Including NCD Interventions on the Road Towards Universal Health Coverage and Access

Transforming Health Systems Towards Optimal NCD management
Session 3 – PAHO Webinar Series on Tackling NCDs during COVID-19

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The Americas is the Region most affected by COVID-19

68,533,720 COVID-19 cases (as of 6 June 2021)

40% Of global cases are in the Americas region

1,798,954 COVID-19 deaths (as of 6 June 2021)

48% Of global deaths are in the Americas region
Noncommunicable Diseases are the Leading Causes of Death in the Americas

7.1 million estimated total deaths
5.8 million (81%) deaths caused by NCDs
34% NCD deaths are premature (30-70 years of age)

81% NCDs
9% Injuries
10% Communicable, maternal, perinatal and nutritional conditions
35% Cardiovascular diseases
24% Cancer
9% Respiratory diseases
5% Diabetes
27% Other NCDs

PAHO Mortality Database, 2020
The Region is Not on Target to meet the Global Goal to reduce NCD premature mortality by 25% by 2025

Unconditional probability of dying between 30-70 years old from one of the four main NCDs, by sex (2000-2016 with projections to 2025)

Source: PAHO, NCDs at a Glance: NCD mortality and risk factor prevalence in the Americas
COVID-19 Presents Greater Challenges for People with NCDs

• 325 million persons in the Americas live with a chronic condition

• People with hypertension, diabetes, chronic kidney disease or other NCDs at higher risk of developing COVID-19, and having severe cases of COVID-19

• Older age, hypertension, diabetes, COPD and CVDs were associated with greater risk of death from COVID-19 infection

• 6-fold higher hospitalizations for COVID-19 and 12-fold higher mortality from COVID-19 in those with NCDs and underlying conditions vs. those without, in the USA

• The COVID-19 pandemic has triggered a major mental health crisis
NCD Services Disrupted during the COVID-19 Pandemic in the Americas

Proportion of countries in the Americas reporting disruptions to NCD services

- **Cancer screening**: 21% (5-25%), 5% (26-50%), 26% (More than 50%)
- **Hypertension Management**: 25% (5-25%), 13% (26-50%), 13% (More than 50%)
- **Urgent dental care**: 20% (5-25%), 5% (26-50%), 25% (More than 50%)
- **Diabetes and Diabetic Complications Management**: 27% (5-25%), 9% (26-50%), 9% (More than 50%)
- **Asthma services**: 15% (5-25%), 10% (26-50%), 15% (More than 50%)
- **Cancer Treatment**: 18% (5-25%), 5% (26-50%), 9% (More than 50%)
- **Cardiovascular emergencies**: 5% (5-25%), 9% (26-50%), 5% (More than 50%)

Source: WHO. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic, April 2021
The COVID-19 Pandemic Offers an Opportunity to Strengthen Health Systems including for NCDs

**Governance**
- NCDs in national health plans and COVID response plans
- Policies for chronic care and risk factors

**Health financing**
- Coverage of NCD services in UHC benefit packages

**Medicines & tech**
- NCD essential medicines
- NCD technologies
- Utilize PAHO Strategic Fund

**Health workforce**
- Capacity building for primary care workforce in NCD management

**Service delivery**
- NCD services integrated in primary care
- Guidelines/protocols
- Referral networks
- Community support

**Health information**
- NCD indicators in health information systems
- NCD population-based surveys
A Systemic Approach to Improve NCDs as a Priority Program

1. Expanding access to health services
2. Strengthening stewardship and governance
3. Increase and improve financing
4. Strengthen intersectoral coordination

Applied to priority programs, including NCDs, according to country’s disease burden

Health coverage
Health system critical resources (HRH, medicines and other technologies)
Health service delivery organization
Intersectoral action with an impact on health

Access to health
Eliminating barriers to access health services for NCDs, etc.
Effective and equitable use of health services for NCD management
Coverage and access to intersectoral interventions to reduce NCD risk factors and manage NCDs

Health priorities
NCDs, COVID, maternal health, among others

Health Status

People- and community-centered health care

Health priorities: NCDs, Maternal Child, HIV, etc.
# Challenges for integration of NCDs

1. **Expanding access to health services**
2. **Strengthening stewardship and governance**
3. **Increasing and improving financing**
4. **Strengthening intersectoral coordination**

- **Disease-centered care**
- **Fragmentation of care**
- **Duplication of services**
- **Persistent barriers to access quality comprehensive health services**

# Sustainability-oriented actions

- Transition to a **model of care** that responds to people’s needs for NCD chronic care
- **Improve responsiveness** of First Level of Care for NCDs
- **Comprehensive health services** guaranteed by the health service network for higher level NCD services
- Action on structural barriers: focus on **groups in conditions of vulnerability** (key populations, migrants, the poor, indigenous populations)
- Empower people with information on decisions regarding their own health and health care
Challenges for integration of NCDs

- Program-based planning not aligned with national NCD plans and policies
- Weak stewardship role regarding NCD program aspects
- Weak inter-programmatic coordination

Sustainability-oriented actions

1. Expanding access to health services
2. Strengthening stewardship and governance
3. Increasing and improving financing
4. Strengthening intersectoral coordination

- Develop health plans and policies at the national level that include the NCD programmatic perspective
- Prioritize NCD services: definition of progressively expanded health services that reflect health priorities
- Strengthen leadership capacity of Ministry of Health for NCDs and create alliances with key stakeholders and develop normative, legal and regulatory frameworks
- Institutionalize inter-programmatic coordination for NCDs and other priority programs
Challenges for integration of NCDs

- Low public expenditure in health
- Vertical financing and budgeting: increased segmentation
- Inefficient and inequitable expenditure
- High OOP (for some NCD services)

Sustainability-oriented actions

1. Expanding access to health services
2. Strengthening stewardship and governance
3. Increasing and improving financing
4. Strengthening intersectoral coordination

- **Increase fiscal space for health:** comprehensive health system approach instead of program by program
- Comprehensive health services costed and financed
- **Integrate resources and budget** associated with NCD program into health system resources
- **Strategic purchasing, payment mechanisms** aligned with national health objectives for NCDs
- **Prioritize** the First Level of Care for NCD management
Challenges for integration of NCDs

- Weak intersectoral coordination of NCD policies
- Limited approach towards social determinants of health
- Insufficient attention to risk factors and lifestyle
- Weak community participation in policies and programs

Sustainability-oriented actions

1. Expanding access to health services
2. Strengthening stewardship and governance
3. Increasing and improving financing
4. Strengthening intersectoral coordination

- Strengthen the leadership in defining the NCD-related components of intersectoral policies
- Address social determinants of health and include intersectoral interventions in NCD plans
- Lead interventions on risk factors and lifestyles that go well beyond the health system including legislation, taxation, social communication
- Institutionalize mechanisms for involving people living with NCDs in the development of NCD policies and programs
PAHO/WHO TOOLS TO STRENGTHEN HEALTH SERVICES FOR NCDs

- Package of Essential NCD Interventions
- Hearts Technical Package
- Diabetes Management Module
- Maintaining services during COVID-19
- Digital health for NCDs
- Strategic fund for essential NCD medicines
- Cervical cancer guidelines
- NCD survey: Steps survey instrument
CONCLUSIONS

1. COVID-19 presents an opportunity to strengthen health systems and prioritize NCD services towards universal health

2. Strategic investments will be required for a transformed health system to respond to people’s needs for NCDs

3. Integrate NCDs in strengthened primary health care, including building capacity for service delivery

4. Utilize innovations with digital health and electronic medical records

5. Strengthen surveillance for NCDs, with resilient and comprehensive information systems for health including data on NCDs and related COVID-19 outcomes