Meeting Report

Informal Consultation to Develop a Knowledge Network on NCD Management

Manila, Philippines
10–11 June 2014
INFORMAL CONSULTATION TO DEVELOP A KNOWLEDGE NETWORK ON NCD MANAGEMENT
10 - 11 June 2014, Manila, Philippines
REPORT

INFORMAL CONSULTATION TO DEVELOP
A KNOWLEDGE NETWORK ON NCD MANAGEMENT

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
10–11 June 2014

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

July 2014
NOTE

The views expressed in this report are those of the participants at the Informal Consultation to Develop a Knowledge Network on NCD Management and do not necessarily reflect the policies of the Organization.

This report has been prepared for the World Health Organization Regional Office for the Western Pacific. It is intended for the use of governments from Member States in the Region and for those who participated in the Informal Consultation to Develop a Knowledge Network on NCD Management from 10 to 11 June 2014.
SUMMARY

Management of noncommunicable diseases (NCDs) and their risk factors is a challenge for all countries and areas of the Western Pacific Region. While NCD prevention is gaining momentum, millions of people continue to suffer from a lack of appropriate services and medicines to prevent further complications and save their lives. This drains family resources, reduces productivity and decreases the quality of life of those with NCDs. Challenges in the field of NCD management include fragmentation of services, lack of self-care and continuity of care, and inadequate linkage to communities. Curbing the NCD epidemic will require systematic strengthening of NCD services. Guidance and capacity to strengthen the prevention and management of NCDs without compromising other health services is urgently needed.

Recognizing these issues, the World Health Organization (WHO) Regional Office for the Western Pacific held an Informal Consultation to Develop a Knowledge Network on NCD Management. The workshop was held at Manila, the Philippines, from 10 to 11 June 2014, with the following objectives:

(1) to identify priority thematic issues in the management of NCDs;

(2) to identify effective approaches for strengthening the management of and service delivery for NCDs; and

(3) to identify institutional mechanisms for scaling up good practices for management of NCDs in countries.

The Consultation comprised sessions on setting the scene, sharing experiences on NCD services, health systems strengthening for NCDs, and brainstorming and prioritizing thematic issues in the management of NCDs and options to address them in the Region. The Consultation identified priority issues in NCD management in the Region and has initiated the formation of a knowledge network.

NCD prevention and control has three equally important pillars: risk factor reduction, management and surveillance. Prioritization of thematic issues in the management of NCDs is important for reducing morbidity and mortality due to NCDs in the Region. The objectives of the Informal Consultation to Develop a Knowledge Network on NCD Management were met.

Recommendations

(1) There is an urgent need to strengthen the management of and reduce the risk factors for NCDs.

(2) Countries can develop appropriate service models with defined services for NCD prevention and management at different levels of health care as per the national context.

(3) Forecasting human resource requirements and workforce development should be based on defined service models.

(4) Incentives and innovative approaches should be considered to retain a trained workforce.
(5) The curricula of current programmes for graduates and postgraduates in medicine and nursing should be aligned to what is required in clinical practice.

(6) The WHO Package of Essential NCD (PEN) interventions can be adapted as per the country context and can be scaled up to achieve wider coverage.

(7) Countries need to prepare national essential drugs lists (based on the WHO Essential Medicines List), which should include drugs and medicines for NCDs.

(8) Procurement and supply of drugs and technology for NCDs should be improved through innovative approaches and made available according to need at all levels of health care.

(9) Financial and social protection for people suffering from NCDs is a concern, and health insurance and other social protection programmes should include NCD prevention and control.

(10) A knowledge network on NCD management can be developed, with knowledge hubs for various areas. One hub will look at the integration of different streams.
CONTENTS

SUMMARY .................................................................................................................. 3

1. INTRODUCTION ................................................................................................. 1

   1.1 Background ..................................................................................................... 6
   1.2 Objectives ....................................................................................................... 6
   1.3 Participants ..................................................................................................... 6
   1.4 Organization ................................................................................................... 7
   1.5 Opening session ............................................................................................... 7

2. PROCEEDINGS ..................................................................................................... 7

   2.1 Session 1 – Setting the scene .......................................................................... 7
   2.2 Session 2 – Sharing experience on NCD service ........................................... 7
   2.3 Session 3 – Health system strengthening for NCDs ....................................... 8
   2.4 Session 4 – Brainstorming and prioritization of thematic issues ................. 8
   2.5 Closing session ............................................................................................... 13

3. CONCLUSIONS AND RECOMMENDATIONS ...................................................... 14

   3.1 Conclusions ................................................................................................... 14
   3.2 Recommendations ......................................................................................... 14

ANNEXES:

ANNEX 1: List of temporary advisers, resource persons and secretariat
ANNEX 2: Programme of activities
ANNEX 3: Presentations

Keywords

Chronic diseases – prevention and control; Delivery of health care; Primary health care
1. INTRODUCTION

1.1 Background

Management of noncommunicable diseases (NCDs) and their risk factors is a challenge for all countries and areas of the Western Pacific Region. High-income countries are trying to contain costs, and low-resource settings have huge disparities in equitable service delivery for managing NCDs. While NCD prevention is gaining momentum, millions of people continue to suffer from a lack of appropriate services and medicines to prevent further complications of NCDs and save their lives. This drains family resources, reduces productivity and decreases the quality of life of those with NCDs.

Challenges in the field of NCD management include fragmentation of services, lack of capacity for forward planning, lack of self-care programmes and continuity of care, and inadequate linkage to communities. Management of NCDs during disasters is also an important consideration. Curbing the NCD epidemic will require systematic strengthening of NCD services. There is an urgent need for guidance and capacity to strengthen the prevention and management of NCDs without compromising other health services.

The Regional Action Plan for the Prevention and Control of NCDs (2014–2020) has identified strengthening the management of NCDs as an objective. A mechanism such as a knowledge network on NCD management would provide opportunities to update information, share good practices and build capacity for managing NCDs in the context of universal health coverage (UHC) and health systems strengthening.

The WHO Regional Office for the Western Pacific organized an Informal Consultation to Develop a Knowledge Network on NCD Management to explore opportunities for better information sharing on NCDs. The Consultation was held in Manila, the Philippines, from 10 to 11 June 2014.

1.2 Objectives

(1) to identify priority thematic issues in the management of NCDs

(2) to identify effective approaches for strengthening management of and service delivery for NCDs; and

(3) to identify institutional mechanisms for scaling up good practices for management of NCDs in countries.

1.3 Participants

The Consultation was attended by 16 representatives who were experts in NCD management and/or from professional associations and World Health Organization (WHO) collaborating centres (CCs) in Australia, Cambodia, China, Fiji, Hong Kong Special Administrative Region (SAR, China), Japan, Papua New Guinea, the Philippines, Republic of Korea, Samoa and Tonga. Staff members from the WHO Regional Office for the Western Pacific, WHO Headquarters and WHO Division of Pacific Technical Support provided secretariat support for the workshop. A list of temporary advisers and secretariat members is given in Annex 1.
1.4 Organization

The workshop comprised four sessions in addition to the opening and closing sessions. Sessions were designed according to the various aspects of NCD management: setting the scene, sharing experiences on NCD services, health systems strengthening for NCDs, and brainstorming and prioritization of thematic issues. The programme is provided in Annex 2.

1.5 Opening session

Dr Hai-Rim Shin, Team Leader, Noncommunicable Diseases and Health Promotion (NHP), WHO Regional Office for the Western Pacific, welcomed the participants to the consultation.

Dr Vivian Lin, Director, Division of Health Sector Development, WHO Regional Office for the Western Pacific, delivered the opening address on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Dr Lin emphasized that better management of NCDs is critical for achieving the global target of a 25% relative reduction in premature mortality from NCDs by 2025. Knowledge networks in the priority areas of NCD management can be developed for identifying best practices, synthesizing knowledge, and providing evidence and guidance to Member States.

Professor Stephen Colagiuri (Australia) and Dr Juliana Chan (Hong Kong SAR, China) were elected as Chairperson and Vice-Chairperson, respectively, for the consultation. Professor Anna Peeters (Australia) and Dr Sione Latu (Tonga) were elected as Rapporteurs.

2. PROCEEDINGS

2.1 Session 1 – Setting the scene

Dr Hai-Rim Shin presented the status of NCD prevention and control in the Western Pacific Region. The Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) was also presented, highlighting the fourth objective, which is specifically related to NCD management.

Dr Bente Mikkelsen, Director, NCD management, WHO Geneva, presented the global actions on NCD management. Dr Mikkelsen presented the challenges and gaps in NCD management, and the opportunities and immediate priority actions for Member States to enable health systems to respond. Dr Mikkelsen identified the following strategies and approaches to improving NCD care: UHC needs to include basic NCD services; health systems need to be strengthened with an emphasis on primary health care; highly cost-effective, high-impact individual interventions are pragmatic approaches to the attainment of global and national targets; and self-care and palliative care are important components of the prevention and control of NCDs. Dr Mikkelsen also indicated that issues and opportunities are similar across WHO Member States and informed that the publication of the results of country capacity later this year will help in defining areas for further support.

2.2 Session 2 – Sharing experiences on NCD services

Dr Antonio Miguel Dans, Department of Medicine, Philippine General Hospital, traced the journey to improve NCD service delivery in the Philippines. He highlighted the workforce crisis
in terms of geographical, technical and operational challenges. He identified the areas of workforce development plan as “recruit, retrain, retain, regulate and reassess”. Dr Dans also indicated the need to improve the public perception of primary care and primary-care providers as a dependable service for NCD prevention and control. During discussions, it was mentioned that patients are likely to seek complementary medicine providers and other options and, in some cases, this might delay the opportunity for appropriate interventions.

Dr Shigeo Kono, Diabetes Center Kyoto Medical Center, spoke on issues in diabetes foot care in the Western Pacific Region. Dr Kono highlighted the sustained educational efforts of the WHO CC for Diabetes Treatment and Education in Kyoto, Japan. Participants felt that similar initiatives could increase human resources across the Region. Rapidly ageing societies and the resultant impact on NCDs were also discussed in the context of ageing in Japan.

Dr Cherian Varghese, Senior Medical Officer (NCD), NHP, WHO Regional Office for the Western Pacific, spoke about NCD management in resource-limited settings. Dr Varghese mentioned the challenges of providing chronic care in low-resource settings in terms of trained personnel, equipment, drugs and overall service delivery model. He also indicated the need for a reorientation of services to meet the challenges of NCDs, which need decades of care and support. The continuum of care with appropriate referrals and links to community services are important to meet the needs of patients with NCDs. Dr Varghese highlighted the need for a service delivery model in keeping with the local context. The need to move away from episodic care to a chronic care model as a horizontal system was also discussed.

2.3 Session 3 – Health systems strengthening for NCDs

Dr Vivian Lin presented on Universal health coverage (UHC) and NCDs. Dr Lin explained that UHC is at the core of WHO’s work and described the journey to the goal of UHC. The presentation also identified the aspects of NCDs covered in the global monitoring and evaluation framework related to the service coverage component of UHC. Dr Lin noted the potential for a focus on NCDs to be a lever for improving primary care, by adapting the WHO Package of Essential Noncommunicable (PEN) disease interventions in countries. Dr Lin identified the following topics related to NCDs and their positioning as part of UHC:

- Promotion: health in all policies; healthy lifestyles
- Prevention: risk factor detection and management
- Treatment: primary care and acute care
- Rehabilitation: institutional and community-based care
- Palliation: institutional and community-based care.

The presentation also identified the following challenges to implementation:

- Policy, financing and service delivery design
- Patient and community health literacy
- Electronic health records to help in maintaining continuity of care of patients.

Dr Arne-Petter Sanne, Advisor, Management of NCDs, WHO Geneva, delivered a video presentation on a study of essential medicines for NCDs, which was conducted to identify bottlenecks in access to essential medicines and health technologies. The possible solutions identified were as follows:

- Give priority of access to NCD medicines and health technologies (post 2015).
- Promote the use of generics.
- Improve the rational selection of medicines.
- Strengthen national medicine authorities.
• Develop quality inclusive health insurance (UHC).
• Take advantage of international trade agreements (e.g. Trade-Related Aspects of Intellectual Property Rights [TRIPS]).

The presentation also explored the advantages and disadvantages of existing procurement mechanisms at the global and regional levels, and the role of information hubs.

2.4 Session 4 – Brainstorming and prioritization of thematic issues

The participants were divided into three groups to brainstorm and prioritize thematic issues and identify options to address them in the Region.

2.4.1 Service delivery

The group on service delivery identified the need for a continuum of care and listed the priority areas at three levels – the community, primary care and referral care, as follows:

<table>
<thead>
<tr>
<th>Community</th>
<th>Primary care</th>
<th>Referral care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health literacy needs to be improved.</td>
<td>• There should be defined packages and services for each level.</td>
<td>• Management of NCDs should be uniform across different referral centres.</td>
</tr>
<tr>
<td>• Simple messages should be used to promote health.</td>
<td>• Community health centres should be better defined and their role within the health system should be well described.</td>
<td>• There should be sufficient contact time with the specialist.</td>
</tr>
<tr>
<td>• Efforts need to be made to increase the demand for health-care services.</td>
<td>• A technically advanced but simple delivery model should be put in place.</td>
<td>• A multidisciplinary approach should be followed in institutions.</td>
</tr>
<tr>
<td>• A life-course approach should be followed for planning services.</td>
<td>• Adequate human resources, drugs, equipment and technology should be available.</td>
<td>• There should be a system to oversee service delivery.</td>
</tr>
<tr>
<td>• Simple risk assessments need to be performed (e.g. BP and weight).</td>
<td>• Early detection should be given more priority.</td>
<td>• There needs to be communication between different referral teams.</td>
</tr>
<tr>
<td>• Self-management needs to be emphasized.</td>
<td>• Screening and case detection should be done.</td>
<td>• Clinical inertia in patients should be overcome by patient education.</td>
</tr>
<tr>
<td>• Peer support is needed to support patients with chronic diseases.</td>
<td>• Referral should be timely.</td>
<td>• Technology needs to be used optimally.</td>
</tr>
<tr>
<td>• mHealth services should be used for improving information and coverage.</td>
<td>• Sufficient incentives should be given to doctors and nurses.</td>
<td>• Costs need to be contained.</td>
</tr>
<tr>
<td>• Adequate feedback must be provided to patients.</td>
<td>• Better networking should be possible between primary health centres (PHCs) and tertiary health care management.</td>
<td>• Patients should get regular feedback.</td>
</tr>
<tr>
<td>• Health-care coverage should be monitored.</td>
<td>• Monitoring of coverage and services should be done.</td>
<td>• There should be provision for referral back to the community level.</td>
</tr>
</tbody>
</table>
The proposed actions to be undertaken by different sectors were as follows:

**Government**
- Invest in primary care.
- Develop a national essential medicines list.
- Promote awareness through all platforms; aim for health literacy.
- Provide financial protection.

**Civil society**
- Create a demand for health.
- Use community resources.

**Providers**
- Define service packages.
- Ensure coverage.

**WHO**
- Develop simple risk scoring.
- Provide user-friendly messages
- Develop minimum package models.
- Facilitate information sharing.
- Develop an essential medicines list (EML).

### 2.4.2 Human resource development

The group identified the priority areas and actions needed as follows:

<table>
<thead>
<tr>
<th>Priority areas</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services</strong></td>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>- Delineate basic services for each level of care (primary, secondary and some tertiary services).</td>
<td></td>
</tr>
<tr>
<td>- Registries to monitor service use need to be improved.</td>
<td></td>
</tr>
<tr>
<td><strong>Human resources</strong></td>
<td><strong>Human resources</strong></td>
</tr>
<tr>
<td>- Health workforce planning needs to be done by the Ministry of Health.</td>
<td></td>
</tr>
<tr>
<td>- Nurses and other medical professionals should be given more authority (e.g. nurses should be allowed to write prescriptions and run hospitals).</td>
<td></td>
</tr>
<tr>
<td>- Medical education needs to be improved and reflect the actual needs on the ground. There should be basic and advanced trainings for doctors and allied health workers.</td>
<td></td>
</tr>
<tr>
<td>- Roles should be delineated and basic packages outlined for each level of care. This action can build on current WHO/World Bank initiatives, to fit each country in the Region).</td>
<td></td>
</tr>
<tr>
<td>- Workforce planning needs to be done. This action can build on current WHO initiatives.</td>
<td></td>
</tr>
<tr>
<td>- Information and resources for different types of short NCD courses can be shared among countries (e.g. diabetic foot care, Tongan postgraduation for nurses, continuing medical education training). Resource sharing could be especially helpful from resource-rich to resource-poor countries in the Region.</td>
<td></td>
</tr>
<tr>
<td>- Collate data about what trainings are being offered.</td>
<td></td>
</tr>
</tbody>
</table>
2.4.3 Drugs, equipment and technology

The group identified the priority areas, issues and actions needed as follows:

<table>
<thead>
<tr>
<th>Priority areas</th>
<th>Main issues</th>
<th>Actions needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>• There should be no stock-out of drugs.</td>
<td>• Essential medicines list (EML)</td>
</tr>
<tr>
<td></td>
<td>• Medicines should be affordable (e.g. free medicines are given by international groups or NGOs, but after these medicines run out, they are too expensive for the country to buy).</td>
<td>o There should be an EML for different levels of health care, suited to the local context.</td>
</tr>
<tr>
<td></td>
<td>• Procurement and distribution should be efficient.</td>
<td>▪ Countries should decide what medicines to include in the list.</td>
</tr>
<tr>
<td>Quality</td>
<td>• Generic drugs should be subjected to quality assurance.</td>
<td>▪ Consideration should be given to older drugs that are effective, even if they do not have much evidence compared to newer drugs. These older drugs are sometimes cheaper.</td>
</tr>
<tr>
<td></td>
<td>• Imported drugs should be available to countries, and their content should be tested.</td>
<td>• Standard treatment/management guidelines should be available and adherence to them should be monitored.</td>
</tr>
<tr>
<td>Patient awareness</td>
<td>• Patient groups should have a say in the making of the essential medicines list.</td>
<td>• There should be expertise in the health ministry to manage distribution of drugs.</td>
</tr>
<tr>
<td></td>
<td>• Generic or less expensive medicines should be of comparable quality as branded medicines.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Countries should have uniform payment schemes for drugs. Some countries provide free treatment to patients, while others require partial or full payment by patients.</td>
<td></td>
</tr>
<tr>
<td>Essential medicines list</td>
<td>• All countries should have an EML.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• It should not be influenced by the private sector.</td>
<td></td>
</tr>
<tr>
<td>Equipment and technology</td>
<td>• Good back-up, repair and maintenance should be possible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Donated equipment:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• It should be feasible to get consumables.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Biomedical technicians should be able to repair the equipment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Equipment should have service contracts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• There should be an essential equipment list.</td>
<td></td>
</tr>
<tr>
<td>Economic issues</td>
<td>• There should be no large out-of-pocket expenditures for patients.</td>
<td></td>
</tr>
<tr>
<td>Audit</td>
<td>• The weaknesses and strengths of implementing the guidelines need to be reviewed and identified.</td>
<td></td>
</tr>
</tbody>
</table>
Dr Shin Young-soo, WHO Regional Director for the Western Pacific, addressed the participants and highlighted the role of health systems strengthening for NCD management. The Regional Director provided guidance on achieving equitable service delivery in the national context, and emphasized that prevention of NCDs through tackling the risk factors will have a large impact on populations. WHO is working with countries to advance tobacco control and there has been good progress in tobacco taxation and other components of the FCTC. Legal and legislative interventions are important and WHO is supporting countries in these areas. While prevention is the priority, management of NCDs is also important. This is an area where all countries face a challenge. In low-resource settings, current health services cannot cope with the double burden of communicable diseases and NCDs. In high-income settings, cost containment is a challenge.

Equitable service delivery for NCDs can be achieved through the realization of UHC. Each country can develop their service delivery package in accordance with the national context. WHO PEN is a helpful guide to develop service packages in primary care. A well-functioning primary care facility can manage many NCDs in the early stages and act as a referral gateway for secondary and tertiary care. Financial protection of people with NCDs is important, and appropriate financing mechanisms have to be developed. Health insurance programmes should include NCD prevention and management in their benefit package. Leading institutions and clinical specialists in countries have a role in optimizing NCD management services. National protocol development, training of health professionals and monitoring of services are areas that need support from national experts.

The Regional Director appreciated the participation of senior clinical experts from the Region, especially from the Pacific Island countries, and informed that WHO will work with them to strengthen NCD management as part of overall NCD prevention and control initiatives.

2.5 Session 5 – Next steps

The forthcoming forum of WHO Collaborating Centres (WHO CC) for NCD in the Western Pacific Region could be a platform for further discussion and tapping the resources in these centres. Professor Stephen Colagiuri volunteered the services of the University of Sydney, WHO CC for Physical Activity, Nutrition and Obesity, to support the work to set up a knowledge network on NCD management. Dr Kono offered the continued support of the Kyoto Medical Health Center, WHO CC for Diabetes, in the area of diabetic foot care.

Participants worked in two groups and identified priority areas for strengthening NCD management. Based on the output from the two groups and through discussion with all the participants, the following areas were identified for next steps:
## Priority areas for next steps

| Workforce development | - Identify needs in the community and the health services.  
- There should be models of training at different levels.  
- There should be a training network (for nurses and health professionals).  
- There should be expertise to plan the workforce. |
|-----------------------|-------------------------------------------------------------|
| Service delivery      | - New services should be developed or existing services should be scaled up.  
- Service delivery models should drive workforce development.  
- Capacity building needs to be emphasized in primary care.  
- Demonstration projects should be implemented (e.g. diabetes care in Hong Kong [China]).  
- NCD management should be improved, and this should include risk factor control. |
| Information/awareness | - There should be a communication link to the community and the government.  
- Information on NCDs should be disseminated widely to increase public awareness.  
- Guidelines for NCDs should be easy to use; currently existing guidelines could be translated.  
- Bottlenecks to service delivery should be mapped.  
- Do what we know works. |
| Development of knowledge hub/network | - NCD knowledge hubs should be developed.  
- Civil society, professional groups and academe should be included.  
- There should be a workforce development knowledge network (which has a strong link to service delivery).  
- Specific knowledge networks should be targeted to specific areas of NCD management.  
- Information and best practices should be collected and shared (through WHO CCs, International Diabetes Federation, or other partners) in NCD management and in planning the workforce.  
- There should be a network of physicians who work together (e.g. Pacific network of internal medicine).  
- All the knowledge networks should be integrated and they can contribute to the achievement of global NCD targets. |

### 2.5 Closing session

Dr Vivian Lin and Dr Hai-Rim Shin closed the Informal Consultation by thanking the participants for their valuable contributions and active participation.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

NCD prevention and control has three equally important pillars: risk factor reduction, management and surveillance. Prioritization of thematic issues in the management of NCDs is important for reducing morbidity and mortality due to NCDs in the Region. The objectives of the Informal Consultation to Develop a Knowledge Network on NCD Management were met.

3.2 Recommendations

(1) There is an urgent need to strengthen the management of and reduce the risk factors for NCDs.

(2) Countries can develop appropriate service models with defined services for NCD prevention and management at different levels of health care as per the national context.

(3) Forecasting human resource requirements and workforce development should be based on defined service models.

(4) Incentives and innovative approaches should be considered to retain a trained workforce.

(5) The curricula of current programmes for graduates and postgraduates in medicine and nursing should be aligned to what is required in clinical practice.

(6) WHO PEN can be adapted to the country context and can be scaled up to achieve wider coverage.

(7) Countries need to prepare national essential drugs lists (based on the WHO EML), which should include drugs and medicines for NCDs.

(8) Procurement and supply of drugs and technology for NCDs should be improved through innovative approaches and made available according to need at all levels of health care.

(9) Financial and social protection for people suffering from NCDs is a concern, and health insurance and other social protection programmes should include NCD prevention and control.

(10) A knowledge network on NCD management can be developed, with knowledge hubs for various areas. One hub will look at the integration of different streams.
REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

ANNEX 1

INFORMAL CONSULTATION TO DEVELOP A KNOWLEDGE NETWORK ON NCD MANAGEMENT
Manila, Philippines, 10 to 11 June 2014

TENTATIVE PROGRAMME OF ACTIVITIES (as of 9 June 2014)

Tuesday, 10 June 2014

08:30-09:00  Registration

(1) Opening session

09:00-09:05  Welcome address

09:05-09:15  Opening address

Dr Hai-Rim Shin
Team Leader
Noncommunicable Diseases and Health Promotion
WHO Regional Office for the Western Pacific (WPRO)

Dr Vivian Lin
Director, Division of Health Sector Development
WHO Regional Office for the Western Pacific (WPRO)

09:15-09:30  Introduction of participants
Election of Chair, Co-Chair and Rapporteur

09:30-10:00  Group photo and coffee break

10:00-11:00  (2) Setting the scene

10:00-10:20  Regional Action Plan on NCDs (2014-2020)
(Meeting objectives)

10:20-10:40  Global actions on NCD management

10:40-11:00  Discussion

11:00-12:00  (3) Sharing experience on NCD Service

11:00-11:15  Improving NCD service delivery in the Philippines

11:15-11:30  Improving Diabetes Foot Care

Dr Hai-rim Shin
Team Leader, Noncommunicable Diseases and Health Promotion

Dr Bente Mikkelsen
Director, NCD Management
WHO HQ

Dr Antonio Miguel Dans
Department of Medicine,
University of the Philippines, Manila.

Dr Shigeo Kono
Director
Diabetes Center Kyoto Medical Center
Kyoto, Japan
11:30-11:45  NCD management in resource limited settings  Dr Cherian Varghese  
Senior Medical Officer (NCD), WHO WPRO

11:45-12:00  Discussion

12:00-13:30  Lunch Break

13:30-15:00  (4) Health system strengthening for NCDs

13:00-13:30  Universal health coverage and NCDs  Dr Vivian Lin  
Director, Division of Health Sector Development, WHO WPRO

13:30-14:00  Discussion

14:00-14:30  Essential medicines on NCDs (VC from Geneva)  Dr Arne-Petter Sanne and EMT  
WHO HQ, NMD and EMT

14:30-15:00  Discussion

15:00-15:30  Mobility break

15:30-17:00  (5) Brainstorming and prioritization of thematic issues in the management of NCDs and options to address them in WPR. 
Group work (Rooms 212, 210 and 310 (Blue Wave)

17:30-19:00  Reception (Al Fresco)

Wednesday, 11 June 2014 (DAY 2)

08:30-10:00  Report back from groups and discussion

10:00-10:15  Mobility break

10:15-11:15  Group work on next steps (2 groups) Rooms 212 and 210

11:15-11:45  Report back

11:45-12:00  (6) Closing session

12:00-13:30  Brown Bag (Multi Function Room, 5th Floor)  
Prevention and management of cancer in the Republic of Korea: Experience of the National Cancer Center (NCC)
Dr Jin Soo Lee, President, NCC and Director, WHO CC for Cancer Registration, Prevention and Early Detection

13:30-15:00  (Session for WHO Collaborating Centres)  Dr Manju Rani/Dr Hai-Rim Shin 
/Dr Cherian Varghese
ANNEX 2
PROVISIONAL LIST OF TEMPORARY ADVISERS,
RESOURCE PERSONS AND SECRETARIAT

1. TEMPORARY ADVISERS

Dr Shrish Naresh ACHARYA, Consultant Physician, Internal Medicine Colonial War Memorial Hospital, Medical Unit, Waimanu Raod, Suva, Fiji, E-mail: shrish.acharya@health.gov.fj

Dr Juliana C N CHAN, Director, Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong, 9th floor, Clinical Sciences Building, The Prince of Wales Hospital Shatin, Hong Kong, E-mail: jchan@cuhk.edu.hk

Professor Nam H. CHO, President of International Diabetes Federation, Western Pacific Region Chairman and Director of Department of Preventive Medicine, and Center for Clinical Epidemiology, Ajou University School of Medicine and Hospital, #5 Wonchon-Dong, Youngtong-Gu, Suwon, 442-749, Korea, E-mail: chnaha@ajou.ac.kr

Professor Stephen COLAGIURI, Professor, Metabolic Health, Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, WHO CC for Physical Activity, Nutrition and Obesity K-25 Medical Foundation Building, The University of Sydney, New South Wales 2006 Australia, E-mail: stephen.colagiuri@sydney.edu.au

Dr Antonio Miguel DANS, Department of Medicine, Philippine General Hospital Taft Avenue, Manila, Philippines, E-mail: antoniodans@gmail.com

Dr GU Dongfeng, Vice President, Fu Wai Hospital, National Center for Cardiovascular Diseases Peking Union Medical College, No. 167 Beilishi Rd., Beijing 100037, China Email: gudongfeng@vip.sina.com and gudf@yahoo.com

Professor Sir Isi KEVAU, Professor of Medicine, School of Medicine & Health Sciences University of Papua New Guinea, P.O. Box 5623, Boroko, National Capital District Port Moresby, Papua New Guinea, E-mail: isi.kevaau@gmail.com

Dr Shigeo KONO, Director, WHO Collaborating Centre for Diabetes, Kyoto Medical Center National Hospital Organization, 1-1 Fukakusa, Mukaihata-cho, Fushimi-ku 612-8555 Kyoto, Japan, E-mail: skono@kyotolan.hosp.go.jp

Dr Sione LATU, Physician Specialist/Royal Physician, Head, General Medicine Vaiola Hospital, Nuku'alofa, Tonga, E-mail: sitalatu@gmail.com

Dr Jin-Soo LEE, President, National Cancer Center, 323 Ilsan-ro, Islandong-gu, Goyang-si Gyeonggi-do, 410-769, Republic of Korea, E-mail: jslee@ncc.re.kr

Professor Sohei MAKINO, Director, Department of Respiratory Medicine, Dokkyo Medical University Koshigaya Hospital, 2-1-50 Minamikoshigaya 343-8555 Saitama Koshigaya, Japan, E-mail: makinosh@ac.aone-net.jp

Professor Anna PEETERS, President, Australian & New Zealand Obesity Society, Head, Obesity & Population Health, Baker IDI Heart and Diabetes Institute, VicHealth Senior Research Fellow, Adjunct Associate Professor, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, E-mail: Anna.Peeters@bakeridi.edu.au
Dr Satupaitea VIALI, Specialist Physician & Cardiologist, National Health Service, TTM National Hospital, P.O. Box 2122, Apia, Samoa, E-mail: satu.viali@gmail.com, satu.viali@samoaoonline.ws

Dr Lawrence Ka Sing WONG, Professor and Chief of Neurology, Secretary, World Stroke Organization, The Chinese University of Hong Kong, The Prince of Wales Hospital Shatin, Hong Kong, E-mail: ks-wong@cuhk.edu.hk

Dr XIAO Lin, Director of Surveillance Group, Tobacco Control Office, Chinese Center for Disease Control and Prevention, No. 27 Nanwei Road, Xicheng District, Beijing 100050, China Email: xiaolin201304@126.com

Dr Theng YOUDALINE, Medical Physician, Cardiologist, Calmette Hospital, 28A5, st 88, Sras Chak, Duon Penh, Phnom Penh, Cambodia, E-mail: youdalinet@yahoo.com

2. SECRETARIAT

Dr Hai-Rim SHIN, Team Leader, Noncommunicable Diseases and Health Promotion, Building Healthy Communities and Populations WHO Regional Office for the Western Pacific, U.N. corner Taft Avenue 1000 Manila, Philippines, E-mail: shinh@wpro.who.int

Dr Cherian VARGHESE, Senior Medical Officer, Noncommunicable Diseases, Building Healthy Communities and Populations, WHO Regional Office for the Western Pacific U.N. corner Taft Avenue 1000 Manila, Philippines E-mail: varghesec@wpro.who.int

Dr Vivian LIN, Director, Division of Health Sector Development, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines E-mail: linv@wpro.who.int

Ms Marie Clem CARLOS, Technical Assistant, Noncommunicable Diseases and Health Promotions Building Healthy Communities and Populations, WHO Regional Office for the Western Pacific U.n. corner Taft Avenue 1000 Manila, Philippines, E-mail: carlosma@wpro.who.int

Dr Bente MIKKELSEN, Acting Director, Management of Noncommunicable Diseases and Senior Advisor Office of the Assistant Director-General Noncommunicable Diseases and Mental Health World Health Organization, Room 4063, Avenue Appia 20, CH-1211, Geneva 27, Switzerland E-mail: mikkelsenb@who.int

Dr Temo WAQANIVALU, Coordinator, Noncommunicable Diseases and Health Promotion World Health Organization, Division of Pacific Technical Support (DPS), Level 4, Provident Plaza One, Downtown Boulevard, 33 Ellery Street, Suva, Fiji, E-mail: waqanivalut@wpro.who.int
Prevention and Control of NCDs in the Western Pacific Region

Hai-Rim Shin
Non communicable Disease and Health Promotion

Healthy population
Population at risk
Population with sickness
Sick that need hospitalization but have no access to hospital care
Sick and Hospitalized

Causation pathway for NCDs

Noncommunicable Diseases
4 Diseases, 4 Modifiable Shared Risk Factors

<table>
<thead>
<tr>
<th>Disease</th>
<th>Tobacco Use</th>
<th>Unhealthy diets</th>
<th>Physical Inactivity</th>
<th>Harmful Use of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-vascular</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Cancer</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Chronic Respiratory</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

Age-standardized NCD death rates (per 100,000), Western Pacific Region, 2008

Source: WHO Global Status Report on Noncommunicable Diseases 2010
Percentage of all NCD Deaths under age 70, WPR, 2008

NCD progression and implications for management

Population to be covered

Health and economic burden

Progression of NCD

Healthy

Risk factors

High risk

NCD

Complications

Rehabilitation

WHO Regional Response

2000

Healthy Islands Initiative

Regional Tobacco Action Plan and Plan of Action

Regional NCD Control Program

2001-03

Healthier Cities Initiative

Addressing NCD and Tobacco

NCD & Poverty: Pro-Poor Strategy

Regional NCD STEP Surveys

2004-06

Regional Action plan for NCD

Regional Strategy to Reduce Alcohol related harm

2008

Regional Initiative on multi-sectoral interventions for NCD prevention

Healthy Lifestyle & Environment: Integrated Cancer control

Regional STEP Surveillance

2009-11

Regional Tobacco control

Marketing of foods/NCD and PHC/Surveillance

2012

Cancer Leadership and Lead-NCD

Regional action plan (2014-2020)

WESTERN PACIFIC REGIONAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (2014-2020)

Goal

• To reduce the burden of preventable morbidity and disability and avoidable mortality due to NCDs in the Western Pacific Region
Vision

• Governments and societies sustain their political and financial commitments to prevent and control NCDs so that these diseases are no longer a barrier to socioeconomic development.

Mission

• To scale up effective interventions to prevent and control NCDs through health-promoting environments.

Overarching Approaches

1. Leadership and coordination
2. Human rights
3. Empowerment of people
4. Evidence-based practice
5. Life-course approach
6. Multisectoral action
7. Universal health coverage and equity

Regional Action Plan - NCD 2014-2020

Objectives

- To strengthen national leadership, governance, multisectoral action and partnerships to accelerate country responses for the prevention and control of noncommunicable diseases.
- To strengthen and support health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through health-promoting environments.
- To improve the availability and affordability of high-quality treatment and care for the prevention and control of noncommunicable diseases.

Synergies between NCD and other programmes

1. Co-morbidities
2. Mental disorders
3. Healthy ageing
4. Women’s and Children’s Health
5. Disabilities and rehabilitation
6. Healthy cities and settings
7. Healthy Islands
8. Workers’ Health

INFORMAL CONSULTATION TO DEVELOP A KNOWLEDGE NETWORK ON NCD MANAGEMENT

10-11 June, 2014
Manila, Philippines
Objectives

(1) to identify priority thematic issues in the management of NCDs;
(2) to identify effective approaches for strengthening NCD management and service delivery; and
(3) to identify institutional mechanisms for scaling up good practices for NCD management in countries.

Thank you very much for your attention

Dr Hai-Rim Shin MD., Ph.D.
Team Leader

Dr Cherian Varghese MD., Ph.D.
Senior Medical Officer on NCD

Dr Ki-Hyun Hahm, JD, Ph.D.
TO, Legislation for NCDs

Ms Marie Clem Carlos
Technical Assistant
INFORMAL CONSULTATION TO DEVELOP A KNOWLEDGE NETWORK ON NCD MANAGEMENT

Dr. Bente Mikkelsen
Acting Director MND and Senior Adviser
ADG/WHO Geneva

Manila, Philippines, 10 to 11 June 2014

Topics for discussion

Taking stock:
— Where do we stand since the High-level Meeting on NCDs in 2011?

Global NCD Action Plan 2013-20 and Strengthen management of NCD
— A roadmap to achieve the global targets
— Challenges, Gaps and opportunities

Moving forward:
— Priority actions recommended for Member States

Call to action:
Unite around the common NCD agenda

Four types of NCDs are largely preventable by means of effective interventions that tackle shared modifiable risk factors

Why does WHO care so much about NCDs?
NCCs bring immense untold suffering, billions of dollars in losses of national income and trap millions of people into chronic poverty

85% of premature deaths between the ages of 30 and 70 from NCCs occur among the poorest in developing countries

NCCs and impact on developing countries

NCDs and impact on developing countries

Preventable mortality from NCCs: probability of dying from the 4 main NCCs between ages 30 and 70, 2012

Communicable, maternal, perinatal and nutritional conditions
Noncommunicable diseases
Injuries

Noncommunicable conditions

Tobacco use
Unhealthy diets
Physical inactivity
Harmful use of alcohol

Heart disease and stroke
Diabetes
Cancer
Chronic lung disease

Source: Global health estimates, 2013. World Health Organization
WHO Global NCD Action Plan 2013-2020

Vision:
A world free of the avoidable burden of NCDs

Goal:
To reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global levels

WHO Global NCD Action Plan 2013-2020 has six objectives with recommended actions for Member States, international partners and WHO

Objective 1
To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy

Objective 2
To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs

Objective 3
To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments

Objective 4
To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants, promotion of primary health care and universal health coverage

Objective 5
To promote and support national capacity for high-quality research and development for the prevention and control of NCDs

Objective 6
To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control

At the World Health Assembly in May 2014, Member States adopted the Comprehensive Global Monitoring Framework for NCDs, including 25 indicators

In November 2013, Member States agreed on 9 action plan progress indicators to inform reporting on the progress made in implementing the WHO Global Action Plan

Number of countries with:
- At least one operational NCD plan
- A NCD unit
- Policy to reduce harmful use of alcohol
- Policy to reduce physical inactivity
- Policy to reduce the burden of tobacco use
- Policy to reduce unhealthy diets
- National guidelines for management of NCDs
- National policy on NCD-related research
- National NCD surveillance system
Accountability framework to report progress to the World Health Assembly

![Diagram showing accountability framework]

Where do we stand? Progress made by NGOs and the Private Sector

<table>
<thead>
<tr>
<th>Commitment (UN Political Declaration on NCDs)</th>
<th>Progress since September 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGOs:</td>
<td></td>
</tr>
<tr>
<td>• Foster partnerships between governments</td>
<td>• No global baseline available</td>
</tr>
<tr>
<td>and civil society to support the provision</td>
<td>• Progress not measured</td>
</tr>
<tr>
<td>of services (paragraph 55)</td>
<td>• WHO has not been provided</td>
</tr>
<tr>
<td></td>
<td>with a mandate to measure</td>
</tr>
<tr>
<td></td>
<td>progress in this area</td>
</tr>
<tr>
<td></td>
<td>• Self-reporting is not</td>
</tr>
<tr>
<td></td>
<td>against a common model and</td>
</tr>
<tr>
<td></td>
<td>is often not verifiable</td>
</tr>
<tr>
<td>Private sector:</td>
<td></td>
</tr>
<tr>
<td>• Call on the private sector to take</td>
<td>• Same as above</td>
</tr>
<tr>
<td>measures (paragraph 44)</td>
<td>• Ad-hoc evidence indicates</td>
</tr>
<tr>
<td></td>
<td>that paragraph 44 remains</td>
</tr>
<tr>
<td></td>
<td>largely unimplemented</td>
</tr>
</tbody>
</table>

There is now a global NCD architecture in place

2. Nine global targets for NCDs to be attained by 2025
3. 25 outcome indicators for NCDs to measure progress towards the attainment of the nine global targets
4. Six NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global NCD Action Plan 2013-2020
5. WHO Global Coordination Mechanism on the Prevention and Control of NCDs ("NCD-GCM")
6. UN Interagency Task Force on the Prevention and Control of NCDs
7. Report of the United Nations Secretary-General and the WHO Director-General on the progress made in realizing the commitments included in the UN Political Declaration on NCDs
8. WHO Country Capacity Assessment on NCDs
9. WHO Global Status Reports on NCDs in 2014 (and 2010 global baseline)
10. Technical assistance to developing countries based on a One-WHO work plan on NCDs

The 2011 Political Declaration on NCDs has catalysed demand for technical assistance

• 136 out of 144 WHO Country Cooperation Strategies now include requests for support to address NCDs
• WHO’s Programme Budget has now a US$96 million per year provision to provide technical support to developing countries
• But arrangements to meet country needs and provide support for national efforts through bilateral and multilateral channels continue to be inadequate.

Where do we stand? Progress at WHO: Establishment of the UN Task Force on NCDs

Objective:
- Enhance and coordinate technical support to Member States
- Facilitate information exchange among UN organizations
- Facilitate information on available resources to support national efforts
- Strengthen advocacy in order to raise the priority given to NCDs on the international agenda
- Ensure that tobacco control continues to be duly addressed and prioritized
- Strengthen international cooperation

> ECOSOC requested the Secretary-General to establish the UN Task Force on NCDs
The next 24 months will be vital for the UN Task Force on NCDs to ensure that the UN System’s operational capacity is ready to meet the demand for technical assistance for NCDs in the post-2015 era.

Global Coordination Mechanism on NCD Prevention

**Purpose:**
To facilitate and enhance coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels to contribute to implementing the WHO Global NCD Action Plan 2013–2020

**4 Components**
- Member States: oversight and guidance through the EB and WHA
- WHO Secretariat
- United Nations Inter-agency Task Force on NCDs and individual agencies, funds and programmes
- Working Groups, where required

**5 Functions**
- Advocate and raise awareness
- Disseminate knowledge and information
- Encourage innovation and identify barriers
- Advance multisectoral action
- Identify and share information on existing and potential sources of finance

NCDs: from misunderstood to central to the post-2015 development agenda

- **2000:** NCDs are hidden, misunderstood and underreported and are not included in the MDGs
- **2011:** Heads of State and Government acknowledged that NCDs constitute one of the major challenges for development in the 21st century
- **2013:** High-level Panel of Eminent Persons on the Post-2015 Development Agenda recommends a target for priority NCDs
- **2013:** UN General Assembly calls on Member States to ensure that consideration is given to NCDs in the post-2015 development agenda

**Member States have made the business case for including NCDs in the post-2015 development agenda:**
- Strong political mandates from UNGA and World Health Assembly
- Developing countries are disproportionately affected by NCDs due to links with poverty
- Synergies between NCDs, the unfinished business of the health-related MDGs, Universal Health Coverage and attaining healthy lives

**Global NCD Action Plan 2013-20 and Strengthen management of NCD**

- A roadmap to achieve the global targets
- Challenges, Gaps and opportunities

**OWG on SDGs: Proposed goals and targets for the post-2015 development agenda**

**Proposed goal 3: Attain healthy life for all at all ages**

**Target 3.4:**
By 2030, reduce by x% premature deaths from NCDs, reduce deaths from injuries, including halving road traffic deaths, promote mental health and wellbeing, and strengthen prevention and treatment of narcotic drug and substance abuse

**Target 3.5:**
By 2030, increase healthy life expectancy for all by x%

**Target 3.6:**
Achieve universal health coverage, including financial risk protection, with particular attention to the most marginalized and people in vulnerable situations

Where do we stand?

**Progress in Member States: New estimates from WHO for 2011**

<table>
<thead>
<tr>
<th>Region</th>
<th>All ages</th>
<th>Deaths before the age of 60</th>
<th>Deaths between the ages of 60 and 70</th>
<th>Deaths between the ages of 70 and 95</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Region</td>
<td>All ages</td>
<td>Deaths before the age of 60</td>
<td>Deaths between the ages of 60 and 70</td>
<td>Deaths between the ages of 70 and 95</td>
</tr>
<tr>
<td>World</td>
<td>66.9 million</td>
<td>15.5 million</td>
<td>43.5 million</td>
<td>7.9 million</td>
</tr>
<tr>
<td>Africa</td>
<td>9.9 million</td>
<td>1.7 million</td>
<td>10.1 million</td>
<td>1.3 million</td>
</tr>
<tr>
<td>Americas</td>
<td>5.6 million</td>
<td>0.5 million</td>
<td>3.7 million</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>0.6 million</td>
<td>1.0 million</td>
<td>0.7 million</td>
<td>0.1 million</td>
</tr>
<tr>
<td>Europe</td>
<td>6.0 million</td>
<td>1.3 million</td>
<td>4.4 million</td>
<td>0.3 million</td>
</tr>
<tr>
<td>Global Health</td>
<td>4.6 million</td>
<td>0.8 million</td>
<td>4.1 million</td>
<td>0.3 million</td>
</tr>
<tr>
<td>Pacific</td>
<td>3.9 million</td>
<td>0.8 million</td>
<td>3.0 million</td>
<td>0.1 million</td>
</tr>
<tr>
<td>Total</td>
<td>66.9 million</td>
<td>15.5 million</td>
<td>43.5 million</td>
<td>7.9 million</td>
</tr>
</tbody>
</table>

World Bank Group

<table>
<thead>
<tr>
<th>Region</th>
<th>All ages</th>
<th>Deaths before the age of 60</th>
<th>Deaths between the ages of 60 and 70</th>
<th>Deaths between the ages of 70 and 95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income countries</td>
<td>12.7 million</td>
<td>3.2 million</td>
<td>9.5 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>Lower middle-income countries</td>
<td>10.2 million</td>
<td>3.1 million</td>
<td>7.1 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>Upper middle-income countries</td>
<td>11.2 million</td>
<td>3.0 million</td>
<td>8.2 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>High-income countries</td>
<td>6.3 million</td>
<td>1.0 million</td>
<td>5.3 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>World</td>
<td>36.9 million</td>
<td>2.9 million</td>
<td>13.8 million</td>
<td>10.9 million</td>
</tr>
</tbody>
</table>

World Bank Group

<table>
<thead>
<tr>
<th>Region</th>
<th>All ages</th>
<th>Deaths before the age of 60</th>
<th>Deaths between the ages of 60 and 70</th>
<th>Deaths between the ages of 70 and 95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income countries</td>
<td>2.7 million</td>
<td>1.2 million</td>
<td>1.2 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>Lower middle-income countries</td>
<td>11.2 million</td>
<td>3.1 million</td>
<td>5.3 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>Upper middle-income countries</td>
<td>14.2 million</td>
<td>3.1 million</td>
<td>5.3 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>High-income countries</td>
<td>8.1 million</td>
<td>1.0 million</td>
<td>2.0 million</td>
<td>0.0 million</td>
</tr>
<tr>
<td>World</td>
<td>36.2 million</td>
<td>9.2 million</td>
<td>13.8 million</td>
<td>10.8 million</td>
</tr>
</tbody>
</table>

World Bank Group

<table>
<thead>
<tr>
<th>Region</th>
<th>All ages</th>
<th>Deaths before the age of 60</th>
<th>Deaths between the ages of 60 and 70</th>
<th>Deaths between the ages of 70 and 95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>9.9 million</td>
<td>1.7 million</td>
<td>10.1 million</td>
<td>1.3 million</td>
</tr>
<tr>
<td>Americas</td>
<td>5.6 million</td>
<td>0.5 million</td>
<td>3.7 million</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>0.6 million</td>
<td>1.0 million</td>
<td>0.7 million</td>
<td>0.1 million</td>
</tr>
<tr>
<td>Europe</td>
<td>6.0 million</td>
<td>1.3 million</td>
<td>4.4 million</td>
<td>0.3 million</td>
</tr>
<tr>
<td>Global Health</td>
<td>4.6 million</td>
<td>0.8 million</td>
<td>4.1 million</td>
<td>0.3 million</td>
</tr>
<tr>
<td>Pacific</td>
<td>3.9 million</td>
<td>0.8 million</td>
<td>3.0 million</td>
<td>0.1 million</td>
</tr>
<tr>
<td>Total</td>
<td>66.9 million</td>
<td>15.5 million</td>
<td>43.5 million</td>
<td>7.9 million</td>
</tr>
</tbody>
</table>
Where do we stand?

Progress in Member States: National capacity to address NCDs

- In the Political Declaration (2011), Member States committed to:
  - Consider the development of national targets (paragraph 63)
  - Establish national multisectoral plans by 2013 (paragraph 45)
  - Implement interventions to reduce exposure to risk factors and enable health systems to respond (paragraph 43, 45)
  - Strengthen surveillance systems (paragraph 60)

Progress achieved in Member States

<table>
<thead>
<tr>
<th>2013</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries with a unit, branch or department in a Ministry of Health with a responsibility for NCDs</td>
<td>95%</td>
</tr>
<tr>
<td>Countries with integrated national policies or plans on NCDs</td>
<td>78%</td>
</tr>
<tr>
<td>Countries with integrated operational policies or plans on NCDs with a dedicated budget</td>
<td>50%</td>
</tr>
<tr>
<td>Countries with cancer registries</td>
<td>81%</td>
</tr>
<tr>
<td>Countries which have conducted recent risk factor surveys</td>
<td>63%</td>
</tr>
<tr>
<td>Countries providing primary prevention and health promotion</td>
<td>95%</td>
</tr>
<tr>
<td>Countries providing risk factor detection</td>
<td>88%</td>
</tr>
<tr>
<td>Countries providing risk factors and disease management</td>
<td>85%</td>
</tr>
</tbody>
</table>

Which policies have best driven progress?

Very cost-effective and affordable interventions for all Member States

- Tobacco use
  - Reduce the affordability of tobacco products by increasing tobacco excise taxes
  - Create legislation for completely smoke-free environments in all indoor workplaces, public places and public transport
  - Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
  - Ban all forms of tobacco advertising, promotion and sponsorship

- Harmful use of alcohol
  - Regulate commercial and public availability of alcohol
  - Restrict or ban alcohol advertising and promotions
  - Use pricing policies for reducing the harmful use of alcohol, such as vector tax increases on alcoholic beverages
  - Ban all forms of tobacco advertising, promotion and sponsorship

- Unhealthy diet
  - Reduce salt intake and adjust the iodine content of iodized salt, when relevant
  - Replace trans-fats with unsaturated fat

- Physical inactivity
  - Implement public awareness programmes on diet and physical activity

Impact of achieving targets on premature (30-70 years) NCD deaths

<table>
<thead>
<tr>
<th>Number of deaths</th>
<th>2013</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of deaths</td>
<td>16.1 million</td>
<td>16.1 million</td>
</tr>
</tbody>
</table>

The importance of early action on NCD risk factors

- Tobacco use
  - Reduce the affordability of tobacco products by increasing tobacco excise taxes
  - Create legislation for completely smoke-free environments in all indoor workplaces, public places and public transport
  - Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
  - Ban all forms of tobacco advertising, promotion and sponsorship

- Harmful use of alcohol
  - Regulate commercial and public availability of alcohol
  - Restrict or ban alcohol advertising and promotions
  - Use pricing policies for reducing the harmful use of alcohol, such as vector tax increases on alcoholic beverages

- Unhealthy diet
  - Reduce salt intake and adjust the iodine content of iodized salt, when relevant
  - Replace trans-fats with unsaturated fat

- Physical inactivity
  - Implement public awareness programmes on diet and physical activity

Immediate priority actions recommended for Member States

- Reduce exposure to risk factors for NCDs
  - Implement very cost-effective and affordable interventions (included in Appendix 3 of the WHO Global NCD Action Plan 2013-2020) as part of national NCD plans

- Enable health systems to respond
  - Implement very cost-effective and affordable interventions (included in Appendix 3 of the WHO Global NCD Action Plan 2013-2020) as part of national NCD plans

- Measure results
  - Strengthen national surveillance systems or NCDs
  - Integrate surveillance systems for NCDs into the national health information systems, to ensure to ensure collection of data on the 25 indicators and progress toward the 9 voluntary global targets for NCDs
  - Contribute information on trends in NCDs to WHO coordinating country reporting with global analysis

The cost of inaction in developing countries over the next 15 years is enormous (compared to the cost of action)

- US$ 7T is the cumulative lost output in developing countries associated with NCDs between 2011-2025

- US$ 170B is the overall cost for all developing countries to scale up action by implementing a set of “best buy” interventions between 2011 and 2025, identified as priority actions by WHO

Reports are available at www.who.int/ncd
Enable health systems to respond

What Challenges do we Face?
- Lack of commitment for NCD care
- Inequalities in health care system
- Lack of integration and efficiency for NCD care in healthcare delivery systems
- Lack of financial and human resources for NCD care
- Institutional public health infrastructure is not responsive to noncommunicable diseases.

What Opportunities do we have?
- Political commitments in the UN political declaration on NCDs
- Post-2015 development agenda
- Implementation of WHO NCD GAP 2015-20
- Universary health coverage

Strategies and Approaches to improving NCD care
- Universal health coverage need to include basic NCD services
- Health system need to be strengthened with an emphasis on primary health care
- Very cost effective high impact individual interventions is a pragmatic approach for the attainment of global and national targets.
- Self care and palliative care are important components of prevention and control of noncommunicable diseases

Which policies have best driven progress?

<table>
<thead>
<tr>
<th>Disease</th>
<th>Interventions for national health-care systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counseling to individuals who have had a heart attack or stroke and to persons at high-risk (≥30 per cent) of fatal and non-fatal cardiovascular events in the next 10 years.</td>
</tr>
<tr>
<td></td>
<td>Aspirin for acute myocardial infarction</td>
</tr>
<tr>
<td>Cancer</td>
<td>Prevention of liver cancer through hepatitis B immunization.</td>
</tr>
<tr>
<td></td>
<td>Prevention of cervical cancer through screening linked with timely treatment of pre-cancerous lesions.</td>
</tr>
</tbody>
</table>

The WHO Package of Essential Noncommunicable Disease Interventions
- Reinforce health system strengthening by contributing to the building blocks of the health system.
- Serve as the minimum standard for NCDs to strengthen national capacity to integrate and scale up care of NCDs in primary health care in low resource settings.
- Defines a minimum set of essential NCD interventions for any country that wishes to initiate a process of universal coverage reforms to ensure that health systems contribute to health equity, social justice, community solidarity and human rights.
Possible flagships – operationalization of UHC

- Essential medicines and technology
- Cervical cancer
- Hypertension
- Palliative care

Integrated health care - enabling health systems to respond through people-centred primary health care and universal health coverage

Example cervical cancer

- Health education: M-Health
- Prevention: HPV preventive vaccines
- Early Diagnosis: HPV testing,
- Diagnosis of pre cancer and cancer: telemedicine technologies (smart phone imaging)

WHO tools to support Member States in implementing the WHO Global NCD Action Plan 2013-2020

Available at www.who.int/ncd

Accelerating the implementation

- Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases
- Implementation of cost-effective interventions included in GAP 2013-20
- Monitoring progress in in realizing the commitments made in the UN Political Declaration on NCDs and WHO GAP 2013-20

Systems and programmes: getting results

- NCD strategies
- National plans
- Surveillance
- Healthy lifestyles
- Clinical prevention and treatment
- Continuing care

- HIV strategies
- National plans
- Surveillance
- Safe sex
- Treatment
- Continuation care

Shrugged health system platform to support delivery and equity

Leadership
- Governance
- Health financing
- Human resources
- Information systems
- Medical products/ technologies
- Social delivery

Source: adapted from WPR/IMCD

Thank you for any questions
mikkelsenb@who.int
NCD management in resource limited settings

Cherian Varghese, M.D., Ph.D.
Senior Medical Officer (NCD)

Primary Care Services
A world of difference

Health centres

Maternal and Child Health
Communicable diseases
Immunization

Hygiene, sanitation, healthy settings
NCDs and Mental Health

Health systems- limitations

Infrastructure
- Lack of diagnostics/drugs
- No tracking of patients
- Not enough to manage chronic conditions

Service delivery
- Acute, episodic
- Responding to outbreaks
- No care continuum
- No systematic referrals

Work force
- Trained in CD
- Not adequate to manage CD and MCH

- Crowded, limited capacity, multiple issues, no referral systems, lack of unique ID numbers

- Structured, adequate capacity, access, coverage, referrals, follow up
What is new?
"Best buys" interventions to address NCDs

<table>
<thead>
<tr>
<th>Population-based interventions addressing NCD risk factors</th>
<th>Individual-based interventions addressing NCDs in primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use</td>
<td>CVD and diabetes</td>
</tr>
<tr>
<td>Excise tax increases</td>
<td>Multi-drug therapy (including glycaemic control for diabetes mellitus)</td>
</tr>
<tr>
<td>Smoker-free indoor workplaces and public places</td>
<td>including (glycaemic control for diabetes mellitus)</td>
</tr>
<tr>
<td>Health information and warning about tobacco use</td>
<td>Prevention of heart cancer through hepatitis B immunization</td>
</tr>
<tr>
<td>Bans on advertising and promotion</td>
<td>Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of pre-cancerous lesions</td>
</tr>
</tbody>
</table>

Regional initiatives

- LeAd-NCD
  - Leadership and Advocacy for NCD prevention and control
- CanLEAD
  - Capacity building for cancer control
- Data to action
  - Capacity building for NCD surveillance
- Western Pacific Diabetes Declaration (WPDD)
  - Partnership of WHO, IDR-WPR and SPC
- Country support for
  - WHO PEN adaptation, NCD service package development, palliative care, cancer registries

Package of Essential NCD interventions - PEN

- CVD
  - Primary prevention of heart attacks and strokes
  - Acute Myocardial infarction
  - Secondary prevention (post MI)
  - Secondary prevention (post Stroke)
  - Secondary prevention (Rheumatic Heart Disease)
- Diabetes Mellitus
  - Type 1 Diabetes
  - Type 2 Diabetes
  - Prevention of foot complications through examination and monitoring
  - Prevention of onset and delay in progression of chronic kidney disease
  - Prevention of onset and progression of neuropathy
- Chronic Obstructive Lung Diseases
  - Bronchial Asthma
  - Prevent exacerbation of COPD and disease progression
- Cancer
  - Early diagnosis

Cardiovascular diseases - multiple risk factors in the same individual

- High BP
- High Blood Sugar
- High Uric acid
- Dyslipidaemia
- Fatty liver

WHO/ISH risk prediction chart

- Enables integrated risk assessment and risk prediction for management of CVD
- Uses easily measurable indicators of risk to quantify the 10-year cardiovascular risk.
- These include
  - Gender
  - Systolic blood pressure
  - Smoking status
  - Type 2 diabetes mellitus and total serum cholesterol.
- Selects those who would benefit most from treatment, and guides the intensity and nature of drug treatment.

PATIENT PASSBOOK
Progress in the Pacific

<table>
<thead>
<tr>
<th>Countries</th>
<th>Training</th>
<th>Feasibility</th>
<th>Assessment &amp; Design</th>
<th>Reflux</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiji</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kiribati</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marshall Is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palau</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samoa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solomon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuvalu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonga</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vanuatu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks from Pacific Islands

- “We have now run short of anti-hypertensives and anti-diabetics”
- “I am afraid the cholesterol reagents may expire……… ”
- “There is no reason why statin should not be available at health centre level”
- “NCD not in PHC records”

Diabetes Mellitus

- Lack of treatment guidelines
- Comprehensive care is often absent
- End organ damage not adequately prevented
  - Blindness, amputations
  - Management of lipids
- Availability of drugs

Chronic respiratory diseases (COPD and Asthma)

- Country specific/region specific
- Availability of diagnostic equipment and drugs
- Capacity of health staff
- Tobacco cessation

Cancer control

- Screening
  - VIA based screening/opportunistic
  - Very limited capacity
  - Coverage- not getting those at risk
  - Inadequate infrastructure
- Lack of referral care - leads to difficulties after screening
- Late stage at presentation 75% in advanced stages

Palliative care

- Need of the hour in many countries
- Reduce pain and suffering
- Improve quality of life
- Availability of oral morphine
- Avoid “expensive palliation”

‘If you treat the disease, it is win or lose. If you treat the person you will always win.’
-Patch Adams
WHERE IS THE VALUE IN MEDICAL CARE?
Richard Smith (former editor BMJ)

• With medical care, it's easy to do a lot and end up subtracting, rather than adding value.
• Economic studies show that we are willing to pay huge amounts to fend off death for a few weeks, even if the quality of those weeks is horribly low.
• Most medical care costs arise in the last months of life, and the value seems to lie in keeping death at bay—or rather the perception that we are keeping death at bay.

NCDs in emergencies

• WPR countries have to deal with many emergencies (natural disasters)
• NCD services get affected
• Already poor, becomes worse in emergencies
• Defined packages for different phases

Early detection & treatment services across the levels of care

NCD management is for decades
• Insurance packages are not sensitive to NCD needs
• Financial protection is critical to compliance to treatment and for prevention of complications
• Catastrophic expenditures have to be avoided

Set of 9 voluntary global NCD targets for 2025

What is good?
Desire for universal coverage
Global push for universal health coverage
Package of Essential NCD Interventions - Generic drugs

What are the limitations?
NCD framework not defined adequately in health services
System limitations - concept of chronic care, human resources, drugs, technology
Market driven treatment - Profit sector

What is needed?
NCD services to be defined and incorporated in health services
Increase resources in primary care
Protocol based management
Universal Health Coverage

- **Access to good quality of needed services**
  - Prevention, promotion, treatment, rehabilitation and palliative care

- **Financial protection**
  - No one faces financial hardship or impoverishment by paying for the needed services.

- **Equity**
  - Everyone, universality

UHC and NCDs: Intertwined Agenda

- A brief introduction/refresher on UHC
- Country commitments to UHC
- Taking UHC as a whole of system approach to equitable and sustainable health improvement
- How NCDs maps onto UHC
- What next

Universal Health Coverage

- **Access to good quality of needed services**
  - Prevention, promotion, treatment, rehabilitation and palliative care

- **Financial protection**
  - No one faces financial hardship or impoverishment by paying for the needed services.

- **Equity**
  - Everyone, universality

Three Dimensions of UHC

- **Coverage mechanisms**
  - Include all services
  - Reduce cost sharing and fees
  - Population who is covered?

- **Financial protection**
  - What do people have to pay out of pocket?
  - The available funding will always be limited

- **Equity**
  - Which services are covered?
  - Choices have to be made; priorities have to be set

Sharing the common platform will increase efficiency of the individual programs and the whole system

UHC – core to WHO work

- **UHC in WHO’s history**
  - WHO’s constitution (1948)
  - Alma-Ata Declaration (1978)
  - WHR on Primary Health Care (2008)
  - Commission on Social Determinants of Health (2008)
  - WHR on Health Systems Financing: The Path to Universal Coverage (2010)

- **Post-2015 Agenda**
  - All countries (rich or poor) can make progress
  - Offers a way of sustaining gains and protecting investments of health-related MDGs
  - Accommodates the changing agenda for global health and other internationally agreed health goals, such as NCDs
  - Concerns health equity and the right to health

- Independent of post 2015 agenda, UHC remains core to WHO work
**Integrated, People-Centred Health Services**

Source: WHR 2008

---

**The Journey to Universal Health Coverage**

- **Early stage**: Making essential medicines and basic services available to all
- **Intermediate stages**: Expanding the package of services and improving quality and efficiency
- **Advanced stage**: Sustaining an adequate level of public funding

---

**Main Challenges**

<table>
<thead>
<tr>
<th>Early</th>
<th>Intermediate</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health System Reform</td>
<td>Expanding package of services, main responder to need</td>
<td>Reducing donor presence; streamlining vertical programs; vertical program coordination and integration needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Delivery</td>
<td>Expanding package of services, main responder to need</td>
<td>Reducing donor presence; streamlining vertical programs; vertical program coordination and integration needed</td>
</tr>
<tr>
<td></td>
<td>Introduction of legislation</td>
<td>Efforts to sustain donors, focus on the building of national capacity</td>
</tr>
<tr>
<td>Financing</td>
<td>Public funding</td>
<td>Public funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensuring availability of services to poor</td>
<td>Ensuring availability of services to poor</td>
</tr>
</tbody>
</table>

**UHC aspirations in WPR Member States**

- **Cambodia**: Health Sector Reform Framework to 2025: "Reach UHC by 2025: "a sector-wide/systemic approach to achieve a common goal - accessible, affordable, equitable, adequate health service to all people"
- **Lao PDR**: "The right to live in a healthy and environment and free access to primary health care."
- **Mongolia**: Health Sector Strategic Plan: 2006-2015 "Promote and uphold, primary, center, and quality services."
- **Philippines**: Universal Health Care Study Group, University of the Philippines: "Provide to every Filipino of the highest possible quality of health care that is accessible, efficient, equitable, affordable, adequately funded, fairly financed, and appropriately used by an informed and empowered public.
- **Vietnam**: Law on Health Insurance (2009)

---

**NCD is part of global M&E framework for service coverage component of UHC**

- **Coverage tracer indicators**: & Indexes
- **Promotion, prevention, treatment, rehabilitation, palliation**

---

**UHC aspirations in WPR Member States**

- **Malaysia**: One of 3 Key Result Areas: "Health Sector Transformation Towards A More Efficient & Effective Health System in Ensuring UNIVERSAL Access to Healthcare:"
- **Philippines**: "Provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitable, affordable, adequately funded, fairly financed, and appropriately used by an informed and empowered public."
- **Vietnam**: "Universal health insurance coverage up to 2020:"

---

**Equity, Efficiency, Sustainablility**

- **Public funding**: Maintain comprehensive service package and adjust to meet increased demand
- **Diversified public funding**: Sustaining an adequate level of public funding
- **Flexible public funding**: Expanding the package of services and improving quality and efficiency

---

**Source**: WHR 2008
MOH Strategic Plan 2011-2015

"To provide high quality health care delivery services by a caring and committed workforce with strategic partners... facilitating a focus on patient safety and best health status for all of the citizens of Fiji."

Health Sector Plan, 2008-2018

"Promotion of appropriate and affordable health services which enables equal access by all the people of Samoa."

PNG | Fiji | Samoa

National Health Plan 2011-2020:

Key Goal: Strengthened Primary Health Care for All and improved service delivery for the rural majority and urban disadvantaged.

"Promotion of appropriate and affordable health services which enables equal access by all the people of Samoa."

Population Health Model

Care
Coordinated

Self-managed

At Risk Population

Well Population

Population Health And The Care Continuum

Well Population → At Risk → Living with controlled chronic disease → Uncontrolled chronic disease

Community-based programs
Primary prevention

Screening • Early intervention
Secondary prevention

Self-management • Continuing care

Case • coordination • Complications management

Tertiary prevention & Disease management

UHC Action Pathway

Goal Equitable and Sustainable Population Health Improvement

Planning for Health System Development

Prioritization and Decision-points

Better health opportunities for all

Priorities based on equity, sustainability and efficiency

Service/Program and Policy Delivery

Health situation using equity lens

NCD a core part of UHC in the Region

- Promotion = health-in-all-policies; healthy lifestyles
- Prevention = risk factor detection and management
- Treatment = primary care and acute care
- Rehabilitation = institutional and community-based care
- Palliation = institutional and community-based care
Service/Program and Policy Delivery

Areas for Action – Integrated People-Centred NCD Management (PAHO 2013)
1. Self-Management Support
2. Delivery System Design
3. Decision Support
4. Clinical Information Systems
5. Healthcare Organization
6. Community Resources and Policies

Self-Management Support
- Patient participation in care planning
- Use of lay/peer educators
- Set goals for behaviour change
- Patient self-monitoring and self-reward
- Arrange social support

Delivery System Design
- Primary care based services
- Multidisciplinary team and care plan
- Referral network
- Monitor follow-up care (with recall)
- Case manager/coordinator for complex conditions
- Clinical audit and feedback

Decision Support
- Develop/adapt evidence based clinical guidelines – embed into practice settings
- Effective training methods for health workforce development
- Information and decision-support for patients and families

Clinical Information Systems
- Facilitate individual care planning and shared care
- Monitor response to treatment
- Supervise individual and groups of patients
- Reminders for providers and patients, include proactive care for population sub-groups
- Monitor performance of teams and care systems
Healthcare Organization/Facility

- Comprehensive ambulatory care programs, with multidisciplinary teams
- Hospital admissions (ASCs) prevention programs
- CQI systems and Incentives based on quality
- Open and systematic handling of errors and quality/safety problems, particularly prescribing
- SOPs for coordination within and across treatment settings and levels of care

Community Resources and Policies

- Encourage patients to participate in community programs
- Health provider/community organisation partnerships
- Policy advocacy to improve community care facilities
- Community care coordinator to oversee self-management and social support programs

History starts in the Middle: Where to start improving current systems and behaviours?

- Early stage: Expanding the package of services and improving quality and efficiency; clinical guidelines; self-management; care planning; audit and feedback; admissions prevention of ASC
- Intermediate stage: Making essential medicines and basic services available to all – primary care and community organizations
- Advanced stage: Sustaining an adequate level of public funding

The Challenge of Implementation

- Policy, financing, and service delivery design
- Provider behaviour change
- Patient and community health literacy
- Electronic health record as the communication glue

HOWEVER,

- Improving NCD management can transform health systems