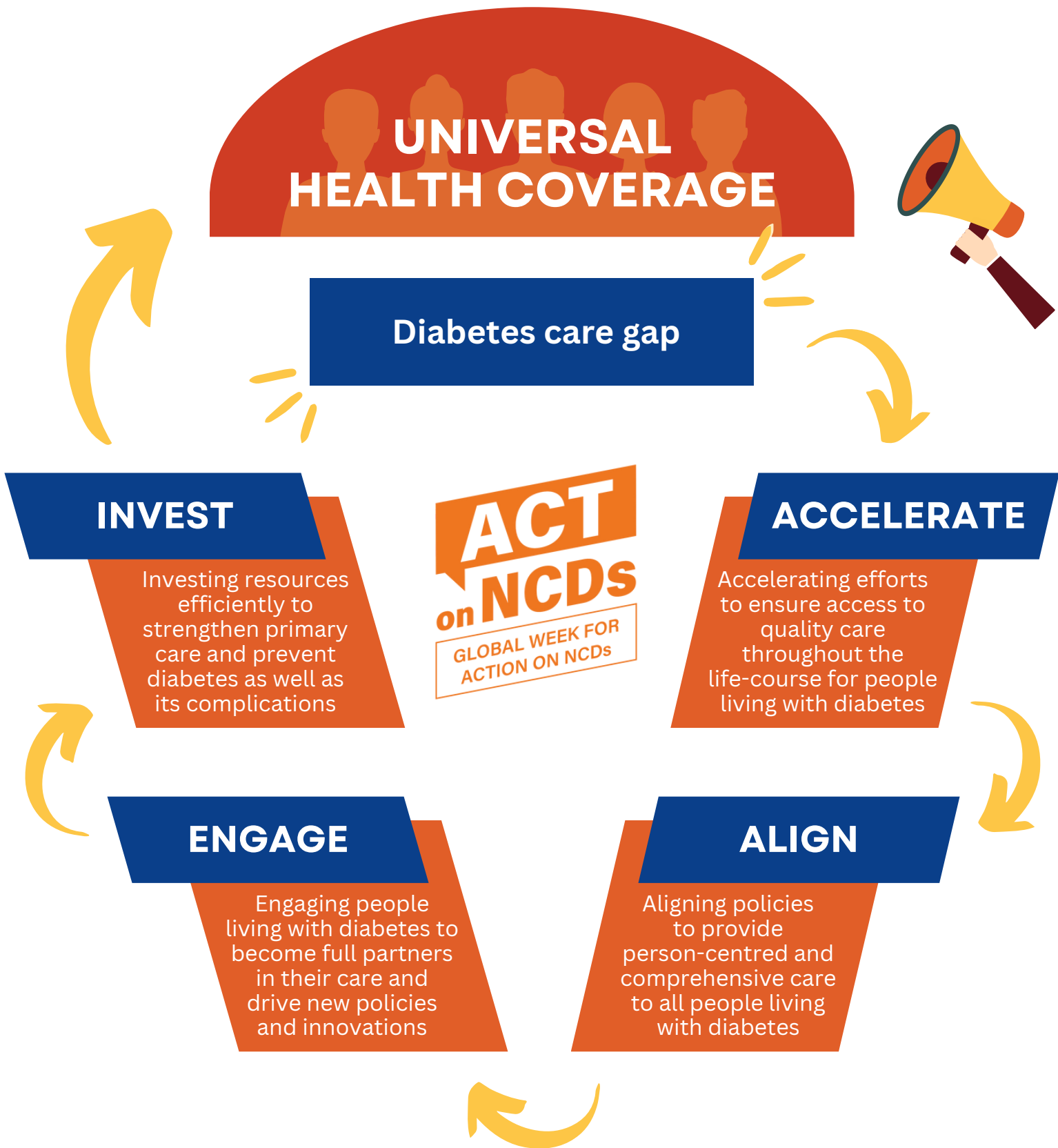


THE MOMENT FOR CARING

Global Week for Action on NCDs

14-21 September 2023



Cross-cutting action on NCDs

The right to health is a fundamental human right. According to the World Health Organization (WHO) Constitution, **“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”**.

With the adoption of the 2030 Agenda for Sustainable Development and its 17 [Sustainable Development Goals](#) (SDGs), **world leaders have committed to reducing premature mortality from non-communicable diseases (NCDs) and ensuring access to Universal Health Coverage (UHC) to everyone by 2030.**

The attainment of UHC and the improvement in NCD prevention and management are both critical to progressively achieve the right to health.

SDG 3.4 – *By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.*

SDG 3.8 – *Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.*

Healthcare systems face numerous obstacles in the achievement of UHC, one of which is the **care gap in NCDs** such as diabetes – a gap which is comprised of intertwined issues including **inefficient allocation of resources to strengthen primary care**, leading to **ineffective primary and secondary prevention** with delays in diagnosis and treatment; **inequalities in access** to the full range of health services, medicines, technologies and supplies that people need for optimally managing their condition; and a **lack of focus on the specific needs and preferences of people living with diabetes and other NCDs.**

This care gap is a key factor behind the nine million **deaths** occurring yearly in the **European Region**, of which **90% are attributable to NCDs.** **Diabetes** itself accounts for **more than one million direct deaths.** Additionally, **one third** of the 61 million people living with diabetes (PwD) in the European region **remain undiagnosed**; approximately **half the PwD do not meet their health targets** and great **inequalities** remain in access to medicines, technologies, supplies and care in general. While diabetes itself only accounts for a small proportion of all direct NCD deaths, it is the **root cause of many chronic conditions**, with 20 of the 60 million people living with [cardiovascular diseases](#) (CVD) in Europe also living with diabetes; 80% of end-stage [renal disease](#) being caused by diabetes and hypertension; and diabetes being the leading cause of [preventable blindness](#) in the world.

Despite the huge burden that NCDs such as diabetes place on individuals, societies and healthcare systems and the rising number of people living with chronic conditions, **effective action** to improve the prevention and treatment of these chronic conditions **has been sorely lacking**. Lately, this lack of focus has been exacerbated by the beginning of what is termed, the “**permacrisis**”, exemplified by the COVID-19 pandemic and other emergencies including wars and natural disasters such as the Russian War of Aggression against Ukraine and the earthquake in Turkey. The COVID-19 pandemic also illustrated that, to a greater extent than for any other NCD, **the quality of diabetes prevention, management and care**, which touch on all aspects of national health systems, **is a clear marker of their [resilience](#)**, benefiting not just PwD but also all other citizens.

Strengthening healthcare systems and improving access to healthcare services as well as to medicines and technologies for people living with, or at risk of, developing diabetes and other NCDs will be key in the coming years to **reduce inequalities, bridge the NCD care gap and achieve UHC**. This is why the [2023 Global Week on NCDs](#) aims to deliver one clear message: **the moment for caring is now**. By focusing on four top priorities, **the diabetes community calls on governments, ministers of finance and health, donors, international agencies and the private sector to accelerate progress on the implementation of prevention and care policy for diabetes and other NCDs globally, and to achieve UHC**.

Continue reading our editorial to learn more about the importance of the top priorities of the Act on NCDs campaign for the diabetes community:



ACCELERATE



ALIGN



ENGAGE



INVEST



ACCELERATE – Caring: from prevention to palliation

Uninterrupted access to all required healthcare services, medicines and technologies across all levels of care and throughout the life course regardless of circumstances (e.g., gender, location, socio-economic status, etc.) is a fundamental right that must be guaranteed to ensure PwD achieve optimal health outcomes and quality of life.

According to WHO, **30% of the global population is not able to access essential health services.** For people living with diabetes and other NCDs or at risk of developing them, access to the whole spectrum of healthcare services, from prevention to palliation, is crucial.

Lack of access to health services can lead to delays in diagnosis and the development of life-threatening complications. In the case of diabetes, this was clearly demonstrated by the COVID-19 pandemic which caused disruptions to the delivery of care that led to a negative [long-term impact](#) on health outcomes for many PwD as well as to [excess mortality](#). Due to the complexity of **diabetes** and its interplay with other conditions and with all levels of care, its **prevention, management and care make use of, and depend on, all aspects and elements of a national health system.** Additionally, **PwD need to self-manage their condition 24/7** by taking daily self-care decisions regarding food, physical activity and medication with only limited input from their medical team. To be able to optimally manage their condition, they require uninterrupted and unrestricted access to early diagnosis including screening for complications, education, medicines, supplies, technology and psychological support. Despite the incredible amount of innovation we have witnessed over the past few years, **improvements in diabetes prevention, management and care are still needed as there remain many [unmet medical needs](#) for PwD.**

To help PwD achieve optimal health outcomes, gaining access not just to care as a whole but specifically to **integrated care is essential.** Integrated care facilitates collaboration between primary care providers, specialists and other physicians. It also allows for comprehensive and coordinated care from prevention to timely interventions that can support optimal diabetes management and prevent the development of [diabetes-related complications](#), ultimately reducing the disease burden.

The type of support, services and resources that PwD may need will evolve from [paediatric](#) through to adult and geriatric care. The provision of integrated care and the strengthening of primary healthcare, notably through the deployment of **multi-disciplinary teams**, are also critical to adequately **support PwD throughout the life-course.**

"As a person with diabetes, my needs in different healthcare areas have grown as I get older and live with the condition longer. Knowing what is available to me and how to get it can be a challenge. Care pathways need to be signposted to us and our entry point known and clear of obstacles. If it's difficult to find the pathway or there are obstacles in our way then treatment may be delayed, or we may even give up. Delay in treatment can lead to poorer outcomes with physical and subsequently mental health."

- Chris Aldred, Living with Diabetes, UK



ALIGN – Joined-up policy action on health priorities

There is a need to adopt a comprehensive approach to NCDs that transcends silos, take into account the relationships between these conditions, and bridge the gap between social, community and healthcare services.

PwD often develop other chronic conditions. Bridging the NCD care gap requires overcoming silos and providing comprehensive responses to people living with, or at risk of, developing co-morbidities.

With **one third of PwD developing [CVD](#), [chronic kidney disease](#) and [diabetic retinopathy](#)**, healthcare systems need to be equipped to deliver a **comprehensive and person-centred approach**, by **placing the person living with the condition at the centre of their care** and ensuring **timely and coordinated action**. PwD are also at increased risk of experiencing [depression](#) compared with people without diabetes. **Improvements in diabetes care and management**, including the provision of **psychological support, adequate education** and [timely screening for complications](#), can greatly support [secondary prevention](#) efforts and reduce the number of people developing co-morbidities as well as improve overall quality of life.

"We have excellent evidence showing that we can manage diabetes and prevent its complications. We also know that 50% or more of PwD will die due to complications. What we need to do is simple things such as managing blood pressure, blood glucose, cholesterol and weight and empowering PwD to manage their condition. Together, all of these can dramatically reduce the risk of complications"

- Prof. Kamlesh Khunti, Professor of Primary Care Diabetes and Vascular Medicine at the University of Leicester and Leicester General Hospital, UK

Factors such as low income, [insecure employment](#), [low levels of education](#), [food insecurity](#), inter-generational trauma, [social exclusion](#), poor housing and living conditions account for many **health inequalities** and **avoidable differences in health outcomes** as does the general living environment.

Improving both primary and secondary prevention also requires addressing these risk factors.

Aligning policy efforts by adopting a **"health-in-all" approach** and creating **health-enabling environments** that address the environmental, cultural and socio-economic determinants of health, will not only benefit people living with NCDs and those at risk, but also the general population. In doing so, the **active engagement of local communities** is crucial. [Community-based interventions](#) represent a cost-effective solution to promote well-being, support people living with diabetes and other NCDs, and foster the dissemination and adoption of health-enhancing practices, both at the prevention and management levels.



ENGAGE – Considerate caring: engaging people living with NCDs

PwD should be empowered to be full partners in their care and should be engaged in all initiatives affecting their quality of life and health outcomes #NothingAboutUsWithoutUs – amongst others, from determining key areas of unmet needs, to designing clinical trials protocols and participating in health technology assessments, reimbursement decisions and other evaluation studies.

People living with diabetes and other NCDs are experts in their condition. As such they can, and must, play a role in improving all aspects of healthcare. PwD's **engagement** in **policy** and **advocacy** activities as well as in [research](#), for example, is essential to ensure that health policies are centred around their needs, that their perspectives are represented in the development and adoption of new innovations in diabetes care, and ultimately that the [quality of care](#) generally is increased.

For PwD, **empowerment** is also critical at the **individual level**, as diabetes requires 24/7 management, which can only be achieved through the full engagement of educated PwD, who can take **informed decisions** on how best to achieve their health goals and **personalise their individual care programme**.

"In order to bridge the care gap we need to understand the challenges of people living with NCDs. Our expertise cannot be treated as less than the others at the table. I look forward to setting a new standard where people living with NCDs are included at all stages of policy development and implementation."

- Cajsa Lindberg, Living with Diabetes, Sweden



INVEST – Investment for caring

Boosting innovation for prevention, management and care of NCDs is crucial. There is also a need to allocate resources more efficiency to shift from a treatment to a prevention mindset. Investment should also focus on the development of strong preparedness plans to boost the resilience of our healthcare systems as well as on innovation and research to address the existing gap in unmet medical needs. In the case of diabetes, strengthening primary care will help to avoid life-altering complications while promoting the adoption of innovation will help to improve health outcomes.

Despite the impact of NCDs on people and economies, **investment in NCDs prevention has historically been low**. This situation has been aggravated by the COVID-19 pandemic which absorbed the bulk of national health budgets. People living with diabetes and other NCDs are at increased risk of contracting and/or developing more severe forms of communicable diseases and they are also particularly vulnerable to disruptions in access to health services. The COVID-19 pandemic revealed that **investing in strengthening NCD prevention and care is indispensable to be able to cope with any health systems disruptions**. This means shifting healthcare systems' focus from a culture focused on management and treatment to one focused on risk reduction, quality of life and well-being. This involves preventing the development of life-altering complications by **ensuring continuity of care** to optimally manage NCDs and by **addressing their interactions with other conditions**, rather than treating complications once they have developed.

Investing in better prevention, management and treatment of all NCDs is therefore crucial. The burden of waiting for treating complications rather than preventing them weighs not only on those living with the condition and experiencing a loss in quality of life and premature death, but also on our healthcare systems and economies. **Proactive interventions** aimed at **reducing risk factors** and **improving early detection and timely management** are excellent **economic investments** as they can prevent the development of complications and reduce the need for more expensive treatments.

In the European Union, for example, **75% of diabetes-related expenditure results from the treatment of often preventable complications**. Allocating resources more efficiently towards primary and secondary prevention and ensuring unrestricted access to the education, medicines, technologies, supplies and health services that PwD need to optimally manage their condition, would improve their health outcomes and reduce the need for costly acute and chronic care.

Strengthening primary care should be seen as an investment rather than a cost. It is particularly important to **improve resource allocation** at this level as primary care represents the **first line of action for the prevention and treatment of NCDs such diabetes**. The majority of type 2 diabetes care (which represents 90% of all diabetes cases), for example, is provided at this level, where primary care professionals play an essential role in the identification of people at risk of developing the condition, their early detection, diagnosis as well as treatment.

"Investment in primary care and prevention has direct implications not just on health but also on the direct and indirect costs faced by healthcare systems, wellbeing, productivity and the economy at large".

- Ms Andrea Feigl, CEO & Founder, Health Finance Institute

NCD care in Universal Health Coverage

On the occasion of the 2023 Global Week on NCDs and the upcoming UN High-Level Meeting on UHC, we call on governments, ministers of finance and health, donors, international agencies and the private sector to accelerate progress towards UHC by implementing strong actions to bridge the NCD gap.

Over the past few years, **the permacrisis overshadowed significant developments for the improvement of diabetes prevention, management and care** such as the [WHO Global Diabetes Compact](#) (2021), the [World Health Assembly \(WHA\) Resolution](#) for reducing the burden of NCDs through strengthening prevention and control of diabetes (2021), the [Global Targets for Diabetes](#) at the 75th WHA (2022) and the new [EU Parliament Diabetes Resolution](#) (2022). With the quality of diabetes prevention, management and care being markers of health systems resilience, elevating and accelerating action on these commitments will be instrumental to achieve the global goals, including UHC, and reduce the burden of NCDs in general as well as improve population health.

Today's challenges are all interconnected. We cannot provide a comprehensive response to single emergencies without ensuring equal and uninterrupted access to health services for all people living with NCDs. To achieve UHC **we urgently need to ACCELERATE efforts, ALIGN policies, ENGAGE people with lived experience and INVEST resources efficiently.**

The moment for caring is now

