FROM SILOES TO SYNERGIES:

Integrating noncommunicable disease prevention and care into global health initiatives and universal health coverage

POLICY BRIEF

The George Institute for Global Health

NCD Alliance

This policy brief summarises the findings of a report, commissioned by the NCD Alliance to The George Institute for Global Health, supported by the Helmsley Charitable Trust.

Edited by the NCD Alliance, August 2021

Editorial production: Jennifer Bajdan
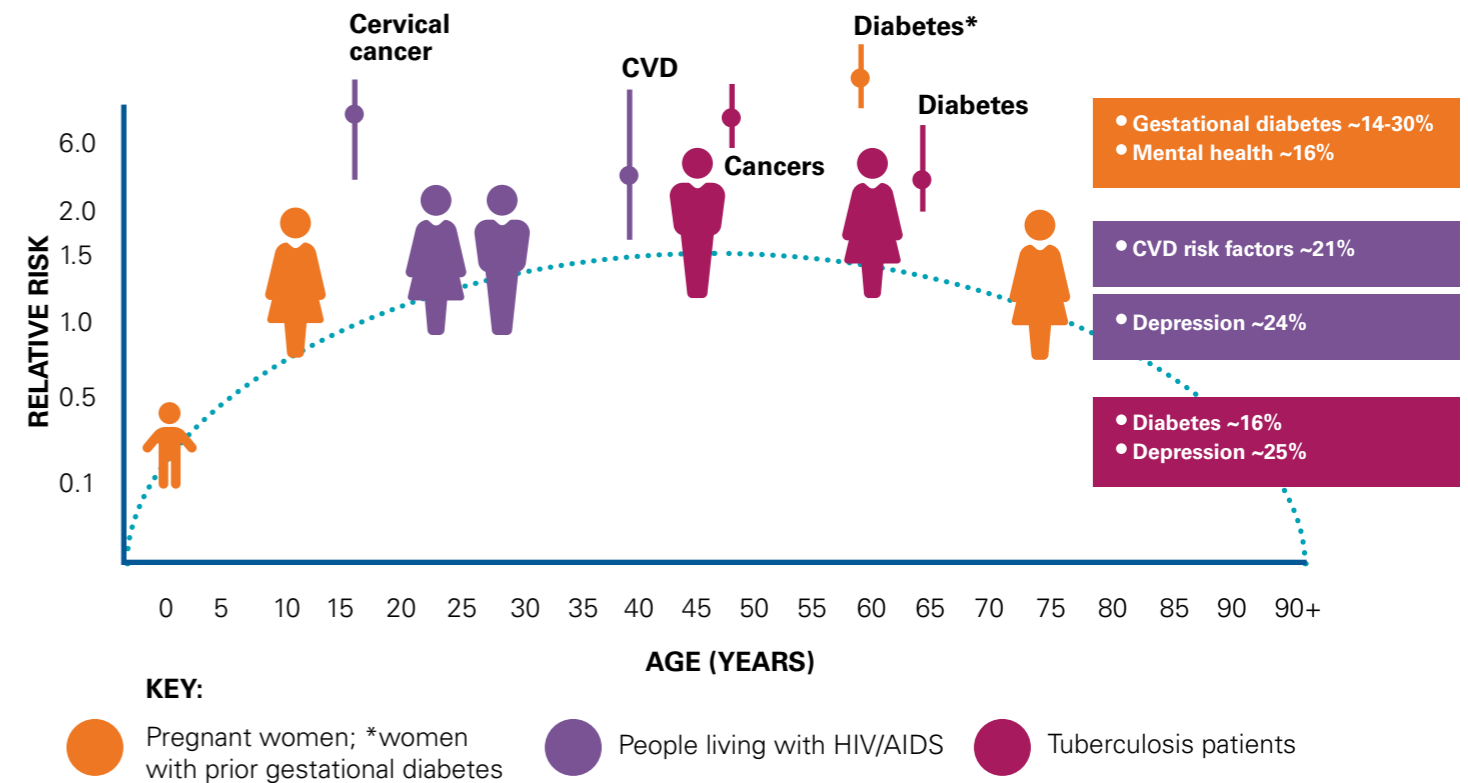
Design and layout: Rachel Dain

NCD Alliance

The journey to universal health coverage (UHC) needs to be accelerated, particularly in light of the hard lessons from the COVID-19 pandemic. There is sufficient evidence, and strong endorsement from the World Health Organization (WHO) that critical care services for people living with noncommunicable diseases (NCDs) can be cost-effectively delivered as part of a package of primary healthcare (including screening, diagnosis, and disease management). There is also evidence that the current framing of NCDs and research priorities insufficiently reflects the voices of those most affected, particularly those in the poorest countries. There is strong support from in-country stakeholders for greater integration of NCD services together with services for priority populations for major global health initiatives, for HIV/AIDS, tuberculosis (TB) and maternal and child health, as part of UHC. There is a growing body of experience showing how this can be realised.

Focusing on priority populations addressed by global health initiative programming, this policy brief accompanies a full research report, and draws attention to the scale and nature of unmet need for NCD services, identifying what has been learnt from past efforts at expanding or integrating health care services. It draws on a literature review, stakeholder consultation, and an online survey representing the responses of 182 stakeholders globally, presenting their views on barriers and priority actions for whole-of-person care. The full report includes insightful case studies of successfully integrated services for people living with NCDs into internationally supported health initiatives in Kenya, Malawi and Zambia. It is available from the **NCD Alliance website.**

Figure 1: NCD prevalence and risk at different stages of life provide windows of opportunity to help address the NCD epidemic

KEY:
- Pregnant women; *women with prior gestational diabetes
- People living with HIV/AIDS
- Tuberculosis patients

THE CASE FOR INTEGRATION

Prior to the pandemic, fewer than 20 countries worldwide were on track to reduce premature NCD deaths by one-third by 2030, a commitment that governments made in 2015 as part of the UN Sustainable Development Goals (SDG3.4).

COVID-19 has brought about a greater recognition that the long-held distinctions between communicable and noncommunicable diseases are not as clear cut as once thought – with those with chronic conditions significantly more at risk from the virus. The vast majority of the millions of people to date who have lost their lives or became seriously ill with COVID-19 had underlying health conditions, most commonly hypertension, cardiovascular disease and diabetes. Longstanding inaction on NCDs has amplified the human and economic cost of COVID-19.

Low- and middle-income countries (LMICs) are experiencing a rapid transition from population disease profiles shaped by communicable diseases and conditions, impacting mothers and their children, to those dominated by NCDs and injuries.

Pivotal health gains in LMICs achieved through funding for priority population health initiatives, such as HIV/AIDs, TB, and maternal, newborn and child health (MNCH) are under threat from NCDs. Co-morbidities are explained in detail in the full report (see also Figure 1), but among the most common are the

bidirectional relationship between TB and diabetes; the significantly higher risk of cardiovascular disease and some cancers for people living with HIV; and hypertensive disorders and gestational diabetes which affect many pregnancies, risking potential lifelong health impacts for both mother and child if not effectively treated.

As part of the focus on UHC and primary health care (PHC), expansion of cost-effective services for NCDs to all who need them, in an affordable manner, is essential and has received increasing political attention over the past decade.

Health systems need to adapt to a clearer focus on the person and their health throughout the life course, not only on the single health crisis or condition that leads them to seek care. This policy research explores how successful global health initiatives could deliver on policy commitments to ensure a more integrated approach to health for millions of people worldwide living with NCDs and other chronic health conditions, including HIV/AIDs, TB and maternal and child health conditions.

Stronger, integrated, publicly funded, equitable health systems are critical to the sustainability of global health wins achieved since the adoption of the Millennium Development Goals, and subsequently progress towards the SDGs. The number of people living with multiple chronic conditions is rapidly increasing. Their experiences of inequity between access to quality treatment for NCDs compared to other conditions reflect how support from global health donors has an impact on their health and opportunities:

It is more than a decade since the Minister of Health resolved to "encourage the development, integration and implementation of vertical programmes, including disease-specific programmes, in the context of integrated primary health care." However, progress in this area has been patchy at best, and limited by inter-related historical and political factors. World leaders have recently reaffirmed the need to provide more integrated services to include NCDs, notably in the ground-breaking commitment at the United Nations High-Level Meeting on AIDS in June 2021, which commits governments to ensure 90% of people living with and at risk of HIV can access NCD and mental health care by 2025.[1]
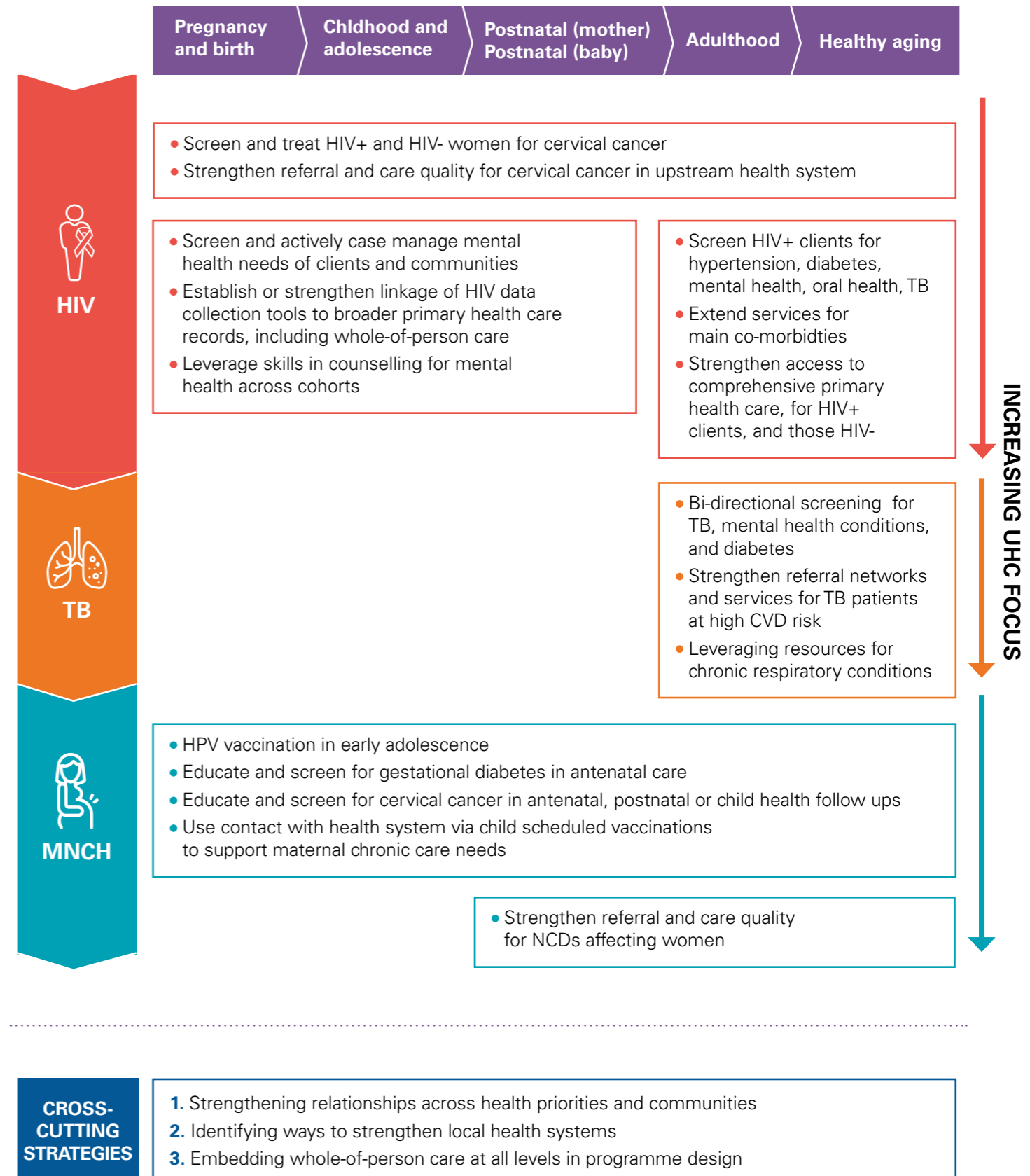
1 United Nations Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. 2021. Accessed at: 2107241E1.pdf (un.org).

FROM SILOES TO SYNERGIES

The policy research report surveyed LMIC health experts to identify why political commitments to the integration of NCD services into global health programmes have not yet been widely achieved. Respondents identified several common barriers across different LMICs and regions. The report then goes on to identify constructive examples and key enablers of MNCH programmes, HIV programmes and other disease-specific programmes, effectively integrating one or more NCD services either into their care packages or into PHC (Figure 2).

Figure 2 Strategies for integration of NCDs into whole-of-person care

Pregnancy and birth	Chldhood and adolescence	Postnatal (mother) Postnatal (baby)	Adulthood	Healthy aging

INCREASING UHC FOCUS

HIV
- Screen and treat HIV+ and HIV- women for cervical cancer
- Strengthen referral and care quality for cervical cancer in upstream health system

- Screen and actively case manage mental health needs of clients and communities
- Establish or strengthen linkage of HIV data collection tools to broader primary health care records, including whole-of-person care
- Leverage skills in counselling for mental health across cohorts

- Screen HIV+ clients for hypertension, diabetes, mental health, oral health, TB
- Extend services for main co-morbidties
- Strengthen access to comprehensive primary health care, for HIV+ clients, and those HIV-

TB
- Bi-directional screening for TB, mental health conditions, and diabetes
- Strengthen referral networks and services for TB patients at high CVD risk
- Leveraging resources for chronic respiratory conditions

MNCH
- HPV vaccination in early adolescence
- Educate and screen for gestational diabetes in antenatal care
- Educate and screen for cervical cancer in antenatal, postnatal or child health follow ups
- Use contact with health system via child scheduled vaccinations to support maternal chronic care needs

- Strengthen referral and care quality for NCDs affecting women

CROSS-CUTTING STRATEGIES
1. Strengthening relationships across health priorities and communities
2. Identifying ways to strengthen local health systems
3. Embedding whole-of-person care at all levels in programme design

Three programmes are explored in more detail:

Zambia: Cervical Cancer Prevention Programme.

Zambia Ministry of Health and Center for Infectious Disease Research, supported by PEPFAR, US Centres for Disease Control and Prevention and the University of Zambia.

Kenya: Integrating HIV/AIDS and diabetes care in Western Kenya.

Kenya Ministry of Health, Moi University, Moi Teaching and Referral Hospital, AMPATH consortium of North American Universities and Health Centres, with support from the World Bank, USAID, US National Institutes of Health, US Centres for Disease Control and Presentation, Bill and Melinda Gates Foundation, AstraZeneca, Boehringer Ingelheim, Eil Lily and Company, Merck, Pfizer and Takeda.

Malawi: Integrated Chronic Care Clinic in Neno District.

Malawi Ministry of Health supported by Partners in Health and the Global Fund to fights AIDS, TB and Malaria.

The report identifies key benefits of integration, which include improved health outcomes for target groups and wider populations, improved equity of access, cost effectiveness and increased user satisfaction and trust in health services. The report proposes three key ways forward and eight key enablers to achieve NCD integration, which lead to a set of recommendations for the global health community, national governments, health advocates and researchers.

Key enablers for integrated care to meet the needs of people living with NCDs:

1. **Advance the contribution of global health financing mechanisms for whole-of person, integrated care in programme design:**

   1.1 Develop a stronger, contextually relevant evidence-base for informed decision-making;

   1.2 Inclusion in goals, funding guidance, and monitoring and evaluation of programmes.

2. **Strengthen relationships across health priorities and communities:**

   2.1 Develop structures and coordination mechanisms to bring specialists together;

   2.2 Include ability to adapt and innovate in programme design;

   2.3 Present evidence to frame discussions between different disease specialists.

3. **Embed whole-of-person care at all levels in programme design:**

   3.1 Share integrated health records;

   3.2 Make referral protocols available between levels of care;

   3.3 Ensure health workers are trained and well equipped with appropriate supplies, diagnostics and medicines.

RECOMMENDATIONS

DONORS AND DEVELOPMENT PARTNERS

- Leverage new and existing programmes and platforms to make them more integrated
- Include person-centred care indicators in funding requirements
- Create horizontal funding opportunities to promote an integrated agenda and stop/reduce initiatives which create separate data systems and supply chains
- Develop initiatives which take into account the care cascade (find-link-treat-retain) in integration efforts
- Build disease prevention into funding opportunities
- Help generate evidence about integration and invest in evaluation

GOVERNMENTS

- Provide leadership on integration and encourage coordination among stakeholders working across disease areas, ensuring that the full care cascade is prioritised
- Ensure people living with NCDs are meaningfully engaged in decision making and priority setting
- Collect multimorbidity data and incorporate into planning processes
- Take into account capacities and priorities of sub-national health service providers
- Promote the transition to UHC in a phased and context-specific way
- Actively seek integrated funding opportunities

NCD ADVOCATES AND RESEARCHERS

- Actively build relationships with advocates from other global health priorities
- Amplify the voices of people living with NCDs by giving them a platform to share their experiences and ensure their meaningful involvement in integration design processes
- Call for the inclusion of NCDs in UHC and advocate to abolish user fees for health care
- Share successes and lessons learned about integration
- Generate evidence about integration for programme designers