INTEGRATION OF THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMES AND SERVICES
A CASE FOR ACTION

A Global Commitment to Prevent and Control Non-Communicable Diseases

In 2011, the United Nations General Assembly issued a Political Declaration on the Prevention and Control of Non-communicable Diseases (NCDs) agreed to by all Member States. To act upon this declaration, the World Health Assembly endorsed the Global Action Plan for the Prevention and Control of NCDs 2013-2020. Further, in September 2015, the world adopted the Sustainable Development Goals, which contains ambitious targets related to NCDs, including that of reducing by one-third premature mortality through prevention and control of NCDs. The UN Secretary-General’s Global Strategy for Women’s and Children’s Health also recommends an approach that integrates NCDs into programmes to promote women’s and children’s health.

The Case for Integration

Worldwide, NCDs are the leading cause of death for women, accounting for nearly 65% of deaths. 38 million people die each year from NCDs, and 75% of these deaths are in low and middle-income countries (LMICs). The majority of NCD deaths are due to cardiovascular diseases (CVD), preventable cancers, chronic respiratory diseases and diabetes, which share the common modifiable risk factors of unhealthy diet, physical inactivity, tobacco use, and harmful use of alcohol. Certain NCDs specifically affect women including breast and cervical cancers, where screening and treatment services in low-income settings, are limited.

The low socioeconomic, legal and political status of many women can also increase their vulnerability to NCDs and their consequences (PMNCH, 2011). Women are more likely to suffer from stigma and discrimination within families and communities as a result of NCDs and exposure to certain risk factors may be exacerbated due to limited lifestyle choices, for example exposure to indoor air pollution from cook stoves (Maina, 2011). Also, 300 million women worldwide are obese (compared to 200 million men) and there are now more women of reproductive age who are overweight than underweight, which can have significant consequences for pregnancy, child bearing and general health (NCD Alliance, 2011).

Women living with HIV/AIDS have higher rates of NCDs, some of which are associated with HIV infection itself, are side effects of treatment, or are due to higher NCD behavioural risk factors. In addition to the increased risk of developing NCDs among people living with HIV/AIDS, NCDs can exacerbate the severity of HIV disease (UNAIDS, 2011).
Of note, a number of medicines commonly prescribed for women of reproductive age and for women with HIV have drug-drug interactions with those prescribed for NCDs (Lamptey, 2016). An integrated approach to SRH and NCD services can ensure a comprehensive and safe approach with regard to treatment for women.

Women face numerous barriers to accessing health care even before attempting to navigate fragmented health services and referral systems. Furthermore, referrals between services and facilities will always suffer from loss to follow-up. An integrated one-stop-shopping approach to service delivery that is centred on women and their families has already been used by MTCT Plus programs and should be expanded to encompass other diseases of epidemiologic importance to women (Gounder et al.). Integration of NCD with HIV, SRH, MCH and other relevant diseases offers a unique opportunity to address these multiple co-morbidities and linkages in women more efficiently and effectively.

Many women and men managed for NCD at primary and community level services have missed opportunities for SRH services, such as cervical cancer screening, family planning, syphilis testing and treatment or HIV testing. This highlights the need to also address the integration of SRH into NCD services.

Opportunities for Integration

Integration of services is done with the goals of supporting women with co-occurring conditions, improving treatment outcomes, reducing costs, and improving efficiency of services.

Family planning programmes provide opportunities to raise awareness among clients about breast and cervical cancer and to conduct health promotion activities around NCD risk factors such as smoking, Sexually transmitted infections, alcohol abuse, diet and physical activities. Family planning clinics can also serve as a good entry point screening for NCDs and their risk factors. For example, most deaths from cervical and breast cancer can be avoided with early detection via symptom awareness and increased rates of screening (CDC, 2015).

Family planning services can also provide an opportunity for addressing issues related to cardiovascular disease, hypertension and diabetes. Cardiovascular diseases are the greatest killer of women worldwide, and a gender gap exists in the diagnosis and treatment of these

Case study: Integration of Cervical Cancer Screening with Family Planning Services in Kenya

The integration of cervical cancer screening into family planning services in Kenya was shown to be feasible using visual inspection with acetic acid and Lugol’s iodine. These screenings identified a 16.9% prevalence of cervical dysplasia among family planning clients, along with 0.9% of clients with a suspicion of cervical cancer. Women identified were then referred for further evaluation and treatment (Were, et al., 2010).
diseases (NCD Alliance, 2011). Screening for these diseases and risk factors in health services that already reach women can facilitate early detection and thus early treatment. Proper management of diabetes can substantially decrease the risk of birth defects among women with pre-existing diabetes (Johnson, 2006), and preconception care and counselling for women with type 1 and 2 diabetes, is another important point of integration for family planning services. WHO is working with partners to ensure comprehensive sexual and reproductive healthcare and prioritising the need to strengthen systems to respond to the specific needs of women. A key element of this is to establish a skilled and appropriate workforce in which NCD training, particularly on NCD screening and prevention, and awareness should be a major component.

Human papilloma virus (HPV), which causes cervical cancer, is another link between NCDs and sexual reproductive health. The vaccine to prevent HPV is primarily delivered to girls aged 9 to 13. Demonstration projects in LMICs of school-based, health centre-based, and campaign approaches have demonstrated high acceptability and vaccine coverage (Wigle, 2013) and studies are on-going to assess the extent to which HPV vaccines can serve as an entry point for more comprehensive services in low resource settings. WHO is working with countries to develop guidance on how to prevent and control cervical cancer in low income countries highlighting that the focus needs to be on creating opportunities to strengthen health systems and establish new partnerships for vaccine delivery, financing and result monitoring (WHO, 2015).

Finally, bringing boys and men into sexual and reproductive health programmes and services provides an opportunity to offer health information and potentially prevention, detection and control of NCDs for men.

For Key Resources and More Information

http://www.who.int/nmh/events/ncd-coordination-mechanism/en/
http://www.who.int/reproductivehealth/en/

Case study: Hypertension and Diabetes Screening in Family Planning Clinics

A study of hypertension and diabetes screening in a family planning clinic in the United States successfully identified patients in need of NCD prevention and treatment services and noted that strong education and integration between programs is necessary to ensure that women who are referred are in fact linked to care (Robinson, 2015).
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