Comprehensive and aligned health system response to NCDs

Dr Hans Kluge
Director, Health Systems and Public Health
WHO Regional Office for Europe
Scaling up the best buys and making an impact on NCD outcomes requires a well-coordinated response throughout the health system.
Comprehensive and aligned

What’s in a name?
Comprehensive and aligned:
Are we breaking new ground?

• Outcome driven
• Systems thinking and holistic transformation
• Balances population interventions and individual services
• Pragmatic and actionable policy directions
• Inclusive of the diversity of the European Region
• Equity dimension integrated
Health systems respond to NCDs: 9 cornerstones

- Health workforce fit for purpose
- Multi-pronged medicines policy
- Information solutions
- Coordinated continuous comprehensive services
- People
- Aligned health financing
1. Governing for NCD outcomes

- Align multi-layered policies
- Engage in intersectoral action
- Engage stakeholders throughout policy cycle
- Link local and national policies and initiatives
2. Well resourced public health services

- Prioritize efforts in health promotion & disease prevention
- Strengthen public health intelligence capacity
- Focus on health equity in public health action
- Work with communities and primary care providers
3. Multi-profile integrated primary care

- Embed multidisciplinary teams in primary care
- Opt for comprehensive service basket
- Promote community-oriented primary care
- Invest in coordination and integration
4. Regionalized specialist services

- Develop new models for organizing hospital services
- Centralization – decentralization
- Foster new ways of working between care levels
5. People-centred health services

- Invest in empowerment and health literacy
- Design services around what patient’s value
- Develop regulatory frameworks
6. Health workforce fit-for-purpose

- Improve task shifting and develop new skills & competencies
- Deal with current gaps in quality and access
- Align workforce planning with service planning

- **Case Manager**
  - Nurse: management of stable chronic patients, of healthy children, prescribing some medicines and exams
  - Nutritionist: engaging people in nutrition behaviour change and prescribing dietary plans
  - Pharmacist: medication, reconciliation, renewal of prescriptions within a defined protocol
  - Physician
  - Psychologist: counselling on behavioural and lifestyle changes
  - Rehabilitation specialists: prescribing physiotherapy treatments
7. Adequate and prioritized health financing

- Align incentives
- Invest in health
- Set priorities transparently aligned with policy goals
- Fund intersectoral actions
8. Access to quality medicines

• Ensure cover of priority NCD medicines with no or minimal out-of-pocket payments
• Align NCD medicines with agreed clinical guidelines and prescribing protocols
• Promote generic medicines
• Foster adherence in patients to long-term treatments
9. Adequate information solutions

- Invest in population health intelligence systems
- Promote the use of electronic medical & personal health records
- Facilitate exchange and integration of data
- Invest in telehealth and telemonitoring
The political economy **obstacles**

- Present costs versus future benefits
- Commercial determinants of health
- Over-reliance on high-technology, complex specialist care
- Resistance to changing the culture of medicine
- Erosion of social values
The political economy opportunities

- Coalition of the willing
- The ‘burning platform’
- Economic impact of NCDs
- Knowledge about how to transform health systems
WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

-Albert Einstein