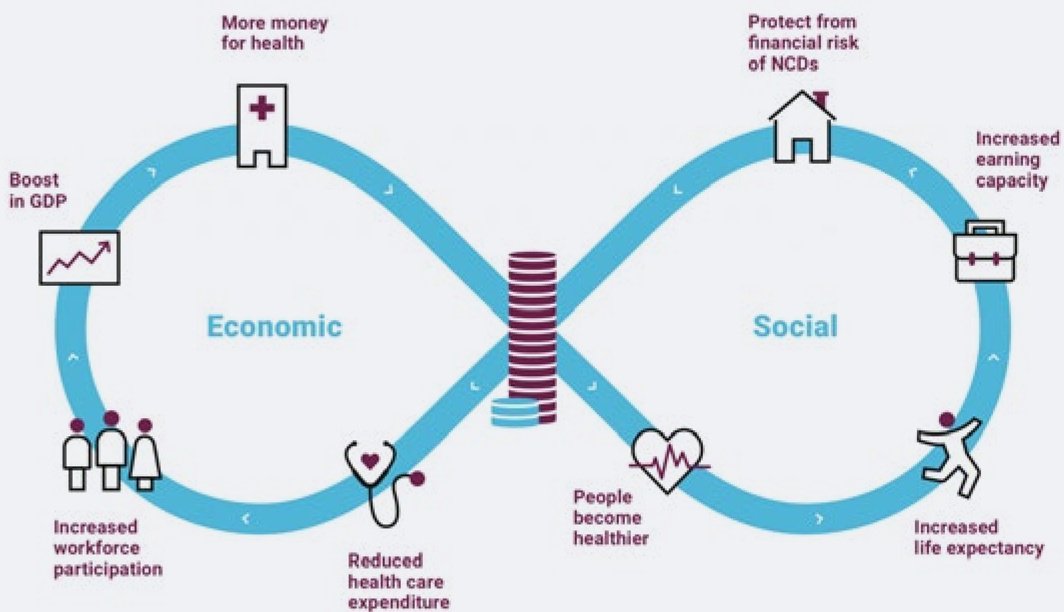
The impact of NCDs is growing rapidly, affecting people of all ages and income levels in all regions of the world. The problem is expanding most in LMICs, where more than three-quarters (32 million) of all NCD deaths occur.[7] The impact of NCDs often falls hardest on those least able to afford it: in low-income settings, health-care costs for NCDs quickly drain household resources, with the exorbitant costs of NCDs (including often lengthy and expensive treatment) combining with loss of income to force millions of people into poverty annually and stifle development.[8] Girls may be taken out of school to care for ill family members (fuelling gender and cross-generational inequalities) and catastrophic expenditure on health care leaves entire families unable to afford basic commodities. Obesity, underweight and nutritional deficiencies form a 'triple burden' of malnutrition in many families. NCDs increasingly destabilise already weak health systems and undermine attempts to achieve UHC. Health-care costs and productivity losses threaten to undermine gains in economic development. Improving prevention and management of NCDs also addresses global health security – for example, by improving preparedness to respond to communicable disease epidemics. Furthermore, NCD initiatives contribute to development goals by decreasing the economic burden of health needs and death, therefore improving the overall capacity for emergency response.[9]

The frustration is that we know what to do: there are evidence-based interventions that have been shown to be low cost and cost-effective,[10] but this requires sustained investment.

It is clear that NCDs threaten progress towards the 2030 Agenda for Sustainable Development.[11] The Sustainable Development Goals (SDGs), which form part of this Agenda, include a specific target (3.4) of reducing premature deaths from NCDs by one-third by 2030, and many other SDGs (on poverty, air pollution etc.) are closely linked with NCDs. In addition, the **'triple billion targets'** of the World Health Organization (WHO), to be achieved by 2023, also specifically address progress towards UHC, calling for 1 billion more people to be enjoying UHC, 1 billion to have better protection from health emergencies and 1 billion people to have improved health and wellbeing.[12] WHO further states that the rapid rise in NCDs is predicted to impede poverty-reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions, especially because they are at greater risk of being exposed to harmful products, such as tobacco, or unhealthy dietary practices, and have limited access to health services – and reduction in ODA will only serve to increase existing health inequity.

Therefore, NCDs exact a huge toll on health, the economy and human potential, leading to tremendous social and economic burdens due to absenteeism, job loss and costly medical expenses, as well as increased caregiving responsibilities or even the death of a breadwinner. Such challenges may further prevent those with NCDs or their family members from taking full advantage of educational or productive opportunities. At a broader level, widespread chronic illness translates to decreased labour outputs, lower returns on human capital investments, and increased health-care costs – figure 1 below shows the value of prevention and control of NCDs for individuals and economies.

Figure 1: The value of preventing and controlling NCDs[13]



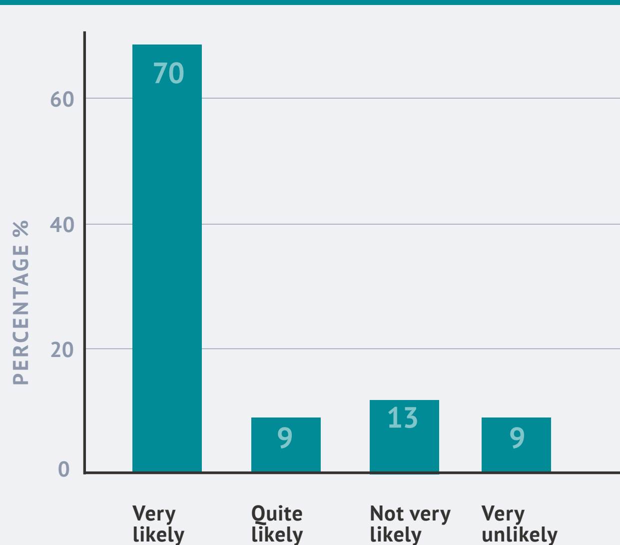
Source: WHO, *Saving Lives, Spending Less: A Strategic Response to Non-communicable Diseases (2018)*

'It's a struggle. To be honest we are helped by friends. So, we keep asking for money. Our siblings as well try to chip in. For the ones that are not heart medications for my father, we try to get cheaper medications where possible and that comes with higher side effects like one affected my kidney three months ago'

– person living with NCDs, Kenya

A report by the WHO and World Bank has shown that, globally, financial protection against out-of-pocket expenditure decreased continuously between 2000 and 2015, and that this expenditure pushed 89.7 million people (1.2% of the global population) into extreme poverty in 2015 alone.[14] The survey and interviews for this report confirmed this financial strain placed on PLWNCDs. **Out-of-pocket expenditure is the major source of funding of NCD care for individuals in LMICs, and there is a consequent high risk of catastrophic expenditure** (see figure 2).

Figure 2: How likely are PLWNCDs to suffer financial hardship including catastrophic expenditure in your setting?



Source: Report survey (November/December 2021)

Given that the rates of social and economic growth in LMICs are unlikely to keep pace with the rapid rise of NCDs, **taking urgent preventive action now will be far less challenging than waiting to address a costly, fully fledged NCD epidemic.**[15] LMICs are still struggling to improve maternal and child health, as well as continuing to combat communicable diseases (including COVID-19) – and an increasing incidence and prevalence of NCDs will put tremendous strain on scarce resources and require strengthening already overstretched health-care systems, affecting the most productive members of society. NCDs will also limit the potential for economic growth and development. This negative trajectory can be changed, however, if the prevention of NCD risk factors is prioritised.[16]

LMICs have made great strides in reducing the burden of communicable diseases, but **the rise in NCDs threatens to undo health and development progress made in areas such as poverty reduction, education and maternal and child health.** If the world is serious about achieving the SDGs, progress towards Goal 3 on Health and Wellbeing – and the targets within that Goal, particularly 3.4 ('By 2030 reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and wellbeing') – is essential.[17] A rising NCD epidemic will require more resources for strengthening and adapting health systems.

'NCD costs of the services and care for the people living with NCDs are leading to poverty to the families and people in general, because they are so expensive and … insurance doesn't cover all the packages. So, the people who have people living with NCDs in their families have to cut on the the educational cost, they are selling their assets, they just have out-of-pocket expenditure to cover the bill'

– NCD Alliance East Africa (Rwanda)

2.3 UK ODA and the FCDO

ODA in the UK is managed under the auspices of the Foreign, Commonwealth and Development Office (FCDO), which was established in September 2020 by a merger of the Department for International Development (DFID) and the Foreign and Commonwealth Office. Prior to this, since 1987 ODA had been managed by DFID. The objectives of the merger were explained by the Prime Minister as empowering the Foreign Secretary 'to make decisions on aid spending in line with the UK's priorities overseas, harnessing the skills, expertise and evidence that have earned our reputation as a leader in the international development community'.[18]

Historically, the UK government has been held up as an example of good practice and a global leader in development aid, both bilateral and multilateral. Until 2021, the UK has fulfilled its commitment to pledge 0.7% of GNI to ODA in keeping with the 2015 International Development (Official Development Assistance Target) Act, which placed the 0.7% commitment in UK law from 2015 and in each subsequent calendar year. However, in 2021 in the context of the COVID-19 pandemic this commitment was reduced to 0.5% of GNI which, in combination with the reduction in GNI as a consequence of the economic crisis resulting from the pandemic, represents a very significant absolute reduction in development aid available. **Action for Global Health (AfGH), in a briefing paper on the ODA cuts,[19] estimate that in real terms the UK ODA cuts represent a 40% reduction in funding available from April 2022**.

The UK government has given a commitment to return to an ODA allocation of 0.7% of GNI, although a firm time scale for this has not been provided. Return to 0.7% of GNI is dependent on fiscal tests set out in the autumn 2021 Comprehensive Spending Review,[20] which predicted that the 0.7% target will be restored in 2024/5, but this is dependent on economic recovery from the pandemic taking place as predicted.

2.4 Where are NCDs within the FCDO?

Historically, only a very small proportion of global ODA for health has been directly allocated to NCDs: in 2019, an estimated 2 per cent of global health funding was allocated to NCDs, falling to 1.6 per cent in 2020.[21] NCDs have been chronically underfunded but between 2011 and 2019 had seen an increase in share of foreign aid of 7% (annualised rate of change). In 2020, however, there was a 23% reduction, in contrast to a 35% increase in infectious diseases' share of foreign aid, reflecting the diversion of funding from other health care areas (including NCDs) to COVID-19.[22] **The small proportion of global financing for NCDs reflects neither the global burden of the disease nor NCDs' centrality to the achievement of the SDGs – and it is a funding trend that is reflected in the UK's ODA.**

The FCDO has set out key priority outcomes for 2021–2,[23] highlighting contextual factors that have influenced these priority outcomes, including COVID-19 and its ongoing impact, climate change, food security and terrorism. The priority outcomes are linked to the SDGs but only the first priority outcome ('shape the international order and ensure the UK is a force for good in the world by: supporting sustainable development and humanitarian needs; promoting human rights and democracy; and establishing common international standards') is relevant to SDG 3 on health.

The FCDO currently has 36 potential funding opportunities for ODA open to application.[24] None are for projects specifically to address NCDs, although there are potential funding opportunities for National Institute of Health Research Global Health Research Units, well-established research partnerships between the UK and ODA-eligible countries.

However, in December 2021 the FCDO published two papers: *Health Systems Strengthening: A Position Paper*[25] and *Ending Preventable Deaths of Mothers, Babies and Children: An Approach Paper.*[26] The Health Systems Strengthening paper recognises the importance of strong resilient health systems for achieving UHC and global health security. It includes chronic disease (NCDs) in the section on 'current and emerging challenges', requiring 'a strong health system with integrated public health functions and coordinated action across multiple sectors'.

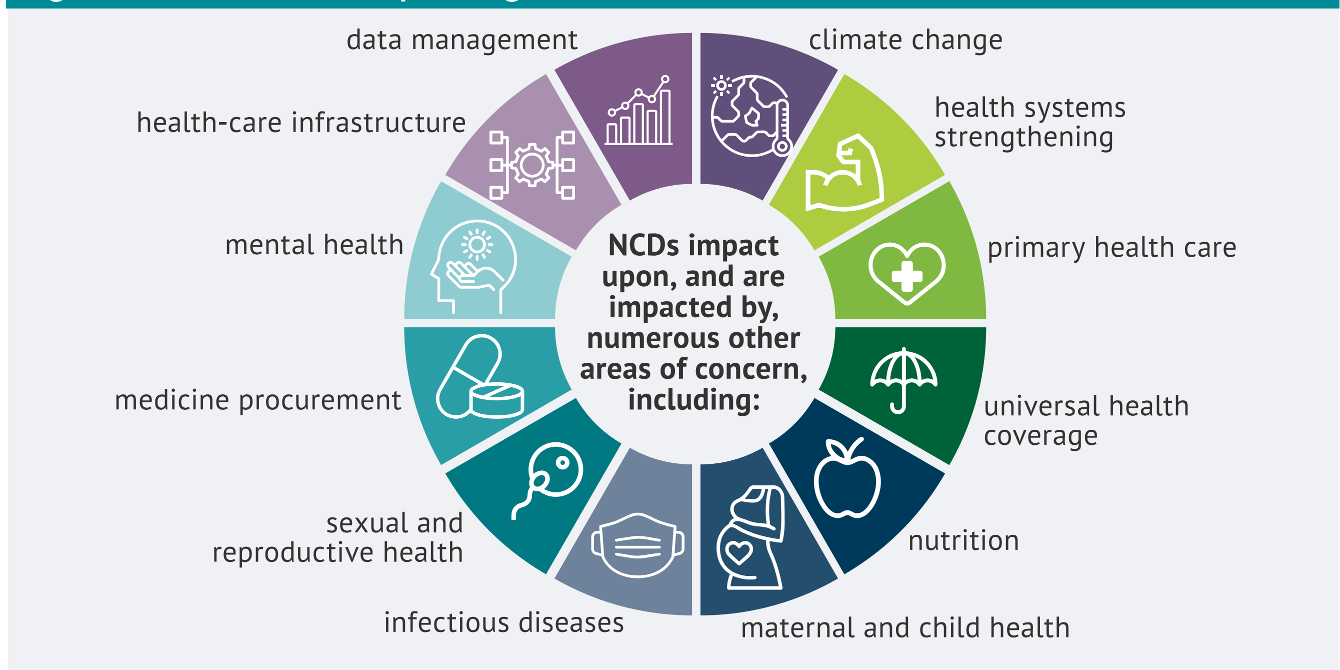
In her introduction to the paper, Wendy Morton, minister with responsibility for global health within the FCDO, also recognises the challenge of delivering UHC 2030. She states that 'We are renewing our partnerships with developing countries to build stronger and more inclusive health systems. Systems that take us a step closer to universal health coverage, that are better prepared to deal with pandemics and infectious diseases, and more resilient to climate change.' This focus on delivering UHC, the critical importance of HSS and the need to work in partnership with developing countries in delivering this is important and encouraging. Nevertheless, as highlighted by Ben Simms (THET, and representing Action for Global Health) at the launch event of the papers, **this potential will not be realised until there is a return to an ODA of 0.7% of GNI.**

Direct FCDO funding for NCDs is hard to establish because NCDs fall under many different potential headings (see figure 3), but the UK has historically contributed significantly to international organisations and projects that are crucial to improving provision for NCDs.

An example of direct assistance for NCDs from UK ODA is the Better Health Programme (BHP), which was established through DFID in August 2018 with an expected end date of March 2023 and a funding investment of £79.3 million that 'aims to address the growing burden of NCDs such as heart disease and diabetes. It also aims to strengthen local health system structures by creating systems to improve quality of care.'[27] The BHP partners with eight middle-income countries (MICs) that are working towards or aspiring to achieving UHC – for example, in South Africa.[28] It was supported by the Prosperity Fund, 'a cross-government fund that aims to support the inclusive economic growth needed to reduce poverty in partner countries' and aimed through this primary purpose to contribute to achieving the United Nations (UN) SDGs. However, the Prosperity Fund closed in March 2021 and the FCDO took over prosperity programming.[29]

A recipient of significant funding from the UK is the Global Fund to Fight AIDS, Tuberculosis and Malaria.[30] The Global Fund is 92% funded by donor governments and 8% funded by the private sector and foundations. It currently receives a total of US$4 billion of funding per year for health and in

Figure 3: NCDs hidden in plain sight



2019, the UK pledged £1.4 billion over 2020–2. The Global Fund has historically been exclusively to 'fight' tuberculosis (TB), HIV/AIDS and malaria (although it has provided funding for COVID-19) and has been very successful in addressing HIV/AIDS, TB and malaria in over 100 countries: it is a model that could potentially be usefully expanded to address provision for NCDs. The Global Fund has already invested US$1 billion a year in HSS as part of its work to address HIV/AIDS, TB and malaria, through the inclusion of data management, drug procurement and improved health-care facilities, which will inevitably also be of benefit to individuals with NCDs. In addition, the Global Fund made a commitment in 2015[31] to support management of co-infections and co-morbidities such as cardiovascular disease in their core group of HIV/AIDS, TB and malaria. **This commitment recognised the increasing importance of NCDs as co-morbidities in the context of improved survival from these key infectious diseases and vice versa, the increased risk of such infections in individuals with NCDs.**

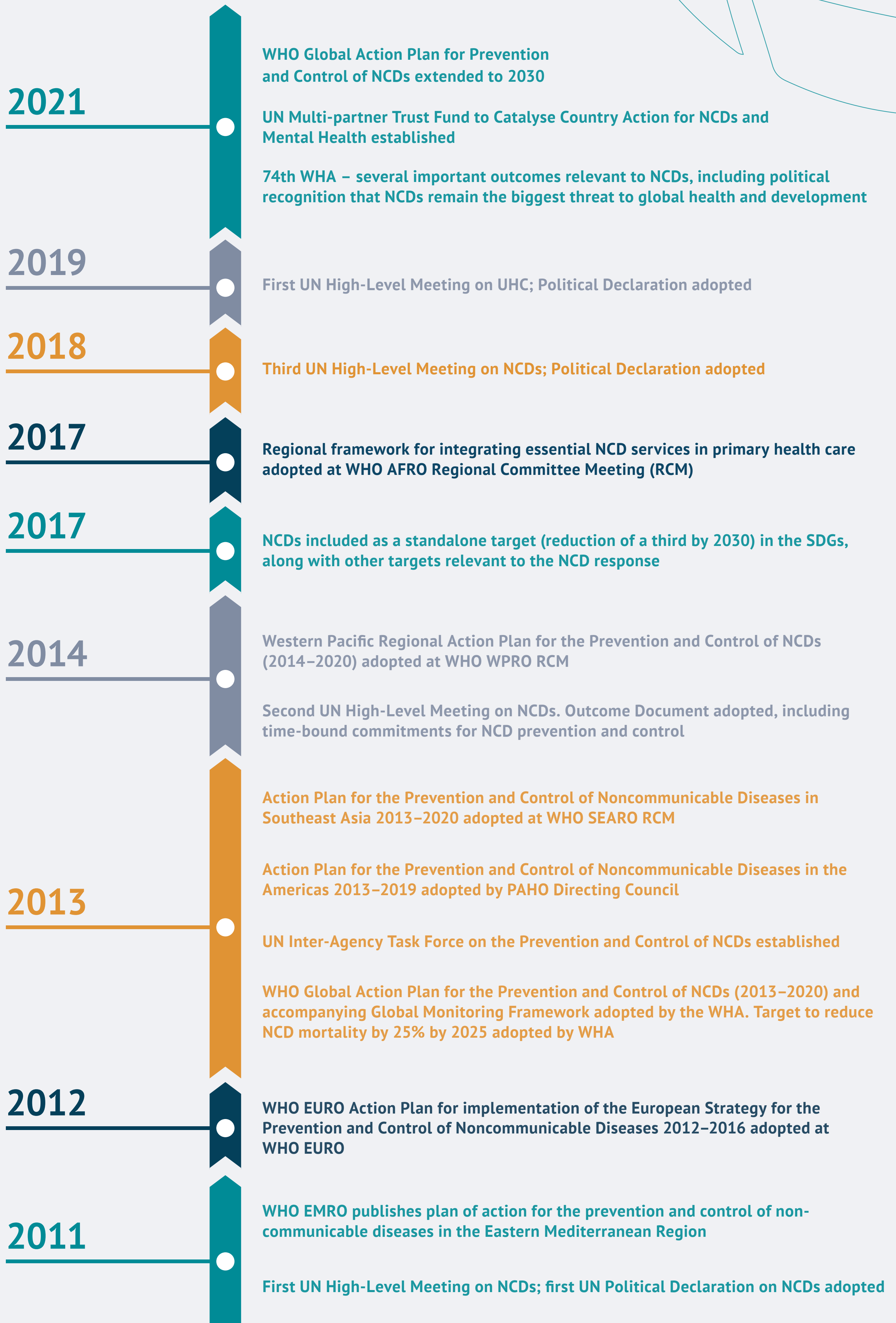
In October 2021 there was an agreement between the Global Fund and United Nations Development Programme (UNDP) to provide (Global Fund) and manage (UNDP) US$15 million to maintain essential health services in Afghanistan where the Global Fund has a six-year history of a programme for treating HIV/AIDS, TB and malaria.[32] This could represent a first step towards a broader remit of investment by the Global Fund, especially with the focus on the primary care system. The Global Fund highlights the devastating effect of COVID-19 on health systems and mortality, a global consequence of the ongoing pandemic.

In addition to the examples of indirect funding for NCDs through BHP and Global Fund globally, the UK is the second-largest state donor to the WHO (after the USA), having pledged US$340 million over four years in September 2020. It has also contributed significantly to additional funding for COVID-19 health care and vaccination programmes.[33]

The UN and WHO are also taking many steps to address NCDs, including providing direction for Member States – as box 1 sets out. The UN High-Level Meetings (HLMs) on NCDs are particularly important for providing guidance on optimising provision for NCDs. To date, the UN General Assembly has held three such High-Level Meetings on the prevention and control of NCDs: the first, held in 2011, was only the second such HLM to be held on a health issue (the first having been on HIV/AIDS in 2001) and the most recent was in September 2018. These meetings have catalysed action by WHO and its Member States, most recently at the 74th World Health Assembly (WHA) in May 2021, at which there were a number of important outcomes relevant to the provision of ODA in relation to NCDs. The NCD Alliance chose as one of its eight key outcomes from the WHA 'Political recognition that NCDs remain the biggest threat to global health and development, with calls for increased investment.'[34]

The WHA also put forward a request to the UN Director-General to provide an 'implementation road map' for the period 2023 to 2030, to action the WHO's Global Action Plan for the Prevention and Control of NCDs, which has been extended to 2030.[35] **This roadmap will provide specific milestones in relation to provision for NCDs that Member States – and the FCDO – could potentially use to direct implementation plans to address NCDs, including addressing NCDs in LMICs through ODA.** A WHO publication focusing on the UN General Assembly fourth High-level Meeting on NCDs in 2025 sets out relevant meetings and publications on commitments both by the WHA and governments in relation to NCDs, and states that the fourth HLM on NCDs in 2025 will set out new asks for Member States in relation to NCDs.[36]

BOX 1 NCDs at the UN, WHO and World Health Assembly



Key messages

NCDs, international development and ODA

- **NCDs represent a major health burden representing 70% of premature deaths.**
- **Currently, NCD treatment in LMICs is largely funded through out-of-pocket expenditure, which pushes people living with NCDs into poverty or catastrophic expenditure.**
- **NCDs in LMICs are currently underfunded at global and national level.**
- **UK ODA is managed by the FCDO, which was established in September 2020 by a merger of the FCO and DFID.**
- **UK ODA funding has been reduced from 0.7% of GNI to 0.5%, albeit with a tentative commitment to return to 0.7% when the fiscal position permits.**
- **In the context of the economic crisis induced by COVID-19 (which has also reduced GNI), this represents a significant absolute reduction in development aid for NCDs.**
- **The UK contributes significantly to development through contributions to organisations such as the Global Fund and the WHO and programmes including the Better Health Programme.**
- **UN Member States including the UK are committed to achieving SDG 3.4, which focuses on reducing NCDs by a third by 2030.**
- **Given that the rates of social and economic growth in LMICs are unlikely to keep pace with the rapid rise of NCDs, taking urgent preventive action now will be far less challenging than waiting to address a costly, fully fledged NCD epidemic.**
- **The WHO Global Action Plan on NCDs highlight the importance of governments committing to addressing NCDs through ODA.**
- **FCDO published a position paper in December 2021 recognising the importance of strong, resilient health systems to achieving UHC, specifically highlighting NCDs (chronic diseases).**

'Many people in my family were affected [by COVID-19] – my sister, who is our main carer, her salary was reduced to half... People's families were affected and most of our people are dependent on their family. It affected us individually and as a family, we tried to look for funds externally [but] we were not able to get [them]. We had to fundraise within ourselves as patients to pay for medication' – person living with NCDs, Kenya

3 Why NCDs matter

3.1 NCDs at the heart of HSS and UHC

Health systems strengthening (HSS) is a key part of the work of the WHO (see box 2) and is critical for successful delivery of SDG 3 on health. It is also a core priority for the FCDO, which, as noted above, in December 2021 released its first HSS position paper, *Health Systems Strengthening for Global Health Security and Universal Health Coverage*,[37] launched in conjunction with a paper on *Ending the Preventable Deaths of Mothers, Babies and Children by 2030*.[38] The HSS paper emphasises that both quality of health care and access to health care are important in reducing preventable deaths. SDGs 3.4 (on NCDs) and 3.8 (on UHC) are critical to the provision of quality affordable health-care provision for PLWNCDs.

UHC means making quality health services available for all, ensuring people are not pushed into poverty by health-care costs. Quality health care includes prevention, treatment, rehabilitation, palliative care and end-of-life care. It encompasses the whole trajectory of an illness and covers the entire lifespan from newborn to old age.[40] **The survey and interviews for this report clearly highlighted the limited extent to which quality health care was implemented and funded.**

BOX 2

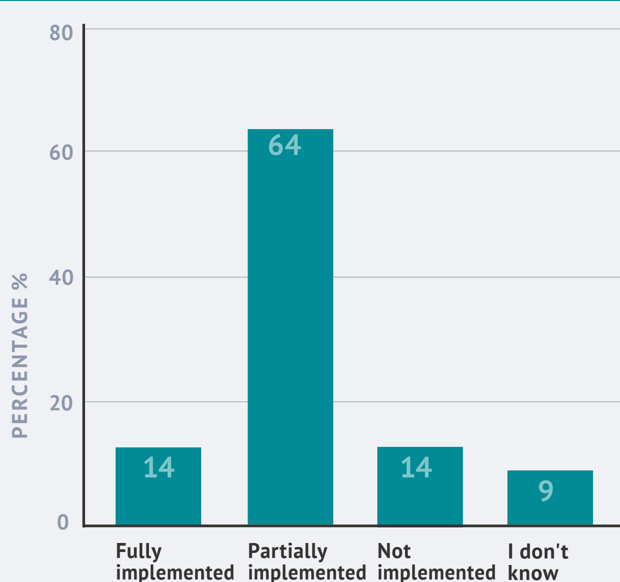
The WHO's building blocks for health systems[39]

The overall goal of an effective health system is to ensure improved health, responsiveness, social and financial risk protection and improved efficiency – and strong health systems are at the heart of an effective NCD response.

'I have an insurance cover which I bought to enjoy the benefits but I have to [go] back to my pocket, to dig deep so that I can enjoy other benefits like glucose monitoring equipment that I thought should be covered by the medical cover' – person living with NCDs, Kenya

UHC is critical for adequate health-care provision for NCDs but most LMICs are still some way from achieving it. Although 75% of 24 survey respondents stated that their country has a government-funded health-care plan, only 12.5% thought that the health-care system fully funded care for NCDs and 35% said the health-care systems were either not truly functioning or of only limited effectiveness. **Furthermore, although over 70% of 22 survey respondents said that their country had an NCD/ chronic illness strategy or plan, only just over 10% said it was fully implemented** (figure 4).

Figure 4: If there is an NCD strategy, how far is it implemented?



Source: Report survey (November/December 2021)

Health worker with a patient in her clinic in Libya.
CREDIT: PRIMARY CARE INTERNATIONAL

Barriers to implementation most commonly cited in the survey included lack of political/government will, inadequate funding, failure to integrate into PHC and lack of prioritisation of NCDs, especially mental health, as shown in table 1.

Table 1: What barriers to implementation are you aware of? (survey responses)
Lack of public knowledge on NCDs; low screening programme for NCDs
Magnitude of the burden is not known – therefore difficult to forecast and adequately prepare for.
Lack of prioritisation of NCDs and lack of funds (external and local) for NCDs; lack of political will,
Mexico is trying to handle COVID-19, major government unrest, and a need to help many in need. NCDs are struggling to stay alive...
Grass-root level barriers and non-involvement of private players
Not enough trained health-care professionals; poor capacity of the health system to respond to NCDs
Acceptance of models and poor awareness of the schemes
Lack of staff at PHC level, commodities, staff capacity.
Financial and commitment of government, no specific budget allocated for NCDs
Mental health is hugely stigmatised in Ghana and so not prioritised by government
Sometimes there is shortage of medicines and medical supplies in health facilities due to limited funding
Malnutrition, maternal/child health care, TB/HIV and other communicable disease prevention ... are put on the top priority area. People are reluctant for follow up ... loss to follow-up rate is high Poor documentation ...
All efforts directed to COVID-19 response
Not effectively implemented at primary care level; training of health workers is limited,

A professional registered nurse that provides lifesaving essential health services to diabetic patients at the IRC`s Hope Health Centre, in Pamir Refugee Camp in the northern part of South Sudan during the COVID-19 pandemic. CREDIT: IRC

‘Uganda, Kenya and Tanzania have a long way to go [to achieving UHC], especially Uganda. [It] has been backsliding in terms of access to free services, the government spends more on security, infrastructure [roads]. A family at the cancer institute sold everything to look after their two children who had cancer. [It is] not uncommon to sell their house to get treatment whether inside or outside country. It’s a very big crisis’ – African Palliative Care Association

‘COVID was all about NCDs. When it started, people with NCDs were at the most risk of having serious illness and high mortality. In fact, we had more death as a result of NCDs than COVID-19. Unfortunately, most deaths were wrongly recorded as deaths due to COVID’

– health professional, Kenya

3.2 COVID-19 and NCDs: an urgent development priority

The cuts in ODA are falling at a time when health and economic systems are under particular strain. The COVID-19 pandemic is having serious implications for health inequalities and UHC,[41] occurring against a backdrop of social and economic inequalities that contribute to NCDs and affect prevention, treatment and care. **The inequalities in COVID-19 infection and mortality rates have been described as being a result of a ‘syndemic’ of COVID-19, inequalities in chronic diseases and the social determinants of health.[42]**

Historically, pandemics have been experienced unequally, with higher rates of infection and mortality among the most disadvantaged communities – particularly in more socially unequal countries. Emerging evidence from a variety of countries suggests that these inequalities are being mirrored today in the COVID-19 pandemic.[43] Development funding is being diverted from NCDs to funding COVID-19, further compromising NCD provision.

Two surveys of WHO Member States – published in May 2020[44] and November 2021[45] – highlight the serious disruptions in prevention and treatment services for NCDs due to the COVID-19 pandemic, noting that low-income countries are most affected.

This is particularly concerning as people living with NCDs are at higher risk of severe COVID-19-related illness and death.

Services for NCDs continue to be affected: over 60% of the 136 countries responding to the WHO survey in mid-2021 reported that diabetes services remain disrupted, and over half reported ongoing disruption to cancer screening and treatment and hypertension management. Staff working in NCDs have been partially or fully reassigned to support COVID-19; screening has been postponed, planned treatments cancelled and there are decreases in public transport during lockdown that limit patient access. In one in five countries (20%) reporting disruptions in 2020, one of the main reasons for discontinuing services was a shortage of medicines, diagnostics and other technologies. The WHO survey showed that there was a correlation between levels of disruption to services for treating NCDs and the evolution of the COVID-19 outbreak in a country.[46] The disruption of services has been particularly problematic for those living with NCDs who need regular or long-term care. Alternative strategies such as triaging and telemedicine have been adopted by some of the countries to try and address the disruptions, and ensure continuity of NCD services.

There is no country in the world that was fully prepared for COVID-19. Some hospitals/clinics were closed down. No go zones! It was very devastating. I actually lost a friend to that. Just a young man like me with type 1 diabetes lost his life. It is unforgivable, he will never come back!’ – young person living with NCDs, Kenya

WHO's findings were strongly borne out in the survey undertaken for this report. The majority (65%) of the respondents highlighted COVID-19 as having a significant impact, affecting health-care provision for NCDs in ways including channelling of resources to COVID-19, shortages of medication and discontinuation of screening (see table 2). A manager at the East Africa NCD Alliance (EANCDA) explained that COVID-19 cuts had had a major impact on mental health provision, as follows:

'I'll give you an example in my country: they closed the mental health clinics and turned them into COVID-19 clinics across the country. So, we don't know what the effect was on people living with a mental health condition. That was the order: to turn all mental institutions into COVID-19 treatment centres'

– NCD alliance manager, Uganda

Table 2: COVID-19 effects on health-care provision for NCDs (survey responses)
Fewer resources were allocated to NCDs/ most resources redirected to COVID-19 for prevention, control and management of the virus
Restricted accessibility to health services/ restricted travel to health facilities for PLWNCDs
PLWNCDs were lost to follow-up, thus for some, their conditions exacerbated
Closure of some NCD clinics, including primary health care, as these now focused on COVID-19
Reassignment of facilities and human resource from NCDs to COVID-19 care
Hospital beds allocated for only COVID-19 cases
No screening services continued
Lack of medications for NCDs/ medicines became costly and also shortages of commodities
Despite the fact that COVID-19 brought a higher demand for mental health care/support, there was less support available for mental health (unmet need)

'This .... confirm[s] what we have been hearing from countries for a number of weeks now. Many people who need treatment for diseases like cancer, cardiovascular disease and diabetes have not been receiving the health services and medicines they need since the COVID-19 pandemic began. It's vital that countries find innovative ways to ensure that essential services for NCDs continue, even as they fight COVID-19'

– Dr Tedros Adhanom Ghebreyesus, Director-General, WHO[47]

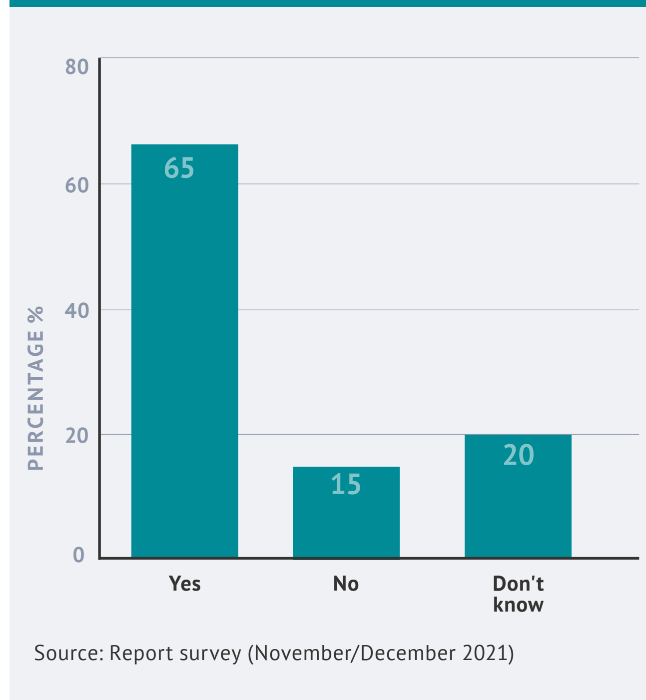
In discussing the impact of COVID-19 with people living with NCDs themselves, it became clear that the pandemic is still having a significant effect on their health, jobs, income and the day-to-day quality of life of themselves and their family members. Many had had their health-care services affected, medicines were not available and clinics stopped operating. Many were frightened because messages from the Ministry of Health and media were felt to stigmatise those living with NCDs as being the most vulnerable to suffer serious effects of COVID-19 or to die from it. Many lived in fear and anxiety, not knowing where to turn.

'It has really affected my care because I was employed prior to COVID … some of us were laid off. In the process, I lost my ability to have insurance and my ability to access important medical supplies that are used for monitoring my blood sugars. I no longer had private health insurance, it was taken away. Whatever savings I had, was used for other competing priorities i.e. food, rent. The fact that you are not employed now becomes a hindrance to diabetes management'

– person living with NCDs, Kenya

Clearly, most countries' health systems were affected by the impact of COVID-19, as these systems were not prepared to handle a pandemic of such magnitude and of such devastating outcomes (see figure 5). The survey for this report asked if health systems had received additional funding to cope with the impact of COVID-19 on NCDs, and 40% of the 22 who responded said that there had been additional funding (see figures 6 and 7), with 23% noting that extra funding came from general ODA (although it was not specified what proportion is from the UK) and 15% from their own governments (for example through national insurance funds). Other sources of funding include private insurance, the WHO, UN Family Planning Association (UNFPA), pharmaceutical companies and the World Bank.

Figure 5: Has health-care provision for NCDs been affected as a result of COVID-19?



Source: Report survey (November/December 2021)

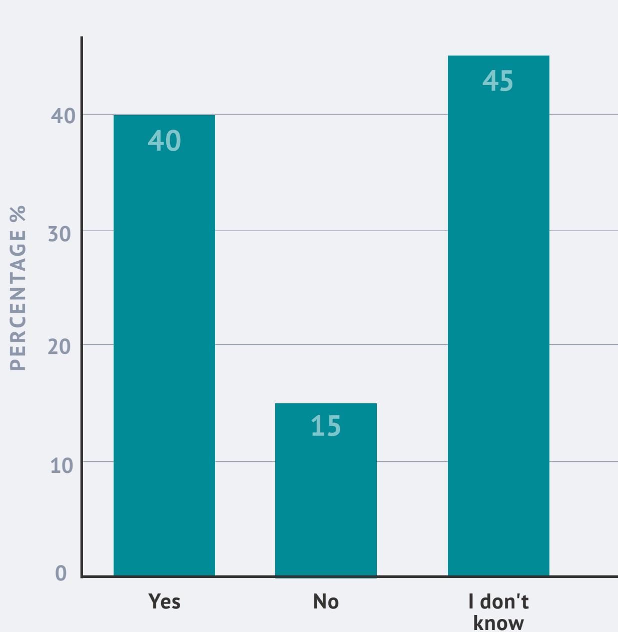
CREDIT: © 2019 FIZKES/SHUTTERSTOCK

CREDIT: UNSPLASH.COM

'COVID-19 has affected us tremendously. First of all, we got the instructions from the Ministry of Health that we should stay at home, and staying at home was difficult because getting my medicines was a problem. Because of COVID we were scared – even getting food was a big problem for me'

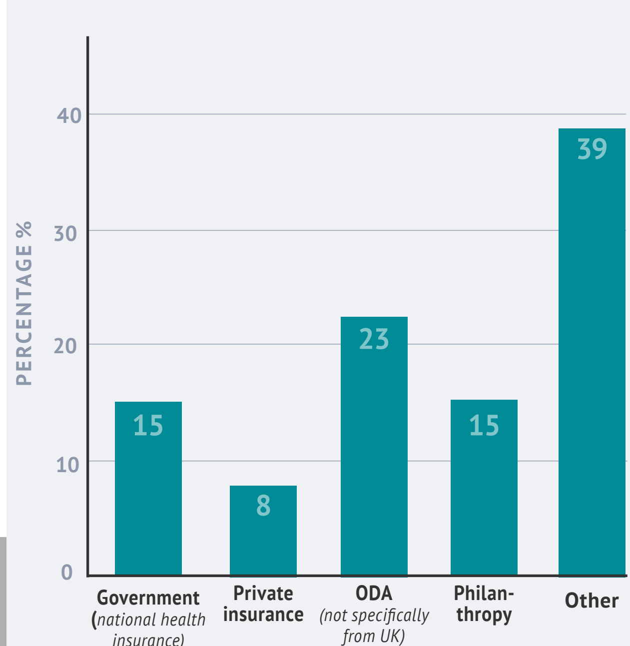
– person living with NCDs, Kenya

Figure 6: Has your country received additional funding to cope with the impact of COVID-19 on NCDs?



Source: Report survey (November/December 2021)

Figure 7: Sources of additional funding during the pandemic



Source: Report survey (November/December 2021)

Dr Happy Paulianne Mwete, participant in PCI NCD training (in partnership with UNHCR), with a patient in her clinic in Burundi CREDIT: PRIMARY CARE INTERNATIONAL

3.3 The impact of the ODA cuts on NCDs

Although COVID-19 has inevitably reduced funding available for the management of NCDs, the pandemic has also significantly raised awareness of NCDs as a result of the disproportionate impact of COVID-19 on individuals with NCDs. This provides an opportunity to influence policymakers at governmental level by making them fully aware of the needs of individuals living with NCDs and using this evidence to persuade policymakers such as the FCDO that their needs should be explicitly included in their priority outcomes.

The COVID-19 pandemic remains a significant and unpredictable factor in the allocation and implementation of ODA. Progress towards all the SDGs has been reduced by the COVID-19 pandemic. The pandemic has created a significant economic burden both for the UK and for the countries for which it provides ODA. This will challenge attempts to persuade policymakers to increase ODA funding for NCDs when they are being pressurised both by their own government and governments in LMICs to support management of COVID-19 as well as any allocations they make specifically to address NCDs. **However, provision for NCDs is potentially a core component of 'building back better' in response to lessons learned from the COVID-19 pandemic.**

Many countries receive external funding that is relevant to NCDs, as the survey highlighted: 11 of 15 survey respondents estimated that 20% or more of funding for NCDs was from external sources rather than government. ODA can be an important aspect of this funding, either through NCD programmes specifically (such as the BHP) or through projects that impact on health systems strengthening and primary health care more broadly. There are signs that some governments are beginning to address NCDs specifically within international development: **in 2019, for example, the Norwegian Ministry of Foreign Affairs launched the first international development strategy to focus on combating NCDs in LMICs, tripling its NCD assistance.**[48]

Although the UK has not specifically budgeted for NCDs, the UK's previous commitment to ODA at 0.7% of GNI and to health ODA specifically through DFID has meant it has been a global leader in this area and was held up as an example of good practice.

The relative lack of focus of ODA on NCDs was reflected in the survey findings. Only around a quarter of those who responded to this question were aware that their country received funding for NCDs from ODA, and over half did not know if ODA for NCDs was received or not. Despite this, 40% of 20 respondents thought that UK ODA was likely to have been either very or fairly important historically (perhaps reflecting the globally important role played by DFID in ODA), though only four survey respondents could list a specific project funded through UK ODA (see table 3).

Table 3: Knowledge of any specific UK ODA-funded projects

Can you list any specific projects in your organisation/country you are aware of that are fully or partially funded through UK ODA?
NIHR Improvise and Improvisation Stroke project in India
Better Health Program 2019–2021. HelpAge International was the implementing partner.
ASCEND, World Bank LEAP programme, Leave No One Behind Programme
THET NCD project

Denmark was identified both in organisational interviews and the survey as being a provider of ODA for NCDs. Like the UK, Denmark reached the ODA target of 0.7% of GNI with an ODA at 0.73% of GNI in 2020, and maintains its commitment despite the economic impact of COVID-19.

'For the Ugandan NCD Alliance right now, we are only getting funding from the Government of Denmark, I think... The Ministry of Foreign Affairs of Denmark is the biggest funder for us directly and ... the Danish NCD Alliance. Then, of course, we also have other funding from the global NCD Alliance and it actually gives us this funding, which is a pool [provided] by so many organisations. We don't know whether the UK has put in some money, but it is the pool that they have extended to us'

– East African NCD Alliance (Uganda)

In contrast to Denmark, in April 2021 the UK announced significant cuts in ODA, from 0.7% to 0.5% of GNI for ODA, running counter to a manifesto pledge by the Conservative Party – and this fall will be all the greater as GNI itself has shrunk. It is a particularly difficult time for these cuts to take place as COVID-19 is such a priority – and COVID-19 falls most heavily on those with underlying conditions, which are often NCDs such as diabetes. Although the UK has a stated commitment to return to ODA at 0.7% of GNI, this is dependent on the fulfilment of certain stipulated fiscal conditions, which are expected to be achieved by 2024 at the earliest.

'No, I have never heard of ODA or UK aid ... I know of the Danish government support for diabetes in our country'

–person living with NCDs, Kenya

The cuts have compromised a number of NCD-related projects, abruptly reducing or removing funding.[49] For example, 'Essential health for the disadvantaged' was an A+ rated programme run by Concern Worldwide in Bangladesh that started in 2019 and was due to run to 2022, but in April 2021 was given three days' notice to stop all activities. It had been due to reach 2.6 million people including 140,000 with disabilities (who are a particularly disadvantaged and marginalised group, and mental ill-health is the leading cause of disability), but fell short by 800,000. Bangladesh has some of the highest out-of-pocket expenditure on health in the world (much of which is spent on NCD treatment), so the project included provision of health vouchers to reduce out-of-pocket expenditure for health-care needs. When the project was cut, health workers had to tell recipients of the health vouchers that they were now worthless, even though they had already been given the vouchers to use. This had significant implications for trust between aid workers and aid recipients, and was compounded by the workers not knowing how to justify the decision to the individuals affected.

At the market in Brazil CREDIT: WORLD OBESITY FEDERATION IMAGE BANK

CREDIT: © 2015 SYDA PRODUCTIONS/SHUTTERSTOCK

In another example of cuts to an area that will affect NCDs, THET[50] – which focuses on empowering health workers to enable health-systems strengthening and global equity in access to quality health care – saw cuts in UK aid equivalent to £40 million. Funding was completely withdrawn across four programmes, the largest of which was a £30 million programme established in 2019 to promote health systems strengthening across 10 core countries, which was about to issue grants after an extensive period of planning. These cuts will have a major impact on the programmes involved and are likely also to undermine trust between potential grant holders and the FCDO. Interviews for this study – with the East Africa NCD Alliance, African Palliative Care Association (APCA), the Kenyan NCD Alliance and a UK-based global health academic – also **indicate that the cuts have had a significant impact on the reputation of the UK and FCDO, suggesting that trust will be hard to restore.** (See also box 3 for understanding of the cuts.)

As well as cuts to funding that was already established, anticipated funding that had been prepared for was not forthcoming, again compromising relationships with partner countries and directly impacting people living with NCDs.

> *‘[The cuts to support have been] destabilising, last minute and poorly communicated cuts. Loss of trust by government in ongoing support has made remaining delivery much harder as remaining support/activities is not prioritised. As mental health is so stigmatised: why should the government of Ghana prioritise when ODA doesn’t? Cuts entrenched stigmatisation’*
>
> – survey respondent, Ghana

> *‘There was a timeline on the grant at the beginning of April, so we had done quite a lot of work. Then we got a message in March saying this wouldn’t be happening. This was devastating. Myanmar was in the midst of the most horrific crisis. Health workers were already struggling in unimaginable circumstances and we had to go back to them and say that the application would not be considered. We’ve let people down. We know that people are dying and we can’t intervene’*
>
> – global health academic

IRC-Libya,municipality of Gharyan - compassionate IRC nurse has always had a keen interest around NCDs not only because of her previous experience being around NCDs, but as a carer for her own mother who was diabetic.
CREDIT: IRC

BOX 3
Understanding of the cuts from the survey and interviews

Although only five respondents to the survey were aware of the UK ODA cuts, those that were aware (including national NCD alliances and the APCA) understood both that the cuts are due to the UK's economic crisis and that they will have significant impact. The APCA cited as an example the short-notice withdrawal of funding for a £200,000 collaborative research grant, and one survey respondent stated that the cuts are '*massive, sweeping and dramatic*'.

However, there was little awareness of whether COVID-19 had contributed to UK ODA cuts in-country, with 16 of 20 respondents answering 'Don't know' to the question 'Has COVID-19 impacted on the ODA you receive from the UK?' This is likely to be a reflection of insufficient information generally about sources of aid for NCDs, as noted above.

It was evident from the research for this report that although many organisations or projects have had funding from UK ODA reduced or withdrawn altogether, usually at very short notice and with little explanation, many organisations in LMICs are not clear where their funding comes from and what proportion comes from ODA, whether from the UK or elsewhere.

Where cuts have been implemented, it was clear that that this has had a significant impact on trust, compromising a longstanding global view of the UK as a global leader in development. Restoration of this position is going to be difficult even when the ODA contribution returns to 0.7% of GNI, which will be an essential first step in regaining trust.

'[The UK has] lost the status that it once had as a country, ... as a national government who prioritised care and supportive working arrangements ... It had a sense that it wasn't so much a country that came in to do things to people, but it would work alongside countries, organisations in partnership in order to ... build a better world for everyone together – and that has gone now because of that lack of trust, that lack of status' – global health academic

Community stroke rehabilitation, Malaysia CREDIT: NATIONAL STROKE ASSOCIATION OF MALAYSIA

Key messages: Why NCDs matter

- **NCDs are at the heart of health systems strengthening and universal health coverage.**
- **HSS is a key part of the work of the WHO and is critical for successful delivery of SDG 3 on health.**
- **HSS is also core to the current work of FCDO.**
- **UHC is currently inadequately implemented in most LMICs, as was drawn out in the survey and interview findings.**
- **The COVID-19 pandemic has further compromised NCD treatment provision, despite PLWNCDs being at greater risk of poor COVID-19 outcomes.**
- **Knowledge of ODA provision – both general ODA and UK-specific ODA – was poor amongst survey and interview respondents**
- **The impact of ODA cuts is severely compromising both NCD provision and trust between UK and aid recipients.**

'Not able to fulfil the commitment. During the critical time [for the project] funding was withdrawn Incomplete deliverables [remain, which will] not be used anywhere. No use of money spent ... for the country' – survey respondent

4 Conclusions and next steps

NCDs form a significant health and economic burden in LMICs and addressing them is critical to achieving the SDGs. The impact of NCDs can be catastrophic in LICs, where PLWNCDs frequently have to fund their own care and are often driven into poverty. However, ensuring that the burden of NCDs is reflected in appropriate resourcing for global health by the UK is particularly challenging in the context of ODA cuts, which impact PLWNCDs across a range of areas including nutrition, disability and mental health, and which are likely disproportionately to impact the most marginalised groups.

It is clear from this report that PLWNCDs face enormous challenges that have been exacerbated by the UK ODA cuts in 2021. It is not acceptable to continue to marginalise NCDs when they represent both the greatest disease burden worldwide and the highest cause of premature death – and particularly not during the current pandemic, which has left people living with NCDs more exposed to COVID-19 and additionally less able to access their usual health care.

The further health crisis posed by COVID-19 has highlighted the urgent need to address what has been a longstanding underinvestment in NCDs. Building back better requires renewed government commitment at country level to strengthen health services to ensure primary health care, including NCD care. **NCD prevention and management, including rehabilitation, treatment and palliative care, is the insurance policy to improve population health and mitigate the impact of any future crisis.**[51]

Governments should be serious about a commitment to global health and this should mean they are serious about addressing NCDs.

It is time for new international funding patterns, a reset of global initiatives, and the building of new partnerships,[52] with NCD prevention and treatment central to this new paradigm as part of HSS and UHC.

The authors of this report advocate for the UK government to:

- **return to ODA of 0.7% GNI as soon as possible – and earlier than the currently predicted 2024/25;**
- **recognise the need to address health-care provision for PLWNCDs as this is at the centre of all health care; and**
- **recognise the need to involve PLWNCDs in planning their own care.**

In an event held to launch the FCDO's papers on HSS and ending preventable deaths on 14 December 2021, the deputy director-general of WHO, Zsuzsanna Jakab, reiterated that there is a need to refocus efforts on the basics of HSS – health workforce, essential health functions and primary health care (PHC) – tailored to country priorities, putting countries in the driving seat and working with and for the community. This refocusing of essential health functions and PHC must include a focus on NCDs, as has been made clear by this report – including taking account of this in the context of ongoing management of the COVID-19 pandemic.

Although the global mobilisation to fight the health consequences of COVID-19 has been impressive, more could be done. Development co-operation, including UK ODA, has a key role to play to limit the spread of the disease in LMICs.
In addition to raising more funds, development co-operation can focus on creating and spreading knowledge of solutions, and promote best practices in the response.
It is important to step up support for UHC and HSS, thus avoiding disruption in other critical health-care provision including NCDs.

It is important that future collaboration and planning with the FCDO will ensure that the UK is positioned to optimise the health-care benefit of increased ODA when it does return to its commitment of 0.7% of GNI and that NCD provision and PLWNCDs are included in that planning. Advocating for an early return to 0.7% of GNI should also be included in any collaboration and planning.

In the future, collaboration between the UK Working Group on NCDs, the NCD Alliance and FCDO, alongside PLWNCDs, has the potential to strengthen capacity to facilitate solutions to the challenges that cuts to ODA by the UK government have imposed on PLWNCDs in LMICs, including their ability to access adequate health care and support.

Stroke-awareness campaigning, Malawi CREDIT: STROKE SUPPORT ORGANISATION MALAWI

Annex: Methodology

A mixed methodology was used, consisting of desk research, a survey, and interviews with people living with NCDs and key informants from NCD alliances. Analysis was both qualitative and quantitative, and is presented throughout this report.

1. Desk research

The desk research addressed the current state of play of NCDs globally, particularly since the advent of the COVID-19 epidemic, and also looked into NCDs as part of DFID/FCDO programming and priorities. This research was supported by members of the UK Working Group on NCDs (UKWG), who supplied supporting materials and insights to the authors.

2. Survey

The survey was conducted on SurveyMonkey and was circulated to NCD alliances globally (via the NCD Alliance), to contacts of the UKWG and on social media, with a link to it housed on the UKWG website. 33 responses were received from 18 countries.

The survey began with an introduction to the UKWG, to the consultants, and to the project as a whole, and consisted of 36 questions, addressing:

- progress towards UHC in the country, the position of NCDs within this, and the likelihood of catastrophic out-of-pocket expenditure for people with NCDs;
- ODA spending in-country on NCDs – including specifically UK ODA; and any impact on NCD provision of the recent changes in UK ODA; and
- the impact of COVID-19 on provision of NCD prevention and treatment

Responses were received from Africa, Asia, Latin America and organisations in the United Kingdom.

Participating organisations included national and regional NCD alliances, disease-specific organisations (including stroke/cerebral diseases, mental health, heart, ageing, obesity and sight), and organisations working on health, poverty and in humanitarian situations. Those responding included chairs, founders, CEOs, programme managers/officers, executive secretaries and technical advisers.

One of the IRC health facilities implementing PHC programmes for the refugees and host communities is the Bidibidi Health Center III located in Bidibidi settlement, West Nile sub-region of Uganda.
CREDIT: IRC

Table 4: Countries and organisations represented in the survey and interviews

Region	Country	Organisation
Africa	Burundi	Burundi NCD Alliance
	Ethiopia	Ethiopia NCD Alliance Health Poverty Action / Health Limited THET Ethiopia
	Ghana	Sightsavers Malawi
	Malawi	Stroke Support Organization
	Kenya	NCD Alliance Kenya (NCDAK)
	Rwanda	Rwanda NCD Alliance (RNCDA)
	Uganda	International Rescue Committee
	Tanzania	Tanzania NCD Alliance (TNCDA) Tanzania Heart Club
	Zanzibar	Zanzibar NCD Alliance (ZNCDA)
	East Africa	East Africa NCD Alliance (EANCDA)
Southeast Asia	Myanmar	HelpAge International
	Philippines	THET
	Thailand	Chulalongkorn University
	Vietnam	HelpAge International
Asia	India	Dr Bindu Menon Foundation Christian Medical College Ludhiana Nada India Foundation The National Institute of Mental Health and Neuro-Sciences (NIMHANS)
Latin America	Mexico	Asociación Nacional contra el Infarto Cerebral AC
	Brazil	Ação AVC
Europe	United Kingdom	King's College, London Sightsavers UK THENA (THET – Ethiopia NCD Alliance) University of Edinburgh World Obesity Federation

3. In-depth interviews with people living with NCDs

Three in-depth interviews were held with people living with NCDs living in Kenya (where one of the consultants is based). As with the survey, each interview began with an introduction, and then addressed:

- how the individuals' NCD(s) have affected their daily living/household finances (including children's education, rent, food and family dynamics);
- if and how their employment has been affected;
- how they pay for health care;
- if and how COVID-19 has affected their care and what difference the pandemic has made for them as PLWNCDs; and
- what would make the biggest difference to them and their families to improving their care and quality of life.

4. In-depth interviews with NCD alliances/global health professionals

The interviews with key informants from NCD alliances covered a range of regions in the world (see table 4), and addressed three key areas:

- their country and/or organisation's relationship with UK ODA and NCDs;
- their understanding of recent changes in the UK ODA provision and the implications of this; and
- the effect of COVID-19 on NCD care in their country.

5. Limitations

The study has significant limitations, particularly the selective approach to participants and the relatively small numbers of respondents: the results cannot be assumed to be reflective of all stakeholders. Those who responded to the survey did not fully represent all regions of the world. In-depth interviews were conducted only with PLWNCDs from Kenya. However, the investigators were operating to a tight timeline and therefore used strategies designed to optimise responses within this timeline. It was felt important to add the richness of lived experience to the desk-based research, and the findings of the survey and interviews (despite the methodological limitations) were consistent with the desk research.

Screening for hypertension in Nigeria
CREDIT: ACHA MEMORIAL FOUNDATION NIGERIA

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