Background

Strengthening of health systems and universal health coverage are core components of the response to NCDs agreed by Heads of State and Government at the first UN High-level Meeting on in 2011. During the second UN High-level Meeting on NCDs in 2014, Ministers committed to strengthen health systems to address NCDs by 2016. The 2030 Agenda for Sustainable Development, and its Sustainable Development Goals (SDGs), includes a number of NCD-related targets to be attained by 2030, three of which are directly related to strengthening of health systems:

- Achieve universal health coverage (target 3.8)
- Provide access to affordable essential medicine and vaccines for NCDs (target 3.b)
- Support research and development of vaccines for NCDs that primarily affect developing countries (target 3.b)

Up to half of all premature NCD deaths are linked to weak health systems that do not respond effectively and equitably to the needs of people with NCDs. This includes health systems that (1) do not adequately inform/empower and educate the public on the early signs and symptoms of NCDs; (2) do not accurately detect and diagnose people with NCDs at a stage amenable to treatment; and (3) lack the appropriate referral system and community support to assure appropriate treatment and long-term quality care for persons living with NCDs. The rapidly increasing number of people with advanced stages of NCDs can be addressed through more appropriate prioritization of interventions for education and community mobilization, detection, diagnosis, treatment and care.

Context

Two of the 10 WHO NCD Progress Monitor indicators relate directly to early detection and treatment of NCDs, and, as the table below shows, significant progress is still required for countries to implement the time-bound commitments in this area for 2016.

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1 See http://www.who.int/ncds/governance/en/
Table: Numbers of countries achieving the progress indicators for NCD early detection, treatment and care in 2015

<table>
<thead>
<tr>
<th>Progress Indicator</th>
<th>Fully met</th>
<th>Partially met</th>
<th>Not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>National guidelines for the management of major NCDs through a primary care approach</td>
<td>50</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Provision of drug therapy (including glycemic control) and counselling to people at high risk of heart attacks and strokes</td>
<td>28</td>
<td>11</td>
<td>92</td>
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</tbody>
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Scaling up NCD services requires a public health approach using simplified and standardized protocols and indicators. In order to make the delivery of services at the lower levels of health care, interventions have to be simple, protocol based and should have a standard treatment package. Monitoring of input, process and outcome measures is also critical and efforts are needed to move towards electronic medical records and unique identifiers for people with NCDs.

To appropriately address NCDs, the health system requires a strong primary care base, with equitable and affordable access to primary and secondary prevention services and NCD treatment. This includes having an appropriate number of adequately NCD-trained and skilled primary care providers, and adequate diagnostic technologies, laboratory services, affordable medications and surgical/radiotherapy capacity. In addition to prevention and early detection, well organized pre-hospital care and prompt interventions for acute myocardial infarction and stroke can save lives and improve quality of life.

**Expected outcomes**

The aim of this session is to identify good practices and solutions to overcome health system challenges to achieve the targets for NCD detection, diagnosis, treatment and care, especially targets 1, 6, 8 and 9. Following the session, it is expected that participants can:

- Identify concrete actions that they could implement in health systems to improve outcomes for persons at risk of, and living with NCDs, and demonstrate improvement in WHO NCD Progress Monitor indicators and the global NCD targets by 2018.
- Describe what additional support, from WHO and other partners, they require to achieve the targets for NCD early detection, diagnosis, treatment and care.

**Session overview**

In this session, which includes plenary presentations, group work and discussion, participants will share lessons learned and challenges in implementing NCD detection, diagnosis, treatment and care in primary health care through an integrated approach. Participants will discuss solutions to address the key health system challenges that threaten attainment of targets 1, 6, 8 and 9.

This session will cover:

- Defining and scaling up a service delivery package at primary and secondary health care based on the WHO Package of Essential NCD Interventions³.

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– Using a total cardiovascular disease risk approach to prevent heart attacks and strokes
– Management of diabetes and prevention of complications
– Appropriate use of early diagnosis, screening and prompt management of common cancers
– Improving the management of chronic respiratory diseases
– Improving access to palliative care.

- A team approach for delivering NCD services at primary and secondary care level through task sharing.
- Increasing efficiency of procurement/supply chain for drugs and basic technologies. Scaling up cost-effective interventions for NCDs in primary health care.
- Options (including electronic records) for monitoring outcomes of NCD detection and treatment programmes.

**Key messages**

- Scaling up NCD detection, diagnosis treatment and care will make a major contribution to reducing premature mortality from NCDs, as well as improving quality of life and productivity
- National evidence based protocols for the management of NCDs, especially in the primary health care, can help to standardize and simplify detection, diagnosis, treatment, care and referral
- A well-defined minimum service package for NCD detection, diagnosis, treatment and care at the primary care level with a referral system needs to be developed according to the country context.
- Enabling actions in all six health system building blocks need to be taken to deliver the package in primary health care.
- Human resources have to be enhanced for delivering NCD detection, diagnosis treatment and care through task-sharing and task-shifting; and using technology and innovation to scale-up treatment and care.
- To attain global NCD targets 1, 6 and 8 in a cost effective manner, multiple NCD interventions can be delivered in an integrated way. Hypertension, diabetes, other cardiovascular risk factors, asthma and chronic obstructive pulmonary disease, as well as screening asymptomatic people for cervical, breast and colorectal cancer and recognition of early signs of common cancers, can all be used as entry points.
- Relevant NCD interventions can be considered in other programmes such as maternal and child health, TB control, HIV treatment and occupational health.
- To attain target 9, essential NCD medicines and basic technology needs have to be defined. Procurement, supply and distribution mechanisms have to be strengthened and monitored to avoid stock outs and promote rational use of medicines. For palliative care and to improve access to pain relief medication, regulatory and legislative measure may be required to improve the situation.
WHO tools

WHO tools are available at http://www.who.int/nmh/ncd-tools/en/