Colombo Declaration

Strengthening Health Systems to Accelerate Delivery of Noncommunicable Diseases Services at the Primary Health Care Level

Endorsed at the Sixty-ninth Session of the WHO Regional Committee for South-East Asia on 9 September 2016 in Colombo, Sri Lanka

(SEA/RC69/R1)
We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Sixty-ninth Session of the WHO Regional Committee for South-East Asia in Colombo, Sri Lanka,

Concerned with the unacceptable and increasing trends of premature mortality, morbidity and disability caused by noncommunicable diseases (NCDs), primarily cardiovascular diseases, cancers, diabetes and chronic respiratory diseases in the South-East Asia Region;

Aware that cardiovascular disease, cancers, diabetes, chronic respiratory diseases and NCD risk factors all require a well-functioning health system and enabling environment to mount the appropriate common and disease-specific responses ranging from health promotion, prevention, early detection of risks and diseases to long-term care provision;

Cognizant of the fact that strengthening the delivery of integrated NCD management in primary health care is the best approach to achieve universal health coverage – beginning with those at highest risk and leaving no one behind; and that the health-care systems of Member States have the potential to be better organized to manage the demographic and epidemiological transition that underpins NCDs;

Realizing that integrated NCD management at the primary health care level would strengthen the frontline health services while reducing the fragmentation and duplication of the vertical health programmatic approach;

Acknowledging that effective NCD management at the primary health care level requires appropriate mobilization, allocation and management of resources to strengthen the building blocks of health systems, including finances, workforce, medicines and technologies, infrastructure and information systems;

Reaffirming the Global and Regional Voluntary Targets for NCD Prevention and Control, and the time-bound commitment to strengthen and reorient health systems to address NCDs through people-centred primary health care systems by 2016, which includes achieving the national and regional targets of 80% availability of essential NCD medicines and technologies and 50% of high-risk populations receiving drug and counselling therapies by 2025.

We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

1. Improve access to and quality of integrated NCD management at the primary health care level by:

   (a) Strengthening and upscaling key components of comprehensive NCD management at the primary health care level, including targeted screening for early diagnosis, health guidance and counselling to promote healthy choices and self-care, appropriate treatment, robust follow-up and management of referrals to secondary and tertiary levels of health care, and

   (b) Applying a risk-based approach, focusing on populations with high risks, and adapting the WHO PEN Interventions or other clinical protocols for screening, diagnosis and management of major NCDs (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases) to accelerate the expansion of NCD services particularly to low-access population groups.

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1 NCD management, hereby, refers to the process in dealing with all building blocks of the health system to provide comprehensive NCD service and care; ranging from prevention, promotion and rehabilitation as well as screening, early diagnosis and health education.
2. Ensure adequacy and efficiency of resource mobilization and allocation to NCD management at the national and subnational levels by:
   (a) Encouraging adequate budget allocation in the health sector for NCD management at primary health care services, and
   (b) Advocating for innovative and sustainable financing for NCD management, including dedicated taxation of health damaging commodities such as tobacco, alcohol and unhealthy foods and beverages, as an additional measure that can both reduce exposure to NCD risk factors as well as mobilize more resources for NCD prevention and control at the same time.

3. Address the availability and accessibility of competent health workforces to manage NCDs at primary health care level, by prioritizing:
   (a) The training and orientation of health workforce, based on defined NCD service delivery packages, especially frontline health workers and volunteers to provide a whole-of-family and life-course approach;
   (b) The promotion of participation of communities and local governments in comprehensive NCD management;
   (c) The inclusion of NCD as a training component of any competency-based curricula for all categories of primary health care workforce;
   (d) The support of multidisciplinary teams in health facilities with clear terms of function;
   (e) The investment in the production of the primary care health workforce that can effectively adopt multi-tasking to meet the human resource gaps;
   (f) Support of the primary health care level health workforce to accommodate the increasing workload associated with management of NCDs;
   (g) The assurance of high-level supervised care by increasing the consultant coverage for NCD care at the primary care health level.

4. Increase the availability of and access to essential medicines and basic technologies for NCD management at the primary health care level by:
   (a) Establishing, reviewing and updating the Essential Medicines List (EML) and devices needed to screen, diagnose and treat key NCDs at different levels of health care in line with standard treatment guidelines for NCDs;
   (b) Improving the affordability of essential medicines and basic technology for NCD management;
   (c) Strengthen the drugs and supplies monitoring system up to the primary health care level;
   (d) Reviewing and strengthening procurement policy and capacity, including guidelines, logistic information systems and monitoring mechanisms to ensure uninterrupted supply of essential medicines and diagnostic kits for NCDs.

5. Strengthen and integrate health information systems for NCD services at all levels by:
   (a) Developing patient tracking systems, preferably IT-enabled, to facilitate clinicians and other health-care workers to provide patient-centred continuous quality care;
   (b) Developing continuous patient record for NCD patients, and promoting use of quality of care indicators;
(c) Promoting research in need for NCD prevention and control, including implementation research;

(d) Instituting and strengthening surveillance of NCD risk factors and monitoring and evaluation mechanisms to regularly assess the progress.

6. Promote a multisectoral approach to address major social and environmental determinants of NCDs by:

   (a) Strengthening advocacy, partnerships and leadership with government agencies and non-State actors to address the major risk factors leading to NCDs, from early years of life;

   (b) Develop mechanisms for evolving and accelerating the implementation of risk-reduction strategies, healthy public policies and population-based interventions for tobacco, alcohol, high intake of saturated fats/trans fats, sugar and salt, and increasing intake of fruits and vegetables, promotion of physical activity and non-sedentary behaviour and promotion of healthy behaviours in the general population and in key settings at educational institutes, in particular through strengthening of school health programmes, as well as at workplaces and at community level;

   (c) Enhancing the roles of community-based organizations and community leaders in addressing the social determinants of health, taking into account the socioeconomic and cultural context.

7. Support knowledge and experience-sharing mechanisms, including national and international learning processes.

8. Establish a high-level national multisectoral taskforce to monitor and ensure the implementation of this Ministerial Declaration and report back in a timely manner.

   We, the Health Ministers of Member States of the WHO South-East Asia Region, request the WHO Director-General and the Regional Director for South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, United Nations agencies, relevant global health initiatives, bilateral and multilateral agencies, and with academia, professional bodies, civil society organizations, nongovernment organizations, related sectors and the media, to jointly advocate, provide technical and financial support, and effectively follow up on all aspects of this Colombo Declaration.