THE ROLE OF PUBLIC HEALTH SERVICES IN NCD PREVENTION WITHIN HEALTH CARE REFORM

Report on a WHO Meeting

Kaunas, Lithuania
23 April 1997
TARGET 4

REDUCING CHRONIC DISEASE

By the year 2000 there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.

ABSTRACT

During the thirteenth meeting of the directors of countrywide integrated noncommunicable disease intervention (CINDI) programmes in 1996, the advantage of using public health services in noncommunicable disease (NCD) prevention within health care reform was discussed. It was agreed that, as a first step, the availability of information in this area should be clarified and priority areas for action identified. To this end, a questionnaire was elaborated and distributed to the countries participating in the WHO CINDI programme; 13 countries responded. The participants at the Meeting on the Role of Public Health Services in NCD Prevention within Health Care Reform discussed the results of the survey and agreed that the experiences of countries would be used to compile a second questionnaire seeking more detailed information. The results of the second questionnaire would contribute to the preparation of a comprehensive report on the possibilities for improving NCD prevention and control through public health services.

Keywords

CHRONIC DISEASE – prevention and control
HEALTH CARE REFORM
PUBLIC HEALTH ADMINISTRATION
HEALTH SERVICES – organization and administration
HEALTH CARE SURVEYS
EUROPE
EUROPE, EASTERN

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I. Background and aim of the meeting

During the 13th meeting of the CINDI Programme Directors in Chelyabinsk, Russia in 1996, the advantage of using public health services (PHS) in NCD prevention within health care reform was discussed. The participants agreed that as a first step, the availability of information in this area should be clarified and priority areas for action identified.

To this end, a questionnaire entitled Enhancing NCD prevention through public health services (Annex 1) had been drawn up and distributed to the CINDI participating countries. The questionnaire had been completed by 13 CINDI countries.

The findings of this meeting, which will discuss the results of the above survey and share the countries’ experience in using PHS for NCD prevention, will be used to compile a second questionnaire to elicit more detailed information. The results of the second questionnaire will contribute to the preparation of a comprehensive report on the possibilities for improving NCD prevention and control through PHS.

II. Introduction

Dr V. Kriauza, Vice-Minister of Health of Lithuania, Dr R. Petkevicius, WHO Liaison Officer, Professor V. Grabauskas, Rector, Kaunas Medical Academy and Dr A. Shatchkute, Regional Adviser for Chronic Disease Prevention, welcomed the participants and thanked the organizers for their planning of the meeting. The programme is at Annex 2 and the list of participants in Annex 3.

Professor Grabauskas was elected Chairperson and Professor H. Pardell Rapporteur.

III. Presentations

Dr S. Stachenko summarized the main results of the survey on policy development and implementation processes in the CINDI programmes which was carried out in 21 CINDI countries in 1994–1995. The following are the most relevant conclusions of this survey.

- At both country and demonstration area levels, the participation of public or private institutions varies greatly as does the way in which resources are used.
- Current areas of interest are: hypertension, smoking, lipids and diabetes; children and young people, worksites and the selected target groups for preventive intervention.
- Both population and high risk strategies are used to implement preventive activities. Most interventions deal with professional education, policy development and social marketing. Evaluation is focused mainly on process and outcome.
- On average, in community-based intervention programmes, coalitions comprise seven partners (from four to ten).

1 Austria, Belarus, Bulgaria, Canada, Croatia, Czech Republic, Estonia, Finland, Germany, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Malta, Poland, Portugal, Russian Federation, Slovakia, Slovenia, Spain (Catalonia), Turkmenistan, Ukraine, United Kingdom (Northern Ireland).
2 Belarus, Bulgaria, Canada, Czech Republic, Finland, Kazakhstan, Lithuania, Malta, Russian Federation, Slovakia, Slovenia, Spain, Ukraine.
• CINDI leadership is seen as a fundamental tool in national health policy development.

• Evaluation, particularly in demonstration areas, is very important; the resulting information should be used in a feedback process for further policy and programme development.

• The health services and continuing education of health professionals are the most common channels for the dissemination of information on preventive measures.

• The lack of an economic stimulus for the implementation of NCD prevention programmes is an important barrier. Conversely, current health reform initiatives and scientific credibility are the most valuable assets.

• In most CINDI countries, social marketing accounts for more than 25% of the strategic plan.

• Great benefits in terms of know-how, methodology and training can be obtained from interaction between international and national CINDI programme activities and other international collaboration in the field of NCD prevention and control.

• Success and sustainability depend on the use by health systems of CINDI results, the integration into health systems of CINDI initiatives, the dissemination of CINDI experiences within the country and the use of public and private resources.

In conclusion, Dr Stachenko emphasized the leading role played by CINDI in formulating health policy for the next century and the importance of CINDI know-how in connection with a better allocation of resources.

Professor I. Miseviciene presented the preliminary results of the survey carried out in 13 CINDI countries on Enhancing NCD prevention through public health services (Annex 1). The answers to the questionnaire pointed to an acute need for a clear definition of public health services, distinguishing between administrative and operational services and between public health and health care.

Dr Stachenko, Dr M. Mramor and Professor Pardell summarized the most relevant experiences in Canada, Slovenia and Catalonia (Spain), respectively. The enhancement of the role of health professionals was an important challenge in connection with achieving the adequate integration of prevention into health care, mainly at primary health care level.

Dr R. Sabaliauskas analysed the reform of the public health services in Lithuania and its significance in the context of the overall national health care reform. He pointed to the need to progress from the traditional public health approach, and the opportunity to establish useful links between CINDI and PHS through a monitoring system, as well as the time needed to implement the reform.

Dr G. Kligys and Mr J. Kameneckas described the involvement of municipalities in NCD prevention through public health services in Lithuania and the experience gained from collaboration between the Healthy Cities network and CINDI.

Professor Grabauskas analysed the opportunities to introduce new preventive approaches through undergraduate and postgraduate educational programmes for different health professionals (physicians, dentists, nurses, pharmacists, public health specialists).
Other interesting suggestions to emerge during the discussion were:

- to consider opportunities to implement preventive activities through the Healthy Kindergarten network;
- to address the complexity of health promotion and disease prevention when developing new management skills;
- to consider the role of the government in ensuring coordination among different partners;
- to consider the empowerment of the following key sectors: health ministries, politicians, health professionals, communities;
- to combine the successfully applied and widely accepted top down/bottom up strategies.

IV. Conclusions

1. Most CINDI programmes are now operating in open societies. This poses new challenges for them and provides new opportunities to improve international collaboration.

2. A clear definition of public health services is needed.

3. Existing structures of national health systems are very important assets in the implementation of NCD prevention.

4. Private institutions should be actively involved in NCD prevention.

5. Priorities for the future must be clearly defined, particularly as regards new forms of management, new financial approaches and new roles for ministries of health and their various partners.

6. An adequate balance is needed in empowering health ministries, health professionals and communities.

7. CINDI efforts within the context of the policy development initiative should continue.

8. Collaboration between health promotion and disease prevention specialists and those involved in health care reforms is fundamental.

V. Recommendations

1. The CINDI Working Group on Policy Development should continue to analyse the policy implementation process in CINDI countries under the leadership of the WHO collaborating centre for policy development in the prevention of noncommunicable diseases.

2. A CINDI database should be established on the use of PHS for NCD prevention and control.
Annex 1

QUESTIONNAIRE ON ENHANCING NCD PREVENTION THROUGH PUBLIC HEALTH SERVICES

Country…………………………………………………………………………

<table>
<thead>
<tr>
<th></th>
<th>At demonstration area level</th>
<th>At regional level</th>
<th>At country level</th>
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<tbody>
<tr>
<td>1.</td>
<td>Has a health policy document or a health policy framework recently been adopted?</td>
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<td>2.</td>
<td>If so,</td>
<td></td>
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<tr>
<td>2a</td>
<td>Which document?</td>
<td></td>
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<tr>
<td>2b</td>
<td>Has this document been adopted and implemented?</td>
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<tr>
<td>3.</td>
<td>Which aims and targets of the health policy document are formulated according to the WHO strategy document Health for all by the year 2000?</td>
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<td>4.</td>
<td>What are the priorities in health policy and strategy development?</td>
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<tr>
<td>5.</td>
<td>Is there a public health services (PHS) infrastructure? If so, please describe it.</td>
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<tr>
<td>6.</td>
<td>Which institutions are responsible for PHS?</td>
<td></td>
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<tr>
<td>7.</td>
<td>Where is the responsibility for policy priority-setting and quality control of PHS located?</td>
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<tr>
<td>8a</td>
<td>How is PHS financed?</td>
<td></td>
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<tr>
<td>8b</td>
<td>What are the sources of finance (e.g. private/public mix, nongovernmental organizations)?</td>
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<tr>
<td>9.</td>
<td>Are there guidelines and standards for the functioning of PHS? If so, please provide some examples.</td>
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<td>10.</td>
<td>Please describe the CINDI input (if any) in health policy and strategy development or standard-setting for the delivery of NCD prevention and control by PHS</td>
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<tr>
<td>11.</td>
<td>Which institutions are involved in NCD prevention and control?</td>
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<tr>
<td>12.</td>
<td>Are PHS involved in NCD prevention and control?</td>
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<tr>
<td>13.</td>
<td>If so,</td>
<td></td>
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<tr>
<td>13a</td>
<td>Which PHS are involved in NCD prevention and control?</td>
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<tr>
<td>13b</td>
<td>What are the main activities of these institutions?</td>
<td></td>
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<tr>
<td>14.</td>
<td>What are your suggestions for achieving better NCD prevention and control through PHS?</td>
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<tr>
<td>14a</td>
<td>What factors and circumstances facilitate or hinder the delivery of NCD prevention and control measures by PHS?</td>
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<tr>
<td>14b</td>
<td>What opportunities, if any, does health care reform provide to support the delivery of NCD prevention and control measures by PHS?</td>
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<tr>
<td>14c</td>
<td>What are the capacities or gaps in PHS for the delivery of NCD prevention and control measures?</td>
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* Public health services are services aimed at health protection (e.g. immunization programmes) and disease prevention (e.g. dental caries prevention programmes in schools) and funded by the government at various levels.
Annex 2

PROGRAMME

Wednesday, 23 April 1997

10.00 – 10.15 Opening session

10.15 – 10.45 CINDI policy in NCD prevention (Dr S. Stachenko)

10.45 – 11.00 Discussion

11.00 – 11.30 Enhancing NCD prevention through public health services: analysis of questionnaire (Professor I. Miseviciene)

11.30 – 12.00 Coffee break

12.00 – 13.00 Examples from CINDI countries’ experiences (Dr S. Stachenko, Canada; Dr M. Mramor, Slovenia; Professor H. Pardell, Spain)

13.00 – 14.00 Lunch

14.00 – 14.30 Other CINDI countries

14.30 – 15.30 Lithuania – Role of national public health services at national level (Dr R. Sabaliauskas)
NCD prevention through public health services at city level (Dr G. Kligys)
Meeting the needs of NCD prevention: education and training (Professor V. Grabauskas)
Intersectorial collaboration in NCD prevention: experiences from Healthy Cities network (Mr J. Kameneckas)

15.30 – 16.00 Coffee break

16.00 – 17.00 General discussion on the use of CINDI countries’ experiences in NCD prevention through public health services.

17.00 – 17.30 Conclusions and recommendations (Dr A. Shatchkute)
Annex 3

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