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Improving the health system's response to NCDs: international comparisons

International Symposium on Research, Policy & Action
To Reduce the burden of Non-Communicable Diseases

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What responses does the health system need to make to NCDs ?

(1) Service delivery: re-structure and re-orientation from vertical disease programs, to integrated chronic disease management

- Multiple, often co-existent conditions
- Multiple episodes of care
- Multiple providers
- Combine screening, treatment, prevention, rehabilitation

What responses does the health system need to make to NCDs ?

(2) Health finance: increased demand for expenditure on health care due to ageing & NCDs

- Additional finance resources: insurance contribution
- Pooling to equalize risk
- Payment mechanisms with incentives for efficiency

What responses does the health system need to make to NCDs ?

(3) Workforce: new skills and increased numbers to manage chronic disease and new service delivery models

- Training in new skills
- New cadre of workforce for new roles
- Distribution of workforce between specialist and generalist and by location to ensure equity and efficiency

What responses does the health system need to make to NCDs ?

(4) Logistics / supplies

- Pharmaceuticals: broader range of medication required;
- regular supply and long term provision;
- regular review of regimes to avoid side-effects;
- process for decisions on new drugs and monitoring for side effects

What responses does the health system need to make to NCDs ?

(5) Health Information system

- Improved data on cause of death – more complex conditions;
- surveillance of risk factors for NCDs within population
- improved reporting of service utilisation, procedures undertaken;
- Medical records accessible to multiple providers

What responses does the health system need to make to NCDs ?

(6) Governance and leadership

- leadership in introducing new services and reforming system to address chronic disease
- governance and accountability of providers and funders for system performance
- leadership on engagement with other sectors and broader development agenda to address policy changes

How to assess health system response ?

Framework to assess Health System readiness to address NCDs (Robinson & Hort, 2011)

Four Elements

- Building political commitment and addressing health systems constraints .
- Re-orienting or developing new public policies in health promotion and disease prevention
- Developing new service delivery models appropriate for treatment of chronic conditions.
- Ensuring equity in access and payment for NCD services in an affordable & sustainable manner

How to assess health system response ?

Framework to assess Health System readiness to address NCDs (Robinson & Hort, 2011)

Four phases:

- Phase 1: Preliminary. Recognition of problem at political & community levels.
- Phase 2: Pilot programs. Political commitment and collection of evidence. Strategic plans.
- Phase 3: Scale up of programs. Partnerships. Inclusion in budgets & resourcing.
- Phase 4: Integration into health system. Sustainability

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NCD Response Framework

Element	Phase 1	Phase 2	Phase 3	Phase 4
Building commitment and addressing health systems constraints	Broadened awareness ; initial studies; advocacy strategy developed	Commitment from Govt; strategic plan developed	National NCD plan with HR, finance & pharmaceutical policies	National NCD policy incorporated into development strategy
Public policy in population health promotion	Determine overall strategic approach inside and outside government	Localized prevention activities with community engagement	Population wide prevention strategies; public policy changes	Community, business & industry engaged & supportive
Service delivery models	Identify high risk populations & potential strategies	Service delivery model pilots commenced	Scale up & expansion service delivery to whole population	NCD prevention, treatment, rehabilitation integrated into all services
Ensuring equity in access and payments for services	Examine equity issues for at risk populations	Service delivery addresses financial barriers for poor	Financial support to ensure access for disadvantaged	Ongoing monitoring of access, satisfaction , costs & equity

Bangladesh assessment 2011

Element	Phase 1	Phase 2	Phase 3	Phase 4
Building commitment and addressing health systems constraints	Signatory to FCTC; NGO network but weak coordination Low budget			
Public policy in population health promotion	National strategic plan for surveillance & prevention ; Tobacco Control Act	Localized prevention activities with some community engagement		
Service delivery models	Risk factor studies conducted	Service delivery model pilots commenced in few PHC centres Fragmented		
Ensuring equity in access and payments for services	Little concern for equity			

Fiji assessment 2012

Element	Phase 1	Phase 2	Phase 3	Phase 4
Building commitment and addressing health systems constraints	National NCD strategy	National cross ministerial committee + working groups to coordinate. Budget allocated		
Public policy in population health promotion	Tobacco Control Act	National promotion programs; taxation for tobacco, alcohol, & some foods. Regular surveys		
Service delivery models	Risk factor studies conducted	Nursing stations provide screening; diabetes clinics established; weak integration		
Ensuring equity in access and payments for services	Little concern for equity	All public services free of charge so little financial barrier		

Indonesia 2013 ?

Element	Phase 1	Phase 2	Phase 3	Phase 4
Building commitment and addressing health systems constraints	No National NCD strategy Tobacco & food industry opposition			
Public policy in population health promotion	Some restrictions on Tobacco smoking; limited IEC			
Service delivery models	Risk factor studies conducted Limited capacity at PHC for NCD care			
Ensuring equity in access and payments for services	Introduction of SJKN provides financial protection & includes NCD care			

Health System Opportunities

(1) Introduction of National Health Insurance program

- capitation payments encourage prevention
- Puskesmas acting as ‘gate-keeper’
- Service utilisation data from hospitals
- National commitment will focus attention on rising expenditure and NCDs as underlying cause

Health System Opportunities

(2) Regional variation

- Decentralization provides opportunity to tailor programs to different population health risk profiles in different areas
- Some regions need to focus on public health programs in MNCH, reproductive health and communicable disease control
- Other regions – urban, wealthier – could pilot different service integration models for chronic disease

Health System Opportunities

(3) Promotion / prevention

- Risk of being neglected in focus on UHC
- Proceed at pace accepted by public – need to invest in public awareness programs + build allies eg professional associations
- Engage potential opposition – industry, business
- Engage other Ministries and broader development and economic agenda.

Health System Opportunities

(4) Workforce

- Invest early in health promotion workforce with new skills in engagement, public policy, coalition building etc.
- Build care of trainers / supervisors with NCD prevention / education / treatment skills for existing workforce

Health System Opportunities

(5) HIS / Research

- Build on HIS investments and collect regular information / monitor changes
- Communicate research and surveillance data widely