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Report on the

Technical consultation on the integration of noncommunicable diseases prevention and control in primary health care

Cairo, Egypt
22–24 July 2008

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CONTENTS

1. INTRODUCTION

A technical consultation on the integration of noncommunicable diseases prevention and control in primary health care was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean from 22 to 24 July, 2008, in Cairo, Egypt. The meeting was attended by representatives from the Islamic Republic of Iran, Jordan, Kuwait, Libyan Arab Jamahiriya, Morocco, Saudi Arabia, Tunisia, United Kingdom, and representatives of the Executive Board of the Health Ministers' Council for Cooperation Council States and the Relief and Works Agency for Palestine Refugees in the Near East, in addition to staff from WHO headquarters and the Regional Office for the Eastern Mediterranean. The objectives of the meeting were to:

- identify and discuss various issues related to the integration of noncommunicable diseases in primary health care;
- review and share the experiences of a number of Member States in the Region regarding the integration of noncommunicable diseases prevention and control in primary health care;
- develop a common understanding of several issues related to integration, including the role of primary health care in noncommunicable diseases;
- review and discuss an assessment tool which assesses the capacity of health facilities to integrate noncommunicable diseases;
- review and discuss a sample protocol for integration;
- develop a set of recommendations for future work toward integration at the regional and national level;
- outline a framework for country action to proceed with the integration of noncommunicable diseases in primary health care.

Dr Abdullah Assa'ed, Assistant Regional Director for the Eastern Mediterranean, delivered the opening message of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. Dr Gezairy noted that the epidemic of noncommunicable diseases currently accounted for more than half of the global disease burden, and it was increasing, particularly in developing countries. It was occurring in settings with limited resources and in health systems that were oriented to dealing with communicable diseases. Noncommunicable diseases differed from communicable diseases in many aspects and, therefore, required different approaches to prevention and control. Although noncommunicable diseases comprised different disease entities, many of them shared common features: a few common risk factors; the need for lifelong care; their asymptomatic nature until well advanced; and a lengthy latency period. Each of these features had its own implications in terms of prevention and control.

Primary prevention through targeting high-risk groups was not sufficient by itself, as most cases occurred in people with moderate risk. Thus, interventions targeting the whole population were needed. The role of primary health care in education must be strengthened and expanded to cover the entire population.

He noted that fragmentation of patient care among the different specialties needed to be replaced by a holistic approach, dealing with the whole patient. Patients were not just biological models but human beings, and should be approached as such. The interplay of their social, psychological, economic, cultural and religious specificities, as well as their needs and aspirations, should all be taken into consideration. Primary health care was more suited to deliver such an approach and must be enabled to do so. It could also provide the necessary continuity of care in a cost-effective way.

To maximize the role of primary health care, and at the same time to provide patients with the most sophisticated and up-to-date knowledge, a fully functioning, efficient, two-way referral system should be in place. Primary health care was the gateway to the health system, from which patients were referred to secondary or tertiary care and back to primary care. These were a few preliminary ideas that seemed basic to integration, but they implied far-reaching reforms to the health system. Achieving an optimal model for health care required an exchange of and learning from experiences and research.

The programme and list of participants are included as Annex 1 and 2, respectively. Annex 3 includes a framework for country action for the integration of noncommunicable diseases in primary health care.

2. TECHNICAL PRESENTATIONS

2.1 The WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases

Dr Ala Din Alwan, ADG/NMH

There is a paramount need to address the four main preventable risk factors shared by the major noncommunicable diseases, these are: unhealthy diet, physical inactivity, tobacco smoking and the harmful use of alcohol. The key ideas behind the global noncommunicable diseases action plan are:

- noncommunicable diseases are closely linked to global socioeconomic development;
- national policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases;
- throughout the life course, inequities in access to protection, exposure to risk and access to care are the cause of major inequalities in the occurrence and outcome of noncommunicable diseases.

WHO expected outcomes for the 2008–2009 workplan are:

- assessment of the public health burden imposed by noncommunicable diseases and its impact on socioeconomic development.

- assessment of national capacity for the prevention and control of noncommunicable diseases and evaluation of approaches to fill existing gaps in capacity.
- a publication on the connects between the finding of the Commission on Social Determinants of Health and noncommunicable disease prevention and control, and the evidence base for integrating noncommunicable disease prevention into the global and national development agenda.
- training courses on the epidemiology and public health aspects of the major noncommunicable diseases.
- recommendations on marketing of food and non-alcoholic beverages for children.
- support to the Convention Secretariat on the implementation of the WHO Framework Convention on Tobacco Control.

2.2 Integration of noncommunicable diseases in primary health care: the regional perspective

Dr Haifa Madi, DHP

An operational definition for integration of noncommunicable diseases in primary health care has been proposed as: “Provision of comprehensive services for the prevention and control of all noncommunicable diseases by or through primary health care, together with other primary health care services”. The promotion of primary health care for efficient and cost-effective use of resources is consistent with the Alma-Ata Declaration on primary health care, 1978, and has several merits including:

- efficient and cost-effective use of resources;
- continuity of care;
- avoidance of fragmentation of services provided for the same person;
- dealing with a patient as “a person” not as a collection of different diseases;
- greater accessibility and affordability and, thus, better potential for equity and reaching vulnerable populations;
- high coverage of the population; over 80% of the population use primary health care;
- proximity to communities with an important role in community mobilization, education, advocacy, etc.

Several challenges face the integration of noncommunicable diseases in primary health care including, but not limited to: the structure and orientation of the health system; patient and community awareness, attitudes and beliefs, value system, motivation, empowerment, resources; health policies and strategies, etc. It is evident that primary health care would not be capable of providing all health services for noncommunicable diseases directly. However, primary health care should be the entry portal to the health care system from which patients are referred, when necessary, to the other levels of care. Patients referred to secondary and tertiary care should be

referred back to primary health care for follow-up and continuity of care; the role of primary health care should not end by referring patients.

The following strategic points should be considered in planning for integration:

- All levels of care (primary, secondary, and tertiary) should collaborate to provide optimal cost-effective services to achieve the best possible health status for people.
- A degree of integration of noncommunicable diseases in primary health care exists in all health systems. It is important to identify and discuss mechanisms to foster integration.
- To assess the current situation of health systems as regards integration and to monitor progress an assessment tool capable of capturing several aspects of integration needs to be developed.
- As much of the solutions for noncommunicable diseases prevention and control are outside the health system, primary health care should collaborate with all relevant partners within and outside the health care system.
- Community mobilization is critical for the success of all interventions against noncommunicable diseases.
- Integration should not wait for all requirements to be in place. Progress toward more integration can proceed concomitantly with work to prepare the scene for full integration.
- Integration of noncommunicable diseases in primary health care is not a strategy to provide lower quality care at a lower cost but it aims at providing the best evidence-based quality care at the lowest possible cost.

Key requirements for successful integration include the strengthening of primary health care and policies and regulations. The role of primary health care in primary prevention of noncommunicable diseases includes:

- conducting community education regarding preventive measures;
- conducting education of patients (and their relatives);
- screening for risk factors among groups with high risk;
- implementing community-based initiatives;
- coordinating the activities and efforts of different stakeholders;
- empowering patients on self-management;
- conducting advocacy.

The role of primary health care in secondary prevention of noncommunicable diseases includes:

- initiation of treatment for most noncommunicable diseases, when appropriate;
- referral of patients to secondary care for evaluation and advice;
- maintaining treatment prescribed by secondary and tertiary care;
- providing palliative care as recommended by secondary care.

The role of primary health care in tertiary care includes:

- providing rehabilitation services when possible;
- referring patients to rehabilitation services as needed;
- advising patients and keeps up-to-date knowledge of rehabilitation and social support services;
- providing home care when needed;
- providing follow-up care;
- understanding the social, psychological and economic situation of the patient and providing all possible help.

2.3 A framework for a package of essential interventions

Dr Shanthi Mendis, Coordinator, WHO/HQ

There is a need for a Package of Essential Interventions against noncommunicable diseases and a package is expected to be finalized in 2009. The package should consider the level of socioeconomic development, the level of risk and cultural specificities. A framework for the package is shown below:

- costs (three levels) health system, delivery, financing
- requirements (skills, equipment, medicines)
- simple integrated protocols
- strict referral criteria
- integrated training materials
- tools for self-management
- community engagement tools
- health information system
- monitoring and evaluation.

2.4 Priorities for integration and cultural influences

Professor Kamel Mohammad Ajlouni

The overall costs of diabetes in Jordan were estimated at US $ 1.8 billion. There is a need to launch a targeted campaign against the role of popular unhealthy dietary patterns in the current noncommunicable disease epidemic. Health care services for noncommunicable diseases should start at the community level through education and community-based interventions with a major role for primary health care as the portal of entry to the health care system. Changing community attitudes and false beliefs toward primary health care can not be overemphasized. Most noncommunicable diseases care and follow up can be provided at the primary health care level with referrals to secondary care according to stringent agreed-upon criteria. Jordan needs to strengthen its primary health care system focusing on training, human resource development, basic equipment and technology, availability of medications and diagnostics, advocacy at the official and population level for a central role for primary health care, and legislative/regulatory support for primary health care providers.

3. COUNTRY PRESENTATIONS

3.1 Health Ministers' Council for Cooperation Council States

Dr Abdel Rahman Kamel

Noncommunicable diseases in member countries of the Gulf Cooperation Council (GCC) show the high burden of these diseases and the multiple resolutions adopted to respond appropriately to the noncommunicable disease epidemic. The strategic approach to noncommunicable diseases prevention and control is consistent with WHO guidance in this regard. An integrated multisectoral approach with community involvement is needed. Strengthening of primary health care, establishment of mini-clinics in health centres for major noncommunicable diseases, development of guidelines for prevention and control of noncommunicable diseases, and establishment of a well-designed referral system represented key interventions to combat noncommunicable diseases in member countries of the GCC.

3.2 Jordan

Dr Oraib Essmadi

Primary health care in Jordan consists of central, governorate and peripheral levels. Primary health care services are provided through 600 health care centres distributed throughout the country. Some of the centres are just simple clinics staffed by a health worker and visited by a physician only on some days of the week. More developed centres (preliminary centres) are staffed by one or more general practitioners, nurses and other health workers depending on the patient load and the community served. The highest level health centres are called comprehensive health centres. These are better equipped and staffed facilities with availability of the main specialist services, in addition to general practitioners. Basic laboratory and x-ray facilities exist in these centres. Referral from lower level to comprehensive centres usually takes place according to need but usually only in one direction.

Clinical guidelines for the management of diabetes and hypertension were developed and training of 90 trainers was carried out so that they will continue training primary health care physicians. An essential services package was also developed and is currently implemented in 25% of health centres. Services have been reorganized under a more comprehensive and integrated approach. Early detection of breast cancer is included to avoid missed opportunities. Mini-clinics for diabetes and hypertension were established in health centres. Local community committees were established and are involved, in collaboration with health centres, in conducting "free medical days" and other activities.

3.3 Islamic Republic of Iran

Dr M. Gouya

Islamic Republic of Iran has a relatively long experience with integration of noncommunicable diseases in primary health care. Chronic diseases account for a high burden in the country. However, the figures reported for diabetes and hypertension seem to be unexpectedly low: 5.9% for diabetes, age >=25 years and 6.3% for hypertension, age >=15 years. Cardiovascular diseases were integrated in the health system in nine regions in 2006. The hypertension programme started in 1992 and targeted people aged 30 years or older; screening is to be carried out every three years. The diabetes programme targeted people aged >=30 years at high risk and all pregnant women. Several other programmes exist, notable of which is the Institution of Health Providing Sites, the Myocardial Registry and the National Cancer Registry.

3.4 Kuwait

Dr Yousef A. Al Nesef

Kuwait has a strong primary health care system and has moved well towards integrating noncommunicable diseases in primary health care. In the primary health care setting, well-staffed and organized clinics exist for diabetes, hypertension, obesity, smoking cessation and health promotion. At the secondary level of health care, the following noncommunicable diseases services exist in six general hospitals: diabetes units, cardiovascular diseases units, foot care clinics, nutrition clinics, and hypertension clinics. The total average cost of diabetes in Kuwait was estimated at US$ 21 790 000. Approximately 6.6% of deaths among Kuwaitis are due to diabetes mellitus and about 40% of deaths due to cardiovascular diseases. Clinical practice guidelines have been developed for diabetes, hypertension, dyslipidemia, bronchial asthma and iron deficiency anemia. An appointment system, standards of care for diabetes, and a referral system exist in Kuwait. Despite the progress achieved, several challenges and barriers have been identified, including shortages in trained physicians and nurses, frequent turnover of health providers, lack of adherence of patients to their appointments, lack of awareness, etc. Future activities include:

- establishment of a national diabetes registry
- training programmes for nurses
- structured education programmes for patients
- a computerized medical record system
- policies for appointments, including how to deal with defaulters
- continuing medical education/continuing professional development activities for providers
- programmes for the prevention of type 2 diabetes.

3.5 Libyan Arab Jamahiriya

Dr Sulieman Abusrewil

The Libyan Arab Jamahiriya is a country with a population of six million seved by over 800 primary health care centres. They provide some curative and diagnostic services for noncommunicable diseases. However, patients are not registered with general practitioners and they can bypass their general practitioners directly to secondary or tertiary levels of health care. There is a need to upgrade the primary health care system, to train more physicians, nurses, and other health workers, and to assure availability of medications and essential technology.

3.6 Morocco

Dr Nourreddine Chaouki

Morocco is already familiar with the concept of integration through initiatives, such as the Integrated Management of Childhood Health (IMCI) and other programmes but integration of prevention and control of noncommunicable diseases in the primary health system is a real challenge. In Morocco, the primary health care system is well-developed and, in addition to dealing with communicable diseases, it includes many vertical prevention and control programmes for diabetes and hypertension with guidelines and protocols that are regularly updated. Similar programmes also exist for cancer, mental health, oral health, kidney failure, etc. There is even a healthy lifestyle unit in the noncommunicable diseases national division which is in charge of tobacco control, physical inactivity and nutrition programmes.

To proceed to greater integration of noncommunicable diseases in primary health care, there is a need for a population approach and multisectoral involvement together with appropriate political, social and legal environment. Innovative approaches for integration should be explored, such as:

- a new health system with scaling up of professional capacity, improved basic infrastructure in health care facilities, and closer collaboration of health partners.
- promotion of a health-conducive political, social and legal environment.
- avoidance of fragmentation of health services.
- development of national guidelines and protocols and training of health professionals.
- promotion of community involvement.
- strengthening of monitoring and evaluation.

3.7 Tunisia

Dr Mounira Nebli, MOH

Noncommunicable diseases integration into primary health care involves primary prevention, early detection, regular follow-up of patients and referral when needed. Several interventions were proposed to achieve better integration, these included:

- creating a national committee for noncommunicable diseases in each country.
- training general practitioners, nurses, social workers and nutritionists using guidelines and protocols for noncommunicable diseases prevention and control.
- assuring availability of essential medications in primary health care facilities.
- strengthening monitoring and evaluation.
- providing legislation support for noncommunicable disease national programmes.

4. GROUP WORK

Participants were divided into three groups to discuss certain themes. Group work consisted of brain-storming, consensus-building and presentations followed by discussions of findings in plenary sessions. The themes of the group work included: human resource requirements for integration; infrastructure requirements for integration; health system reorientation toward primary health care; obstacles for full integration; opportunities for full integration; and the role of the Regional Office and Member States.

5. CONCLUSIONS

Integration of noncommunicable diseases prevention and control in primary health care is a valid approach to respond appropriately to the growing epidemic of noncommunicable diseases. It offers the following advantages:

- cost–effectiveness;
- continuity of care;
- it provides a human face for health services by dealing with individuals as “a whole person”, rather than a collection of diseases;
- easy and timely access avoids lengthy appointments which may be needed in the secondary level of health care;
- it is closer to the community and, thus, primary health care is in a better situation to influence attitudes and behaviours of people and to be influenced by their actual needs;
- avoids fragmentation and promotes integration of health services;
- equity being accessible to the rich and the poor;
- well-developed primary health care is key to success of integration;
- a well-designed and efficient two-way referral system is a prerequisite for integration.

6. RECOMMENDATIONS

To Member States

1. Sensitize politicians and governments to the importance of noncommunicable diseases and the importance of launching an appropriate response to prevent and control them, by:
   - collecting and disseminating data on the magnitude and burden of noncommunicable diseases and use the data for advocacy using all possible means, including the mass media;
   - highlighting the negative financial consequences of inaction and the positive return on the economy through the development of appropriate action;
   - highlighting the fact that noncommunicable diseases are preventable and can be controlled;
   - mobilizing the community to pressure politicians and governments to act.
2. Develop a plan for the integration of noncommunicable diseases in primary health care with support from WHO.
3. Develop the necessary policies and legislation to strengthen primary health care.
4. Establish/strengthen primary health care facilities throughout the country to ensure high coverage and equitable access.
5. Ensure sufficient and qualified staffing, including physicians, nurses, laboratory technicians, x-ray technicians and nutritionists, to work as a multi-disciplinary team.
6. Improve undergraduate education, pre-service training, continuing medical education and periodic in-service training.
7. Introduce the idea of re-licensure for physicians and other health workers according to agreed-upon criteria.
8. Establish a comprehensive human resource development plan that addresses the integration of noncommunicable diseases into primary health care and which includes incentives (financial and professional).
9. Strengthen the management of primary health care.
10. Strengthen the governance of primary health care.
11. Make use of existing initiatives, such as the healthy city and basic development needs programmes and community-based health projects to involve the community and relevant sectors in the integration of noncommunicable diseases into primary health care, and involve community leaders, religious representatives and celebrities, etc. in raising awareness of the role of primary health care to change false beliefs, misunderstandings and attitudes toward primary health care.
12. Supply primary health care facilities with the necessary equipment for the screening, diagnosis, management and emergency care of noncommunicable diseases.

13. Ensure availability of all medications (generic) for noncommunicable diseases.
14. Ensure availability of essential resources required for noncommunicable diseases integration in primary health care.
15. Establish/strengthen/activate a two-way referral system.
16. Establish a health record system (paper, or electronic if possible).

To WHO

17. Advocate for the integration of noncommunicable disease in primary health care.
18. Continue to provide technical support in STEPwise survey implementation and build national capacities in noncommunicable disease surveillance.
19. Develop an assessment tool for primary health care capacity as related to integration of noncommunicable diseases and pilot the assessment tool in Egypt, the Islamic Republic of Iran and Tunisia.
20. Develop guidelines for the integration of noncommunicable diseases in primary health care with a regional framework for action and assist Member States in adapting the regional framework to develop country-specific plans of action based on the results of the assessment process.
21. Develop a package of essential interventions for primary health care as regards noncommunicable diseases. This should include development of guidelines to detail the role of primary health care, and when and how to refer patients to secondary care.
22. Provide support to Member States in setting standards for pre-service education and in-service training for physicians and other health professionals.

Annex 1

PROGRAMME

Tuesday, 22 July 2008

08:30–09:00	Registration
09:00–10:00	Inauguration**:** Address by Regional Director, WHO/EMRO Briefing on background, purposes and expected outcomes Introduce participants Adopt agenda
10:30–12:00	Dr Alaa Alwan, Assistant Director General, WHO/HQ Global strategy for noncommunicable diseases prevention and control Dr Haifa Madi, DHP/EMRO Noncommunicable diseases integration into primary health care Dr Shanthi Mendis, SA, WHO/HQ Package of essential noncommunicable diseases intervention for primary health care Discussion

Country-specific experiences with respect to noncommunicable diseases integration

12:00–13:00	Jordan, Dr Kamel Ajlouni, Saudi Arabia, Dr Tawfik Khoja Islamic Republic of Iran, Mr Mohamed Gouya Discussion
14:00–15:00	Kuwait, Dr Youssef Al-Nesf Tunis, Dr Mounira Nebli Discussion
15:15–16:00	Iraq, Dr Ihsan Bahrani Sudan, Dr Mustafa Khojali Oman, Dr Jawad Lawati Discussion
16:00–17:00	Saudi Arabia, Dr Mohamed Saeedi Jordan, Dr Oraib Smadi Morocco, Dr Noureddine Chaouki Libyan Arab Jamahiriya, Dr Suleiman Abusrewil

Wednesday, 23 July 2008

09:00–09:10	Review of the first day
09:10–11:00	Group work: • Theme 1: Human resource requirements for integration • Theme 2: Infrastructure requirements for integration

- Theme 3: Health system reorientation toward primary health care

11:15–13:00	Group presentations and discussions
14:00–15:00	Group work: • Theme 1: Obstacles for full integration • Theme 2: Opportunities for full integration • Theme 3: Role of the Regional Office and Member States
15:15–16:15	Group presentations and discussion

Thursday, 24 July 2008

09:00–09:10	Review of the second day
09:10–11:00	Group work • Theme 1: Draft protocol for integration of noncommunicable diseases in primary health care/sample to review and discuss • Theme 2: Patient and community (attitudes, beliefs and awareness) • Theme 3: Primary health care facility capacity assessment for integration of noncommunicable diseases in primary health care (draft tool will be discussed) • Theme 4: Role of non-physicians in the integration of noncommunicable diseases in primary health care
11:15–13:00	Group presentations Conclusions and recommendations Wrap up

Annex 2

List of temporary advisers

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Annex 3

A FRAMEWORK FOR COUNTRY ACTION TO INTEGRATE NONCOMMUNICABLE DISEASES IN PRIMARY HEALTH CARE

Introduction

Noncommunicable diseases were responsible for 52% of mortality and 47% of morbidity in the Region in 2005 and the trend is on the increase. The need for intensive efforts to tackle noncommunicable diseases has been well recognized and demonstrated by several WHO resolutions at global, regional and national levels. Based on current knowledge, a set of actions can be undertaken which are likely to result in the slowing, or even reversal, of the noncommunicable disease epidemic. However, these actions have not yet been universally and comprehensively implemented for a variety of political, social, cultural, economic and medical reasons.

Integration of the prevention and control of noncommunicable diseases into primary health care is well recognized as one key approach given the fact that primary health care is the entry portal to the health care system from which patients are referred, when necessary, to the other levels of secondary and tertiary care. In addition, the importance of primary health care is stressed for the provision of cost-effective health services.

A regional framework and action plan for the integration of noncommunicable diseases in primary health care was developed during a consultative workshop organized by the Regional Office. The purpose of the consultation was to review the experiences of a number of Member States in the Region regarding the integration of the prevention and control of noncommunicable diseases in primary health care and to achieve consensus on a set of recommendations for future work at the regional and country level.

The purpose of the framework is to provide guidance for Member State in developing a detailed action plan and to strengthen primary health care services to prevent and reduce the burden of noncommunicable diseases and related risk factors in the Region.

The goal of this document is to:

- assist Member States in developing a plan for the integration of noncommunicable diseases in primary health care adapted to the national situation taking into account the noncommunicable disease burden.
- assist Member States in developing monitoring indicators and evaluating the progress of their activities.
- provide guidance to Member States in the implementation of national plans.

To achieve these goals, the framework is detailed under the following lines of action.

1. National policy and political commitment

Objective 1: To promote political commitment at the national level for the integration of noncommunicable diseases in primary health care.

The recognition of the epidemic burden of noncommunicable diseases calls for policy changes and the need to develop effective public policy. Countries also need to raise the concern of political leaders regarding the burden of noncommunicable diseases and the significance of the integration of noncommunicable diseases.

Action for Member States

- Develop or strengthen existing policies, legislation and plans for the integration of noncommunicable diseases in primary health care.
- Strengthen/develop/adopt approaches to policy development that ensure the integration of noncommunicable diseases in primary health care.
- Incorporate the integration of noncommunicable diseases in primary health care explicitly in national health strategies and other relevant policies.
- Raise priority given to noncommunicable diseases prevention and control on the political agenda for health and other sectors that have a major impact on noncommunicable disease risk factors and their determinants.
- Review and strengthen evidence-based legislation and other relevant policies that strengthen the integration of noncommunicable diseases in primary health care.
- Adopt all relevant global strategies and regional initiatives which enhance the integration of noncommunicable diseases in primary health care.
- Establish/reactivate a noncommunicable diseases steering committee within primary health care in ministries of health. This committee should be in charge of:
  - developing a national plan and monitoring and evaluating teh integration of noncommunicable diseases in primary health care;
  - assessing the local situation of primary health care;
  - identifying obstacles and necessary action for implementation;
  - developing a plan for the decentralization of health services.

Action for WHO Regional Office

- Provide guidance and support for the development of a noncommunicable diseases advocacy plan, advocate for integration and provide advocacy materials.
- Raise the priority given to the integration of noncommunicable diseases on the regional political agenda through regional forums and meetings.

- Work with countries in building and disseminating information about the importance of noncommunicable diseases integration based on best evidence available in order to inform policy-makers.
- Provide leadership and technical support for countries to strengthen the decentralization of the health system.
- Provide technical support to develop national noncommunicable diseases policy and including noncommunicable diseases integration in primary health care.
- Develop a network of experts and collaborating centres for best practice of integration of noncommunicable diseases in primary health care to support national programmes.
- Support an exchange of experiences among regional and international level to strengthen and build the national capacity in noncommunicable diseases integration.

2. Financial resources

Objective 2: Identify existing financial resources and the required budget for the integration of noncommunicable diseases in primary health care.

Countries need to plan and identify a specific budget for noncommunicable diseases integration as an integral part of the national health budget; such planning should encompass the following key components.

Action for Member States

- Affordability: ensure that the provision of primary health care is affordable within the context of overall health system strengthening including noncommunicable diseases components.
- Cost effective: implement and monitor cost-effective approaches for noncommunicable diseases prevention, management and tertiary care within the primary health care context.
- Sustainability/health insurance: develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.
- Prioritization: ensure allocation of financial resources according to the burden of diseases and evidence of best practice.

Action for WHO Regional Office

- Support Member States in the development of national health budgets for noncommunicable diseases prevention and control.
- Mobilize financial resources to support the system for prevention and control of noncommunicable diseases.
- Support Member States in setting national budget allocation for noncommunicable diseases plan.

- Provide technical support for member states in the development of cost-effective approaches for the integration of noncommunicable diseases in primary health care.
- Support countries in seeking other funding resources to strengthen noncommunicable diseases prevention and control services.

3. Qualified human resources

Objective 3: Ensure the availability of qualified human resources necessary for the integration of noncommunicable diseases in primary health care.

Action for Member States

- Review existing national human resources at primary health care and other level of care involved in process of noncommunicable diseases integration.
- Identify the quality and quantity of human resources required for integration of noncommunicable diseases in primary health care.
- Develop a national plan for human resources to align with the national plan for noncommunicable diseases integration in primary health care, including implementation plan and monitoring and evaluation indicators.
- Build the national capacities of all categories of health professionals required for integration through conducting regular continuing medical education training and setting competency standards and incentives.
- Develop and update the standards term of references for various categories of health professionals consistent with national noncommunicable diseases prevention and control strategies.
- Work jointly with universities and teaching institutions to review and update the pre-service training for health professionals to address the noncommunicable diseases integration in undergraduate and postgraduate education.
- Empower health professionals to provide counselling skills.
- Provide a high level of education in noncommunicable diseases prevention and control to create leaders in this field or trainers of trainers.
- Strengthen research capabilities in applied research on intervention, outcomes and impacts.

Action for WHO Regional Office

- Provide support to Member States in capacity-building through regional and international training.
- Advocate for qualified training of health professionals.
- Support Member States in the development of required managerial skills for noncommunicable diseases integration.
- Provide support for skills upgrade.
- Support countries in developing the human resources plan required for noncommunicable diseases integration and primary health care services.

- Promote an intercountry exchange of expertise.
- Coordinate effort of all teaching institutions.
- Collaborate with other partners involved in the field of noncommunicable diseases prevention and control for training and skill upgrade.
- Support regional intercountry meetings and conferences to share experiences.
- Support the regional noncommunicable disease research activities and support research centres utilizing WHO collaborating centres.

4. Structure of the health system

Objective 4: Strengthen the national health system, including primary health care for integration of noncommunicable diseases.

Member States need to strengthen and develop primary health care services to address the integration of noncommunicable diseases with special attention given to development of packages and guidelines setting the standard for essential noncommunicable diseases services.

Action for Member States

Establish/re activate the noncommunicable diseases committee in primary health care. The committee should be responsible for:

- assessing the local situation of primary health care services based on the assessment tool designed at the regional level.
- promoting intersectoral collaboration and identifying mechanisms of work with different level of care (secondary, tertiary, private sector).
- developing/adopting and implementing evidence-based guidelines for the management of common noncommunicable diseases (cardiovascular diseases, diabetes, hypertension, chronic respiratory diseases and cancer).
- developing/adopting/implementing and monitoring evidence-based guidelines for the prevention of noncommunicable diseases common risk factors.
- ensuring provision of essential emergency care and standard operating procedures in primary health care facilities.
- empowering patients by strengthening self-management and self-care and providing education and incentives for self-management.
- promoting the high standard of noncommunicable disease care in primary health care services by setting standard performance indicators.
- strengthening the referral system and relationship between primary, secondary and tertiary levels of care.
- covering prevention, screening and early detection, diagnosis, treatment, rehabilitation, diagnostic services and access to radiology and emergency care and essential medicine in primary health care.
- encouraging the establishment of specialist satellite clinics (specialized clinics).
- promoting family practice approaches to enhance personalized care for chronic disease patients.

- developing/strengthening community-based interventions and involving the community at all stages of care.

Action for WHO Regional Office

- Provide guidance for health system re-development and strengthen primary health care services.
- Provide technical support for Member States to develop standard indicators for noncommunicable diseases care.
- Provide guidance and support for Member States to develop evidence-based guidelines in prevention, screening and management of common noncommunicable diseases.
- Provide support to countries in collaboration with international partners in strengthening family practice training and building national capacity in noncommunicable diseases prevention and control.
- Develop a network of experts for family practice and noncommunicable diseases integration.
- Provide technical support to countries in the integration of cost-effective interventions against noncommunicable diseases in the primary health care system.
- Provide support to Member States in provision of essential emergency care at primary health care services.
- Support countries to strengthen self-care and self-management of noncommunicable diseases with special attention to elderly and disadvantaged populations.

5. Surveillance and research

Objective 5: Develop a health information system and conduct research.

To address the issue of the scarcity of noncommunicable disease data for effective decision-making and to strengthen the database countries are required to strengthen surveillance systems and data collection and research that are required for the effective integration of noncommunicable diseases and for monitoring interventions.

Action for Member States

- Develop a suitable health information system for monitoring and evaluating the noncommunicable disease programmes.
- Develop a suitable recording and filing system in primary health care (electronic system, if possible), including mechanisms for reporting and auditing the diseases registry.
- Develop indicators for monitoring and evaluation of the integration of noncommunicable diseases in primary health care.

- Join the EMAN network, collaborate and share experiences.
- Develop a national training plan for training on the data information system and surveillance.
- Collaborate with national, regional and international partners in research to strengthen evidence-based practice for the integration of noncommunicable diseases.
- Promote research and fund research centres to strengthen research capabilities.
- Establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEPwise approach to risk factor surveillance.
- Support research and cost-effective interventions and country activities at different levels of care.

Action for WHO Regional Office

- Work with appropriate partners in the Region to develop a comprehensive regional noncommunicable disease database.
- Support Member States in updating and establishing STEPwise surveys.
- Support countries to develop a comprehensive noncommunicable disease database and surveillance system.
- Support and fund research related to noncommunicable diseases and primary health care.
- Provide training for countries required to strengthen the health information system.
- Support countries in the development of research centres.
- Support the EMAN network and collaborate with other relevant regional networks to share experiences.

6. Primary health care facilities

Objective 6: Facilitate and support the strengthening of primary health care services for the integration of noncommunicable diseases.

Countries are required to identify and develop the essential requirements for integrated noncommunicable diseases prevention and management at primary health care level, including equipment and other facilities (laboratory, medications, ambulances, emergency care, etc.). This requirement is based on country disease burden and evidence-based practice.

Action for Member States

- Identify national chronic disease burden and measure the utilization of primary health care, including preventive, screening and management care related to noncommunicable diseases.
- Plan for medicine, including a sustainable supply of all medication items required for the prevention and management of noncommunicable diseases.
- Ensure the availability of essential laboratory testing in primary health care or accessible laboratory facilities.
- Ensure the availability of essential equipment in primary health care necessary for the prevention, screening and management of noncommunicable diseasess.
- Ensure budgeting for necessary equipment and medical supplies in the health budget for primary health care.

Action for WHO Regional Office

- Develop a template for essential items required for the integration of noncommunicable diseases in primary health care.
- Assist countries in developing national plans based on the burden of diseases.
- Provide support to Member States in providing essential requirements for primary health care.
- Assist countries in improving access to essential medicines for chronic diseases.
- Evaluate the situation of access to essential medicines and identify specific needs.
- Prepare or update lists of essential equipment for the treatment and management of noncommunicable diseases.
- Implement and advocate for best practices for pharmacy operation, emergency care, laboratory and other facilities required in primary health care.
- Assist countries to access information needed for cost-effective health technologies.
- Strengthen procedures/structures for planning, distribution, storage and purchasing.