Strengthening public health services to tackle NCDs

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Synopis

• Strengthen NCD intelligence
• Invest more in health improvement and disease prevention
• Tackle health inequity through proportionate universalism
• Strengthen public health activity in primary care
1. Strengthen public health intelligence

- NCDs are the public health challenge of our age.
- Progress in modernizing public health intelligence is varied across the Region.
- Some areas continue to focus solely on communicable disease epidemiology.
- Surveillance and intelligence are prerequisites to effective action on NCDs.
- This is a crucial component of the Essential Public health Operations (EPHOs).

"What is needed is a willingness among policymakers to invest in 'intelligence', a system in which knowledge generation, synthesis and implementation are crucially integrated in the healthcare system, in order to enable systematic and comprehensive assessment of population health needs and to inform strategic responses to the rising burden of chronic illness in Europe and elsewhere."

Pomerleau, Knai and Nolte, 2008
1. Strengthen public health intelligence

- Improve data stewardship through institutional governance to add value over time
- Create strong links with local agents to ensure intelligence findings are acted upon
- WHO's Global Monitoring Framework for NCDs (2014) should be the basis for NCD surveillance
- Intelligence should take account of equality dimensions such as age, gender, belief, orientation and socioeconomic status
2. 'Walk the talk' and prioritize investment in disease prevention and health promotion

- Prevention and promotion spending has fallen as a proportion of health system expenditure
- Invest significantly more resources in health promotion and disease prevention services
- Public health staff require 'new public health' skills to tackle NCDs – revise the curriculum of degree programmes using international standards
- Health care professionals need strengthened skills to enable work on prevention and promotion, work with communities and to tackle health inequity
- Ensure effective workforce planning for public health professionals has a focus on the delivery of policies tackling NCDs, and integrate this work with overall planning of human resources for health
- Promote intersectoral action
3. Public health services must focus on health equity

• Traditional approaches to tackling health inequity have relied on targeting those considered to be within the risk group.

• Such approaches, though well-intentioned, do not create equity as targeting is always imperfect and focusses on relatively small groups.
3. Public health services must focus on health equity

- Universal Health Coverage provides a baseline that will lift all health
- To prevent sustained or widened inequity, universal services must also be proportionate: the resources matched to be commensurate with need, reducing the gradient of health inequity
- Mandate and train health and public health staff to tackle health inequity
- Systematic approaches to policy can be used to minimise a widening of health inequity, such as population stratification in Spain, or methods such as Equality Impact Assessment
4. Coordination across public health and primary care

• Good healthcare and strong primary care are associated with improvements in Healthy Life Expectancy (HLE)
• Primary care is central to delivering UHC and prevention and promotion must be central elements of this offer
• In many countries primary care lacks the vital links with health promotion and disease prevention activity
• Good primary care brings professionals and communities together, as in Kyrgyzstan, where such a collaborative is tackling hypertension
• Strong primary care must have a strong public health orientation for both planning and delivery, setting shared targets at the level of the population
• Integrated systems providing primary care and public health need strong governance at all levels
Summary

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