

THE EAST AFRICA NCD CHARTER

"ACCELERATING THE FIGHT AGAINST NCDs IN EAST AFRICA"

Kigali, Rwanda - January 27, 2018

Preamble

In light of the increasing burden of Non-Communicable Diseases (NCDs) in the East African sub-Region, the East African NCD Alliance (EANCDA) convened and adopted this Charter, based on the results of a regional benchmark survey, conversations with people living with NCDs (PLWNCDS) and NCD health care providers, and outcomes from the stakeholders' workshop held in Kigali on January 25-27, 2018.

The EANCDA promotes regional cooperation between the NCD Alliances of Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar to provide a coordinated platform for addressing NCDs at sub-national, national and sub-regional levels.

Mission statement

The EANCDA brings together member Alliances and stakeholders to influence member States to raise priority accorded to NCD prevention, management and control.

As civil society leaders and representatives from across the East African region, united in the fight against NCDs,

◆ We acknowledge that:

* NCDs, including cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, injuries, mental health and neurological conditions, in addition to a range of other NCD co-morbidities have major impacts on the health and wellbeing of communities and the economies of our countries

* According to the World Health Organization (WHO), deaths from NCDs are projected to increase globally, however the African region will experience the most deaths unless measures are put in place to mitigate the same

* The inclusion of a target to reduce premature mortality from NCDs in the Sustainable Development Goals (SDGs), 2015, reinforces the urgency and high-level political action for NCDs

* Since 2011, several global commitments have been made on NCDs, including:

- *The 2011 UN Political Declaration on NCDs*
- *The development of the Outcome Document (25% reduction of NCDs by 2025) in 2012*
- *WHO Global Action Plan for the Prevention and Control of NCDs (2013)*
- *Review Document of the 2014 UN High-Level Meeting on NCDs*

* Governments in the East African region have put in place strategies for prevention and control of NCDs including establishment of NCD departments within health Ministries and development of national NCD plans;

* A strong NCD civil society movement has emerged both within and across countries; and in collaboration with the governments has been actively engaged in policy, legislation and actions on NCDs

◆ We recognize

* Despite the progress made, the number of deaths caused by NCDs in East Africa have been on the increase

* The East African governments have made slow progress on meeting the four-time bound commitments made at the 2014 UN High-Level Meeting on NCDs

* The national governments have not made adequate investments for effective implementation of tobacco control, harmful use of alcohol, road traffic accidents, unhealthy diets and lack of physical activity

* While most drivers for NCDs lie outside the health sectors, there hasn't been adequate mobilization and engagement of multiple stakeholders in the fight against NCDs

* The health systems are not yet sufficiently equipped to address the burden of NCDs in terms of facilities, human resources, essential medicines and technologies. Further, the implementation of Universal Health Coverage (UHC) in member states is not adequate, resulting into a high economic burden on individuals, communities and the national governments

* Health information systems, surveillance and monitoring mechanisms have yet to be adapted in some countries to incorporate NCD prevention and control

* There is need for a sub-regional, cross-border approach to NCDs including legislations, policies and intervention activities

We commit to the following

1. Incorporation of NCD prevention, management and control in all national development plans, ensure policy coherence and coordinated action to efficiently mainstream NCDs and health in all national development plans

2. Increased national budgetary allocations for health (aimed at achieving the Abuja Declaration of 15% of the national budget) to support Universal Health Care through strengthened Primary Health Care (PHC) system with specific activities for NCD prevention and care. For countries with devolved governments, sub-national government budget allocation to the health sector should mirror the Abuja Declaration

3. Involvement of PLWNCDs and their caregivers in the formulation, implementation and review of all NCD policies, legislation, strategies, guidelines and activities

4. Full implementation of tobacco and alcohol control legislation and policies, especially with regard to banning of advertising, and warning messages on products

5. Full implementation of taxation for alcohol, tobacco and unhealthy foods and drinks, and

the allocation of these taxes to the prevention, management and control of NCDs

6. Development and implementation of effective integrated nutrition policies for control of both undernutrition, overweight and obesity

7. Regulations on production, sale and marketing of foods and drinks containing high sugar, salt and trans-fats, especially those targeting children

8. Ensuring that the environment is conducive for healthy living and the promotion of healthy recreational habits targeting the youth to counter the rising prevalence of tobacco use, substance abuse, unhealthy diets and low levels of physical activity amongst this age group

9. Comprehensive road safety interventions to mitigate the economic impacts from injuries and deaths due to road traffic accidents

10. Effective Inter-sectoral Coordinating Committees at the sub-national and national levels that include NCD prevention, management and control in their remit

Amendment

This Charter shall be amended by the membership from time to time in accordance with the changing environment for NCDs globally and in member states

Endorsement

We the several persons whose names and nationalities appear here under, subscribe and append our signatures to this charter