

## **NCDs+ Road Map 2022-2023**

### **Strategic roadmap for NCDs+ action**

The SANCD A+ 2022/23 strategic plan provides a roadmap to achieve NCDs+ equity and accountability by building on past advocacy objectives and activity.

The timeframe aligns with the government's financial year (1 April 2022 to 31 March 2023) because our key objectives and activities primarily target the government. Linking the SANCD A+ plan to the government's cycle adds to policy coherence and piggybacking on the short-term policy cycle.

The SANCD A+ is a health and social justice advocacy grouping of individuals and organisations seeking to uphold the human rights of people living with NCDs+ (PLWNCDs+) in South Africa. The grouping consists of our members, allies and partners (MAP).

#### **OUR VISION**

We see a South Africa where everyone has the opportunity for a healthy life, free from the preventable suffering, stigma, disability and death caused by NCDs+. We, the people, work together with willing stakeholders so that all policy elements meet our human rights as enshrined in our Constitution.

Our vision includes understanding NCDs beyond a minimalist legal definition limited to specific conditions, risk factors, and policy categories which fragment our impact. Our NCDs+ advocacy plan involves a whole of society and a whole of government response in which we meaningfully involve (PLWNCDs+) in the development, implementation and evaluation of policy that directly influences our lives.

Our NCDs+ advocacy plan focuses on meeting the needs of PLWNCDs+, 80% of whom receive sub-optimal care in the government sector. All PLWNCDs+ are vulnerable, most endure disability, social stigma requiring integrated prevention and control. It includes mental health and injuries.

NCDs+ have many possible causes or determinants (social, economic, and commercial) which disproportionately impact poor people and vulnerable communities. The sustainable development goals (SDGs) address NCDs+ broadly and its inclusion as an equal part of **universal health coverage** {UHC (SDG target 3.8)} for the SA version of National Health Insurance (NHI).

#### **OUR MISSION – WHY DO WE EXIST?**

The SANCD A+ exists for PLWNCDs+ to access equitable and affordable, quality, NCDs+ prevention and treatment. PLWNCDs+ and their families must be able to receive essential prevention and care without suffering financial hardship.

We do this by holding the government accountable for policy coherence and benchmark NCDs+ equity with the care provided to people living with communicable diseases, particularly HIV/AIDS, TB and STIs, in terms of existing policy and resourcing.

#### **OUR VALUES**

The values that underpin our advocacy align with well-established principles of global health and sustainable development.

##### **Human rights-based**

We will advance and protect the human and health rights of PLWNCDs+. We emphasise these human rights:

- **Equality - Section 9** - All persons are entitled to the right to health services without discrimination based on the type or cause of their health conditions.
- **Dignity - Section 10** - Some PLWNCDs+ are stigmatised or disapproved of due to their health condition. For example, people with epilepsy, mental health conditions, albinism and cancer.
- **Life - Section 11** - Failure to access essential medicines and treatments is life-threatening for PLWNCDs+. Example: During COVID-19, access to medication put many at even greater risk because the alternative delivery points available for the HIV public sector community is virtually absent for PLWNCDs+. This crisis existed before COVID-19. Example: The failure to link screening for NCDs+ with accessible diagnosis and treatment is a hallmark of NCDs+ national policy.
- **Environment - Section 24 (a)** - A clean environment with clean air and water is essential for optimum community health. Air pollution is a significant environmental risk factor for NCDs+.
- **Health care, food, water and social security - Section 27** – Poor access to essential treatments and social services lead to poor disease outcomes for PLWNCDs+.
- **Children - Section 28** – Children living with NCDs+ may be neglected in national NCDs+ discourses. For example, access to pain medication for children living with cancer and other NCDs+ is a long-neglected issue.
- **Access to information - Section 32** – We want information on how NCDs+ are funded and resourced in South Africa and access to the regular, public and evidence-based health information on NCDs+ prevention and control. Example: the amount of money spent on NCDs+ at a provincial and district level is undisclosed despite frequent requests. Example: How has the NDoH spent the Health Promotion Levy (“sugar tax”) since its inception?
- **Just administrative action - Section 33** – PLWNCDs+ have a right to ask the government to transparently account for their inadequate response to NCDs+ prevention and control. For example, failure to include PLWNCDs+ timeously in policy development, failure to respond to requests for meetings and correspondence.

### ***Integrated people-centred health services (IPCHS)***

We support the [WHO framework of IPCHS](#), an approach to health services that meets the needs of PLWNCDs+ for individuals or populations. It includes a continuum of care from promotion, maintenance, and restoration of health throughout the life course. In South Africa, this is an evolving concept but vital if we are to meet the UHC health target and SDG target 3.4. It means changing the siloes arising from the Millenium Development Goals (MDGs) that focus primarily on communicable diseases.

- **Integrated health services:** health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course
- **People-centred care:** consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems organised around the comprehensive needs of people rather than individual diseases and respects

social preferences. PLWNCDs+ must have the education and support needed to make decisions and participate in their care. Carers must be able to attain maximal function within a supportive working environment. It is broader than patient and person-centred care, encompassing clinical encounters and including attention to the health of people in their communities and their crucial role in shaping health policy and health services.

### ***Transparent and accountable***

We will be transparent and accountable, as well as fiscally responsible and effectively governed, with a commitment to excellence in all of our work.

### ***Independent***

We will maintain our independence and manage real and perceived conflicts of interest.

### ***Coproduction-driven***

We will collaborate with current trusted members, allies and partners (MAP) and the broader NCDs+ and health community, including across sectors, to develop mutually beneficial partnerships and strategic alliances that support our goals.

## **GOALS**

1. NCDs+ equity IPCHS aligned with human rights, the SA constitution and UHC.
2. Accountability of the government at all levels for accepted standards of NCDs+ prevention and management through the involvement of PLWNCDs+
3. PLWNCDs+ are meaningfully involved in their care so that there is policy coherence with the human rights enshrined in the SA constitution.

## **INDEPENDENT STRATEGY PILLARS**

The pillars or independent strategies must align with the WHO IPCHS

- I. Strengthening NCDs+ governance and accountability by policy coherence and co-production (Strategy 2)
- II. **Reorienting the NCDs+ model of care to align with IPCHS** by the co-production of knowledge products (strategy 3 reorienting the model of care)<sup>1</sup>
- III. **Empowering and engaging the NCDs+ civil society stakeholders** by strengthening the SANCDs+ stakeholder alliance. (Strategy 1 empowering and engaging people and communities)

<sup>1</sup> Co-production of health: care that is delivered in an equal and reciprocal relationship between professionals, people using care services, their families and the communities to which they belong. It implies a long-term relationship between people, providers and

health systems where information, decision-making and service delivery become shared. See 1 above footnote page 4. From IPCHS

## OBJECTIVES BY 31 MARCH 2023

1. Continue holding **the government accountable for human rights violations of PLWNCDs+** within NCDs+ related policy before, during and after the COVID-19 pandemic
2. Co-produce and disseminate **knowledge supporting an IPCHS NCDs+ model of care** to critical stakeholders.
3. Co-produce a **stainable SANCDa+ governance structure** mandated by members, allies and partners stakeholders to achieve an NCDs+ strategic agenda beyond 2023.

### **Objective 1: Government accountability**

- a) Continue to update and frame NCDs+ accountability activities by existing policy global conventions (UN, WHO, to which the SA government has committed, including Agenda 2030 and the SDGs especially targets 3.4 (↓ NCDs+ premature mortality) and 3.8 (UHC fully integrating NCDs+ beyond a financial mechanism) and the post-COVID-19 response
- b) Conclude the [South African Human Rights Commission complaint](#) (GP/2122/0026/BJ/K) against the government to a conclusion by coproduction and participation of members, allies and partners.
- c) Make NCDs+ a national priority by updating the [National Development Plan \(NDP\)](#) and all related policies for health and whole of government. Includes but is not limited to :
  - UN (e.g. Sustainable Development Agenda 2030 and WHO NCDs+ political declarations
  - Medium-Term Strategic Framework (MTSF) 2019-2024 and the next version.
  - NHI policy, legislation and implementation beyond a financial mechanism i.e.UHC (SDG target 3.8)
- d) An active process within the Presidency, and Parliamentary Portfolio Committee on Health to make NCDs+ a priority.
- e) Develop a strategy to engage with political parties about making NCDs+ a priority in the election manifestoes for the 2024 national elections.
- f) Implementation and evaluation of the [3<sup>rd</sup> NCDs+ National Strategic Plan 2022-2027](#) Including but not limited to NDoH Annual Performance Plans (APP 22/23); Budget, Programme documents; Indicators and objectives,
- g) Implementation and evaluation of provincial government NCDs+ plans and documentation.

### **Objective 2: NCDs+ knowledge management for human rights**

- a) Monitoring global and national initiatives through participation and communication with stakeholders.
- b) Enabling meaningful involvement of PLWNCDs+ in activities through MAP
- c) Update the evidence database of [SA Policy and evidence \(Annexure A\)](#)
- d) Continue analysis of NCDs+ policy that relates to key activities.
- e) Support the implementation of the 3rd NCDs+ NSP
- f) Develop and distribute communications to target groups.

### **Objective 3: Sustainable SANCDa+ governance structure supporting human rights agenda**

- a) Continue to develop, formalise and document MAP groups through stakeholder coordination
- b) Develop and discuss the governance process with MAP.
- c) Enable representation of grouping to formalise a draft constitution ahead of the SAHRC hearings.
- d) Get mandate to continue beyond March 2023 to continue work to meaningfully involve of PLWNCDs+ in activities through MAP
- e) Convene MAP and constitute a formal organization if required. ([Date of convening](#) 28 November 2022)
- f) Source financial, human and other resources to continue beyond March 2023

Final version Vicki Pinkney-Atkinson 11 Oct 2022