

# COVID-19 NCDI Poverty Statement

April 6, 2020

Our family of NCDI Poverty organizations is committed to saving and improving the lives of [those doubly afflicted by extreme poverty and severe non-communicable diseases and injuries \(NCDIs\)](#). Mostly, these people are children and young adults living in rural sub-Saharan Africa and South Asia. We have sought to help these individuals by working with [a global partnership](#) to support countries through a multi-stage process leading ultimately to national implementation and financing of integrated delivery models such as [PEN-Plus](#). The epidemic of COVID-19 that is sweeping the world in 2020 is an economic and biological threat to these vulnerable populations.

In response to the epidemic, we are pursuing the following general strategies:

- 1. Protecting patients and providers** currently engaged in outpatient care at first-level hospitals for Type 1 Diabetes, Rheumatic Heart Disease, Sickle Cell, and other severe chronic NCDs ([PEN-Plus](#)). We are doing this by directing cash transfers and other forms of social protection (i.e. food packages, transportation support, etc.) to cohorts of patients in our network. We believe that this strategy will allow patients to stay home more safely, protecting themselves and health workers from potential COVID-19 exposure, and from the certain consequences of dire poverty. We are also providing [guidance on how to adapt chronic care](#) in the context of quarantine measures being taken by countries.
- 2. Supporting countries to stop the COVID-19 epidemic.** One of the greatest things that could be done for the poorest patients with NCDIs is to stop COVID-19 from spreading in their communities. At this stage, it may still be possible to contain the epidemic by aggressively testing, isolating and treating those infected, and tracing their contacts as was done in some Asian countries. Partners In Health (PIH) has been [rolling out a strategy](#) of procuring rapid tests, protective equipment, and oxygen concentrators for use in countries where PIH is an implementing partner. We hope to amplify this strategy by working with governments in [our broader network](#).
- 3. Planning to resume our normal activities when the pandemic is better controlled.** We remain focused on advancing implementation and financing of integrated NCDI services for the poorest. We are publishing [two Requests for Interest \(RFIs\)](#) for activities to begin in late 2020. The first is a [Request for Applications](#) for support in initiating new [National NCDI Poverty Commissions](#). The second RFI is soliciting [Letters of Interest for support in initiating PEN-Plus implementation](#) among countries that have already established National NCDI Poverty Commissions.
- 4. Continuing to advocate on behalf of those afflicted by NCDIs of extreme poverty.** The COVID-19 epidemic makes it even more likely that extreme poverty will persist at high levels throughout the coming decade. Governments in low- and lower-middle income countries will have fewer domestic resources for health available at their disposal. Wealthy countries and global institutions will be more focused on existing priorities, and especially on health security and containing infectious disease outbreaks. In this environment, it will be essential to have organizations focused on the NCDIs of extreme poverty, mobilizing the technical, social, and financial resources needed to assure a decent life for the most vulnerable. We will continue to work with our partners and National NCDI Poverty Commissions to maintain a focus on how the epidemic is affecting their patients and to identify and address unrecognized needs. Beginning on April 21st, we plan to launch the first in [a series of video conferences](#) to begin a dialogue on COVID-19 and NCDI Poverty.

**We thank all of our friends and colleagues for many years of support and collaboration. We will need each more than ever to confront this new threat to our common humanity.**