



World Health
Organization



NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • OCTOBER 21, 2020 • 13-14:30 CEST

TO TREAT OR NOT TO TREAT

DRIVING EQUITABLE ACCESS TO NCD MEDICINES

NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

MAY 20, 2020 • 13:14:00 CEST
WEBEX MEETING

ABOUT

Webinar series exploring pragmatic solutions, critical bottlenecks, and lessons for strengthening health systems to deliver impact on noncommunicable diseases (NCDs).

This introductory session sets the stage for Health Systems Strengthening for NCDs, providing overview, 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 system response to NCDs
- Health System Response to NCDs: Building or Stumbling Blocks for Progress
Overview, challenges and emerging solutions
- Complex NCD Services, Simple System Solution
Moderated session of challenging questions to spark lateral thinking
 - Governance and leadership
 - Access to NCD medicines and technology
 - NCD Services
- Questions from the audience

WHO HQ/NCD

contact: Hagendorf@who.int

NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • JUNE 11, 2020 • 13:14:30 CEST

COVID-19 and NCD: Deadly Interplay and Continuity Response

ABOUT

Health systems around the world face surging demand for care of people with COVID-19, with critical challenges disrupting the delivery of health services.

People living with NCDs are at heightened risk of becoming severely ill or dying from COVID-19, and the latest data shows massive disparities in access to NCD services worldwide, which threatens a long-term upsurge in deaths from NCDs.

This webinar explores the latest data and operational guidance, with key insights from experts and country perspectives on how to balance the demands of the health system during the pandemic, and how to execute on 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 Solution: WHO guidance on maintaining essential health services with focus on NCD

Realities of addressing the Deadly Interplay: Hard Talk Panel

Discussion

Now or Again: Next Steps in Building Back Better

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NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • SEPTEMBER 16, 2020 • 13:15:00 CEST

Biggest Burden, Where's the Money?

ABOUT

NCDs are the world's number one killer, yet health systems are chronically underfunded to tackle this biggest burden. NCD services in least developed countries remain patchy and sporadic, with a need for sustainable financing mechanisms to guarantee NCD services for all through appropriate planning, defining of essential health service packages, prioritizing a guaranteed benefit package, ensuring access to medicines and technology, a skilled workforce and robust data to support clinical care and counselling.

This webinar session will convene health and finance experts to unpack the design and politics of financing NCD and health services, share country realities, and explore how to leverage domestic and international funding to cover catastrophic health expenditures posed by NCDs, answering the hard questions of how to finance resilient health systems of tomorrow.

AGENDA

Introduction and overview

NCDs: Out of sight, Out of mind...and Out of pocket
Catastrophic diseases that are breaking the bank

All can benefit, but who dare pay for NCD services?
Key to financing of NCD and health services in country

Funding an NCD Future: High stakes, big payoffs
Financing resilient health systems of tomorrow

Biggest Burden, Where's the Money? Hard Talk Panel
Experts deconstruct the pathway to financing NCD services

Q&A

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NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • OCTOBER 21, 2020 • 13:14:30 CEST

TO TREAT OR NOT TO TREAT

DRIVING EQUITABLE ACCESS TO NCD MEDICINES

ABOUT

Most noncommunicable diseases (NCDs) can be treated with essential medicines, yet millions of people with NCDs in low- and middle-income countries (LMICs) cannot access these drugs and devices. Poor domestic funding, lack of resources, inadequate selection mechanisms, excessive demand forecasting, and inefficient procurement and distribution continue to leave patients for years 2-3 times more for medicines purchased from different sources and put at risk the quality of products in the market, time to unlock the bottlenecks.

This NCD Hard Talk unveils global and national efforts needed to shape NCD medicines markets and improve equitable access for all. Experts unpack the latest on how to optimize selection and assured quality of medicines, devices and diagnostics and ensure affordable pricing by partnering with different sectors and stakeholders.

Speakers from WHO, industry associations and partners explore key lessons on building sustainable and reliable supply chains and procurement mechanisms to deliver NCD medicines to all.

AGENDA

Patients and Profits:
Co-writing a new social contract with key stakeholders

Magic Bullets for sustainable access to NCD medicines and health products

Country Models: Key lessons and bottlenecks

To Treat or Not to Treat:
NCD Hard Talk Panel

Q&A

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Organized by WHO HQ/NCD and MHP Division
Supported by the Joint Working Team to LMIC/LMIC Partnership
contact: register@who.int



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Thank you for joining us

- This webinar will be **recorded**.
- **Links to the recording** and all slides will be shared after the session.
- We invite you to 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.

Welcome to our Moderators



DR TEMO WAQANIVALU

**UNIT HEAD, INTEGRATED SERVICE DELIVERY,
NCD DEPARTMENT, WHO**



MS JAIMIE GUERRA

EXTERNAL RELATIONS, WHO

Agenda

Welcome to NCD Hard Talks

Introductory remarks

Patients and Profits: Co-writing a new social contract with key stakeholders

Magic Bullets for sustainable access to NCD medicines and health products

Country Models

Hard Talk Panel: To Treat or Not To Treat

Discussion / Q&A

- Dr Temo Waqanivalu

- Dr Ren Minghui

- Dr Bente Mikkelsen

- Dr Mariângela Batista Galvão Simão

- Ms Khadija Jamaloodien

- Dr Sayed Zubair Sadat

- Prof Rosa Buitrago del Rosal

- Dr Trevor Gunn

- Dr Action Amos



DR REN MINGHUI
ASSISTANT DIRECTOR GENERAL
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DR BENTE MIKKELSEN
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DR MARIANGELA BATISTA GALVÃO SIMÃO
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MEDICINES AND HEALTH PRODUCTS, WHO



DR ANBAN PILLAY
DEPUTY DIRECTOR GENERAL
NATIONAL HEALTH INSURANCE
HEALTH REGULATION AND COMPLIANCE
NATIONAL DEPARTMENT OF HEALTH, SOUTH AFRICA



DR SAYED ZUBAIR SADAT
AFGHAN RED CRESCENT SOCIETY
HEALTH PROGRAM CLINICS MANAGER
AND HOSPITAL FOCAL POINT, AFGHANISTAN



PROF ROSA BUITRAGO DEL ROSAL
DEAN AND PROFESSOR, SCHOOL OF
PHARMACY UNIVERSIDAD DE PANAMÁ



DR TREVOR GUNN
VICE PRESIDENT INTERNATIONAL RELATIONS
MEDTRONIC



MR ACTION AMOS
VICE PRESIDENT AFRICA FOR
INTERNATIONAL BUREAU OF EPILEPSY
PATIENT, EPILEPSY TREATMENT, MALAWI

Welcome from Dr Ren Minghui

Assistant Director General

UHC/Communicable and
Noncommunicable Diseases, WHO HQ



Patients and Profits: Co-writing a new social contract with key stakeholders

Dr Bente Mikkelsen

Director, Department for Noncommunicable Diseases
WHO HQ





Patients and Profits: Co-writing a new social contract with key stakeholders

Bente Mikkelsen
Director, NCDs
WHO



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“COVID-19 has preyed on people with NCDs”

Dr Tedros, Director-General, WHO

“Two categories of disease are interacting within specific populations—infection with COVID-19 and an array of NCDs. COVID-19 is not a pandemic. It is a synergistic epidemic that is the aggregation of two concurrent epidemics. It is a syndemic.”

Richard Horton, Editor-in-Chief, The Lancet

“The response to the pandemic must be based on an agreement that addresses precisely the failures that are being exposed and exploited by the pandemic”

Ren Minghui, Assistant Director-General, WHO

“The COVID-19 pandemic and the NCD epidemic have brought about a deadly interplay”

Bente Mikkelsen, Director, NCDs, WHO

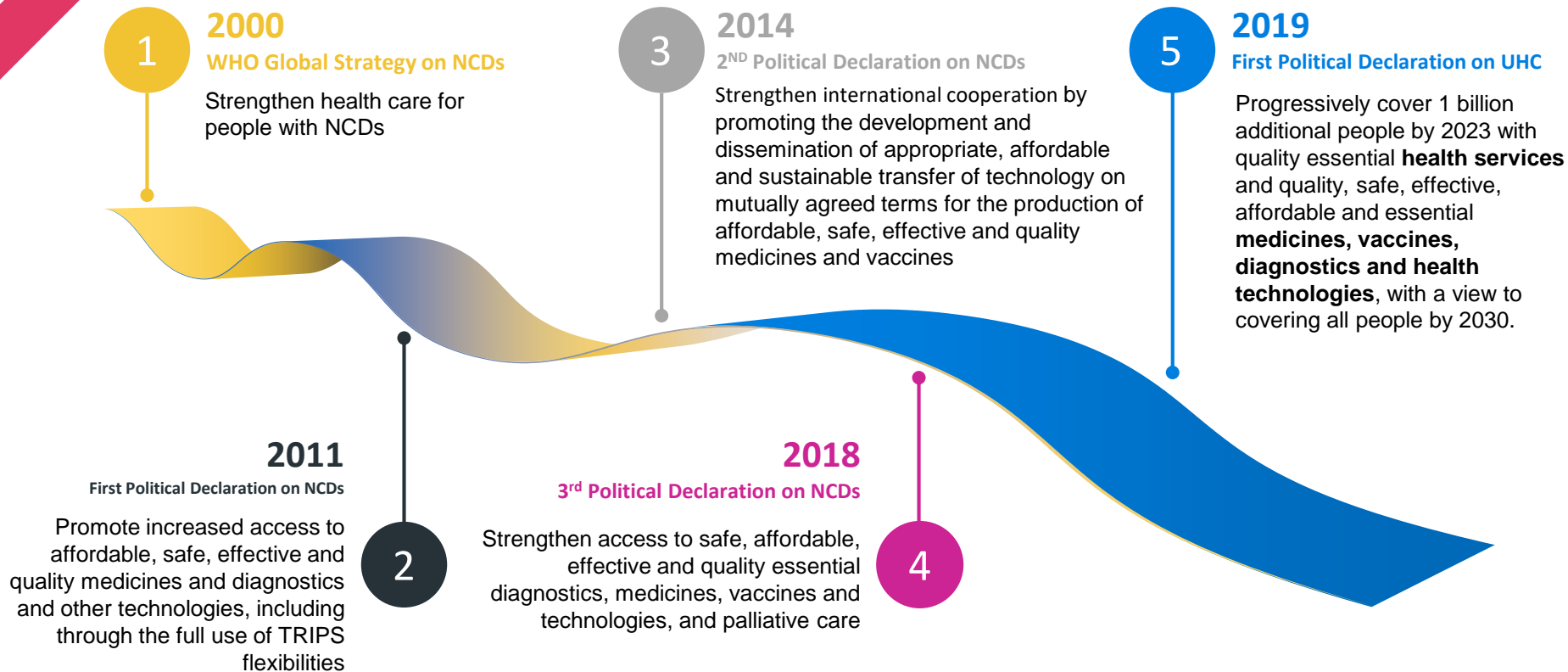


One in five countries report that unavailability/stock outs of essential medicines or technologies are causing disruptions to NCD-related services

Main causes of disruption to NCD-related services

Disruption cause (by decreasing prevalence)	% of countries (out of 122 reporting disruptions)
Decrease in inpatient volume due to cancellation of elective care	65
Closure of population-level screening programmes	46
Government or public transport lockdowns hindering access to the health facilities for patients	43
NCD related clinical staff deployed to provide COVID-19 relief	39
Closure of outpatient disease specific consultation clinics	34
Insufficient Personal Protective Equipment (PPE) available for health care providers to provide services	33
Insufficient staff to provide services	32
Closure of outpatient NCD services as per government directive	26
Decrease in outpatient volume due to patients not presenting	25
Inpatient services/hospital beds not available	25
Unavailability/Stock out of essential medicines, medical diagnostics or other health products at health facilities	20
Others	18

The world has yet to fulfill its promise of implementing the global commitments made to increase access to affordable NCD medicines



Target set by the World Health Assembly for 2025 will be missed

Global target (adopted by WHA): An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities by 2025

Policy options for Member States (included in the WHO Global NCD Action Plan endorsed by WHA):

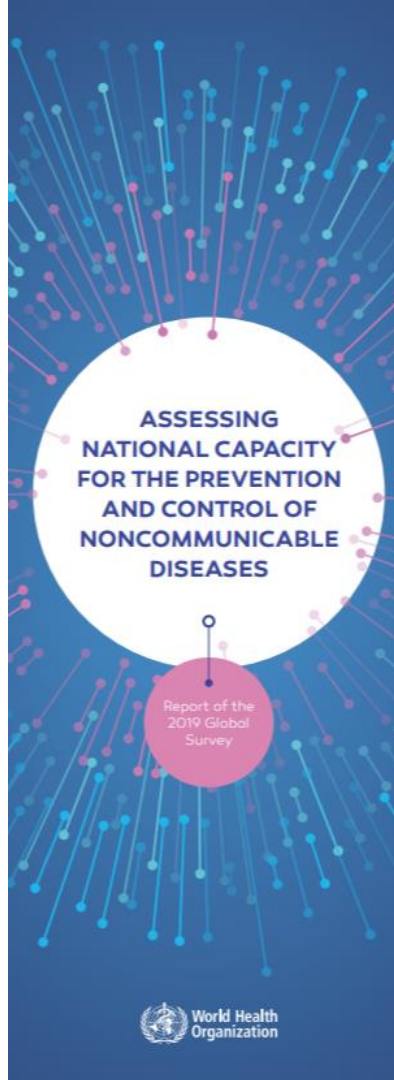
- Integrate NCDs into health sector reforms
- Integrate NCDs into PHC and UHC
- Improve efficiency of service delivery
- Establish evidence-based guidelines, treatment protocols and tools
- Empower people with NCDs for self-care and self-management
- Improve the knowledge, skills and motivation of the current health workforce to address NCDs
- Incorporate the prevention and control of NCDs in the training of all health personnel
- Promote the full use of TRIPS flexibilities
- Include NCD medicines in national essential medicines lists, separating prescribing and dispensing, controlling wholesale and retail mark-ups through regressive markup schemes, and exempting medicines required for essential NCD interventions from import and other forms of tax
- Promote quality assurance of medical products, preferential or accelerated registration procedures, generic substitution, preferential use of the international non-proprietary names, financial incentives where appropriate and education of prescribers and consumers.
- Improve the availability of essential medicines for managing NCDs in the initial phase of emergency response



74%

NCD Action Plan

but only 57% include early detection, treatment and care for the four main NCDs



NCD Country Capacity Survey

64%

Cancer registry

and 50% have a diabetes registry

48%

National NCD guidelines

and 50% have a diabetes registry



53%

6 ET € PHC

Of the six essential technologies for early detection, diagnosis and monitoring of NCDs (measurements of height; weight; blood glucose; blood pressure; and total cholesterol; and urine strips for albumin assay), 53% of countries have these generally available in primary care facilities of the public health sector



51%

11 essential medicines

But 21% reported only six or fewer were generally available

NCD Country Capacity Survey

54%

Stenting

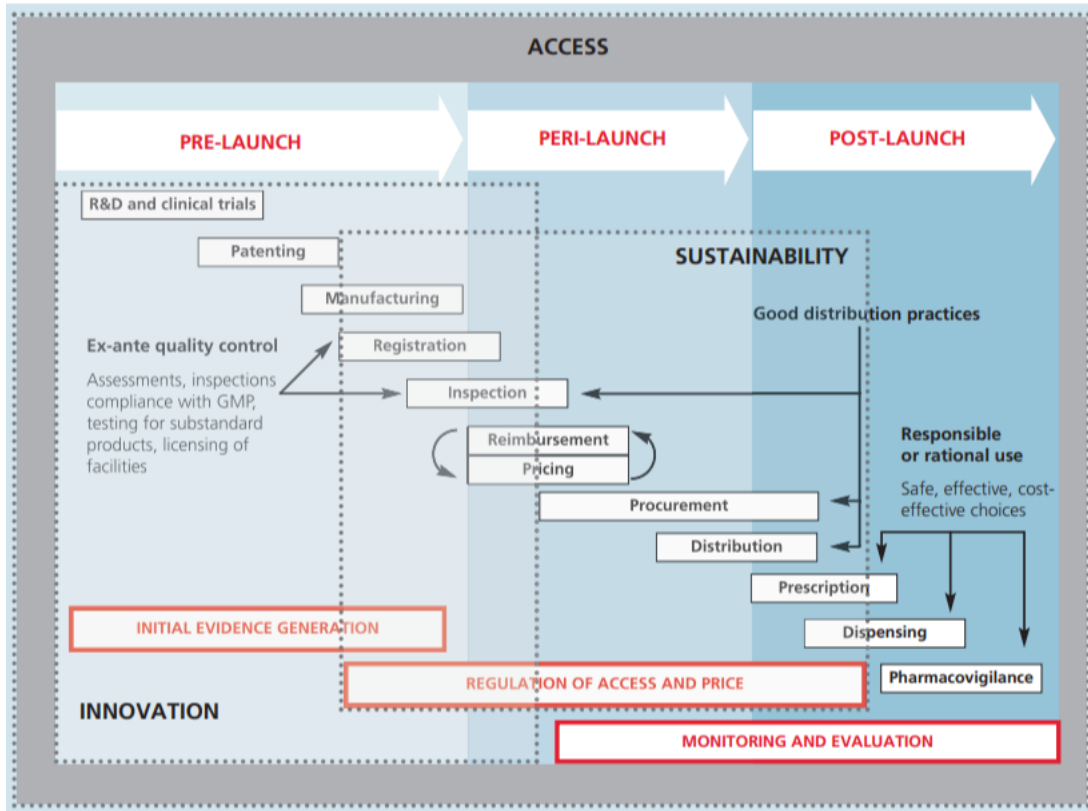
But coronary bypass was less common (43%)

40%

Palliative care

40% of countries have palliative care services that reach at least half of patients in need

Strengthening the contribution from the pharmaceutical industry



Governments have committed to invite the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat NCDs by **improving access to and the affordability of** safe, effective and quality medicines and technologies in the prevention and control of NCDs

Engagement with the pharmaceutical sector needs to take into account the “lifecycle” of a pharmaceutical product and the different regulatory levers and policy interventions that take place over its course.

WHO Executive Board: Options that might enhance affordability and accessibility of cancer medicines



Option that might enhance affordability and accessibility of cancer medicines.	Level of action required				Time frame for action ^a			Proposed actions taken by:				
	Local	Regional	National	Inter-national	Short	Medium	Long	Government ^A	Payer ^A	Industry	Health care professional	Patients
(a) Strengthening pricing policies												
(a.1) Improving the consistency of policies across health and other sectors	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★	★	★		
(a.2) Designing differential pricing sensitive to health systems' ability to pay			<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★	★			
(a.3) Enhancing health system ability to review and adjust prices, and to withdraw funding for superseded or less cost-effective medicines if required	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		★	★		
(a.4) Enforcing price caps for cancer medicines, with or without progressive reduction of prices over time		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		★			
(a.5) Creating competition among substitutable cancer medicines		<input type="radio"/>	<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★	★	★	★	★
(b) Improving efficiency												
(b.1) Prioritizing the selection of medicines with high(er) clinical value		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★	★		★	
(b.2) Considering the costs of model of care as part of the pricing approach		<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		★			
(b.3) Considering managed entry agreements for expenditure control only in specific cases			<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★	★			
(b.4) Avoiding the use or establishment of fund earmarked for the provision of cancer medicines			<input checked="" type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★	★			

Options that might enhance
affordability and accessibility of cancer medicines

Option that might enhance affordability and accessibility of cancer medicines.	Level of action required				Time frame for action ^a			Proposed actions taken by:				
	Local	Regional	National	Inter-national	Short	Medium	Long	Government ^A	Payer ^A	Industry	Health care professional	Patients
(c) Improving transparency												
(c.1) Disclosing the net transaction prices of cancer medicines to relevant stakeholders			●	○	<input type="text"/>			*	*	*		
(c.2) Disclosing and controlling prices along the supply chain	○	●	●		<input type="text"/>			*	*	*	*	*
(c.3) Reporting the costs of research and development and production, including public sources of funding			○	●		<input type="text"/>		*		*		
(c.4) Communicating pricing and reimbursement decisions to the public, when appropriate		○	●		<input type="text"/>			*	*			
(d) Promoting cross-sector and cross-border collaboration												
(d.1) Sharing information on medicine prices and technical assessments			●	○	<input type="text"/>			*	*			
(d.2) Harmonizing regulatory requirements for biosimilar medicines to ensure safety and quality and to promote competition			●	○		<input type="text"/>		*		*		
(d.3) Streamlining cross-border regulatory requirements and supply management of medicines in shortage			●	○		<input type="text"/>		*		*		
(d.4) Pooling subnational, national and regional resources for joint negotiation and procurement		●	●		<input type="text"/>			*	*	*	*	*
(d.5) Using voluntary license agreements where possible and applying WTO/TRIPS flexibilities for patented medicines, where appropriate			●					*				

Options that might enhance
affordability and accessibility of cancer medicines

Option that might enhance affordability and accessibility of cancer medicines.	Level of action required				Time frame for action ^a			Proposed actions taken by:				
	Local	Regional	National	Inter- national	Short	Medium	Long	Government ^a	Payer ^a	Industry	Health care professional	Patients
(e) Managing demand-side factors												
(e.1) Removing financial/non-financial incentives for prescribing cancer medicines of limited clinical value	●	●	●		<input type="text"/>				*	*	*	
(e.2) Restricting promotional activities of cancer medicines to clinicians and the public			●		<input type="text"/>			*		*	*	
(e.3) Correcting any misperception of inferior quality of generic or biosimilar medicines		○	●		<input type="text"/>			*	*	*	*	*
(e.4) Implementing regulatory measures upon identification of substandard and falsified medicines	●	●	●	●	<input type="text"/>			*		*	*	
(f) Realigning incentives for research and development												
(f.1) Incentivizing research for cancers that affect smaller populations			●	●	<input type="text"/>			*		*	*	
(f.2) Focusing on health service research to improve system efficiencies, rational use of medicines and packages of care		●	●		<input type="text"/>			*			*	*

Key: WTO/TRIPS: World Trade Organization Trade-Related Aspects of Intellectual Property Rights.

^a Short term: within 1 year; medium term: 1–3 years; long term: more than 3 years.

^a Government and payer may be the same.


● Primary level of action.

○ Complementary level of action.

★ Primary actor.

★ Complementary actors.

WHO GCM/NCD Working Group: Policy Brief with priority actions



GLOBAL NCD TARGET

IMPROVE ACCESS TO TECHNOLOGIES AND MEDICINES TO TREAT NCDs

Background

Heart disease and stroke, cancers, diabetes, and chronic respiratory diseases and other noncommunicable diseases (NCDs) cause tens of millions of deaths per year, the majority of which occur during the most productive years of life. NCDs reduce economic output and prevent people around the world from living lives of health and well-being. Creating the conditions that foster sustainable development means taking action to prevent and control NCDs now.

New global NCD targets provide a vision for progress by 2025. The WHO Global NCD Action Plan 2013-2020 and other resources provide a roadmap of policies and interventions to realize this vision. When implemented, they will put countries on track to meet the commitments made on NCDs at the United Nations General Assembly in 2011 and 2014, and at the 2019 Agenda for Sustainable Development, including target 3.6 to reduce premature NCD deaths, target 3.8 to achieve universal health coverage (UHC), and target 3.b to support the research and development of vaccines and medicines for communicable and noncommunicable diseases.

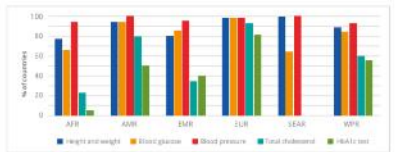
Global Target

An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities by 2025.

Fast Facts


- Without effective medicines and essential diagnosing and monitoring equipment being available at health facilities to treat NCDs, patients will suffer short and long-term adverse effects from their disease.
- Evidence shows a consistent pattern of lower availability of medicines in public sector facilities, versus private, and low-income and lower-income countries versus higher-income countries.
- Sustainable health-care financing, adequate and reliable procurement systems for basic health technologies and essential NCD medicines, training of healthcare workers, and evidence-based treatment guidelines and protocols are all necessary to achieve this target.

Access to affordable basic technologies and essential medicines to treat NCDs will save millions of lives each year.




Percentage of countries with availability of selected basic technologies for early detection, diagnosis, and monitoring of NCDs in the primary care facilities of the public and private health sector by technology


Technology	Public (%)	Private (%)
Height and weight	~85	~85
Blood glucose	~65	~85
Blood pressure	~85	~85
Total cholesterol	~45	~85
Uric acid test	~45	~85



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TOGETHER
LET'S BEAT NCDs



Priority Actions

Achieving this target is possible through commitment to improving affordability and access to essential NCD medicines and health technologies. Partnerships between government and civil society will be key to supporting policy implementation. Focusing efforts on the following policy measures will help make this target attainable:

- Integrate **very cost-effective NCD interventions** into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda.
- Explore viable **health financing mechanisms** and innovative economic tools supported by evidence.
- Scale up **early detection and coverage**, prioritizing very cost-effective high-impact interventions including cost-effective interventions to **address behavioural risk factors**.
- Train **health workforces** and **strengthen the capacity of health systems**, particularly at the primary care level, to address the prevention and control of NCDs.
- Improve **availability of affordable basic technologies and essential medicines**, including generics, required to treat major noncommunicable diseases, in both public and private facilities.
- Implement **other cost-effective interventions and policy options** in objective 4 of the WHO *Global NCD Action Plan 2013-2020*, to strengthen and orient health systems to address noncommunicable diseases and risk factors through people-centred primary health care and universal health coverage.
- Develop and implement a **palliative care policy** using cost-effective treatment modalities, including opioids analgesics for pain relief and health worker training.

Let us discuss how to improve the coverage, equity and access of quality assured essential NCD medicines and health products

- Involve the community and grassroots civil society organizations not just as a recipient of the products, but drive change and help shape the market
- Let's ensure NCD medicines are more affordable and at a fair price
- Intensify our advocacy and improve visibility of NCD medicine and health product needs
- Leverage existing access reforms / initiatives and ensure integration of NCDs
- Predictable and Resilient Treatment Access: Identify opportunities for improvement, and encourage new approaches to ensure essential products reach the last mile.



WHO's network of NCD-related Directors



**IT WILL BE
IMPOSSIBLE TO
END THE NCD
EPIDEMIC
WITHOUT
BRINGING
HYPERTENSION,
DIABETES AND
CANCER
TREATMENT TO
ALL WHO NEED IT.**

#NextGenNCD



Thank you
mikkelsenb@who.int

Magic Bullets for sustainable access to NCD medicines and health products

Dr Mariângela Batista Galvão Simão

Assistant Director General Medicines
and Health Products, WHO HQ





Country Perspectives

Key lessons and bottlenecks

Experience in South Africa

*Key lessons and bottlenecks in driving
equitable access to NCD medicines*

**Ms Khadija
Jamaloodien**

Director of the Affordable
Medicines Directorate
at the National Department of
Health, South Africa

NCD HARD TALKS



CENTRAL CHRONIC MEDICINE DISPENSING AND DISTRIBUTION

21 October 2019



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A long and healthy life for all South Africans



CENTRAL CHRONIC MEDICINE DISPENSING AND DISTRIBUTION (CCMDD)



Growing chronic disease burden and
patient population + Test & Treat
= Even greater burden on already
overburdened health facilities

**Central Chronic Medicine Dispensing and
Distribution Programme = Vehicle for achieving
Universal Health Coverage, 95-95-95 and Test & Treat**

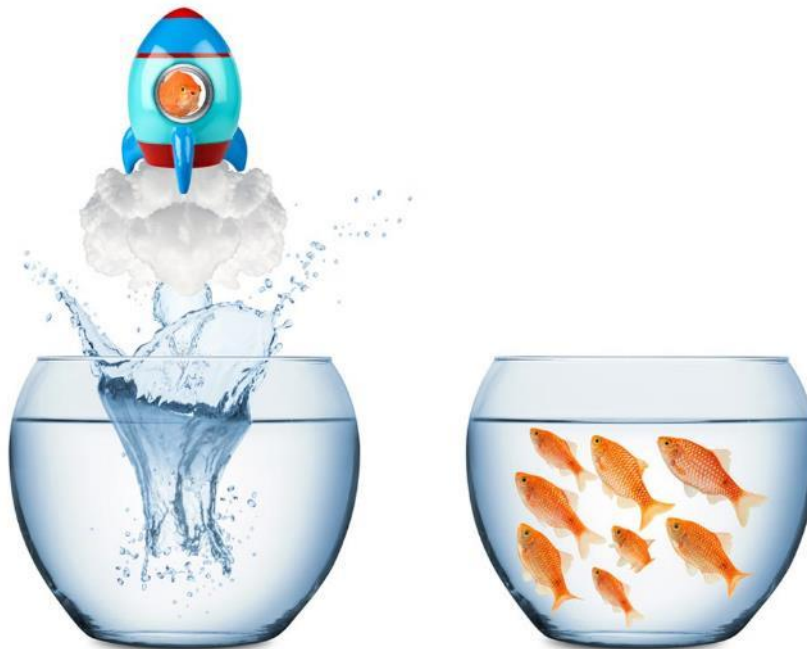


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CCMDD is a game changer



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CCMDD is a game changer



- Country level – reduced opportunity costs, savings and improved productivity
- Health care providers – decongested public health facilities, improved quality of care and patient information
- Patient – reduced personal costs, improved convenience, improved adherence, better health outcomes

First steps towards the realisation of NHI



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Alternative Access Points



- All CCMDD Pick-up-Points currently receive pre-dispensed parcels.
- This process is being used to develop the business rules and governance that will support the expansion of pharmaceutical services as part of NHI service delivery



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Alternative Access Points



- Current performance
 - Over 3.8 million patients registered on programme
 - Approx: 2.6 million active prescriptions
 - 2 577 external pick up points, i.e. not in facilities



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Which Conditions?



Treatment Experienced Patients with Chronic Conditions:

1. Hypertension
2. Diabetes
3. COPD (Asthma, Cholesterol, etc)
4. Epilepsy
5. HIV and AIDS



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THANK YOU



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Experience in Afghanistan



**Dr Sayed Zubair
Sadat**

Afghan Red Crescent Society
Health Program Clinics
Manager and Hospital Focal
Point, Afghanistan

*Key lessons and bottlenecks in driving
equitable access to NCD medicines*



Deployment of NCD emergency kit in 4 Health facility of emergency provinces

Afghanistan

21-Oct-2020

Afghanistan NCD pilot project

NCD
Emergency
Kits: An
Opportunity
to Integrate
NCD Services
at a Primary
Health Care
Level in Crisis
Settings

Context :
Health
Service
Package
for PHC

Initiative

Impact

Lessons
Learnt

NCD Emergency Kits: An Opportunity to Integrate NCD Services at a Primary Health Care Level in Crisis Settings

- In order to address the burden of noncommunicable diseases (NCDs), currently causing 109 000 deaths a year in Afghanistan, the country is piloting the deployment of NCD emergency kits in four selected clinics in emergency provinces, as the country's first attempt to integrate NCDs at primary health care (PHC) level.
- The kits target the most common and manageable NCDs (diabetes, hypertension, chronic respiratory disease, and selected mental health conditions), enabling clinics to diagnose and treat patients, limit referrals, and meet the priority NCD health needs of 270 000 people.

Context : Health Service Package for PHC

- As the MoPH's to deliver services is currently limited, and ARCS has strong community links and programs in place, WHO partnered with ARCS for the implementation of the initiative in collaboration with the International Federation of Red Cross/International Committee of the Red Cross. A third partner, Primary Care International, conducted NCD emergency kit management training for staff of the four selected PHC clinics.
- ARCS Take the Pilot project after long discussion with collaboration of IFRC in four locations Kandahar, Kundoz, Herat and Jalalabad
- The Health facilities selected are located in Urban setting and 3 of them are Basic Health Centers called BHCs one in Kandahar is Comprehensive Health Center which is called CHC,
- The target for the BHCs are 15000-30000 Population according to BPHS while the target for the CHC is 45000-60000 Population

Initiative

- In July 2019, the World Health Organization (WHO) piloted NCD integration into PHC, with initial funding provided by the Central Emergency Response Fund. Twenty-seven NCD emergency kits were introduced into four PHC clinics run by Afghanistan's Red Crescent Society (ARCS) in emergency provinces. The project's main goal is to make up for contextual supply chain disruption, while simultaneously ensuring continuity of care, monitoring, and follow up. Each NCD emergency kit provides a regular supply of medicines and medical devices to meet the priority NCD health needs of 10 000 people for three months.

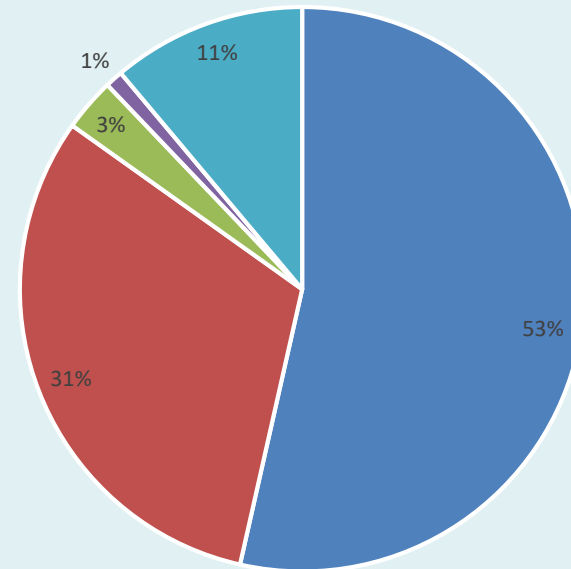
Impact

- The pilot project demonstrated feasibility and acceptability of the inclusion of a new bundle of services. It has furthered the progress towards universal health coverage by increasing the number of people diagnosed and managed, decreasing inappropriate referrals, and enhancing trust between patients and community health facilities, all of which have led to a more appropriate use of health services.
- The four clinics in which the project was piloted registered 23428 NCD patients (figure shows NCD diagnoses) and dispensed 18 different types of medicines for the most common and most manageable NCDs over the span of four months (July 2019 to Sep 2020).

ARCS NCD performance in 4 Clinics

ARCS Health Facilities NCD pilot
Project performance 2019-Sep 2020

4 ARCS Health facilities NCD Performance Data		
Problem	Number	Persentatge
Diabetes M Type 2	12398	53%
Hypertention	7188	31%
Branchial Asthma	571	3%
COPD	157	1%
CVD	2403	11%
Othrs	711	3%



■ Diabetes M Type 2 ■ Hypertention ■ Asthma ■ COPD ■ CVD ■ Others

Lessons Learnt

- **FEASIBILITY** – Integrating a priority set of NCD interventions at the PHC level using an NCD emergency kit is feasible and accepted by health care professionals and beneficiaries, making the case for the inclusion of NCD services in the BPHS.
- **ENTRY POINT** – The NCD emergency kit is an entry point to the prioritization of NCD interventions at the PHC level while bridging the gap of NCD medicine procurement and drug supply chain in a crisis setting.
- **PARTNERSHIPS** – Partnering with entities involved in the community, defining and dividing stakeholder responsibilities, and ensuring a robust surveillance and reporting system allows continuous improvement.
- Patients com from very remoted district /province to received health services / especially diabetic patients
- Patients come with primary diabetes want/need insulin
- # of Diabetics patties are high the other NCD Patients but Drugs are provided in same amount

Challenges

- Affected of primary health care services in health facility
- Work over load on the staff
- Shortage of medicine (especially Antidiabetic Drugs)
- No incentive for the staff
- Lack of space for a slandered storage of the drugs

Recommendations

- Additional staff are needed to help the existence staff in providing services Nurse and Cleaner
- More space is needed for keeping/storage of the Drugs .
- Some Administrative and running cost support for the clinics

Way forward

- Success of the pilot project integrating NCDs into PHC illustrates how the MoPH could operationalize the BPHS with the support of the public health system and the collaboration of partners already involved in this area, such as WHO and ARCS. The NCD emergency kit bridges the supply gap but does not fix the system. By fulfilling health system requirements, increasing health workforce and training, and putting in place comprehensive health information systems, the country would progress towards sustainable integration of NCD interventions in PHC.
- Given that NCD integration in PHC is feasible, the project should move from receiving emergency funds to stable funding that supports scaling up, capacity building, and the full integration of NCD services as part of the national health system and BPHS.











Thanks

Questions ?

We invite all participants to participate
in the upcoming poll.





HARD TALK PANEL

To Treat or Not to Treat

Driving equitable access to NCD Medicines

To Treat or Not to Treat

Driving equitable access to NCD Medicines



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To Treat or Not to Treat

Driving equitable access to NCD Medicines



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To Treat or Not to Treat

Driving equitable access to NCD Medicines



Mr Action Amos

Vice President Africa
for International
Bureau of Epilepsy
*Patient - epilepsy
treatment*
Malawi

A dark, semi-transparent overlay covers the entire image. In the background, a stethoscope is visible on the left, several white pills are scattered in the foreground, and a US dollar bill is partially visible on the right.

QUESTIONS?

Please type them in the Q&A box



NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • NOVEMBER 18, 2020 • 13-14:30 CEST

Building an NCD
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Thank you

Registration link

https://who.zoom.us/webinar/register/WN_p_f-bp6T4q3jjA-uiwAJg