



World Health
Organization



WEBINAR
DECEMBER 16, 2020 13-14:30 CET

No UHC without an Integrated Approach to NCDs



NCD HARD TALKS

NCD HARD TALKS
MAKING HEALTH SYSTEMS DELIVER
MAY 20, 2020 • 13-14:00 CET
WEBEX MEETING

ABOUT
Webinar series exploring pragmatic solutions, critical challenges, and lessons for strengthening health systems to deliver impact on noncommunicable diseases (NCDs).
The introductory session sets the stage for health systems strengthening for NCDs, providing context, rationale and broad solutions, and posing challenging questions with key insights from health system experts.

AGENDA

- Welcome and introduction to Webinar Series
- NCD Overview and COVID-19 as an amplifier for health systems response to NCDs
- Health System Response to NCDs: Building or Stumbling Blocks for Progress
Genetics, challenges and emerging solutions
- Complex NCD Services, Simple System Solutions
Managed status of challenging questions to past forward thinking
 - Governance and leadership
 - Access to NCD medicines and technology
 - NCD Services
- Questions from the audience

WHO HQ/NCD contact@legendofnhs.co.uk

NCD HARD TALKS
MAKING HEALTH SYSTEMS DELIVER
WEBINAR • JUNE 11, 2020 • 13-14:30 CET

COVID-19 and NCD: Deadly Interplay and Continuity Response

ABOUT
Health systems around the world face urgent, shared for cases of people with COVID-19, with critical challenges changing the delivery of health services.
People living with NCDs are at high risk of death or severely worsened if they have COVID-19, and the latter often cause severe disruptions in access to NCD services and health, which threatens a long-term response in health care NCDs.
This webinar explores the latest data and operational guidance, with key insights from experts on why progress may be slow to address the demands of the health system during the pandemic, and how to identify an adaptive, forward looking strategy inclusive of NCDs to build back better.

AGENDA

- Introduction and overview
- Double Trouble: Results of Global survey on disruption of NCD services during COVID-19
- Guiding Solutions: WHO guidance on maintaining essential health services with focus on NCD
- Timeline of addressing the Deadly Interplay: Hard Talk Panel
- Discussion
- Patient Rights: Real Steps in Building Back Better

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NCD HARD TALKS
MAKING HEALTH SYSTEMS DELIVER
WEBINAR • SEPTEMBER 16, 2020 • 13-15:30 CET

Biggest Burden, Where's the Money?

ABOUT
NCDs are the world's number one killer, and health systems are financially stretched to this. Globally, NCD services are most developed in high-income countries, but rapidly increasing burden in low-income countries is threatening NCD services. All can benefit, but who does pay? Planning, sharing of essential health services and financing is key to ensuring NCD and health services in country.
The critical success of disease health systems depends on the design and delivery of financing of NCD and health services, where country realities and operational guidance is key to sustainable health systems.
NCDs, however, require a pooled approach to financing, including a range of financing mechanisms and a range of financing mechanisms and a range of financing mechanisms.

AGENDA

- Introduction and overview
- NCDs: Out of sight, Out of mind...and Out of pocket
- Community: Elements that are breaking the bank
- All can benefit, but who does pay?
- Planning, sharing of essential health services and financing is key to ensuring NCD and health services in country
- Funding on NCD Patients: High Potential, High Potential
- Patient Rights: Real Steps in Building Back Better

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NCD HARD TALKS
MAKING HEALTH SYSTEMS DELIVER
WEBINAR • OCTOBER 21, 2020 • 13-14:30 CET

TO TREAT OR NOT TO TREAT
DRIVING EQUITABLE ACCESS TO NCD MEDICINES

ABOUT
Non-communicable diseases (NCDs) are the leading cause of death and disability worldwide. NCDs are preventable and treatable, but access to medicines is a major barrier to NCD prevention and treatment. This webinar explores the latest data and operational guidance, with key insights from experts on why progress may be slow to address the demands of the health system during the pandemic, and how to identify an adaptive, forward looking strategy inclusive of NCDs to build back better.

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NCD HARD TALKS
MAKING HEALTH SYSTEMS DELIVER
WEBINAR • NOVEMBER 18, 2020 • 13-14:30 CET

Building an NCD Ready Workforce

ABOUT
NCDs are the leading cause of death and disability worldwide. NCDs are preventable and treatable, but access to medicines is a major barrier to NCD prevention and treatment. This webinar explores the latest data and operational guidance, with key insights from experts on why progress may be slow to address the demands of the health system during the pandemic, and how to identify an adaptive, forward looking strategy inclusive of NCDs to build back better.

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NCD HARD TALKS
MAKING HEALTH SYSTEMS DELIVER
WEBINAR • DECEMBER 16, 2020 13-14:30 CET

No UHC without an Integrated Approach to NCDs

ABOUT
NCDs are the leading cause of death and disability worldwide. NCDs are preventable and treatable, but access to medicines is a major barrier to NCD prevention and treatment. This webinar explores the latest data and operational guidance, with key insights from experts on why progress may be slow to address the demands of the health system during the pandemic, and how to identify an adaptive, forward looking strategy inclusive of NCDs to build back better.

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- This webinar will be **recorded**.
- **Links to the recording** and all slides will be shared.
- Please participate in the discussion by sharing your **questions in the Q&A box**. Experts are invited to type their answers throughout the session.
- General comments can be shared in the **chat box**.
- **Please be respectful** - we are here to learn and exchange ideas.



No UHC without an Integrated Approach to NCDs



Agenda

- Welcome
- Delivering on the promise
- PHC on the road to UHC: What will it take?
- Country Reality: Iran
- NCD Hard Talk Panel

Nothing for us without us: People at the center of it all

Prioritizing NCDs in UHC Benefit Package

Integration in Practice: Operationalizing service delivery models for NCD

*NCD Towards UHC? Donor perspectives on support
for integrated service delivery*

- Discussion and Q&A



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Delivering on the Promise

Dr Bente Mikkelsen

Director

Department for Noncommunicable Diseases
WHO HQ



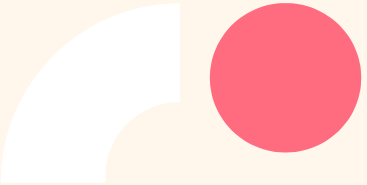
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MAKING HEALTH SYSTEMS DELIVER

Bente Mikkelen
Director, NCDs
WHO





“We, Heads of State and Government,
commit to progressively cover
1 billion additional people by 2023 with
quality essential health services and
quality, safe, effective, affordable and
essential medicines, vaccines,
diagnostics and health technologies,
with a view to covering all
people by 2030”

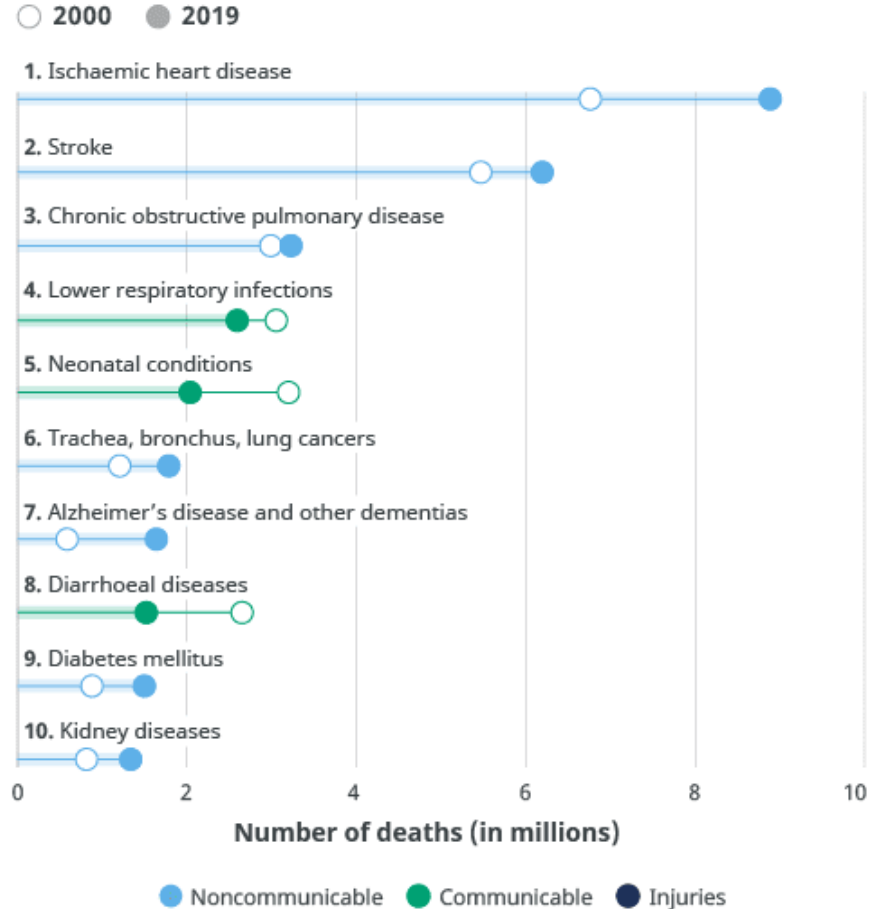


UNGA
2019



At a global level,
7 of the 10 leading causes
of death in 2019 were
NCDs

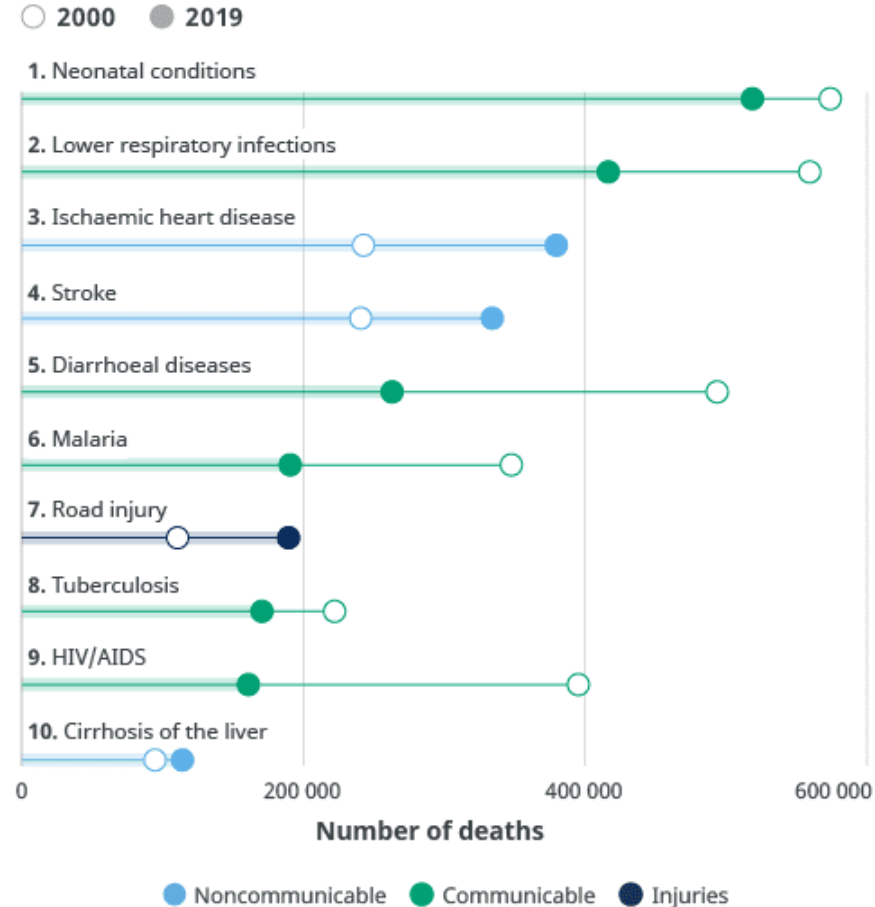
Leading causes of death globally



Source: WHO Global Health Estimates.

People living in low-income countries are far more likely to die of a communicable disease than an NCD. But 3 of the 10 causes of death in low-income countries are NCDs.

Leading causes of death in low-income countries



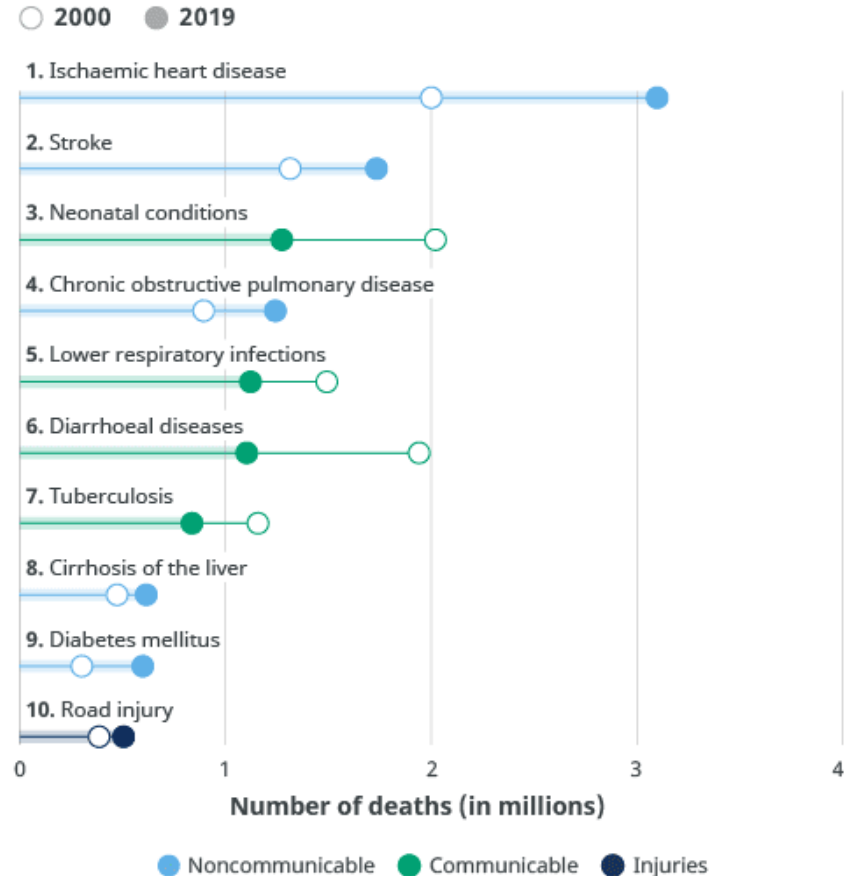
Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

People living in lower-middle income countries are more likely to die of a noncommunicable disease than a communicable disease.

Five out of 10 causes of death in lower-middle-income countries are NCDs.

Diabetes is a rising cause of death in this income group: the number of deaths from this disease has nearly doubled since 2000.

Leading causes of death in lower-middle-income countries



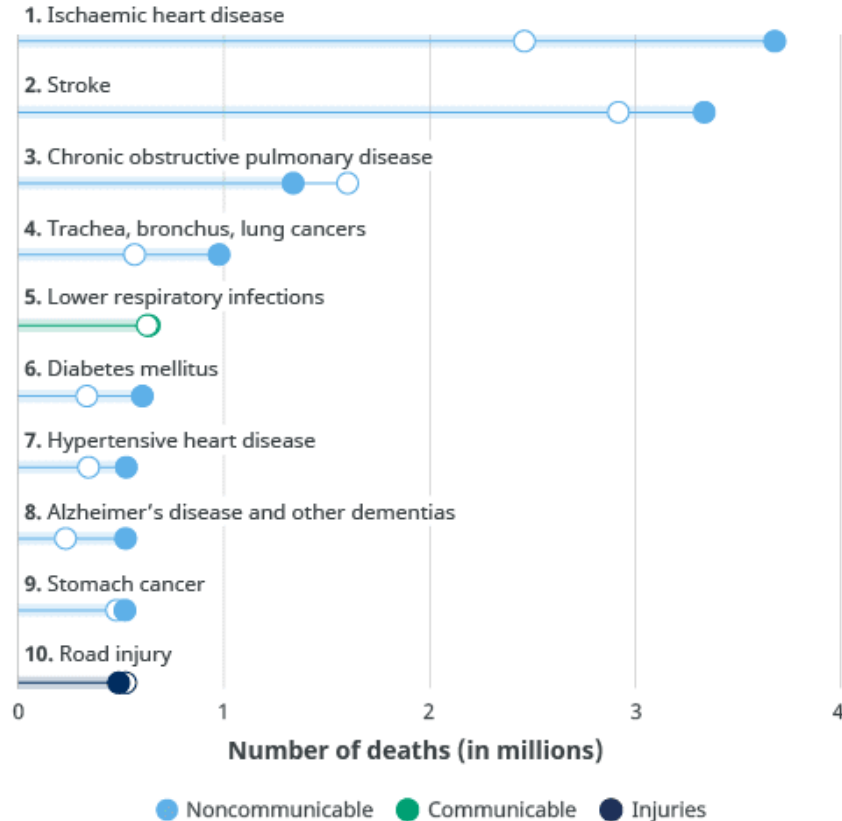
Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

People living in upper-middle-income countries are far more likely to die of a noncommunicable disease than a communicable disease.

There has been a notable rise in deaths from lung cancer. In addition, stomach cancer features highly in upper-middle-income countries.

Leading causes of death in upper-middle-income countries

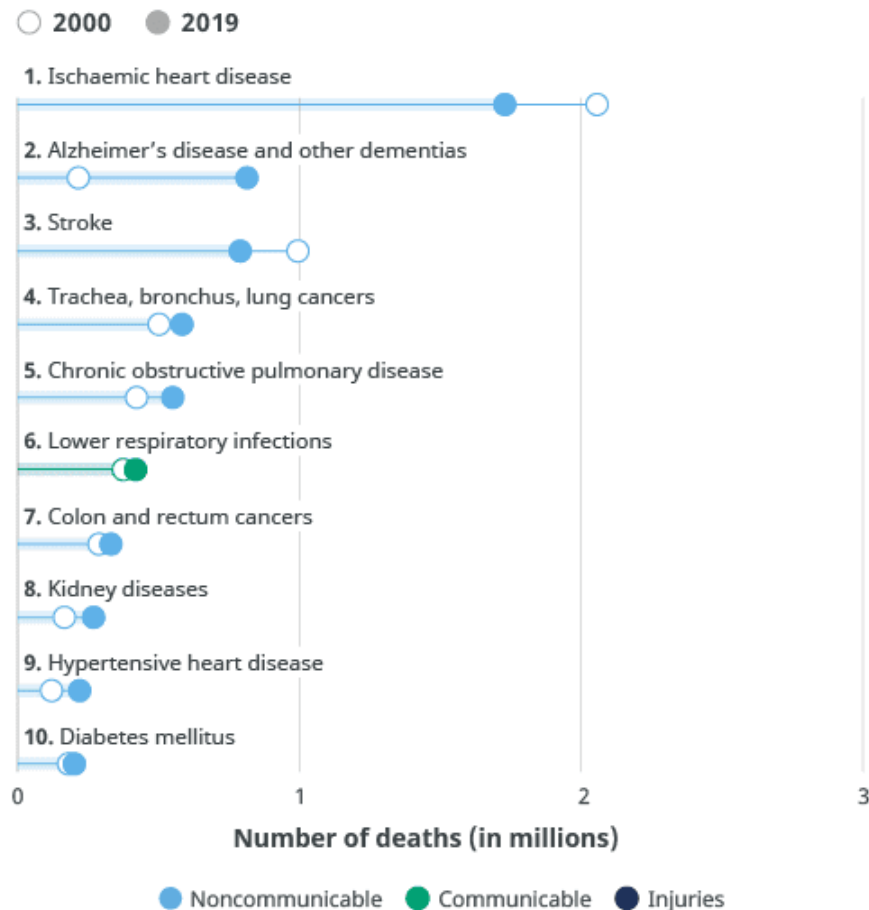
○ 2000 ● 2019



Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

For people in high-income countries, deaths are increasing for all top 10 diseases except two

Leading causes of death in high-income countries



Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

Biggest possible health impact and economic returns of investment



An additional

US\$ 1.27

per person per year in low- and lower-middle-income countries is needed to implement the WHO Best Buys

What will low-and lower-middle-income countries get for this investment?



US\$ 1 US\$ 7

Every **US\$ 1** invested in the WHO Best Buys will yield a return of at least **US\$ 7** by 2030



15%

A 15% reduction in premature mortality could be achieved by 2030 by implementing the WHO Best Buys



17 M

Implementing the WHO Best Buys will prevent over 17 M cases of ischemic heart disease and stroke by 2030 in low- and lower-middle-income countries



8.2 M lives

can be saved by 2030 in low- and lower-middle-income countries by implementing the WHO Best Buys



Implementing the WHO Best Buys can generate

US\$ 350 B

in economic growth between now and 2030

BIGGEST ENEMY:

Impact of economic, market and commercial factors

- **Interference by industry impedes a number of governments in implementing some of the best buys and other recommended interventions for the prevention and control of noncommunicable diseases.**
- **Multinationals with vested interests regularly interfere with health policy-making, for instance by lobbying against implementation of the best buys and other recommended interventions, working to discredit current scientific knowledge, available evidence and reviews of international experience, and bringing legal challenges to oppose progress.**
- High-income countries that use trade promotion to increase exports of, tobacco products, alcoholic beverages and sugar-sweetened beverages to low-income and lower-middle-income countries rely on multinational companies to “responsibly market” their products that are deleterious to health. In the target countries, however, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing risk factors for noncommunicable diseases, are often absent.
- Some countries show limited interest in pursuing policy coherence and reflecting the interconnectedness of promoting a multilateral trading system under WTO with promoting the prevention and control of noncommunicable diseases in their international development policies as two sides of the same coin in terms of achieving the indivisible Sustainable Development Goals.



Bente Mikkelsen
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PHC on the Road to UHC

What will it take?



Dr Suraya Dalil

Director, Special Programme on PHC, WHO



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Department for
Noncommunicable Diseases

Action for Impact:

NCD integration into PHC and UHC

Dr Temo Waqanivalu

Unit head, Integrated Service Delivery
Department for Noncommunicable Diseases
WHO HQ



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NCD in Primary Healthcare on the road to UHC

Dr Temo Waqanivalu

Department for Noncommunicable Diseases
Integrated Service Delivery Unit



World Health
Organization



Noncommunicable diseases cause 15 million premature deaths per year.

30% The risk of dying from a major NCD between the ages of 30-70, by country, is depicted here, and shows the huge disparities between rich and poor countries.

20%

10%

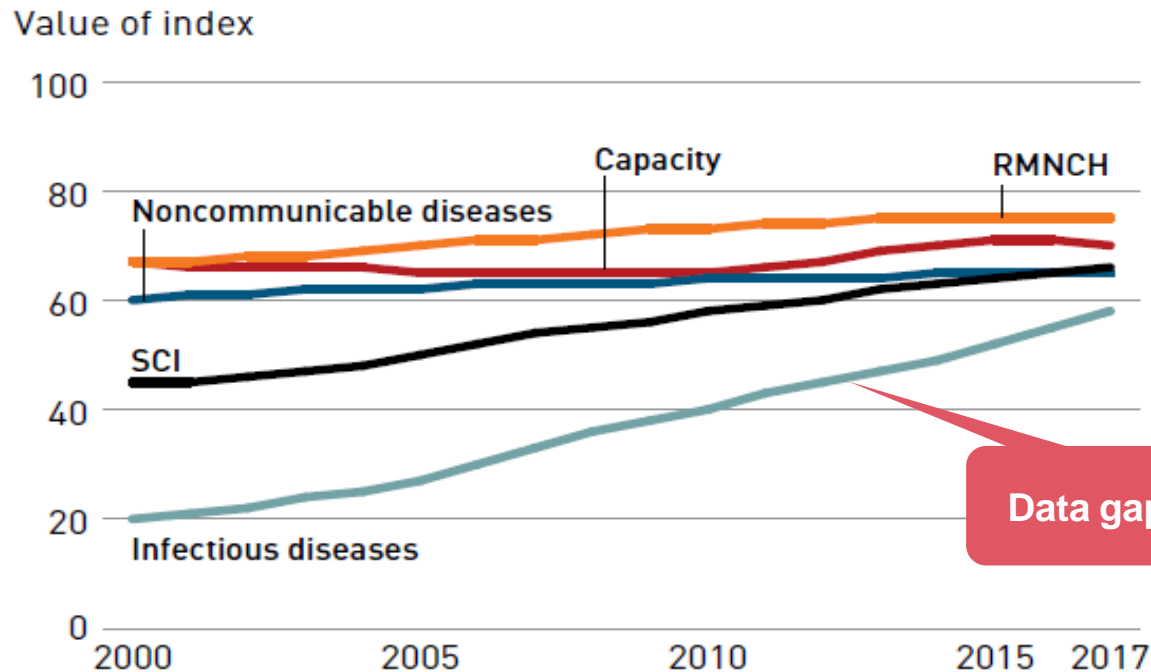
Japan, Rep of Korea: 8%

Fiji, Yemen: 31%



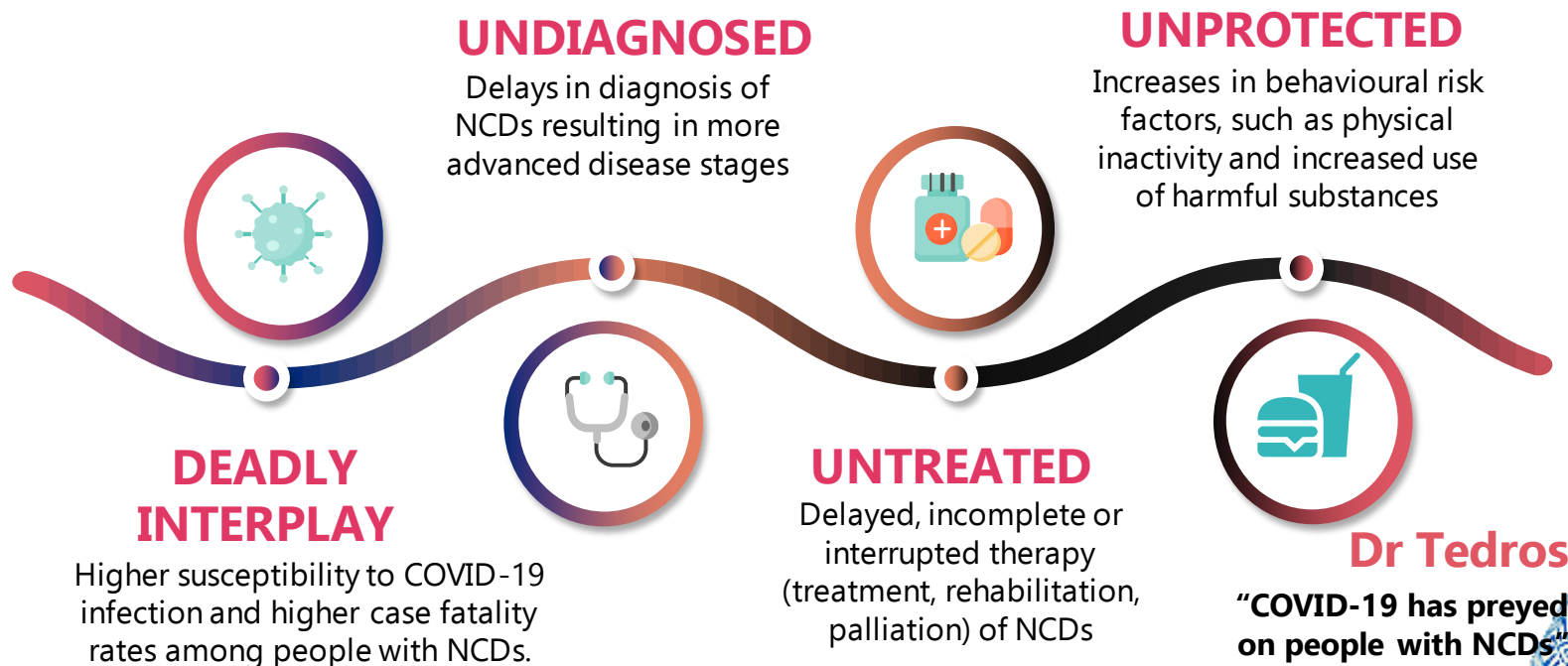
NCD Services: Lagging behind

Rapid improvements in coverage of infectious disease in UHC packages since 2000, vs relatively little change on NCDs



Primary Healthcare on the road to UHC, 2019 Monitoring Report

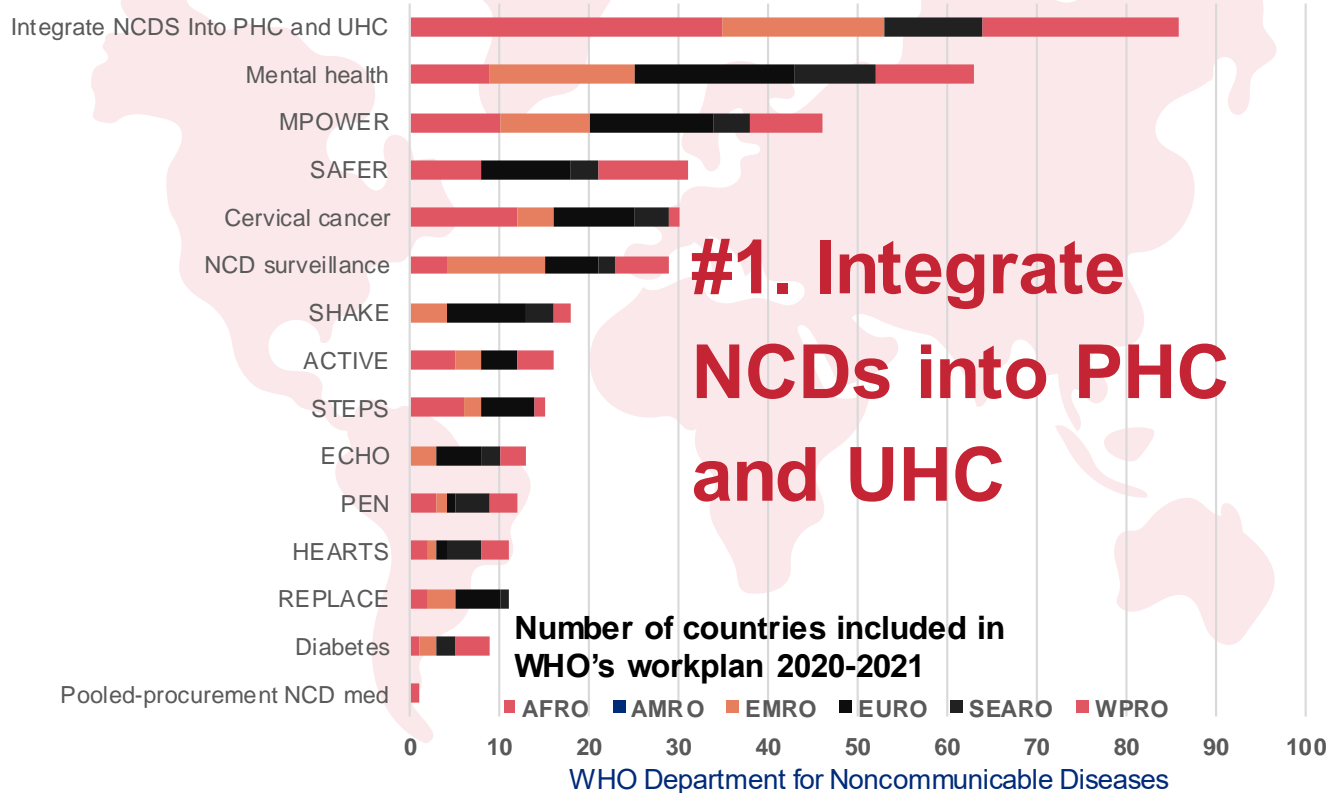
COVID-19 is negatively impacting people living with or affected by NCDs



Dr Tedros
"COVID-19 has preyed on people with NCDs"



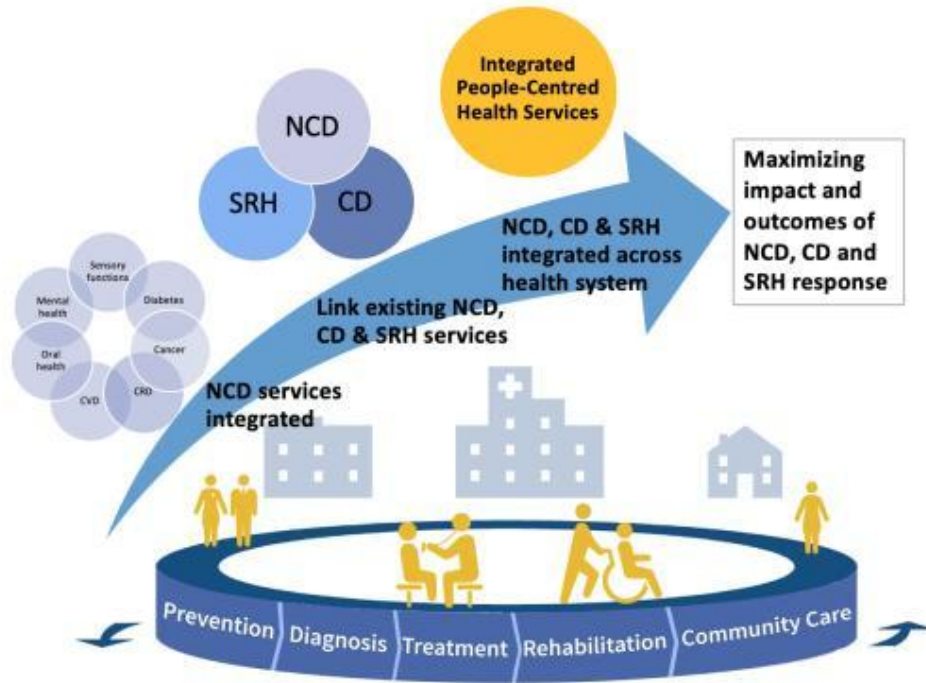
Member States' TOP DEMANDS for technical assistance



We need a paradigm shift and build back better by including the prevention, screening, early diagnosis and appropriate treatment of NCDs as a part of PHC for UHC.

Dr Tedros, 14 July 2020

What does it mean?



Integration continuum

The WHO working definition of integration is: *“The organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.” (WHO, 2008).*

- Integration of NCD preventive, curative and rehabilitative services
- Integration of services for NCDs, CDs and SRH: addressing comorbidities/multimorbidity
- Integration of services for NCDs, CDs and SRH throughout the health system

Key solutions to strengthen health system response to NCDs



Governance

- NCD in NHPSP
- Integration Policy
- NCD Investment Case



Health financing

- NCD in UHC Benefit package
- Leverage Domestic Financing



Medicines & tech

- Intensify Advocacy
- Pricing and Affordability
- Procurement and Supply Chain Mngt.



Health workforce

- NCD Competency Framework
- NCD Workforce planning
- Capacity building



Service delivery

- Integrated Chronic Care
- Community Mobilization

Health information

How to do it ?

Using Framework of 26 evidence based strategic actions :

- **Strengthen Upstream policy initiatives**, such as strategic planning and resource allocation, benefit packaging and payment systems.
- **Service provider engagement**, such as primary health service management, organization and coordination, and essential health service packaging at level of healthcare facilities.
- **Human resource and capacity interventions**, particularly in settings with limited health workforce and financial resources.



	DOMAIN	ACTION
I	Integration Policy	Action 1. Provide a favorable and stable policy environment Action 2. Foster an enabling policy environment beyond primary health care integration reform
N	National Leadership	Action 3. Create and support an NCD service integration transformation team Action 4. Ensure community and patient involvement at all levels
T	Transformation Management	Action 5. Foster an organizational culture supportive of quality leadership and collective action Action 6. Provide transformational leadership and good change management Action 7. Ensure strong operational management and human resources development
E	Engagement of Providers	Action 8. Clarify roles and functions of providers Action 9. Actively build multi-disciplinary NCD integration teams Action 10. Provide integration training that is comprehensive, tailored, flexible and interactive Action 11. Implement effective coordination, supportive supervision, and mentoring Action 12. Engage with managers and providers throughout the implementation lifecycle
G	Goodness of Fit	Action 13. Assess health system functioning, strength and readiness for change prior to integration Action 14. Ensure planned NCD service integration is compatible, acceptable, feasible and has "goodness of fit" with existing services
R	Resource Management	Action 15. Provide adequate infrastructure for delivering integrated NCD care Action 16. Ensure funding is provided for structural resources, software requirements and service models Action 17. Develop strong procurement systems to meet NCD integration requirements
A	Alignment of Systems	Action 18. Align political, institutional and health systems, with required resources Action 19. Harmonize funding models and sources with national health plans and NCD service integration
T	Technology for Integration	Action 20. Consider how best to use information and communications technology (ICT) systems to support health information exchange Action 21. Develop a well-regulated information exchange system, including organizational agreements and training Action 22. Create systems that share patient information in one place Action 23. Facilitate ICT training to support provider use of electronic information systems
E	Evaluation and Monitoring	Action 24. Implement monitoring systems to track NCD service integration and service, patient, and population outcomes Action 25. Develop measurements and monitoring that are patient-centered Action 26. Monitor ICT use to ensure it facilitates integrated service delivery

What will it take?

COMMUNITIES
AND PEOPLE



Technology



**INTEGRATED NCD
Service Delivery for
people-centred care**

**National
Guidelines**

**Medicines
Access**



**NCD Ready
Workforce**



**Prioritized NCDs in
Benefit Package**



**National Health
Sector Plan**



**NCD
Plan**

Culture

Political
context

NCD in UHC: Hypertension control as a pathfinder for UHC

- High blood pressure is the world's leading cause of death.
- Treatment for HTN is safe, effective, and low cost, and yet, most people with hypertension do not have it controlled.
- **Better DIAGNOSIS, TREATMENT, AND CONTINUITY OF CARE** are all needed to improve HTN control rates.

WHO signature solutions to scale up treatment



WHO Global HEARTS Initiative

- Global Hearts is an initiative spearheaded by the WHO involving various global actors, including the US Centers for Disease Control and the Initiative Resolve to Save Lives.



WHO-Package of Essential NCD interventions for PHC (WHO-PEN)

- Integrated approach for NCD service delivery in low-resource settings for efficient use of limited resources.
- Adaptation to country settings and health care delivery systems and other disease service delivery models.

1 billion more people benefitting from universal health coverage

What WHO is doing to bring NCD treatment and care to all who need it



ONGOING: Global initiative to promote cardiovascular health



NOV 2020: Global initiative to eliminate cervical cancer



ONGOING: Global initiative to increase childhood cancer survival rates



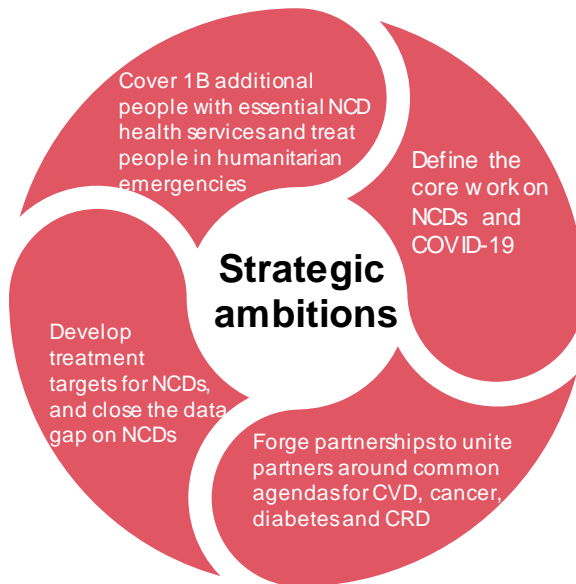
APR 2021: Global compact to increase access to treatment for diabetes



ONGOING: Global project to integrate and scale up NCDs in health services



2021: Global initiative to promote breast health



Cross-cutting functions

Governing Bodies

WIN/NCD Network

NCD surveillance

Operational research

2022: Global initiative to promote lung health



2022: Global initiative to end childhood caries



2021: Global initiative to improve data and strategic information on SDG 3.4



2021: Global compact to integrate rehabilitation in health services



2021: Global initiative to promote eye health and hearing



2021: Global initiative to make health services accessible for people with a disability





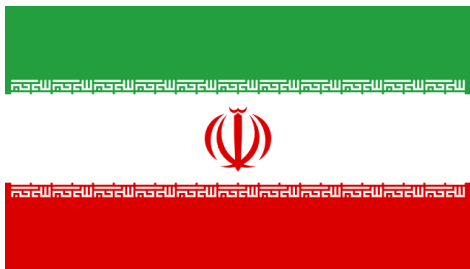
Thank you

waqanivalut@who.int



NCD HARD TALK PANEL

**No UHC without an
integrated approach to NCDs**



Country Reality

Dr Farshad Farzadfar

Head of NCD Research Center of Tehran

University of Medical Sciences, Member of National NCD Committee



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**No UHC without an
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Nothing for us without Us:
People at the center of it all



Dr Fasika Shimeles Teferra

Founder & CEO, Crohn's and Colitis Organization in Ethiopia



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Integrated Approach to NCDs**

Prioritizing NCDs in UHC Benefit Package



Professor Ole Frithjof Norheim

Department of Global Public Health and Primary Care
University of Bergen



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Prioritizing NCDs in UHC Benefit Package

Ole F. Norheim

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Department of Global Public Health and Primary Care, University of Bergen
&
Department of Global Health and Population
Harvard T.H. Chan School of Public Health

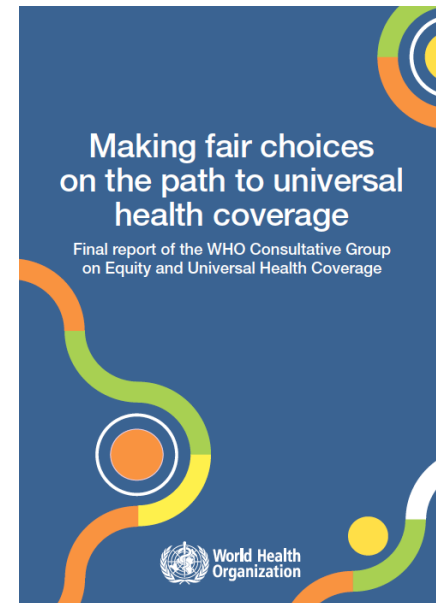
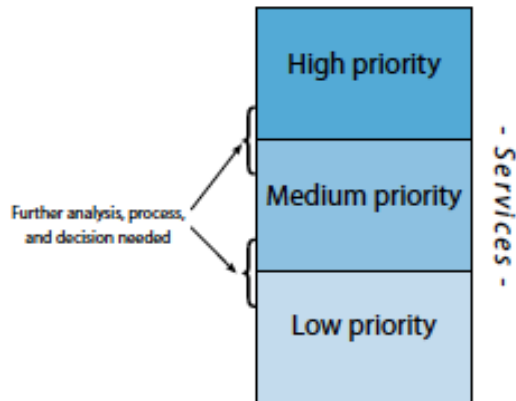


SCHOOL OF PUBLIC HEALTH

Department of Global Health
and Population

Fair priority setting

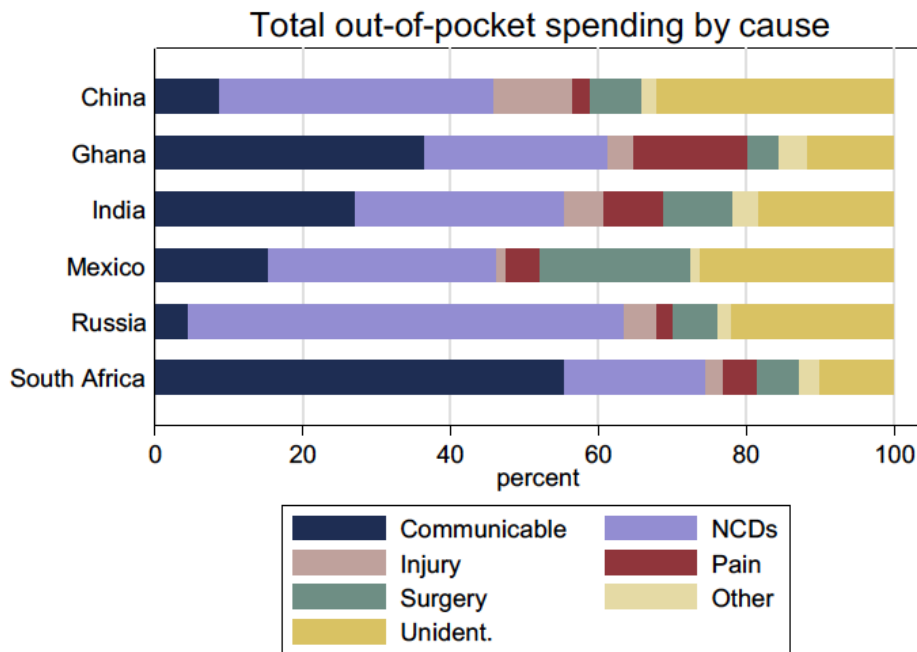
1. Cost-effectiveness
2. Priority to the worst-off
3. Financial risk protection



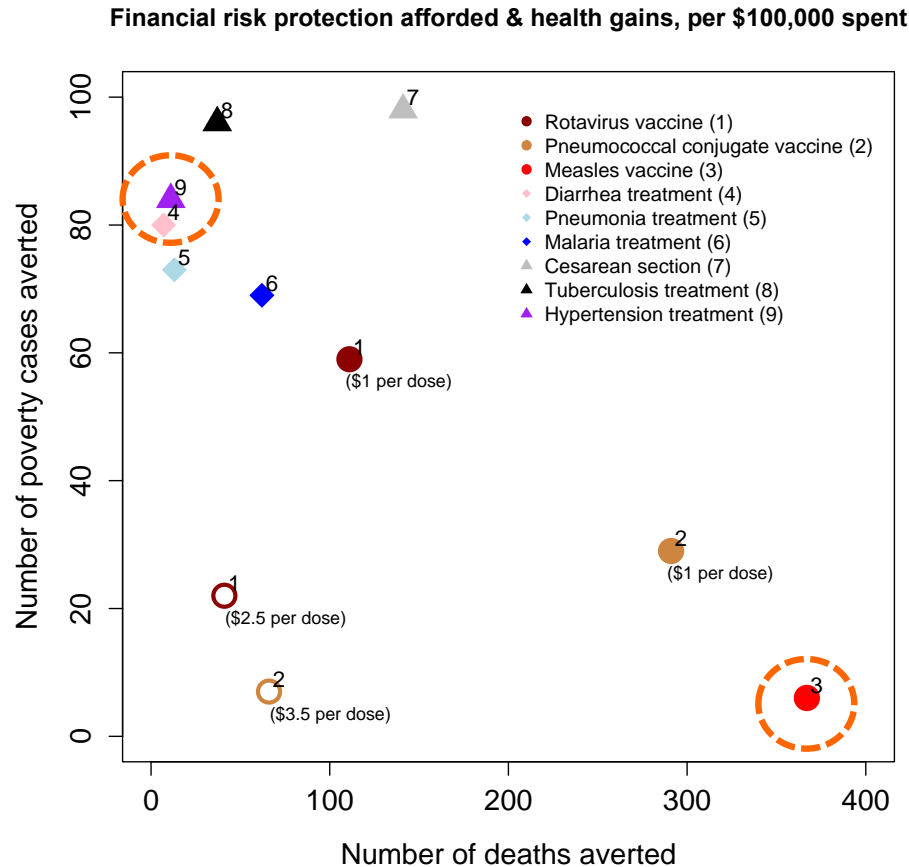
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Financial risk protection

Example: distribution of OOP costs, per disease area



Financial risk protection: trade-offs



Comparison of nine interventions publicly financed in Ethiopia

(Source: Verguet et al. Tutorial: Extended Cost-Effectiveness Analysis Pharmacoeconomics 2016)

Integrated care and delivery platforms

- A range of equitable and cost-effective interventions
- Level of care
- Implications for training and clinical practice guidelines
- Don't forget primary care as entry point for most services

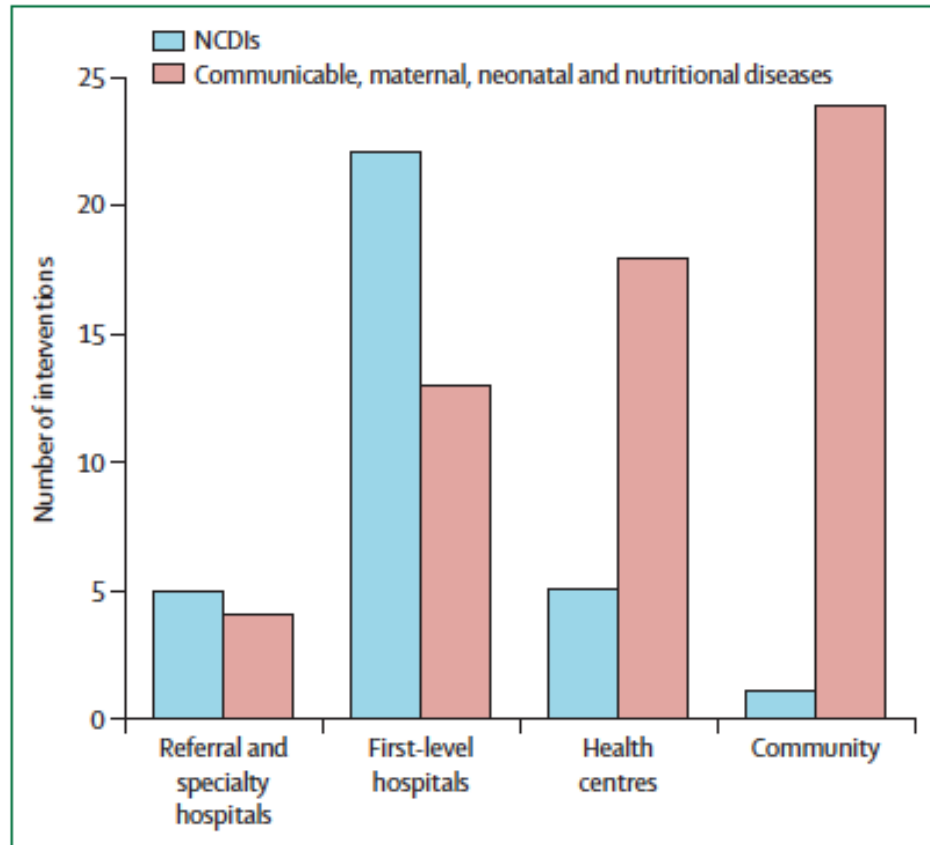


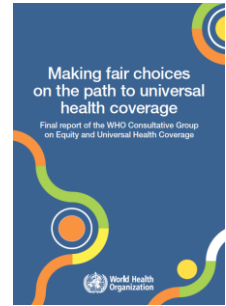
Figure 10: Number of equitable and cost-effective interventions by level of health system health centres

Calculations based on data from Disease Control Priorities 3rd edition.¹¹⁸ Includes conditions ranked 4 on equity and either 4 or 3 on cost effectiveness.

NCDI–non-communicable disease and injury.

Summary

- Define essential NCD services
- Expand coverage for *essential* NCD services to everyone
- Three criteria
 - Cost-effectiveness
 - Priority to the worst-off (equity)
 - Financial risk protection



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**No UHC without an
Integrated Approach to NCDs**

Integration in practice:
Operationalizing service
delivery models for NCD



Dr Gene Bukhman

Director, Program in Global NCDs and Social Change
Harvard University



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NCD towards UHC?

Donor perspectives on support for
integrated service delivery



Ms Erika Placella

Deputy Head of Global Program Health
Swiss Agency for Development and Cooperation



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NCD HARD TALKS: DISCUSSION

Questions?

Please type them in the Q&A box



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STRENGTHENING NCD SERVICE DELIVERY THROUGH UHC BENEFIT PACKAGE

14-15 JULY 2020, GENEVA, SWITZERLAND



7. COUNTRY EXPERIENCES AND LESSONS LEARNED

National and WHO experts presented on the experiences of several countries that are leading the way in working to integrate NCDs into UHC benefits and health care delivery. Ethiopia, Ukraine, Pakistan and Somalia. Experts also reflected on regional considerations and experiences.



6. FINANCING UHC BENEFIT PACKAGES

Dr. Agnes Flesch discussed key points on financing UHC benefit packages. A key conceptual point in the presentation is that financing is often confused with funding. Financing is not simply about mobilizing financial resources. Instead, it also includes the instruments and institutions that together lead to the best use of available resources. In addition, financial access and financial protection are at central to the health financing conversation.

HEALTH FINANCING INCLUDES THREE MAIN FUNCTIONS:

- Raising revenue** (for disease specific), including:
 - User payments: These are patient specific, and represent the care that people demand and for which they are ready to pay. User payments are a massive driver of spending for NCDs.
 - Tax revenue: In contrast, tax revenues are society specific and represent a return on what the collective pays (indirect tax). This varies across countries (including different levels of taxation, even at local levels of country development).
- Paying for** disease specific of funding through a common set of rules, an information system, and willingness to your money into a single pot and delegates the purchasing of health care to a third party. For example:
 - Health insurance: This function provides some protection intended for non-urgent and unpredictable health events. It is not well suited for the common non-critical medicalities of population based NCD prevention, particularly where one needs to provide access.
 - Social insurance based: Most countries have a more organizational institutional mechanism for pooling resources, such as a social insurance fund financed with contributions from payroll taxes or through general taxation. Most countries have replaced a pure social insurance (otherwise modelled in national health systems) with a type of system with a large amount of public funds. Larger pools are better placed to absorb "type 1" diseases from higher treatment cost diseases, including some NCDs. Countries with mature UHC institutions have shown that a small share of people (typically 10%) consume the most resources (above 50%). This demonstrates the need for a strong social contract and to enable cross-subsidization of one group to another (eg. rich to poor, healthy to sick) and sufficient investment in population based prevention interventions.
- Strategic purchasing** can be disease specific (as implemented by agencies in charge of prepaid resources). Strategic purchasing refers to how providers are paid, and how information is obtained on the link between management of services delivered. It operates through a benefit package, formulary, price signals and an information system. The information system allows to check whether the money that is transferred to providers is actually delivered and at acceptable level or quality as shown in the external column in Table below.

By definition, UHC ensures that all people are covered with essential health services. However, the reality of limited resources necessitates rationing of who, and what services, will actually be covered. The current global number of target integers, new techniques and improved treatment and prevention methods - are comparable to public financing in contrast to other industries, health care is largely dependent on external productivity, which does not change quickly.

6.1 CHALLENGES AND SOLUTIONS FOR INTEGRATING NCDs IN UHC BENEFIT PACKAGES

Most countries can build on having a national multi-sectoral NCD plan. However, Dr. Rishi Menhaz highlighted that the next key step is translating a national multi-sectoral NCD plan into prioritized service settings, through an explicit allocation of health interventions. Countries have made clear requests to World Bank to support in such global commitments to UHC. This requires embedding and expanding coverage for NCD prevention and management within the UHC institutions (including a health benefit package).

A main challenge in integrating NCDs in UHC benefit packages (from NCDs treatment to prevention) is the need to invest in a strong, high treatment costs, long-term care system, which is not always reflected in the financing action to prevent, screen and treat these diseases.

Interventions may be cost-effective and even saving lives. NCD care can also provide economic stimulation, spending in the health sector.

There is a great need to educate and advocate with decision makers and stakeholders about the importance of NCD prevention and care. This requires a strong, high treatment costs, long-term care system, which is not always reflected in the financing action to prevent, screen and treat these diseases. Interventions may be cost-effective and even saving lives. NCD care can also provide economic stimulation, spending in the health sector.

To address the challenges of a lack of available facilities, health financing must be able to cover the full range of services, from prevention to treatment, and to ensure that the services are accessible to all. This requires a strong, high treatment costs, long-term care system, which is not always reflected in the financing action to prevent, screen and treat these diseases. Interventions may be cost-effective and even saving lives. NCD care can also provide economic stimulation, spending in the health sector.

Regarding financing, Dr. Rishi Menhaz, Vice President & Managing Director of the WHO, highlighted that the next key step is translating a national multi-sectoral NCD plan into prioritized service settings, through an explicit allocation of health interventions. Countries have made clear requests to World Bank to support in such global commitments to UHC. This requires embedding and expanding coverage for NCD prevention and management within the UHC institutions (including a health benefit package).

ANNEX I. ROADMAP FOR COUNTRY IMPLEMENTATION

WHO, NCDs, Regional Offices, and global partners recognize the health priority to address global burden of NCDs. The design of UHC benefit packages, with particular emphasis on the health care system, is a key priority for WHO.

The following questions for consideration on support for UHC and packages to countries are:

- What would be the inclusion of UHC benefit packages based on country context and demand?
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Further development of such guidance will be led by the Department of Health Governance and Finance (HGF), with specific support including health system health impacts and health system requirements for NCDs and guidance provided by the Department of Noncommunicable Diseases (NCD). WHO will work with the global, regional and country teams support national activities, with leading from external partners, for a unified approach to UHC benefit package design, on-site and off-site, and ensure that the roadmap is a key element of the health system strengthening process.

Figure 3. Roadmap for implementation of UHCs in UHC benefit packages Design





Join us next time

20 January 2020

NCD governance and leadership



Thank you