Bridging a Gap in Universal Health Coverage for the Poorest Billion

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NCDI Poverty Network Charter

Section I. Background and Nomenclature

Why "NCDI"? Noncommunicable diseases and injuries (NCDIs) account for a major proportion of the death and suffering of the world's poorest people. This burden includes a diverse set of severe conditions (such as type 1 diabetes, rheumatic and congenital heart disease, sickle cell disease, leukemias and lymphomas, schizophrenia, appendicitis, and traumatic injuries) affecting children and young adults, as well as common conditions that largely affect older populations (such as type 2 diabetes and cardiometabolic disorders).

Why "Poverty"? Existing frameworks for target-setting and monitoring progress on NCDIs have focused on chronic disease associated with development, with prevention as the primary mode of intervention. However, these frameworks have been noted to be limited and incomplete when considering the epidemiology and lived reality of populations living in extreme poverty. This population, which is composed disproportionately by younger individuals under the age of 40, are afflicted by NCDIs as part of a nexus of hunger, toxic environments, infectious diseases, and lack of health care. The NCDIs experienced under these circumstances are both more severe and more varied than those captured by frameworks developed for other populations. Most low- and lower-middle income countries (LLMICs) have not had the domestic resources to address these conditions, and external financing has been minimal. As a consequence, coverage of health sector interventions for NCDIs is very low. In this way, the term "poverty" intends not to classify or stigmatize a particular population, but rather call immediate attention to neglected issues within the NCDI response requiring urgent prioritization.

Why "Network"? The *Lancet Commission of Reframing NCDIs for the Poorest Billion* (2015-2020) aimed to identify solutions and mobilize support to address the crucial problem of NCDIs in the poorest populations. This Commission supported the establishment of expert committees of multi-sectoral NCDI stakeholders in 16 LLMICs, termed "national NCDI Poverty Commissions" (or "Groups"). These committees are comprised of diverse stakeholders, including national policy makers, clinicians and academic researchers, health planning and financing experts, implementing partners and donors, and members of civil society, including people living with NCDIs. The "Network" proposed in this charter aims to harness the collective mission of these national Commissions and their key allies and stakeholders to understand, advocate, and address NCDIs affecting the poorest populations.

Section II. Mission Statement

The NCDI Poverty Network aims to prevent and reduce the death and suffering of those – mainly children and young adults – doubly afflicted by extreme poverty and noncommunicable conditions. The Network accomplishes this goal by supporting National NCDI Poverty Commissions in countries with a high prevalence of extreme poverty. The NCDI Poverty Network will elevate an emerging NCDI Poverty movement and develop accountability mechanisms to ensure that service delivery for NCDIs is a key component of Universal Health Care (UHC) for the poorest populations.

Section III. Objectives

The NCDI Poverty Network has the objectives to:

- Promote technical cooperation and coordination among National NCDI Poverty Commissions and stakeholders dedicated to addressing NCDIs related to poverty
- Provide a platform for research and capacity building for understanding and addressing NCDIs related to poverty
- Catalyze funding to support health sector interventions for NCDIs affecting children and young adults in LLMICs

Section IV. Strategic Initiatives:

Strategic Initiative #1: ***Expanding the NCDI Poverty Network****:* The NCDI Poverty Network will disseminate and build on the findings of the Lancet NCDI Poverty Commission and national NCDI Poverty Commissions to inform the policy and financing landscape for an expanded agenda around NCDIs affecting the world's poorest. The Network will expand to continually include more countries to establish national NCDI Poverty Commissions. This initiative will engage diverse stakeholders, including communities affected by NCDIs, to effectively engage and influence decision-makers at the global, regional, national, and local levels.

Strategic Initiative #2: ***Integration Science for Improved Service Delivery****:* The NCDI Poverty Network will facilitate collaborative research to understand key gaps and develop innovative solutions to improve integrated care delivery for NCDIs. This initiative will build capacities for researchers to understand and address specific challenges facing health service delivery for NCDIs in LLMIC settings.

Strategic Initiative #3: ***PEN-Plus Partnership****:* The NCDI Poverty Network will support development, pilot and scale of innovative service delivery models to effectively decentralize interventions for prevention and management of NCDIs affecting the poor. PEN-Plus is a strategy to enable mid-level providers (nurses, clinical officers, etc.) to lead outpatient care for severe chronic NCDs affecting young individuals (for example, type 1 diabetes, advanced rheumatic heart disease, and sickle cell disease) at first-level referral facilities in an integrated fashion. In collaboration with the World Health Organization, PEN-Plus will build upon and strengthen the WHO Package of Essential NCD Interventions (WHO PEN) for primary health centers. The PEN-Plus Partnership will aim to align existing and future funding and developing key partnerships to ensure sustainable resources for PEN-Plus implementation.

Strategic Initiative #4: ***NCDI Poverty Fund:*** The NCDI Poverty Fund will aim to catalyze large-scale financing through public-private partnerships to support national operational plans for PEN-Plus.

Section V. Governance & Structure

Article 1. Constituent NCDI Poverty Commissions

The NCDI Poverty Network will be comprised of expert committees termed "NCDI Poverty Commissions" or "NCDI Poverty Groups". These NCDI Poverty Commissions catalyze national efforts to address NCDIs affecting the poorest and collaborate within and across regions to amplify global advocacy. NCDI Poverty Commissions include between ten and twenty individuals. These Commission are based at academic institutions or civil society organization, are typically co-chaired by a high-level official from the Ministry of Health and a leading national researcher, and include experts in social protection, a variety of medical specialties, as well as people living with poverty and NCDIs.

The NCDI Poverty Network Secretariat will request applications every three years from groups seeking support to organize new NCDI Poverty Commission. Groups will be eligible if they are based in an LLMIC with a substantial populations living in extreme poverty. All formally established NCDI Poverty Commissions (national and sub-national) are constituent members of the NCDI Poverty Network and may participate in governance and execution of NCDI Poverty Network activities.

Article 2. NCDI Poverty Network Member Institutions

In addition to the constituent NCDI Poverty Commissions comprising the NCDI Poverty Network, partner organizations and institutions may also join as Member Institutions. Member Institutions may include research, clinical, educational, advocacy, and philanthropic organizations. Institutional membership will require approval by the NCDI Poverty Network Steering Committee and will be administered by the NCDI Poverty Network Secretariat. Member Institutions will be invited to participate in activities of the NCDI Poverty Network to achieve the stated objectives. Member Institutions will be eligible for representation on the NCDI Poverty Network Steering Committee.

Article 3. NCDI Poverty Network Steering Committee

The NCDI Poverty Network will be governed by the NCDI Poverty Network Steering Committee, which will be comprised of diverse leadership from National NCDI Poverty Commissions and Member Institutions. The inaugural Steering Committee will be co-chaired by the Lancet NCDI Poverty Commission co-chairs for a three-year term. The co-chairs will formally nominate and invite the inaugural Steering Committee members based on previous experience and contributions to the Lancet NCDI Poverty Commission, national NCDI Poverty Commissions, and/or global advocacy for NCDIs related to poverty. Steering Committee members will serve for a three-year period. Beyond the inaugural three-year period, the Steering Committee will define procedures for selecting subsequent Steering Committee members and chairs. The Steering Committee shall include at least one representative of a national NCDI Poverty Commission from each sub-region with active national NCDI Poverty Commissions (for example, Eastern Africa, Southern Africa, Western Africa, South Asia, Central America and the Caribbean). The role of the Steering Committee is to determine the strategy and action-oriented activities to achieve the objectives of the NCDI Poverty Network. Decisions by the Steering Committee will be made by majority vote. Members of the Steering Committee will meet on a quarterly basis and provide input and oversight for the NCDI Poverty Secretariat. The Steering Committee shall also be advised by a NCDI Poverty Advisory Group. The Advisory Group will include at least one representative from regional technical organizations

from both Africa and Asia and two members from Member Institutions. The Steering Committee or Advisory Group should together include at least three representatives of patient advocacy organizations or the interests of young individuals (less than 30 years old).

Article 4. NCDI Poverty Network Secretariat

The NCDI Poverty Network will be administered by the NCDI Poverty Network Secretariat. The role of the Secretariat is to provide operational support to the NCDI Poverty Steering Committee for coordination, communication, administration, and fund mobilization for activities of the NCDI Poverty Network. All host organization(s) will be confirmed and endorsed by the Steering Committee at the first meeting in 2021. There is no fixed-term for the composition of the Secretariat, though changes to the composition or location of the Secretariat may be determined by the Steering Committee.

Article 5. NCDI Poverty Network Process

The NCDI Poverty Network will support countries through a four-stage process, ultimately leading to national implementation of priority integrated delivery models. Stage 1 of the process involves situational analysis and priority-setting based on principles of equity and value-for-money. Stage 2 of the process involves design of integrated delivery models for prioritized interventions informed by facility assessment and task mapping, which we term "integration science." Stage 3 of the process involves initial delivery model implementation, training site development, and operational planning for scale-up. Stage 4 of the process involves implementation of delivery model(s) at a national scale. Each phase of the process is expected to take 1-3 three years to complete, and support for each stage of the process will be provided based on funding availability through competitive processes (e.g., Request for Applications) based on criteria established by the Steering Committee. Resource allocation and funding decisions will be determined by the Steering Committee.

Article 6. NCDI Poverty Network Status

The NCDI Poverty Network will be recognized as an initiative of the Program in Global NCDs and Social Change (PGNCDSC) of the Department of Global Health and Social Medicine (DGHSM) at Harvard Medical School (HMS). Additional host organizations will be confirmed in early 2021.