Information session on Reaching Billion 1 and 2 and SDG3.4: NCDs in Primary healthcare and Universal Health Coverage also as a foundation for preparedness

Dr Bente Mikkelsen, NCDs Department
Tuesday 25 October 2022 from 14:00-15:30 CET
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<td>Dr Rajesh Pandav, WR Nepal&lt;br&gt;Dr Benido Ipouma, Director NCD AFRO</td>
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<td>Guy Fones, Head, GCM/NCD, WHO</td>
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Welcoming Remarks

Dr Minghui Ren, Assistant Director General UHC/Communicable & Noncommunicable Diseases, WHO, also on behalf of DDG Dr Jakab
Outline

1. NCD Services in PHC and UHC

2. Strengthening NCD services through PHC and UHC also as a foundation for Health Security: Tools and Guidance

3. Strengthening NCD services through PHC: Practice & Case Studies - UHC Partnership, NORAD NCD Flagship Initiative, PENplus, Preparedness

4. Political Engagement and Advocacy: Global Group of Heads of State on NCD, UN High Level Meeting on UHC
Why PHC and UHC for NCDs?

- The magnitude of the problem
- Lack of investment and financial protection for NCDs
- Preparedness and lessons learned from COVID-19
- Mandates to WHO
- Existing tools and ongoing normative and country work
- The need for recommendations
- How to measure the impact
Invisible numbers

The true extent of noncommunicable diseases and what to do about them

Read the report
https://www.who.int/publications/i/item/9789240057661

Access the NCD Data Portal
https://ncdportal.org/
Data portal on NCDs

Noncommunicable Diseases Data Portal

Noncommunicable diseases (NCDs) – chief among them, cardiovascular diseases (heart disease and stroke), cancer, diabetes and chronic respiratory diseases – cause nearly three-quarters of deaths in the world. Their drivers are social, environmental, commercial and genetic, and their presence is global. Every year 17 million people under the age of 70 die of NCDs, and 86% of them live in low- and middle-income countries.

Users can explore the data below by country, accessing detailed information on noncommunicable diseases and their key risk factors:

### Diseases & Risk Factors
- Alcohol
- Cancer
- CRDs
- CVDs
- Diabetes
- Obesity / Diet
- Physical Inactivity
- Tobacco

### Gender
- Total
- Males
- Females

### Indicators
- Probability of premature mortality...

World Health Organization
NCDs are the leading causes of death worldwide

Leading causes of death globally

1. Ischaemic heart disease
2. Stroke
3. Chronic obstructive pulmonary disease
4. Lower respiratory infections
5. Neonatal conditions
6. Trachea, bronchus, lung cancers
7. Alzheimer’s disease and other dementias
8. Diarrhoeal diseases
9. Diabetes mellitus
10. Kidney diseases

Number of deaths (in millions)

74% Together, all NCDs accounted for 74% of deaths globally in 2019

NCDs are the leading causes of death worldwide

NCDs are the leading causes of death worldwide

25.10.2022

Information session on Reaching Billion 1 and 2 and SDG3.4: NCDs in Primary healthcare and Universal Health Coverage also as a foundation for preparedness
NCDs are the leading causes of death worldwide

3/4 of all deaths in the world are from an NCD

- Cardiovascular diseases cause 1 in 3 deaths
- Chronic respiratory diseases cause 1 in 13 deaths
- Cancers cause 1 in 6 deaths
- Diabetes causes 1 in 28 deaths

Source: WHO global health estimates 2019 (2020)
Huge national inequalities remain in the likelihood of dying prematurely from a major NCD
Countries are not on track to meet the SDG target on NCDs

- If past trends continue, only 14 countries will reach the SDG target to reduce premature NCD mortality by a third.

- Yet with extra spending of 18 billion per year -- equivalent to 0.6% of LMICs’ gross national income per capita, 90% of LMICs could meet the target and prevent or delay 39 million deaths.

Data Sources: EB 150/7 (2022) and NCD Countdown 2030 collaborators (2022)
Addressing NCDs in UHC will reduce future COVID-19 burden

**UNDIAGNOSED**
Delays in diagnosis of NCDs resulting in more advanced disease stages

**UNPROTECTED**
Increases in behavioural risk factors, such as physical inactivity and increased use of harmful substances

**UNTREATED**
Delayed, incomplete or interrupted therapy (treatment, rehabilitation, palliation) of NCDs

**DEADLY INTERPLAY**
Higher likelihood of severe outcomes among people with NCDs

"COVID-19 has **preyed on people with NCDs such as cancer**, cardiovascular disease, diabetes and respiratory disease. Globally, NCDs and their risk factors are increasing vulnerability to COVID-19 infection and the likelihood of worse outcomes, including in younger people. The pandemic has underscored the urgency of addressing NCDs and their risk factors."

136 countries reported NCD services were disrupted in May 2020

- Diabetes and diabetic complications management
- Cancer screening
- Hypertension management
- Asthma services
- Cancer treatment

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25.10.2022
NCD services are lagging behind

- Since 2000: rapid improvements in coverage of infectious diseases in UHC vs relatively little change on NCDs
NCD Country Capacity Survey Data

Are NCD services included in your national essential package of health services or universal health coverage-priority benefits package?

WHO CCS 2021
Do the Health System respond to NCDs? NCD services are key to achieving UHC

**EXAMPLE:** High systolic blood pressure causes 54% of cardiovascular deaths worldwide

- 1.3 billion adults aged 30-79 have hypertension
- 54% are aware
- 43% are treated
- 21% Only 1 in 5 have controlled their hypertension globally – and it’s 1 in 10 in low-income countries

Data Sources: NCD-RisC (2021) and the 2019 Global Burden of Disease Study (2020).

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Lack of International investments and OOP expenditure – From MDGs to SDGs?

Catastrophic health expenditure has been found to occur in more than 60% of some patient populations with non-communicable diseases (NCDs; cancer, cardiovascular disease, and stroke); large variations in such outcomes occur by disease and context.

Being uninsured increases the risk of catastrophic health expenditure in patients with non-communicable diseases.

Programmes to achieve universal health coverage need to adopt compulsory pre-payment via taxes or national insurance contributions.

Cost-effectiveness and the targeting of the poorest groups need to be primary considerations in prioritising services that are included in insurance programmes to achieve universal health coverage.

Addressing the household economic burden of NCDs is an important step in efforts to alleviate global poverty and achieve the UN’s Sustainable Development Goals.

Only 5% of external aid for health goes to addressing NCDs in LMICs.
From MDG to SDG? Cancer and HIV as an example

Addressing infectious causes to reduce cancer burden

Context

Women living with HIV with higher risk of cervical cancer
Lower risk of clearing infection, faster progress to cancer, higher recurrence, younger age

Emerging consensus

2015: Member States and stakeholders agree at The Global Fund Board to address the co-morbidities between HIV and cancer

HIV and Cervical cancer
- Kaposi sarcoma
- Non-Hodgkin lymphoma
- Hodgkin lymphoma
- Anal cancer
- Liver cancer
- Colorectal cancer
- Prostate cancer
- Breast cancer
- Lung cancer
- Liver disease

Context

Women living with HIV with
higher risk of cervical cancer
Lower risk of clearing infection, faster progress to cancer, higher recurrence, younger age
WHO Member States’ Top Demands for technical assistance

#1. To integrate NCDs into PHC and UHC

- Integrate NCDs into PHC and UHC
- Mental health
- MPOWER
- SAFER
- Cervical cancer
- NCD surveillance
- SHAKE
- ACTIVE
- STEPS
- ECHO
- PEN
- HEARTS
- REPLACE
- Diabetes
- Pooled-procurement NCD med
NCDs in Primary healthcare (PHC) and Universal Health Coverage (UHC)

Some key Mandates

A/RES/73/2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases 2018

39. Integrate, as appropriate, responses to non-communicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages;

35. Strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centered primary and specialized health services for the prevention, screening and control of non-communicable diseases and related mental health disorders and other mental health conditions throughout the life cycle.

A/RES/74/2 Political Declaration of the High-level Meeting of the UN General Assembly on UHC 2019

24. “progressively cover all people by 2030 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies for the prevention, screening, early diagnosis and treatment of NCDs”.

33. Strengthen efforts to address NCDs, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, as part of universal health coverage.

WHA 74 Implementation Road Map 2023-2030 for the Global Action Plan for the Prevention and Control of NCD 2013-2030

WHA69.24 resolution on “Strengthening integrated people-centered health services”

WHA74.5 resolution on oral health. The resolution recommends that oral health should be firmly embedded within the noncommunicable disease agenda and that oral health-care interventions should be included in universal health coverage programmes.
The power of PHC

- 75% of the projected health gains from the SDGs could be achieved through PHC;
- 90% of essential UHC interventions can be delivered through PHC;
- Investing in PHC could increase life expectancy by up to 6.7 years by 2030.
- PHC is the most equitable and cost-effective way to address comprehensive health needs close to people’s communities and everyday environments.
- It includes essential public health functions and contributes to resilience.
- It is an approach (i.e. not just ‘primary care’ level) that underpins progressive realization of the full continuum of care across health programmes and diseases and levels of care.
- It is integrated, comprehensive, and relevant for countries at all income/development levels.
Primary health care in practice

What it is

- A whole-of-society approach to health that aims at ensuring the highest possible level of health & well-being and its equitable distribution in the population
- PHC provides better value for money than its alternatives, but still requires considerable investment.
- Dealing with the health of everyone in the community
- A comprehensive response to people’s health needs and expectations, including promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards
- A health system wide approach to address the health needs and preferences of populations, while maximizing effectiveness, efficiency and equity of health outcomes
- Institutionalized participation of civil society, communities and people in policy dialogue, accountability, health system management and in decisions about their health care, with improved health literacy
- Integrated and people-centered health services encompassing all levels and settings of care, focusing on primary care as coordinator
- Teams of health workers with an appropriate skill mix facilitating access to comprehensive health services and appropriate use of technology and medicines

What it is not

- A basic package of health interventions and essential drugs for the poor
- PHC is cheap and requires only a modest investment
- Concentration on specific populations (i.e. mother & child health only)
- Focus on a small number of selected diseases, primarily infectious and acute (i.e. HIV care alone)
- An exclusive focus on primary care services (first-level care) missing out on the opportunities of wider health system alignment, multisectoral action and community engagement and empowerment
- People and communities are passive recipients of health services without a voice on health matters
- Primary care working in isolation from sub-specialty care, in-patient hospital care, etc., without mechanisms for integration & coordination
- Volunteer, non-professional community health workers working in isolation with limited scope of practice, medicines and technologies

Modified from Table 1 ‘How experience has shifted the focus of the PHC movement’, WHR 2008 (WHO, 2008)
Operational Framework for PHC

<table>
<thead>
<tr>
<th>PHC APPROACH</th>
<th>PHC LEVERS</th>
<th>PHC RESULTS</th>
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<tbody>
<tr>
<td>Empowered people and communities</td>
<td>Strategic Levers: 1. Political commitment and leadership, 2. Governance and policy frameworks, 3. Funding and allocation of resources, 4. Engagement of communities and other stakeholders</td>
<td>Improved access, utilization and quality</td>
</tr>
<tr>
<td>Integrated health services with an emphasis on primary care and essential public health functions</td>
<td></td>
<td>Improved determinants of health</td>
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Meeting the needs of people living with NCDs: Service Package Delivery and Implementation (SPDI) Toolkit

UHCC SPDI tool
Epidemiologic shift is one of the main drivers for new package development

Package implementation manual
provides guidance on subnational management, community participation & monitoring

Primary and emergency care toolkits
process protocols & clinical decision support for acute and chronic care for NCDs

Guidance on budgeting, purchasing, payment, and entitlement mechanisms
that support effective integrated service delivery

Models of Care Initiative
promotes integration of health programs and optimizes movement across the health system
The Universal Health Coverage (UHC) Compendium of Health Interventions is a powerful database of health services designed to assist countries in making progress toward UHC. The UHC Compendium provides users with tools to develop and select UHC packages that best fit country needs. The Selection Interface supports users in developing and selecting UHC packages that best fit country needs.

- A systematic approach to creating and revising national and sub-national packages
- Detailed data on resource requirements, WHO guidelines, and country-specific priorities
- Tools to support planning and tracking progress
- A system to map services to delivery platforms, facilitating the integration of services across the health systems

My Projects

- Liberia EPHS II
- Copy of EMRO EHS 2022 - Comment
- High-Priority Health Services in Humanitarian Settings (H3)
- Somalia 2020
A systematic approach to prioritizing services and resources to meet the needs of people living with NCDs

1. A structured architecture supports a systematic approach to selection

2. Each intervention contains a comprehensive list of actions (services)

3. Each action linked to detailed resources

4. Services linked to cost & cost-effectiveness bundles
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Optimizing models of care to deliver for people living with NCDs

1. Assign actions to context specific delivery platforms
2. Defer actions if needed for when resources are more available
3. Easily visualize actions found in reference packages to support decision making
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Optimizing models of care to deliver for people living with NCDs

1. Assign actions to context specific delivery platforms
2. Defer actions if needed for when resources are more available
3. Easily visualize actions found in reference packages to support decision making
• Protocols for management of common symptoms & syndromes caused by NCDs
Guidance on health promotion & disease prevention

• Checklists for routine visits

### Tobacco use

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<th>Assessment</th>
<th>When to assess</th>
<th>Note</th>
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</thead>
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<tr>
<td>Exposure</td>
<td>Daily visit</td>
<td>- Ask if patient is a tobacco user.</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Daily visit</td>
<td>- Ask if patient is willing to stop smoking.</td>
</tr>
<tr>
<td>Cessation</td>
<td>Daily visit</td>
<td>- Ask if patient has stopped smoking.</td>
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### Address the patient's general health

<table>
<thead>
<tr>
<th>Address the patient's general health at every visit</th>
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<tr>
<td><strong>Assessment</strong></td>
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<tr>
<td>Family history</td>
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<tr>
<td>Medical history</td>
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<tr>
<td>Social history</td>
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### Other person risk

<table>
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<th>Other person risk</th>
<th>Every visit</th>
<th>Over 60 years</th>
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</thead>
<tbody>
<tr>
<td>Risk factors</td>
<td></td>
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### CVD risk

- **CVD Risk**: 40 years of age or older
- **Treatment**: Smoking cessation, exercise, healthy diet, blood pressure control, cholesterol management, stress management, and screening for diabetes.

### Check for a history of smoking

- **Yes**: Ask about past smoking and offer smoking cessation advice.
- **No**: Ask about current smoking and offer smoking cessation advice.

### General advice

- **Stop smoking**: Advise the patient to quit smoking.
- **Reduce risk factors**: Advise the patient to reduce risk factors such as high blood pressure, high cholesterol, and diabetes.
- **Healthy lifestyle**: Encourage the patient to adopt a healthy lifestyle, including regular exercise, a healthy diet, and stress management.

### Other recommendations

- **Cancer screening**: Advise the patient to undergo regular cancer screening.
- **Dietary advice**: Advise the patient to follow a healthy diet, including plenty of fruits, vegetables, and whole grains.
- **Physical activity**: Encourage the patient to engage in regular physical activity, such as walking or swimming.

### Conclusion

- **Recommendations**: Summarize the recommendations and discuss the patient's understanding.

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*High risk patient: 40 years of age or older.*
Algorithms for chronic conditions

Chronic arthritis

- If patient has episodes of joint pain and swelling that completely resolve in between, consider gout or psoriatic arthritis.
- If patient has chronic arthritis lasting for 6 weeks or more, consider fibromyalgia.

Diabetes: routine care

- Check renal function.
- Check for complications:
  - Nephropathy: proteinuria, hypertension
  - Retinopathy: eye exam
  - Neuropathy: sensory and motor nerve function

- Adjust medication or lifestyle as needed.

Alcohol/drug use

- Hazardous alcohol use is a pattern of use that puts the patient at risk of dependence and physical, mental and social harm. Any drug use is hazardous if patient uses tobacco.

Diabetes with complications

- Check renal function.
- Check for complications:
  - Nephropathy: proteinuria, hypertension
  - Retinopathy: eye exam
  - Neuropathy: sensory and motor nerve function

- Adjust medication or lifestyle as needed.

- Standardized decision-making for longitudinal care
- History, examination, tests and health education incorporated
DG Priorities: WHO Agenda for Recovery, Renewal, and Readiness

Priority 2: To support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage - Measurable impact

✓ Accelerated progress towards UHC
✓ improved access to quality essential health services and health commodities
✓ SDG 3.8.1; reduced number of people suffering financial hardship
✓ SDG 3.8.2; halt the rise in financial hardship in 25 countries by 2025.

✓ Accelerated health outcome improvements across programmes, tailored to country context
  o Countries that had high maternal mortality ratios (MMR >420/100000) in 2010 on track by 2025 to reduce MMR by at least two-thirds by 2030; by 2025, 90% pregnant women to attend four or more antenatal care visits; 90% births to be attended by skilled health personnel; 65% of women to be able to make informed and empowered sexual health decisions.
  o Countries on track to reduce child deaths to a neonatal mortality rate of < 12 deaths per 1,000 live births, and an under-five mortality rate of < 25 deaths per 1,000 live births, by 2030
  o Reduce the number of ‘zero dose immunized’ children by 25% by 2025, and by 50% by 2030 (from 14 million in 2019).
  o Infectious disease targets by 2025: 90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services; 0% of TB-affected families face catastrophic costs due to TB and TB incidence halved vs 2015; at least 75% reduction in global malaria case incidence compared with 2015.
  o Non-communicable diseases on track for one-third relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2030 (vs 2015); at least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes; a 25% relative reduction in the prevalence of raised blood pressure (vs 2010) or contain the prevalence of raised blood pressure, according to national circumstances; halt the rise in diabetes and obesity.

✓ Country-specific PHC improvements to deliver these outcomes,
✓ e.g. per capita PHC-specific health expenditure; government PHC spending as percentage of total government health expenditure; health facility and health worker density/distribution; availability of essential medicines; improved patient-reported experiences and/or perceptions of health systems and services; reduced 30-day case fatality rate (for acute myocardial infarction or stroke) and/or reduced hospital readmission rate for tracer conditions; increased consistency of country health financing measures with good practice.
Strengthening NCD services through PHC: Tools and Guidance

Programmatic Approach

WHO Package of Essential NCD services 2002-2020
Strengthening NCD services through PHC: Technical guidance at the core

Tools and Guidance

• A menu of policy options of affordable interventions (Appendix 3)
• Technical Packages: WHO PEN, HEARTS, SHAKE, MPOWER, SAFER, ACTIVE
• Facility Based & Program Monitoring Data
• Palliative Care in Primary Care
• Be Healthy Be Mobile Handbooks for NCD
• Guide for Integration of NCD into the health system
• Sensory functions Disability and Rehabilitation Tools
What is integration of NCD in PHC and UHC?

The organization of prevention and management of NCD (health) services at primary and all levels of care through strengthening of health systems

…..so that people receive the care they need, when they need it, in ways that are user friendly, achieve the desired results and ensuring that use of those services does not expose to financial hardship.
Strengthening NCD services through PHC: Tools and Guidance

Guidance on Integration of NCD into other programs and the Health System

Domains of Actions

- People and community
- Policy and leadership
- Financing
- Capacity and infrastructure
- NCD Model of care
Health System Readiness (Maturity)

Health System Strengthening for NCD

Strengthening NCD services through PHC: Tools and Guidance

HS(P)A Framework

Health system functions and sub-functions

Intermediate objectives

Universal Health Coverage

Final goals

Health Systems Efficiency

Health System Equity

System responsiveness

Health improvement

Financial protection

HEALTH DETERMINANTS (ECONOMIC, SOCIAL, ENVIRONMENTAL, BEHAVIORAL)

https://www.who.int/publications/i/item/9789240042476
Strengthening health system response to NCDs

**Governance**
- NCD in NHPSP
- Integration Policy
- NCD Investment Case

**Health financing**
- NCD in UHC Benefit package
- Financing for NCD

**Medicines & tech**
- Intensify Advocacy Pricing and Affordability
- Procurement and Supply Chain management

**Health workforce**
- NCD Competency Framework
- NCD Workforce planning
- Capacity building

**Service delivery**
- Integrated Chronic Care
- Community Mobilization

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Health information

25.10.2022 Information session on Reaching Billion 1 and 2 and SDG3.4: NCDs in Primary healthcare and Universal Health Coverage also as a foundation for preparedness.
Strengthening NCD services through PHC: Tools and Guidance

Governance

- Overarching guidance
  - National Health Sector Plan
  - UHC Policy and Plans

- NCD specific guidance and tools
  - Toolkit for developing multisectoral action plan for NCDs
Strengthening NCD services through PHC: Tools and Guidance

Workforce

Overarching guidance
- WHO Global Strategy on Human Resources for Health: Workforce 2030

NCD specific guidance
- Pathway to building an NCD-ready workforce

Tools/Technical products
- Guidance on evidence-based task sharing mechanisms between health workers for essential NCD services (June 2023)
- NCD Prevention and Control competency-based Learning framework (Dec 2023)
Strengthening NCD services through PHC: Tools and Guidance

NCD Prioritisation and Financing

Overarching guidance
• Principles of Health Benefit Packages

NCD specific guidance
• Approach to the prioritisation of NCD interventions

Tools/Technical products
• UHC Compendium
• NCD Finance Needs Tool
Using the UHC Compendium at country level to develop a “package”

List of interventions for consideration

UHC Compendium

Should not be considered in this context (e.g. BOD, CEA, Affordability, required technology etc)

Requires additional information for decision making

Corresponds to disease burden and is likely to be cost-effective and affordable, or is a core requirement of PHC

Global Health Estimates

Mapping to Burden of Disease

Cost-Effectiveness Analysis

Dialogue until comprehensive single list of services is agreed including information on who pays for services and where they are delivered

WHO CHOICE

Slider

Clinical Continuity

Budget Impact and Feasibility

Additional Value Based Criteria

One Health Tool

Other Tools

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Country Support

NCD in UHC Benefit Package ROADMAP

Strategic Roundtable 14-15 July 2020

Regional listing
DCP III
UHC Compendium

Assessment
Regional Dialogue

Data: Country Assessment
Dialogue for NCD in UHC BP
Decision making support
Knowledge sharing

Tailored guidance
Regional Adaptation

Monitoring & Evaluation

Cost Assessment

Global Strategic Guidance

NCD Approach to Benefit Package

INTERVENTION LISTINGS

NCD Input
Strengthening NCD services through PHC: Tools and Guidance

NCD Medicines and Health Products

Overarching guidance
- Access to Medicines and Health Products Roadmap

NCD specific guidance
- Guidance for improving access to NCD medicines and health products

Tools/Technical products
- Register for publishing contributions from the pharmaceutical and health technology industry to national responses for SDG 3.4 on NCDs
There are three strategic areas of work to support the NCD department toward addressing the barriers to access and contributing to the measurement of the SDG 3.4, 3.8, and 3b.

1. Advocacy and Partnerships
   a) Private Sector engagement with the pharmaceutical and health technology industry
   b) Private Sector Reporting mechanism to register commitments and contributions
   c) Communications and Advocacy: Hard Talks and Spotlight Webinars
   d) Strengthened Partnerships and Coalitions: UN, Implementing Partners, Development Agencies

2. Strategic integration of NCD medicines and health products with other health supply systems to build on existing investments, reduce inefficiencies, and scale access to NCD care and treatment
   a) Normative Guidance and Products: MedMon Surveys, NCD forecasting and quantification tool, COVID19 report, Pooled Procurement Strategy, Cold Chain Integration, Products part of the MHP (PQ, Pricing/Transparency, Technical specifications)
   b) Innovation: Ensure access to public health-driven innovation – example heat stability for insulin

3. Patient Access: Strengthening the value chain for NCD Medicines and Health Technologies
   a) Country Support and joint missions with colleagues in the access to MHP division
Strengthening NCD services through PHC: Tools and Guidance

Stepwise approach

Leadership

NCD Policy & Plan

NCD prioritized in UHC Benefit Package

Medicines & health products

Workforce capacity

Health information and surveillance

Guidelines

NCD Services Delivered through Model of care

Communities and people

Education

Environment

CSO

NGO

Trade

Finance

Academia

Private sector

Multisectoral committees
**Strengthening NCD services through PHC: Tools and Guidance**

**Measure of success of strengthening the health system to deliver NCDs**

<table>
<thead>
<tr>
<th>Governance</th>
<th>Finance</th>
<th>Access to medicines and health products</th>
<th>Health workforce</th>
<th>Service delivery</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Existence of NCDs in the national health plan outputs or outcomes</td>
<td>• Availability of NCD services in National UHC benefit package/National essential services package</td>
<td>Availability of essential NCD medicines</td>
<td>• Percentage of facilities offering NCDs services with staff trained in NCDs diagnosis and management</td>
<td>• Percentage of facilities offering NCD services according to national defined service package</td>
<td>• Community engagement in service planning and organization</td>
</tr>
<tr>
<td>• Alignment of the national multisectoral plan for NCDs with the national health sector plan</td>
<td>• Out-of-pocket (OOP) specific on NCDs</td>
<td>Availability of essential NCD technologies</td>
<td></td>
<td>• Percentage of individuals with raised blood pressure under control</td>
<td></td>
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<tr>
<td>• Existence of a national multisectoral commission, agency or mechanism for NCDs</td>
<td>• Per capita health expenditure (and NCD-specific)</td>
<td></td>
<td></td>
<td>• Percentage of people with good control of glycaemia</td>
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<td></td>
<td>• Asthma control</td>
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<td>• Population screening coverage for cervical cancer</td>
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<td>• Coverage of drug therapy and counselling to prevent heart attack</td>
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</tr>
</tbody>
</table>
A vision for Nepal Integrated NCD Care Model

Norway NCD Flagship Initiatives: Nepal

Health care facilities
- Health facilities function as a perfect team
- Most medicines and tests needed for common NCDs are available at the PHC level
- Institute refill, recall and reminder systems
- Referral and counter referrals

Patients
- Receive coordinated referrals, follow-up care and essential diagnostics and treatment

Task sharing

Team-based care

Strengthening NCD services in PHC: Practice & Case Studies
Objective:

- To identify and screen adult population for hypertension, diabetes and cervical cancer, COPD, mental illness in selected districts
- Initiate treatment
- Provide referral and follow-up care.

### District/Province | Target population
--- | ---
Kailali | 
Parsa / Province 2 | 683,556
Palpa / Lumbini | 247,000
Manang / Gandaki | 
Jajarkot / Karnali | 200,016
Ilam / Province 1 | 313208
Kavrepalanchowk / Bagmati | 370,000
Kanchapur / Sudur-Pashchim | 535,075

- Multisectoral Steering Group
- Target Set for final NCD Plan
- Review and contribution of NCD to Health Finance Strategy
- Community Mobilization Plan initiated
- District Implementation ongoing in 2 districts
Challenges

- Low level of awareness
- Increasing exposure to modifiable risk factors
- Poor access to prevention services
- Poor access to medicines

- Limited capacity for longitudinal care diagnosis and management
- Non availability of protocols/guidelines
- Limited availability of basic equipment’s and consumables
- M&E challenges
- Challenges with referral

- Non availability of basic equipment and technologies
- Limited heath worker capacity
- Limited referral system
- Weak M&E
- Weak linkage with PHCs and higher level

Expected role

- Aware of risk factors
- Access to prevention, early diagnosis and treatment

- Availability of guidelines and drug and dose specific management protocols
- Clear and efficient referral mechanisms
- M&E that adequately tracks patient outcomes
- Appropriately skilled and resourced HR

- Capacity to diagnose and manage chronic and severe NCDs
- Capacity to provide mentorship and supervision to PHCs
- Capacity to refer to higher levels
- Manage other chronic and severe NCDs
- Available essential medicines diagnostics and basic equipment’s
PEN-Plus- A regional strategy to address severe, chronic Noncommunicable diseases (NCDs) at first-level referral health facilities

AFR-RC72-4 PEN-plus a regional strategy to address severe noncommunicable diseases at first-level referral health facilities.pdf (who.int)
A regional strategy to address severe*, chronic NCDs at first-level referral health facilities.

- shared competencies needed to deliver care for groups of related conditions through protocol development
- decentralized, integrated outpatient services
- strengthening the implementation of WHO PEN
- ensuring that the capacity, infrastructure, and logistics for care are available

*Severe NCDs include sickle cell disease, type 1 diabetes mellitus, insulin-dependent type 2 diabetes and advanced rheumatic heart disease, cardiomyopathy, severe hypertension and moderate to severe persistent asthma.
Strengthening NCD services in PHC: Practice & Case Studies

UHC Partnership: Support on NCDs part of Health System Strengthening

1 BILLION MORE PEOPLE benefiting from UHC
1 BILLION MORE PEOPLE protected from health emergencies
1 BILLION MORE PEOPLE enjoying better health and well-being

The Universal Health Coverage Partnership (UHC) has emerged as a significant and influential global partnership in the field of Universal Health Coverage. Launched in 2012, the Partnership now includes 112 countries.

Supporting countries to achieve UHC

COVID-19: Delivering UHC requires strengthening preparedness and health security

COVID-19 is not just a global health emergency, it is a vivid demonstration of the fact that there is no health security without resilient health systems.

Reaching 112 countries

As the declaration states, the UHC Partnership has been instrumental in mobilizing global action to achieve UHC for all. The Partnership has been able to leverage the expertise and resources of key stakeholders to support countries in implementing UHC strategies.
NCD support for Timor-Leste

- UHC-P providing tools to develop and implement essential service package which addresses growing burden of NCDs.

- The Primary Health Care Essential Service Package (PHC-ESP) was finalized to reorient the model of health services towards integrated people-centred health services and

- WHO supported the Ministry to conduct service consumption forecasts, costing, and implementation feasibility assessment of the PHC-ESP, addressing the recent changing health care needs, including management of NCDs.

- WHO and EU, through the UHC Partnership, are co-chairs of the Timor-Leste Development Partners Forum.

- ACP funding to support COVID-19 response
What are the next steps?

• Develop and disseminate the tools and support countries in implementing NCD interventions through primary health care

• Systematic support to countries to
  • Strengthen prevention and disease focussed programmes
  • Promote integration of services to optimize NCD and health outcomes
  • Strengthen health system with the focus on delivery of NCD and health services
  • Move from catalytic to intensified support to countries for strengthening NCD services through PHC

• Sustained engagement of political leaders to invest in NCD prevention and control
Thank you