

Chronic non-communicable disease (NCD) Policies and Programmes in Low and Middle Income Countries: Context and Responses

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Outline

1. NCD challenges in LMICs
2. Impact on NCD policies and programmes
3. 'Best practice' responses in selected countries
4. Future prospects

1. NCD Challenges in LMICs

Five major intersecting challenges:

1. Double burden of infectious and chronic diseases in many countries compounds the complexity of NCD prevalence, morbidity and mortality.
2. Demographic transition: rapid urbanization and ageing in LMICs increase prevalence rates, poor medical and psychosocial outcomes and the burden of social care and support.
3. Poverty engenders multiple barriers (social, economic, political) to health-seeking and equitable healthcare.
4. Health systems are weakened by lack of resources as well their ideological and practical orientation to treating infectious diseases.
5. Policy regime of global health and the global NCD agenda engenders hierarchical relationships and inequitable sharing of resources between global and local actors (**social, political, commercial determinants**)

2. Impact on NCD policies and programmes

- “Multi-faceted and multi-institutional” framework (WHO, 2005)
- “Whole of government, whole of society” approach (UNHLM, 2011)
- Health systems strengthening/reorienting and universal health coverage (WHO, 2013, 2015)

CONTEXT OF GLOBAL HEALTH ACTION ON NCDS IN LMICS

90% of people dying under the age of 70 from NCDs live in LMICs

80% of deaths attributable to Cardiovascular Diseases occur in LMICs

85% of all undiagnosed people with diabetes are estimated to live in LMICs

60% of healthcare in LMICs is financed by out of pocket payments, compared to 20% in high income countries

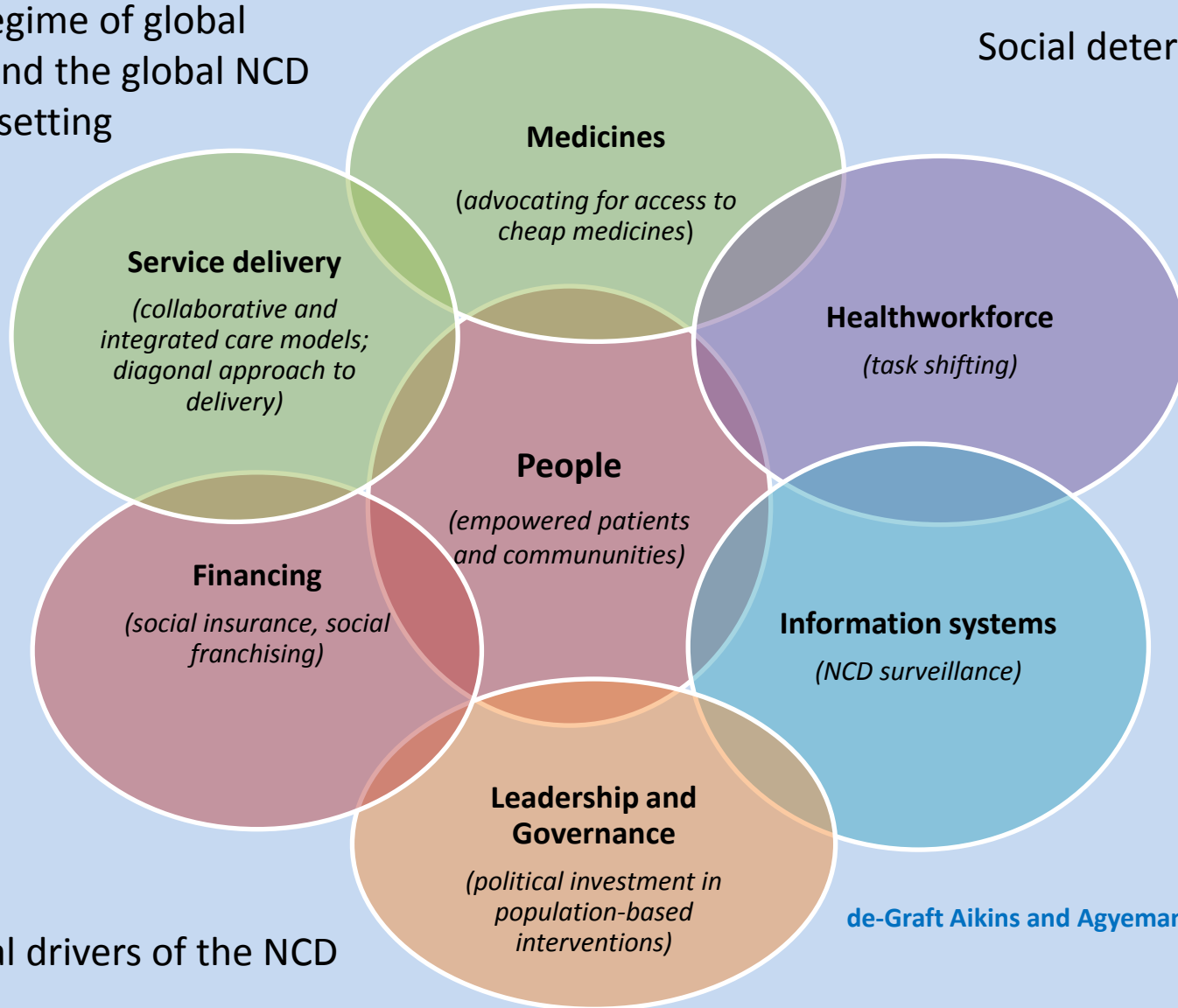
9 high priority targets for national multi-sectoral NCD action plans, policies and interventions to be attained by 2025 (WHO, 2015):

1. “A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context
3. A 10% relative reduction in prevalence of insufficient physical activity
4. A 30% relative reduction in mean population intake of salt/sodium
5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances
7. Halt the rise in diabetes and obesity
8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities”

3. 'Best practice' responses in LMICs

Policy regime of global health and the global NCD agenda setting

Social determinants



de-Graft Aikins and Agyemang (In Press)

- Health systems strengthening and reorienting initiatives (India, Haiti, Malawi, Mauritius, Rwanda, South Africa, Thailand)
 - Task-shifting, collaborative care models, NCD surveillance, advocacy for access to medicines, social insurance, social franchising, political investments in population-based interventions
- Community-based interventions (Brazil, China, India, Mauritius, Peru)
 - Contribution of empowered communities to efforts
- Using HIV/AIDS control as a platform for improving NCD care (Burma, Cambodia, Ethiopia, Malawi, Thailand, Vietnam)
 - Other health system reorientation strategies: using the Community-based Health Planning and Services (CHPS) system to improve CVD and mental healthcare in Ghana

4. Future prospects

1. Getting the balance right between prevention and management and drawing intelligently on existing resources
2. Developing multi-disciplinary, multi-sectoral and equitable partnerships
3. Diagonal and integrated approach to care (targeting universal health coverage)
4. Understanding synergies between health systems building blocks and broader structural factors
5. Empowering patients and communities
6. Bridging the gaps between NCD policy development, implementation and scaling up
7. Local ownership of global and local frameworks

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Thank you