HEALTH SYSTEMS RESPOND TO NCDs: THE OPPORTUNITIES AND CHALLENGES OF LEAP-FROGGING

By: Melitta Jakab, Willy Palm, Josep Figueras, Hans Kluge, Gauden Galea, Jill Farrington, Liesbeth Borgermans and Lucinda Cash Gibson

Summary: Health systems have a key role to play in the fight against noncommunicable diseases (NCDs). A more comprehensive and better aligned health systems’ response can help to improve NCD outcomes and achieve the objective to reduce by one-third NCD-related premature mortality by 2030. However, this implies that countries will have to leapfrog, to implement innovative and effective solutions that will help to make progress much quicker. Managing the whole transformation process and using a solid evidence base to inform practice are key factors for success.

Keywords: Health Systems, Noncommunicable Diseases, Best Buys, Leapfrogging, System Transformation

The importance of health systems
Noncommunicable diseases (NCDs) are the most important public health problem in the European Region, responsible for the vast majority of deaths and the highest disease burden. This also translates into important health system costs as well as wider implications for the economy and society. Tackling chronic diseases effectively cannot be done through simple silver bullet type solutions. As they are caught in a complex web of interrelated causal risk factors and health determinants, NCDs have been labelled a “wicked problem”, which require a systemic approach.

This is why health systems have such an important role to play in leading and coordinating the fight against NCDs. By addressing important barriers which stand in the way of scaling up core interventions and services, health systems can indeed accelerate improvements in NCD outcomes, saving the lives of millions of people and improving the lives of those living with—often multiple—chronic conditions. In a forthcoming report entitled: “Health systems respond to NCDs: time for ambition” the WHO Regional Office for Europe makes the case for a more comprehensive and better aligned health system response to NCDs based on nine fundamental cornerstones (see Figure 1). The report is informed by five years of contextualised...
country work focused on identifying and overcoming health system barriers, as well as developing robust health system strengthening strategies with a focus on NCDs. Based on a comparative analysis of this country experience, the report comes up with a set of pragmatic and actionable policy recommendations in each of these nine areas, which are intended to guide practicing policy makers in strengthening their health system.

"NCD health inequalities between and within countries persist."

In essence, effective health system stewardship for NCDs requires strengthening governance arrangements to ensure coherence across the different settings where NCD policies are developed, whether inside or outside the health system. Better governance is also essential for sustained sectoral and intersectoral health action with an institutionalised outcome focus. In order to scale up core NCD interventions and services in a people-centred manner, there is a need for ambitious transformation in how we deliver public health, primary care and specialist services, with a sharpened focus on outcomes, coordination, continuity and comprehensiveness. This service delivery transformation can be further supported through aligned strategies related to four health system functions: health workforce, health financing, pharmaceutical policy and information solutions.

**The importance of leapfrogging**

Overall, the European Region is doing relatively well in addressing some of the health determinants that can cause NCDs as well as managing chronic conditions. In countries that are lagging behind in terms of NCD outcomes, the decline in NCD premature mortality is happening faster, which is promising. If current trends continue, the Sustainable Development Goals’ commitment of reducing premature mortality stemming from NCDs by one third by 2030 will be met by the region on average.\(^\text{[1]}\)

However, health inequalities between and within countries persist, particularly between the Eastern and Western parts, with people continuing to die prematurely from preventable and manageable NCD conditions. Even though high-burden countries are catching up, projections show that it will take another six decades to close this gap. This is why we need to find ways to accelerate progress, to leapfrog over these decades of continuous yet slow decline in mortality, and achieve a sharp improvement in NCD outcomes, both within and between countries in the region.

The idea of leapfrogging is not new. It has been successfully tried and tested in other sectors, applied to economic growth, sustainable and green development, even to military strategy. It comes down to skipping inefficient or even dead-end intermediary steps in the development process in order to achieve objectives and make progress more quickly. Fast adoption of innovation plays a key role in this, as we have witnessed in other sectors, such as telecommunications and energy. So-called frugal and disruptive innovations have managed to fundamentally change the way of thinking and approach in certain areas.\(^\text{[2]}\)\(^\text{[3]}\) They could also be applied in health systems to achieve a sharp acceleration in the improvement of NCD outcomes.

Leapfrogging in the health systems response to NCDs would mean skipping inferior, less efficient or more expensive ways of generating improved NCD outcomes.

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**Figure 1: Nine cornerstones of comprehensive and aligned health system response to NCDs**

| 1 | Strengthened governance ensures coherent policy frameworks and sustainable intersectoral action for NCDs connecting national, regional and local levels |
| 2 | Well-resourced public health services lead health promotion and prevention, applying universal proportionalism to drive the equity focus in public health action |
| 3 | Multi-profile integrated primary health care proactively manages community health and wellbeing |
| 4 | Adequately regionalised specialist services provide efficient and timely care for acute conditions |
| 5 | People-centredness is reflected in all health system functions |
| 6 | Fit-for-purpose health workforce delivers people-centred interventions and services based on evidence |
| 7 | Adequate and prioritised health financing enables coverage of important services and aligns incentives with service delivery goals |
| 8 | Access to quality medicines is ensured through comprehensive coverage, pricing policies and promotion of generics |
| 9 | Information solutions serve population health management, condition management in primary care, coordination across providers for seamless care, and self-management |

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Source: [1]
outcomes; moving directly to more advanced approaches representing today’s good practices in delivering NCD-relevant core population interventions (e.g. tobacco, alcohol, nutrition and physical activity) and individual health services (e.g. early detection and high-quality management of cardiovascular diseases, diabetes, lung diseases and cancer). Leapfrogging implies a large scale qualitative change that is driven by innovation. However, here we are not restricted only to technological innovation. There is also a great potential for organisational innovation, for example in the way how public health services can be dynamically engaged with intersectoral action to address social determinants of NCDs, or through organising health service delivery in a more people-centred way, or in using financial incentives as well as deploying the health workforce, redistributing tasks and changing skill mix.

We also put the spotlight on five major leapfrogging opportunities in the health system response to NCDs and examine these opportunities to a greater extent through the five subsequent original articles.

• Developing sustainable intersectoral governance arrangements and operating models with clear mandates including for joint action, monitoring and financing arrangements (McDaid);

• Investing in stronger health promotion and disease prevention, including skill-sets and education, and promoting the principles of universal proportionalism in the design of public health action for NCDs (O'Dowd et al);

• Moving towards multi-profile primary care teams operating in larger units with proactive population health management at community level, establishing linkages to public health and community services and offering integrated services with specialists and hospitals (Borgermans et al.);

• Adapting the composition and skill set of the health workforce for future health challenges, in particular, rapidly expanding the role and task profile of nurses (Maier et al);

• Rapidly implementing information solutions in a range of areas to address previously intractable policy concerns but especially in the area of population health management, bringing increasingly concentrated specialist care closer to people through tele-solutions, and patient self-management (Marti et al).

The challenge and promise of leapfrogging

While we do believe that these five areas represent significant leapfrogging opportunities, we also believe that there are many more out there. Leapfrogging does not imply single-policy solutions. Comprehensive concerted action is needed to align specific policies with interlinked and enabling health system functions. For example, strengthening the public health orientation and moving towards multi-profile primary health care requires a rethink of the health workforce, including the types of health workers needed, the duration and depth of their training, as well as the ways of collaboration between them. In the same way, a rethink of financial incentives is needed to achieve the desired results of many of the policy areas using leapfrogging. Current incentive arrangements often undervalue health promotion, disease prevention, intensified outreach efforts for early detection, and strengthened condition/disease management approaches.

Leapfrogging does not imply single-policy solutions

This multi-pronged approach is also illustrated in some of the listed country examples that have been used in the report, three of which we highlight here (see Box 1). The common threads were: building services around people, integration, and comprehensive thinking. To make it work, these were aligned with health system functions such as health workforce, translation of evidence into public health and clinical practice and incentives, etc. Technological innovation may be the spark but it only works if it is embedded in a more comprehensive set of policies.

The playfulness of the word “leapfrogging” masks the seriousness and the rigour needed to implement large scale systemic transformation. Any reform will need to take due account of the political context and path dependency that will also largely determine the options and the level of resistance to change. Disruptive innovations in particular, that
In this sense, the expectation of inform practice.

[...]

to the use of a solid evidence base to the whole transformation process, next is part of the key to successfully manage innovative ways of engaging stakeholders article in this Special Issue (Kluge et al.), changes.

patients may refuse to engage with these only professionals but also citizens and opposition and important barriers. Not services and technologies, can face fierce structures, workforce, processes, products, are likely to displace older organisational are driven by increasing needs for health care and support associated with long-term conditions and NCDs. The future profile of demand may be very different from that of today with an anticipated increase in the demand for trained health workers in the art of behaviour change, counselling for physical and mental health, physiotherapy, simple care and nursing, as well as communication and involvement of people in decision making about their health and life choices. The policy response has included expanding the mental health workforce; creating new roles such as nursing and physician associates; expansion of nurse, midwife and allied health personnel training places; and additional physician training places.

Spain: Health intelligence enables population health management and people-centred services

Effective population health management is hampered in many countries by ineffective surveillance of health needs, granular enough to address health inequities. This is especially important in the field of NCDs, where risk factor clustering, multimorbidity, poor access to services and limited engagement with health improvement programmes are strongly associated with socioeconomic disadvantage. Spain has implemented a chronic disease stratification programme that combines strong surveillance and intelligence methods, using population-level data on risk factors and diseases obtained from records of health care delivery and utilisation, with local approaches to enhance health care activity in support of prevention and promotion for groups at higher risk. This is an example of using intelligence resources to align the delivery of preventive services with the health needs of the population in a proportionate manner, in order to support health equity.

For more information on these examples, visit the WHO/Europe website on Good Practices in the health system response to NCDs: http://www.euro.who.int/en/health-topics/Health-systems/health-systems-response-to-ncds/publications/good-practice-briefs

Box 1: Country examples highlight the importance of building services around people, integration, and comprehensive thinking

Kyrgyzstan: Community action for health amplifies the strength of primary care and strengthens early detection of hypertension

Many countries struggle to move towards a more proactive primary care model working in the community on health promotion, early detection and management of NCDs. Lack of a health workforce is a key impediment. Kyrgyzstan introduced a new model of health promotion based on community empowerment in conjunction with strengthening of primary health care. Village health committees (VHCs), made up of volunteers, work with primary health care services to identify health-related priorities and implement health actions. The main partners of the VHCs in the health system are the “health promotion units” at different levels, which provide the VHCs with regular training on evidence informed health actions and assist in their organisation. Primary care providers interact closely with the VHCs and thus increase their engagement within their communities, beyond receiving patients. Screening for hypertension was one of the most ambitious health actions. Awareness of having hypertension increased from 27% in 2007 to 45% in 2015. The increase was greater in rural areas, where VHCs work. Compliance with anti-hypertensive medicines also improved during this period.

England, UK: Health workforce projections trigger adjustments in training and employment policies

NCDs are significantly changing the demand for health services, increasing the need for health workers with a different skill profile. Health systems are slow to respond to this change in demand. The Department of Health in England has carried out a unique exercise to project demand for health services to 2035 and derive the need for different types of health workers. The analysis revealed that 80% of additional demand is driven by increasing needs for health care and support associated with long-term conditions and NCDs. The future profile of demand may be very different from that of today with an anticipated increase in the demand for trained health workers in the art of behaviour change, counselling for physical and mental health, physiotherapy, simple care and nursing, as well as communication and involvement of people in decision making about their health and life choices. The policy response has included expanding the mental health workforce; creating new roles such as nursing and physician associates; expansion of nurse, midwife and allied health personnel training places; and additional physician training places.

Global and European NCD action plans propose a set of core population interventions and individual services, also labelled as NCD best buys. They have a large population health impact, are proven to be cost-effective in a large number of settings, and can be implemented in a wide range of health system endowments. Still, many countries in the WHO European Region have not taken advantage of these core interventions and services and there is great room for scale up. This is why it is time to act now. Ultimately, there is no escape from the complexity of an aligned approach to comprehensively strengthening the health system response to NCDs.
Cross-country learning on organisational innovations, new behavioural change models and use of technology is happening faster than ever before.

References


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New report!

Health systems respond to NCDs: time for ambition

To be presented at the high-level meeting Health Systems Respond to NCDs on 16-18 April 2018, in Sitges, Spain.

The report will:

- Detail how health systems can make a difference to improving noncommunicable disease outcomes.
- Outline 9 cornerstones of a comprehensive and aligned health system response.
- Put forward 38 key messages that form an agenda for action with 160 potential policy responses.

Available in April via http://www.euro.who.int/en/health-systems-response-to-NCDs