Non-Communicable and Chronic Diseases: A Health Systems Approach

Non-communicable and chronic diseases (NCDs)—cancers, diabetes, and cardiovascular and respiratory diseases, in particular—represent a rising health burden for developing countries. Management Sciences for Health (MSH), now in its 40th year of improving the health of the world’s poorest and most vulnerable people, believes that burden can only be lifted by first strengthening core health systems.

Recognizing the potential global impact of NCDs and the need for a sound and comprehensive response, MSH is committed to addressing the rising burden of NCDs by strengthening health systems and advocating for an integrated approach to the delivery of health care. To effectively address NCD’s, MSH provides the following recommendations:

**Strengthen current health systems:** The health system must:

- Act in a coordinated and integrated way so as to reach people who may otherwise go undetected. The long-term nature of chronic diseases poses many challenges for the health system but it is crucial that the prevention, care and treatment of chronic disease be integrated in order to save more lives.
- Deliver integrated care including all players in the health system—government ministries, pharmacists, healers, health workers, and community health workers.
- Have strong information systems and an educated health workforce.
- Support local private sector health providers (e.g. private drug sellers and private practitioners).
Ground health policy in the principal of universal health coverage

- NCD treatment should be made available and affordable at the lowest possible cost.
- NCD partnerships and funding should follow a diagonal, evidence-based approach so as to effectively mobilize resources and deliver high-impact interventions.

Promote partnerships across all sectors (public, private, civil society) to ensure a coordinated response

- Leverage resources to promote sustained, comprehensive NCD prevention and treatment strategies.
- Collectively advocate for healthy lifestyle policies.

LEVERAGING EXISTING INVESTMENTS TO EXPAND NCD COVERAGE

Well-coordinated donor investments in HIV and other high-profile health interventions can positively impact the delivery of NCD-related services and health care coverage. Addressing the dual epidemic of HIV/AIDS and NCDs in Tanzania, MSH collaborated with the Tanzania AIDS Commission and other partners to provide technical oversight and coordination of grants to improve the delivery of integrated chronic care services. Through a Rapid Funding Envelope (RFE), the Shree Hindu Mandal Hospital’s HIV/AIDS Treatment Centre in Dar es Salaam improved the delivery of integrated chronic care services. As a result, Shree Hindu Mandal increased voluntary counseling and testing services, provided dual training to its staff on treating co-morbidities, renovated its existing infrastructure, and strengthened its laboratory services by introducing new technologies for patient diagnostics and monitoring. In 2011, 15 percent of its 3,400 patients on antiretroviral therapies were identified as having co-morbidities, including hypertension, hyperlipidemia, diabetes, and other metabolic disorders.

STRENGTHENING HUMAN RESOURCES FOR HEALTH

A knowledgeable workforce that is led by strong managers and governed by sound policies is essential for addressing the increased health burden of non-communicable and chronic diseases. MSH’s expertise lies in empowering staff at all levels, from policy makers to community health workers. For example, between September 2010 and March 2011, MSH-trained community health workers in Benin who treated 27,060 cases of child illness (both communicable and non-communicable), referred 1,043 cases to health centers, and made 14,822 home visits to increase awareness of child illness, immunization, and nutrition.

EXPANDING HEALTH INFORMATION SYSTEMS TO SUPPORT NCD PROGRAMS

Information is a key building block of a solid health system. MSH helps stakeholders at all levels efficiently capture, analyze, and use health data. Because our data-handling methods are usually compatible with existing procedures and formats, they can more easily be expanded or refined to support NCD interventions.
SAVING LIVES THROUGH INTEGRATED SERVICE DELIVERY

MSH believes that integration of service delivery, when appropriate and properly implemented, is a key tool for success in health systems management. This includes the integration of communicable and non-communicable disease prevention and treatment services. For example, in eastern Uganda, MSH launched a pilot program among women living with HIV & AIDS to improve cervical and breast cancer screening and reduce the number of new cases and related morbidity and mortality. Four hundred eighty-four sexually active women and girls living with HIV & AIDS were screened for cervical and breast cancer in 18 health centers. Patient referrals for cryotherapy were provided at regional hospitals. In Ghana, MSH has developed and instituted standard operating procedures in health centers to improve TB case detection while reducing TB-related morbidity among those with type 2 diabetes. Patients visiting diabetic clinics and antiretroviral therapy centers are screened on a monthly basis. MSH/TB CARE I has trained health workers who will train other trainers. TB screening will also be implemented in maternal child health units.

SCALING-UP NCD SERVICES, USING HIV & AIDS GROUNDWORK

Bringing life-saving HIV treatment to the most hard-to-reach areas once seemed impossible. Yet, today more than 5.2 million people have access to antiretroviral treatment in low- and middle-income countries. Now, with the groundwork laid for the scale-up of ART—new public infrastructure, drug development technology and pricing, changes in policy and regulation, improved pharmaceutical supply chains, and human resources management—can be used to benefit patients with chronic diseases. For example, in Malawi the national scale-up of ART is based on the public health approach, with principles and practices borrowed from the successful DOTS tuberculosis control framework. The principles include political commitment, free care, and standardized systems for case finding, treatment, recording and reporting, and drug procurement. Scale-up of ART started in June 2004, and by December 2008, 223,437 patients were registered for treatment within a health system that is severely under-resourced. The Malawi model for delivering lifelong ART can be adapted and used for managing patients with chronic non-communicable diseases.

PROVIDING ACCESS TO SAFE, AFFORDABLE MEDICINES

MSH is a global leader in pharmaceutical systems. In Rwanda, MSH's Strengthening Pharmaceutical Systems worked with the Ministry of Health's Pharmacy Task Force, to find the most appropriate focus for the initial phase of introducing a pharmaceutical care initiative in private pharmacies. Patients with diabetes, cardiovascular illnesses, and asthma were the most appropriate focus for the initial phase of a new initiative. Patients with HIV & AIDS and malaria were thought to be the best targets in public hospital pharmacies.
“The global health community is at a critical crossroads. For the past decade, it was essential to fund interventions for specific diseases because the number of infections was so vast. As demographics change and people are living longer, however, a health systems approach to NCDs has the greatest health impact and ensures that interventions are sustainable, efficient, and effective.”

—Jonathan D. Quick, MD, MPH, President and CEO, Management Sciences for Health

ABOUT MSH
For 40 years, our mission has been to save lives and improve the health of the world’s poorest and most vulnerable people by closing the gap between knowledge and action in public health. Together with our partners, we are helping managers and leaders in developing countries to create stronger management systems that improve health services for the greatest health impact.

MSH takes an integrated approach to building high-impact sustainable programs that address critical challenges in leadership, health systems management, health service delivery, human resources, and medicines. Wherever our partnerships succeed, the positive impact of good health has a ripple effect, contributing to the building of healthy nations.

MSH works collaboratively with health care policymakers, managers, providers, and the private sector to increase the efficacy, efficiency, and sustainability of health services by improving management systems, promoting access to services, and influencing public policy.

For additional information, go to www.msh.org, or contact Dr. Gloria Sangiwa, Global Lead for chronic diseases, at gsangiwa@msh.org.