Ministerial Roundtable: Strengthening health systems response to address NCDs at the primary health-care level

Noncommunicable diseases (NCDs), which include cardiovascular diseases (CVD), cancer, diabetes and chronic respiratory disease (CRD), are the leading cause of death in the South-East Asia (SEA) Region, accounting for an estimated 8.5 million lives lost each year. Resilient and strong health systems are critical for NCD response. Health-care systems have evolved to respond to acute, infectious diseases and are not organized to manage the demographic and epidemiological transition towards NCDs. The presence of lifelong chronic disease and long-term comorbidities require not just a rethinking of service delivery but also reorientation of the entire health system in order to rise to the challenge of NCDs. A strong focus at the primary health-care level addressing all health systems building blocks is a key step for NCD response.

A regional consultation to strengthen the health systems response to address NCDs at the primary health-care level was held in Colombo, Sri Lanka, on 7–10 June 2016. All Member States of the WHO South-East Asia Region participated in the consultation. The outcome of the consultation is a proposal for a Draft Ministerial Declaration on Strengthening health systems to accelerate delivery of NCD services at the primary health-care level (Annex 1).

Member States were briefed about the genesis of the declaration and provided an overview of its aims and contents. Strengthening health systems focusing on all building blocks holds the key to responding to noncommunicable diseases. There is the underlining need to strengthen primary health care systems to achieve the time-bound commitment to strengthen people-centred health systems (target: 2016), the global voluntary targets for NCDs for 2025, and a one-third reduction of premature mortality by 2030 as envisaged in the Sustainable Development Goals (SDGs).

The Draft Declaration was presented to the HLP Meeting to be considered for further discussion as the agenda item for the Ministerial Roundtable on “Strengthening health systems response to address NCDs at the primary health-care level” at the Sixty-ninth Session of the Regional Committee in September 2016.
The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. It was discussed that the title of the Regional Committee agenda item may be reflected as “Strengthening health systems response to address NCDs at the primary health-care level”.

The recommendations made by the HLP Meeting for consideration to the Sixty-ninth Session of the Regional Committee are:

**Action by Member States**

(1) The Draft Declaration on Strengthening Health Systems to Accelerate Delivery of NCD Services at the Primary Health-Care Level will be proposed by the Honourable Minister of Health, Nutrition and Indigenous Medicine, Government of the Democratic Socialist Republic of Sri Lanka – the host country for the Sixty-ninth Regional Committee Session – through a formal advance communication to all honourable health ministers of the Region. Member States were requested to provide further feedback on the Declaration.

**Actions by WHO**

(1) Submit the Draft Declaration to the Ministry of Health, Government of Sri Lanka, and coordinate to incorporate any feedback from Member States ahead of the Regional Committee Session in Colombo.

(2) Communicate and coordinate with Member States over their preparation at the Ministerial Roundtable on the agenda item at the Regional Committee.

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth Session of the WHO Regional Committee for South-East Asia for noting.
Introduction

1. Noncommunicable diseases (NCDs), which include cardiovascular diseases (CVD), cancer, diabetes and chronic respiratory disease, are the leading cause of death in the WHO South-East Asia Region, accounting for an estimated 8.5 million lives lost each year. Following the 2011 UN High-Level Political Declaration on the Prevention and Control of Noncommunicable Diseases, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 in May 2013, with nine global voluntary targets to combat NCDs, and set an overall goal to achieve a 25% reduction in NCD mortality by 2025. Furthermore, the South-East Asia Regional Action Plan for the NCDs (2013–2020) was adopted during the Sixty-sixth Session of the Regional Committee on 13 September 2013, with an additional Regional Voluntary Target on household air pollution.

2. In 2014, recognizing the significance of health-care systems for the prevention and control of NCDs, Member States at the UN General Assembly adopted the UN Outcome Document on NCDs with four time-bound commitments; among them, the commitment to strengthen and orient health systems to address the prevention and control of NCDs through people-centred primary health care systems by 2016.

3. The 2030 Sustainable Development Goals (SDGs) aim at reducing premature mortality from NCDs by one-third. The SDGs include six NCD-related targets, three of which are directly related to the strengthening of health systems: (i) achieve universal health coverage (target 3.8), (ii) provide access to affordable essential medicines and vaccines for NCDs (target 3.b) and (iii) support research and development of vaccines for NCDs that primarily affect developing countries (target 3.b).

Current responses and challenges

4. Progress has been made on NCD prevention and control globally and in the South-East Asia Region since the 2011 UN High-Level Political Declaration. In line with the regional and global NCD action plans, Member States are at a varying level of progress in the development of their multisectoral plans. These multisectoral plans provide an opportunity to address NCDs in a comprehensive manner by tackling the major modifiable risk factors – alcohol, tobacco, physical inactivity, unhealthy diet and household air pollution – as well as strengthening health systems to respond effectively to NCDs.

5. By definition, NCDs are not one disease but a large group of diseases with commonalities and differences in characteristics. The interventions required are complex, based on management of chronic diseases over time. There is a heavy reliance on a well-functioning health system with robust building blocks. Diabetes, cardiovascular disease, stroke, respiratory disease and cancer all require a differentiated response as the system requirements for each differ. An NCD strategy needs to identify what issues are common across the whole health system (such as a focus on equity, social determinants of health, prevention, patient-centred approach, avoiding catastrophic costs and universal health coverage), what issues are common across the spectrum of NCDs (such

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1 By 2015: Consider setting national NCD targets for 2025
By 2015: Consider developing national multisectoral policies and plans to achieve the national targets by 2025
By 2016: Reduce risk factors for NCDs, building on guidance set out in the WHO Global Action Plan
By 2016: Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage building on guidance set out in the WHO Global NCD Action Plan
as chronic disease management, surveillance and prevention) and what issues need a disease-specific focus, particularly in clinical settings.

6. Health-care systems need a major focus to manage the demographic and epidemiological transition towards NCDs. Common health system challenges related to NCDs include inadequate commitment, poor governance and a lack of coordination, shortage of health workforce, weak data and information systems on NCDs, low access to essential and life-saving NCD medicines and technologies, weak supply chain management and irrational use of drugs, and inadequate and inefficient spending of the health budgets. Member States need to take progressive steps to address the systemic challenges at the primary health-care service level to achieve the 80% coverage target for essential NCD medicines and technologies, and the coverage targets of 50% for drug therapy and counselling by 2025.

The way forward

7. To effectively address NCDs, health systems require a strong primary health-care focus with NCD responses built inside existing health system building blocks, rather than creating new mechanisms. A holistic primary health-care system focus addressing the six building blocks within the specific context of each country is necessary to strengthen early detection and management of NCDs.

8. The presence of lifelong chronic disease and long-term comorbidities require reorientation of the entire health system. A strong focus on primary health care while addressing each component of health systems building blocks is a key step for NCD response.

9. The WHO Regional Office for South-East Asia organized a regional consultation on Strengthening Health Systems Response to Address NCDs in the South-East Asia Region in Colombo, Sri Lanka, on 7–10 June 2016 to discuss pragmatic steps to strengthen various components of the health systems and integration of NCD services at the primary health-care level. The outcome of the Regional Consultation is a proposed draft Ministerial Declaration on Strengthening Health Systems to accelerate delivery of NCD services at the primary health-care level (Annex 1).

10. The Draft Ministerial Declaration is being proposed to the Sixty-ninth Session of the Regional Committee for South-East Asia through the High-Level Preparatory Meeting. This is to be considered as part of the agenda for the Ministerial Roundtable on “Strengthening health systems response to address NCDs at the primary health-care level” at the Sixty-ninth Session of the Regional Committee for South-East Asia in September 2016.

Conclusions

11. Addressing the NCD burden requires a strong and sustainable health system. The approach to NCDs needs to be built inside health systems, moving away from the compartmentalization of health services, or “silos”, and towards integrated health services to improve care. This will advance universal health coverage by increasing the efficiency and effectiveness of service delivery. For this, a strong reliance on the primary health-care system is critical to address the needs of the people and not just the disease.
Annex 1

Draft Declaration

Strengthening health systems to accelerate delivery of NCD services at the primary health-care level

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 level of premature deaths, 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, chronic respiratory disease, cancer and diabetes, and NCD risk factors, all require a well-functioning health system able to mount the appropriate common and disease-specific responses ranging from risk and disease detections to long-term care provision;

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

Realizing that integrated NCD care at the primary health-care level can strengthen the frontline health services while reducing the fragmentation and duplication of the vertical health programme approach;

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

Reaffirming the Global and Regional Voluntary Targets for NCD Prevention and Control, and the time-bound commitment to strengthen and orient health systems to address the prevention and control of NCDs through people-centred primary health-care systems by 2016, which includes achieving the national and the regional targets of 80% coverage 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. **Increase access to and quality of integrated NCD services at the primary health-care level by:**
   
   i. Strengthening and upscaling key components of comprehensive NCD disease management at the primary health-care level, including targeted screening for early diagnosis, health education and counselling to promote healthy choices and self care, appropriate treatment, robust follow-up and prevention and management referrals and a defined service delivery model, and
   
   ii. Applying a risk-based approach, focusing on populations with high risks, and adapting the WHO PEN Interventions and other clinical protocols for screening and management of major NCDs (cardio vascular diseases, diabetes, cancers, and chronic respiratory diseases) to accelerate the expansion of NCD services particularly to low-access population groups;

2. **Ensure adequacy and efficiency of resources mobilization and allocation to NCD management at the national and subnational levels by:**
   
   i. Making a clear budget allocation in the health sector for NCD management at primary health-care services, and
   
   ii. 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 of and accessibility of competent health workforces to manage NCDs at primary health-care level, by prioritizing:**
   
   i. The training and orientation of health workforce, based on defined NCD service delivery packages, especially frontline health workers and volunteers who currently provide a whole-of-family approach,
   
   ii. The promotion of the contribution of communities and local governments in comprehensive NCD management at the primary health-care level, in particular the role of volunteerism at the community level in short- and long-term NCD care;
   
   iii. The engagement with training institutions and updating competency-based curriculum for integral NCD management,
   
   iv. The support of multidisciplinary teams in health facilities with clear terms of function, and
   
   v. The investment in the production of the primary care health workforce and support for competency-based task shifting to meet the human resource gaps;
4. **Increase the availability of and access to generic essential medicines and basic technologies for NCD management at the primary health-care level by:**
   
i. Establishing, reviewing and updating the Essential Medicines List (EML) and devices needed to treat key NCDs at different levels of health care in line with standard treatment guidelines for NCDs and human resource capacity, and
   
ii. Reviewing and strengthening procurement policy and capacity, including guidelines, logistic information system and monitoring mechanisms;

5. **Strengthen health information systems of NCD services at all levels by:**
   
i. Developing patient tracking systems, if possible IT-enabled, to facilitate clinicians to provide patient-centred continuous quality care,
   
ii. Developing continuous patient record for NCD patients, and promoting use of quality of care indicators,
   
iii. Instituting implementation research, including monitoring and evaluation of PEN services and other NCD-specific programmes;

6. **Promote a multisectoral approach to address major social determinants of NCDs;**

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

8. **Establish a high-level national 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, urge all Member States as well as the WHO Director-General and the Regional Director for South-East Asia 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, the related sectors and the media, to jointly advocate, provide technical and financial support and effectively follow up on all aspects of this Colombo Declaration.

Colombo, Sri Lanka, September 2016