WHO Health System Building Blocks: considerations for NCD prevention and control

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"A health system consist of all organisations, people and actions whose primary intent is to promote, restore or maintain health"

Goals:

- Improve health and health equity in ways that are responsive, financially fair and makes the most efficient use of existing resources
- Increase access and coverage
- Ensure quality and safety
Key challenges

- Double disease burden
- Low government budget for health
- High out of pocket expenditure for health
- Weak health systems management capacity
- Lack of enforcement of laws—laws on paper only
- Inadequate information system
WHO Health Systems Framework

**SYSTEM BUILDING BLOCKS**

- Service Delivery
- Health Workforce
- Information
- Medical Products, Vaccines & Technologies
- Financing
- Leadership / Governance

**OVERALL GOALS / OUTCOMES**

- Improved Health (Level and Equity)
- Responsiveness
- Social and Financial Risk Protection
- Improved Efficiency

Access
Coverage
Quality
Safety

Source: WHO, 2007
Desirable Attributes

• Service delivery
  – Effective, safe, quality interventions to those who need with minimum waste of resources

• Health workforce
  – Sufficient number, mix of staff
  – Competent, responsive, productive
  – Fairly distributed

• Medical products and technologies
  – Equitable access to safe, quality assured medicines and technologies and their cost-effective use
Number of health workers per 10,000 population by WHO regions, 1995 - 2004

Critical shortage of health workforce

Source: WHO. World Health Statistics 2010
Desirable Attributes

- **Financing**
  - Social health protection
  - Reduces OOPS
  - Increased financing
  - Equitable and efficient allocation of funds

- **Information**
  - Reliable and timely information

- **Leadership and governance**
  - Evidence-based policies and strategies
  - Oversight and accountability
High out-of-pocket expenditure on health

% out-of-pocket expenditure

Country: Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor Leste

Source: WHO. World Health Statistics 2010
**Health system has an important role at all stages— promotion, prevention, early diagnosis, treatment and long term care**

<table>
<thead>
<tr>
<th>Non-health sector</th>
<th>Health services</th>
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| **Health promotion, and prevention of NCDs** | - Important role: Hepatitis B immunization for prevention of liver cancer  
- Screening and treatment of pre-cancerous lesions to prevent cervical cancer  
- Education on healthy diet, physical activity, smoking cessation |
| Non-health sector actors have an important role to play, e.g, information, education, agriculture, sports, urban development |  
| **Early diagnosis** | Most interventions are health service related. *E.g,* screening for hypertension, diabetes, cervical cancer |
| School health, workplace programmes and others have a role to play |  
| **Secondary prevention, treatment and long term care** | Most interventions are health service related with an emphasis on PHC; Aspirin for MI, palliative care |
| Social sector has some role to play |  

Building Block 1: Service Delivery

• Define core set of cost-effective NCD interventions to improve access to essential promotive, preventive and curative NCD interventions

• Example:
  • Health promotion: counselling on physical activity, diet
  • Prevention: Hepatitis B vaccination, screening for cervical cancer
  • Early diagnosis, treatment: Screening and management of hypertension, diabetes
  • Follow-up and long term care, referral if needed

• Models of delivery: Synergies for service delivery within existing programmes, for example, cervical screening within MCH programmes
Building Block 2: Human Resources

• Provide training to enhance knowledge and skills for NCDs prevention and control

• Supervise

• Audit performance
Building Block 3: Medical products and devices:

- Develop an affordable list of essential medicines and appropriate technologies and increase access to medicines

<table>
<thead>
<tr>
<th>Thiazide diuretic</th>
<th>Ibuprofen</th>
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<tbody>
<tr>
<td>Calcium channel blocker</td>
<td>Codeine</td>
</tr>
<tr>
<td>(amlodipine)</td>
<td>Morphine</td>
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<tr>
<td>Beta-blocker (atenolol)</td>
<td>Penicillin</td>
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<td>Angiotensin inhibitor (enalapril)</td>
<td>Erythromycin</td>
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<td>Statin (simvastatin)</td>
<td>Amoxicillin</td>
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<tr>
<td>Insulin</td>
<td>Hydrocortisone</td>
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<tr>
<td>Metformin</td>
<td>Epinephrine</td>
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<tr>
<td>Glibenclamide</td>
<td>Heparin</td>
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<tr>
<td>Isosorbide dinitrate</td>
<td>Diazepam</td>
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<tr>
<td>Glyceryl trinitrate</td>
<td>Magnesium sulphate</td>
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<tr>
<td>Furosemide</td>
<td>Promethazine</td>
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<tr>
<td>Spironolactone</td>
<td>Senna</td>
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<tr>
<td>Salbutamol</td>
<td>Dextrose infusion</td>
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<tr>
<td>Prednisolone</td>
<td>Glucose injectable solution</td>
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<tr>
<td>Beclometasone</td>
<td>Sodium chloride infusion</td>
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<tr>
<td>Aspirin</td>
<td>Oxygen</td>
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<tr>
<td>Paracetamol</td>
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- Integrating procurement mechanisms
Building Block 4: Financing

- Identifying the right mix of interventions
- Costing of a core package of NCDs for national scale-up
- Raising additional funding via innovative financing (e.g. alcohol, tobacco taxes)
- Reducing OOPs

  • Efficient allocation between different levels of health care system
Building Block 5: Information

• Timely and reliable information

• Patient-centric information system for long term care that captures multiple morbidities—lessons can be learned from other programmes
Building Block 6: Governance and leadership

• Setting vision and policy directions
• Accountability

• Internal and external scrutiny/ review mechanisms to increase accountability and transparency
What is Universal Health Coverage?

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.
The Dimensions of UHC

• UHC may be defined as having three dimensions:
  
  • universal or a population dimension (who is to be covered)
  • health or a service delivery dimension (covered with which services)
  • affordability or a financing dimension (covered at what cost)

The principles of PHC are very relevant to informing strategic choices along these three dimensions: a benefit package that gives priority to the health needs of the poor and public health, delivered using appropriate technology and at sustainable cost.
SEARO Strategic Directions for UHC

- Placing PHC-oriented HSS at the centre of UHC
- Improving equity through social protection
- Improving efficiency in service delivery
- Strengthening capacities for UHC
Role of primary care is paramount for addressing NCDs

– Cost-efficient services

– Cultural and geographical proximity

– Personal relation between provider and patient

– Comprehensive continuum of care (prevention and promotion, early diagnosis and treatment and long term care)
Thank you.