



## WHEC Update

### Briefing of worldwide activity of the Women's Health and Education Center (WHEC)

June 2023; Vol. 18. No. 06

## *Achieving Global Health*

Sustainable alternatives are required to optimize the relevance of non-communicable diseases (NCDs) and mental health priorities, policies and practices at regional and national levels and to build back better. This is a key opportunity to harness the power of community knowledge to tailor the priorities, programs and practices so that they are contextually feasible, appropriate and attractive to the target populations. This approach has been adopted by the Women's Health and Education Center (WHEC) in 2023. It emphasizes the importance of community engagement in primary health care and states that improving the health of all people extends from care provision by clinicians, hospitals and biomedical advances to human rights, equitable access and affordability and community and individual self-reliance and participation.

Individuals and communities with first-hand experience in living with NCDs and mental health conditions hold the key to designing effective, inclusive, equitable health interventions that leave no one behind. Their voices can unlock opportunities to overcome barriers in accessing and sustaining health care. The right to participate in one's care is also a fundamental part of the human right to the highest attainable standard of health.

Type-2 diabetes in a changing environment – people may not be taking care of themselves, not because they cannot buy medicine, or are without access to healthy food. They would have all the tools, but they are unable to use them for underlying mental reasons. People know what is best for them. That is why their needs, their choices, and their voices and experiences should be prioritized. Amid the complex and interconnected global health landscape, the meaningful engagement of people with lived experiences is increasingly becoming a mainstay. In light of the global epidemic of NCDs, the recent COVID-19 pandemic, and persisting health inequalities, understanding the complex determinants of health conditions and upholding principles of respect, value and dignity are equally crucial.

Meaningful engagement of people with lived experiences also plays particular attention to the voices of marginalized or neglected groups and communities. Community networks play a vital role in providing people with access to critical information and support and breaking down siloes and barriers. Crucially, meaningful engagement and co-designing health policies imply a shift from the individual as a passive user to an empowered and valued agent of change. People with lived experience do not only require a seat at the table of decision-making, but should be able to drive processes, co-create programs and implement contextual solutions.

**Advocacy is at the core of all our initiatives.** Despite recent progress on prevention of NCDs, meaningful engagement does all too often take this hurdle from intention to action and risks to remain non-compliant in changing life style and eating habits. Our hopes for the future for everyone with NCDs and mental health, is that they are valued and involved in planning their own care, that they have a louder voice to policymakers, that they are much more involved right from the beginning.

NCDs are the greatest contributors to mortality and morbidity globally. NCDs – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – and mental health conditions impose a devastating burden on individuals, households, health systems and national economies, especially in low- and middle-income countries. Share your projects and programs with us on ***WHEC Global Health Line (WGHL)***.

Living with Mental Health and Non-Communicable Diseases

**Rita Luthra, MD**



## Your Questions, Our Reply

Can involving people with lived experience with non-communicable diseases (NCDs) and mental health in various program areas build – inclusive, resilient, people-centered primary healthcare? What is the potential opportunities to build back better while addressing NCDs and mental health?

**People Living with NCDs:** Engaging people with lived experience is the way to design appropriate, equitable, context-specific NCD policies, programs and interventions, while ensuring their relevance and buy-in by the target population. This will accelerate progress towards the Sustainable Development Goals (SDGs) through the provision of comprehensive, equitable, person-centered health systems to address the health and well-being of the patients with NCDs throughout their life-course. The concept of the “patient expert” came to fruition in the 1980s and has been applied to various health challenges, including chronic disease management programs. While the concept was originally applied to self-management, so that healthcare recipients could be autonomous in managing their conditions, it developed into a partner-like relationship, with patients providing input to treatment program development to enhance community-based services. This placed the patient at the center and thus transformed the continuum of care.

A multi-stakeholder approach and community engagement are essential to sustain and accelerate the progress towards achievement of SDG 3, and 4 for people with chronic NCDs and mental health. as we work to build back better, we must engage with civil society and individuals with lived experience to hold programs in healthcare accountable and to drive change. **WHEC values your voices, your expertise and your input.** Our Editorial Board is also committed to leveraging WHEC’s role in supporting the UN System in doing the same. To date, engagement of lived experience has largely been an untapped resource not only for health professionals but also for political leaders, policymakers, intergovernmental organizations and civil society. This is exacerbated with lack of data on patients living with NCDs in general, and specifically concerning multimorbidity. We must use this momentum to make transformative changes to ensure we respond to the call of “Involving People living with NCDs and mental health in healthcare program development. “

**Emerging Themes:** Analysis of the data revealed three main themes:

1. Meaningful engagement activities agents of change and builds on what is meant by meaningful engagement of patients living with NCDs and mental health.
2. For talking the talk to walking the walk show how the process should be conducted.
3. Actions we want to see indicates the method the participants consider should be to support active, participatory engagement of patients living with NCDs and the mental health.

Living with NCDs and mental health disease is not a boundary for people reaching their goals. We truly believe that inclusive language and representation are essential to mobilize people living with NCDs outside their formal organization. Patients need to feel empowered while sitting at the table and provided with tools so can be impactful.

Co-create an action plan with people living with NCDs to support our work and their respective Member States in adopting meaningful engagement. This could strengthen by co-development of targets and indicators of progress in the adoption of meaning engagement of patients living with NCDs and advocating with Member States to include this action in their national NCD or multi-sectoral action plan.

Join the efforts of engaging patients and communities!



# Learning Life Lessons Series

## For Teachers and Students

A Quarterly Series for *WHEC Update*

### TOOLS for CHILD DEVELOPMENT

## Chapter V: Reading Effectively

### WHAT ARE THE READING OBJECTIVES, AND WHY?

Books have an enormous impact on our lives. Reading more effectively and efficiently means developing a watertight process to capture ideas, analyze arguments, and ask the right questions. Books can act as personal mentor, and as a vehicle for compounding knowledge. It is easier and more useful for our purpose to segment reading objectives into three distinct categories. Category 1: Reading to entertain – in this category, we read books purely for enjoyment; Category 2: Reading to inform – we read books to learn specific facts or information about something; Category 3: Reading to Understand -most of us tend to struggle with in this category. Therefore, we need a method that takes us from an elementary level to reading at an analytical or synoptical level.

### KEY RULES TO EFFECTIVE READING

1. Warm up your brain. Let your mind relax.
2. Sweep the chapter. Anything that is visually emphasized; these are the points to keep in mind.
3. Write as you read. Whether directly in the book or on a separate page, underline or write down key points and what supports them.
4. Look up words you DO NOT understand. And add the words to your notes.
5. Ask questions. Why do things unfold as they do? Where do you agree or disagree with the points the author makes? Why?
6. Look for answers. What new facts or perspectives you have acquired, and what else you want to look up. Then consider how all this will help you understand.
7. Turn chapter titles and headings into question. To maximize your learning experience, go over the reading once more, paying special attention to titles and other headings – and covering any additional questions these bring to mind.
8. Understand what are you reading. finally review your notes once more; schedule the next steps in solving any still-unanswered questions; define in 100 words or less what the author intended and what you have learned.

### SEEKING HELP FOR A STRUGGLING DYSLEXIC READER

It required extra effort, motivation and support from both the child and the parent. We suggest the following steps to support the little readers with dyslexia. Details can be found in the review link provided below.

### SUGGESTED READING

**Learning Life Lessons Series: Part II;** available at:

<http://www.womenshealthsection.com/content/gynmh/gynmh017.php3>

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**8<sup>th</sup> Multi-stakeholder Science, Technology and Innovation (STI) Forum**  
2 – 4 May 2023  
**Women’s Health and Education Center’s (WHEC’s) Participation**

<http://www.womenshealthsection.com/content/whec/sti.php3>

**Science-Policy Brief**

Initiatives of Women’s Health and Education Center (WHEC) have an unique role to play in strengthening the health and educational systems worldwide. Open Science, Artificial Intelligence (AI), and Big Data management are essential in health and education sectors in low- and middle-income countries to achieve the United Nations 2030 Agenda. Role of the UN in AI and Big Data Governance is also suggested in this forum.

**Open Science to Achieve UN 2030 Agenda**

[http://www.womenshealthsection.com/content/documents/B41\\_Luthra\\_Science\\_and\\_Technology\\_to\\_Educate\\_Sustainable\\_Development.pdf](http://www.womenshealthsection.com/content/documents/B41_Luthra_Science_and_Technology_to_Educate_Sustainable_Development.pdf)

**Virtual Side Event**

Open Science to Transform Health and Education Systems  
**Program and YouTube Video**

<https://www.youtube.com/watch?v=KjL7ey9YmvM>

**Summary of Side Event, Objectives and Recommendations published by STI**

[http://www.womenshealthsection.com/content/documents/Side\\_Event\\_Summary\\_8th\\_Multistakeholder\\_Forum\\_2023.pdf](http://www.womenshealthsection.com/content/documents/Side_Event_Summary_8th_Multistakeholder_Forum_2023.pdf)

We thank you for making this event a success. We look forward to plan and develop many projects and programs with our partners.

Thank you!



## United Nations at a glance

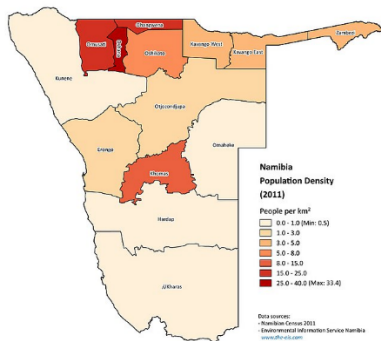
**Namibia became UN Member State on 23 April 1990**



**Namibia**, officially the **Republic of Namibia**, is a country in Southern Africa. Its western border is the Atlantic Ocean. It shares land borders with Zambia and Angola to the north, Botswana to the east and South Africa to the south and east. Although it does not border Zimbabwe, less than 200 meters (600 feet) of the Botswana right bank of the Zambezi River separates the two countries. Capital Windhoek; Official Languages: English; Recognized languages: Afrikaans, German, other African languages; Ethnic group: 50% Ovambo, 10% Kavango, 8% Colored, rest others; Religions: 88% Christianity, 11% Traditional faiths; Population (2020) 2,550,226; Area total: 825,615 km<sup>2</sup> (318,772 sq mi).

The driest country in sub-Saharan Africa, Namibia gained independence from South Africa on 21 March 1990. It has stable multi-party parliamentary democracy. Agriculture, tourism and the mining industry - including for gem diamonds, uranium, gold, silver and base metals – form the basis of its economy, while the manufacturing sector is comparative small.

Its overall climate is arid, descending from Sub-Humid to the Hyper-arid coastal plain. Namibia is primarily a large desert and semi-desert plateau. It largely depends on groundwater. In 1993, Namibia's newly formed government funding from the United States Agency for International Development (USAID) through its Living in a Finite Environment (LIFE) Project. The Ministry of Environment and Tourism, with financial support from organization such as USAID, Endangered Wildlife Trust, WWF, and Canadian Ambassador's Fund, together form a Community-based Natural Resource Management support structure. The project's main goal is to promote sustainable natural resource management by giving local communities rights to wildlife management and tourism.



Namibia is divided into 14 regions which are subdivided into 121 constituencies. Homosexual acts are illegal in Namibia although the ban is not enforced. Discrimination, as well as intolerance against LGBTQ+ people is widespread.

Namibia's economy is tied closely to South Africa's due to their shared history. It has a highly developed banking sector with modern infrastructures, such as online banking and cellphone banking. The cost of living in Namibia is relatively high because most good, including cereals, need to be imported. Its capital city, Windhoek, is the 150<sup>th</sup> most expensive place in the world to live.

Namibia is the only country Sub-Saharan Africa to provide water through municipal departments. The UN evaluated in 2011 that Namibia has improved its water access network significantly since independence in 1990. A large part of the population cannot, however, make use of these resources due to prohibitively high consumption cost and the long distance between residences and water points in rural areas. As a result, many Namibians prefer the traditional wells over the available water points far away.

Compared to the efforts made to improve access to safe water, Namibia is lagging behind in the provision of adequate sanitation. This includes 298 schools that have no toilet facilities. Over 50% of child deaths are related to lack of water, sanitation, or hygiene; 23% are due to diarrhea alone. The UN has identified a "Sanitation crisis" in Namibia.

Details: <https://sdgs.un.org/statements/namibia-7915>

# Collaboration with World Health Organization (WHO)

## WHO | Namibia



### Health Situation

The health status of Namibia has been heavily impacted by the HIV/AIDS epidemic and negatively affected by the country's unequal socioeconomic development. Life expectancy dropped in 2013 from 59 to 48 for men, and 63 to 50 in women. The Ministry of Health and Social Services has prioritized the implementation of three SDGs, namely goals, 4, 5, 6:

Namibia is ranked 52<sup>nd</sup> in the world for under-5 mortality, which has decreased between 1990 and 2015 from 73 to 45 deaths per 1,000 population. TB remains a serious concern in Namibia, which has one of the highest case notification rates in the world. The emergence of multidrug-resistant TB and the growing problem of extensively drug-resistant TB pose new challenges to improve the capacity for management of identified cases, infection control in health facilities and strengthen surveillance and reporting.

The malaria mortality rate declined drastically from 96.5 per 100,000 population in 2000 to 1.5 per 100,000 population in 2012 and an increase in the number of cases has been observed since 2014. The country is among four southern African countries aiming to achieve malaria elimination by 2020.

Namibia is signatory to the WHO FCTC and has enacted a tobacco control legislation, and has enforced tobacco control measures starting 1 April 2014.

### Health Policies and Systems

The Health Sector Strategy is guided by Vision 2030, which is a long-term development vision for the country. Vision 2030 aims at transforming Namibia into an industrial nation and reverse a colonial legacy of high-income inequality and poverty. The 2016/2017, was an attempt to translate Vision 2030 objectives into concrete policies and actions. More specifically, the plan seeks to achieve the medium-term objectives of High and economic sustained growth, employment creation, and increased income equality.

The public health sector is structured in a three-tier hierarchy with central, regional and district levels. The central level has devolved authority to 14 Health Regional Directorates, and 34 districts. Churches and NGOs play a significant role in protecting and promoting the health and social welfare of the Namibian people. Many of the NGOs are involved in the delivery of community-based healthcare.

The private sector is regulated by the Hospital and Health Facilities Act of 1994. The private sector facilities are licensed to provide health services to all patients, and they complement the services of the public sector.

### Cooperation For Health

The Government of the Republic of Namibia and the UN System in Namibia, describes the collective response to UN to priority national development challenges. This strategic partnership and resource of the UN to Country Team System supports Namibia in implementing the 4<sup>th</sup> National Development Plan (NDP4) and the realization of its development goal as stipulated in Vision of 2030. Currently the largest contributors among the donors and their implementing agencies in the health sector are the President's Emergency Plan for Aids Relief, UN Agencies, EU, German Technical Cooperation, and few others.

Details: <https://www.afro.who.int/countries/namibia>



## United Nations Educational, Scientific and Cultural Organization Collaboration with UNESCO

### Namibia Joined UNESCO on 2 November 1978



**Namib Sand Sea**, is the only coastal desert in the world that includes extensive dune fields influenced by fog. Covering an area of over three million hectares and a buffer zone of 899,500 hectares, the site is composed of two dune systems, an ancient semi-consolidated one overlain by a younger active one. The desert dunes are formed by the transportation of materials thousands of kilometers from the hinterland, which are carried by river, ocean current and wind. It features gravel plains, coastal flats, rocky hills, inselbergs within the sand sea, a coastal lagoon and ephemeral rivers, resulting in a landscape of exceptional beauty. Fog is the primary source of water in the site, accounting for a unique environment in which endemic invertebrates, reptiles and mammals adapt to an every-changing variety of microhabitats and ecological niches.

The Namib Sand Sea is the world's only coastal desert that includes extensive dune fields influenced by fog. This alone makes it exceptional at a global scale, but it also represents a superlative natural phenomenon on account of the three-part conveyor system which has produced the massive dune field from material transported over thousands of kilometers from the interior of the African continent by river erosion, ocean currents and wind. Most dune fields elsewhere in the world are derived from bedrock eroded in situ. The age and extent of dunes are outstanding, and the property also exhibits a range of features that give it exceptional aesthetic qualities. The diversity of dune formations, their ever-changing form and the range of color and texture create landscapes of outstanding natural beauty.



### Strengthening Underwater Culture Heritage Protection and Research in Africa

This onsite training aims to put the theoretical content learning during the 2021 Online Workshop into practice, notably concerning the elaboration of project designs and surveys, recording techniques, research management and protection of the Underwater cultural visits to a traditional shipyard and the Mtwara ruins. At the end of this course, trainees have the basic tools and knowledge, and acquire skills to identify, assess and evaluate Underwater Cultural Heritage, and its connections to society and the environment. The Underwater Cultural Heritage offers us an enormous opportunity to build our blue economy while contributing to the SDGs, and UNESCO 2001 Convention provides a roadmap for protecting this fragile and undervalued heritage. The activities implemented under this project aim to build on the positive impact and seek to strengthen the current capabilities in the region on cultural heritage protection. The project will continue to the achievement of the UN SDGs specifically goal 11.4 “strengthen efforts to protect and safeguard the world’s cultural and natural heritage,” 14.5 and 14.7 “to conserve and sustainably use the oceans, seas and marine resources for sustainable development.”

### Transforming Education Submit

The Ministry of Education, Arts and Culture has implemented the 2011 Conference recommendations which have included the reform of the basic education sector to ensure access to inclusive, equitable and quality education. In addition, the government of the Republic of Namibia is signatory to Agenda for Sustainable Development and has been implementing the SDGs of which Goal 4 targets to ‘**Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.**’

Details: <https://en.unesco.org/countries/namibia>

### *Education-for-All and Health-for-all*

## Bulletin Board



### Goal 10 Reduce Inequality Within and Among Countries

#### KEY FACTS

- Pandemic has caused the first rise in between-country income inequality in a generation.
- 5,895 migrants lost their lives in 2021 - the deadliest year since 2017 for migrants.
- 1 in 5 people have experienced discrimination on at least one of the groups prohibited under International Human Rights Law.
- Global refugee figure hits record high – war in Ukraine pushes the world total even higher.
- The number of refugees outside their country of origin increased by 44% between 2015 and 2021.
- 2013 -2017 income inequality was -2.8%; 2017 – 2021 +1.2% COVID-19 projection and -2.6% without COVID-19 projection.

#### The Women’s Health and Education Center’s (WHEC’s) Initiatives and Recommendations

##### Recovery and Resilience through Digital and Financial inclusions

The International Day of Family Remittance is celebrated every year on the 16<sup>th</sup> of June. It is an occasion for WHEC, its partners and members to honor the major positive impact stemming from the billions in **remittances** sent every year by migrant workers to their families.

**Remittances** have always been a large source of support for about 1 billion people globally, enhancing their access to food, education, health and new opportunities. These sums of money sent by migrants to their loved ones therefore largely contribute to the path towards the achievement of SDGs to be attained by 2030. Remittance service providers and governments have reacted to support people in need and to facilitate the flow of remittances.

The ability to use digital instruments was key during the pandemic, as the limitation on the movement of individuals and money due to lockdowns made remittances easier to send and receive by digital means rather than physical ones. Many remittance businesses scaled digital and mobile channels. This change benefits both remittance service and remittance senders, as formal are more efficient, safer and cheaper – and making digitalization is ameliorating the remittance process.

Some companies are using digital currencies for the settlement of the transactions rather than working through banks, thus reducing the need for intermediaries and reducing costs while increasing speed. This new shift is likely to change the remittance ecosystem and contribute to the economic recovery and resilience in today’s world largely impacted by the crisis. Financial and digital inclusion will be a key element in this process.

**Remittances** are helping millions of people to get out of poverty, in particular in the most challenging times. Their digitalization will enhance the positive change by increasing their coverage and their simplicity of use.

**Remittance make a difference, and this is why we celebrate this day together with all our networks. We honor our members for all the work they do to keep remittances flowing, in the benefit of millions of families in regions of the world.**





## Collaboration with UN University (UNU)

*UNU-WIDER (World Institute for Development Economics Research)*

*Expert Series on Health Economics*

### **Exploring Economic Support Networks Amidst Racial Inequality in Namibia**

Community or interpersonal support as a critical source of livelihood sustenance in the Global South can exhibit unequal dynamics. An understanding of these practices is primarily tied to the conceptual space of poverty or small communities. Less is known about how social support systems might respond to structural inequalities.

The author addresses this by exploring how support practices might be shaped by inequalities in the Namibian context. Author draws on primary network data to assess inequality as a social dynamic within the space of support and evaluate whether providing worse-off others corresponds to former discriminatory practices under the apartheid regime.

Author's results suggest that inequality had normalized a sense of support as necessity for black but not white Namibians. More broadly, by recognizing differences in group practices, the evidence that exploring support practices across structural inequalities can enhance insights on the social replication of inter- and intragroup-based inequalities.

Apartheid was a political system that institutionalized and reinforced racial and ethnic segregation in South Africa and Namibia. It is a prominently discussed case of human rights violations and structural violence, conflict and power imbalances, as well as social stratification and economic inequalities. The South African colonial government enforced ethnic identity-based segregation by implementing various discriminatory policies towards Black Namibians, e.g., differential taxation or pension claims. It further restricted the mobility of Black Namibians, which was manifested in a multitude of government policies such as the 1963 Aliens Control Act or Native Urban Areas Proclamation in 1951. Though apartheid policies were revoked when Namibia gained independence in 1990, a substantial amount of 'unfinished business' in terms of reducing country's extreme inequality, related to ethnicity, race and geography.

The author's analytical approach does not come without limitations, one of which includes the measurement of socio-economic position and providing support across such. First socio-economic positions, being educational and professional attainments are sensitive to an individual's age. Hence, in part observed dynamics are explained by age. Hence, in part observed dynamics are explained by age differences – a reason author controls for such using two variables which measures age distances among individuals. Thus, differences in the odds of providing across socio-economic distances might be more conclusive when looking at differences across groups, namely white and Black Namibians. In addition, future studies could expand by exploring support patterns more closely, for example by accounting for transfer types, values, or frequencies to further understand the substance and importance of support in individuals' lives across racial identities and socio-economic positions.

Publisher: UNU-WIDER; Author: Annalena Opper; Sponsor: United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development. The Institute began operations in 1985 in Helsinki, Finland, as the first research and training center of the United Nations University. Today it is a unique blend of think tank, research institute, and UN agency—providing a range of services from policy advice to governments as well as freely available original research.

## Two Articles of Highest Impact, May 2023

*Editors' Choice – Journal Club Discussions*

*Fully open-access with no article-processing charges*

*Our friendship has no boundaries. We welcome your contributions.*

1. **Water, Sanitation, Hygiene and Health;**

<http://www.womenshealthsection.com/content/health/health029.php3>

WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

2. **Neonatal Abstinence Syndrome;**

<http://www.womenshealthsection.com/content/obsnc/obsnc010.php3>

WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

### *Partnership for Maternal, Newborn & Child Health (World Health Organization) PMNCH Member*

*Worldwide service is provided by the WHEC Global Health Line*



### **From Editor's Desk**

*WHEC Projects under Development*

## **Non-communicable Disease (NCDs) now 'top killers globally': Our Efforts with UN and WHO – New Advocacy Projects**



from heart disease to cancer and diabetes, NCDs now outnumber infectious diseases as the 'top killers globally,' the UN and WHO, with one person under 70 dying every two seconds from an NCD.

NCDs constitutes one of the greatest health and development challenges of this century. Chief among them are cardiovascular diseases, such as heart disease and stroke; cancer; and

diabetes and chronic respiratory diseases – as well as mental health illnesses. Together they account for nearly three-quarters of deaths in the world, taking 41 million lives every year.

A lack of awareness of the data means that not enough action is being taken. Millions of people – especially in lower-income settings – cannot access the prevention, treatment and care that could prevent or delay NCDs and their consequences. This huge inequality undermines the human right of everyone, in all countries, to the best available standards of health. All too often, government commitments are not being met. Every Member State of the UN has committed to the SDGs, which include a target to reduce premature death from NCDs by a third by 2030. This could save millions of lives, but few countries are on track to achieve the target.

The good news is that this can be changed. Relatively small additional investments in NCD prevention and treatment could make a big difference long before 2030: spending an additional US\$ 18 billion per

year across all Low- and middle-income countries (LMICs), could generate net economic benefits of US \$ 2.7 trillion over the next seven years. This is an investment, not simply a cost, with the benefits of action going far beyond health.

There is a vicious circle linking **poverty** and NCDs. Universal health coverage will not be achieved without addressing NCD prevention and treatment.

### **What to do about them?**

Too many people are getting sick and dying from NCDs that could have been avoided. Inaction on NCDs is not an option for any government that cares about its people or its economy. Countries have the power to turn the tide on NCDs.

### **Our Recommendations and Our Efforts will Focus on:**

- 1. Political will.** Action starts and ends with leadership. Strong national commitment to protecting people from NCDs is essential. National and international leaders must use their positions of power to increase the visibility of NCDs and highlight what can be done to tackle them.
- 2. The right policies and interventions.** Spending on a small number of WHO-recommended interventions for NCD prevention and treatment is a highly cost-effective investment to avoid the devastating health and integrated within primary healthcare and also support universal health coverage. Providing excellent value for the money.
- 3. Stronger health care delivery.** Countries need strong healthcare systems to guarantee effective NCD prevention, detection and treatment, ensuring that everyone can access services for screening, diagnosis and management. These NCD services should be included in any kind of basic benefits package of universal health coverage. Effective delivery also includes strengthening a country's health workforce, ensuring that health workers all have the knowledge and resources they need to address NCDs.
- 4. Protection for the vulnerable.** Identifying groups most at risk from NCDs can enable targeted support. For example, the impact of NCDs is magnified in humanitarian settings where access to care and treatment can be severely and persistently disrupted.

### **NCD Implementation Roadmap for the Global Action Plan (GAP) 2023 – 2030**

- Accelerate the national response
  - i) Evaluate progress and identify barriers to interventions in your country.
- Scale up and implement the most feasible and appropriate interventions.
  - ii) Work across government, and civil society, people living with NCDs and international organizations to identify the best interventions.
  - iii) Accelerate implementation of these interventions for your country.
  - iv) Align NCD action to ensure win-wins for all other SDGs.
- Gather and assess timely and accurate data on NCDs;
  - i) Monitor NCD measures to demonstrate where there has been success and where more effort is still required.

**People living with NCDs face many challenges in accessing and maintain the care they need as part of their fundamental right to the best available standard of health and to participation in decisions affecting their lives. The main challenges they face with NCDs are:**

**Affordability:** Is treatment too expensive?

**Accessibility:** Is the right treatment available, is access sustainable, and is it on offer at a nearby facility?

**Awareness:** Is enough known about NCDs?

The benefits are clear – Join the efforts.

## United Nations: Disability Inclusion Strategy



When we secure the rights of persons with disabilities, we move our world closer to upholding the core values and principles of the United Nations Charter.

The United Nations Disability Inclusion Strategy provides the foundation for sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations: Peace and security, human rights, and development. The Strategy enables the UN system to support the implementation of the Convention on the Rights of Persons with Disabilities and other international human rights instruments, as well as the achievement of the Sustainable Development Goals (SDGs), and Agenda for Humanity and the Sendai Framework for Disaster Risk Reduction.

“I want the United Nations to lead by example and invite you to join me in moving decisively to achieve the goals of the United Nations Disability Inclusion Strategy.” – António Guterres, UN Secretary-General

Three key approaches guide to our work; the strategy is based on three over-arching approaches to achieve disability inclusion:

- **Twin-Track Approach.** Disability is a cross-cutting issue and should be considered in all our work – this is the first track. Targeted programming is also required – this is the second track.
- **Intersectionality.** Factors such as gender, age and location inform an individual's experience. These factors also impact people with disabilities and their life experiences.
- **Coordination.** A coherent and coordinated approach is essential to accelerate progress, build on each other's and achieve inclusion.



More than ever, now is the time to redouble our efforts. The implementation of the Strategy remains a top priority. However, achieving disability inclusion cannot be the responsibility of any one stakeholder alone.

The Strategy is not just one of words: it is pathway towards an inclusive and accessible future. It is our Organization's commitment to a world in which persons with disabilities participate fully and equally in civic, social, cultural and economic life. In less than two years, the UN System as a whole has shown that with strong resolve and commitment, we can transform words into action. The Strategy demonstrates the aspiration that the United Nations will lead by example on disability inclusion and achieve our common agenda of leaving no one behind.

One of the aims of the Strategy is to provide impetus to unlock more financial and human resources for the inclusion of persons with disabilities, by consistently applying a disability inclusion lens in the utilization of existing resources and by identifying new resources. In this regard, work has begun to establish a mechanism to track disability inclusion and associated expenditures in programs and projects of Secretariat entities.

Details: <https://www.un.org/en/content/disabilitystrategy/>

## **Beggarly Heart**

When the heart is hard and parched up,  
Come upon me with a shower of mercy.

When grace is lost from life,  
Come with a burst of song.

When tumultuous work raises its din on all sides shutting me out from beyond,  
Come to me, my lord of silence, with thy peace and rest.

When my beggarly heart sits crouched, shut up in a corner, break open the door, my king,  
Come with the ceremony of a king.

When desire blinds the mind with delusion and dust, O thou holy one, thou wakeful,  
Come with thy light and thy thunder.

- Rabindranath Tagore (1861 Kolkata – 1941 Kolkata), also known as Gurudeva, was a Bengali polymath who reshaped his region's literature and music. He became the first non-European to win the Nobel Prize in literature in 1913. He was highly influential in introducing the best of Indian culture to the West and vice versa, and he is generally regarded creative artist of modern South Asia.

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