

Health Systems Response to NCDs under Universal Access to Health and Universal Health Coverage

- The enormous toll of the highly preventable noncommunicable diseases (NCDs)- principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and their common risk factors, tobacco use, harmful use of alcohol, diet and physical inactivity, as well as mental health disorders, disabilities, and traffic related injuries and death, continues to threaten the health, welfare, productivity, fiscal sustainability, and economic vitality of states throughout the Caribbean region.
- Moreover, the costs of health care from the growing epidemic of NCDs threatens the ambition of Caribbean countries to achieve sustainable, universal access to health and universal health coverage (UA/UHC) for their populations.
- The approach cannot be business as usual; it requires practical, innovative interventions to overcome the current disease-specific approach, which will not be sustainable. The growing epidemic poses an urgent need to transform and/or strengthen the Health Systems to better respond to the challenge of NCD's along the recommendations of the strategic lines outlined in PAHO's Strategy for Universal Access to Health and Universal Health Coverage (CD53/5, Rev.2), the Plan of Action on Health in All Policies (CD53/10, Rev.1), and the PAHO's Plan of Action for the Prevention and Control of Noncommunicable Diseases (CD52.R9), tailored to specific national context.
- Some of the key elements for action need to speak to:
 - A comprehensive approach, under the leadership of the national health authority, comprising all statements of the society, embedded in countries efforts to advance toward universal access to health and universal health coverage.
 - Advocacy for increased fiscal priority for health as a necessity for economic growth and development. MOH need to be equipped to provide evidence for advocacy, the debate needs to include not only evidence on actual costs of the NCDs, but evidence on the cost of not acting now and the impact to countries efforts towards economic growth and sustainable development.
 - Advancing toward providing universal access to comprehensive, quality, progressively expanded health services, taking into account the health needs of people, including those affected by NCDs, as well as changes in the model of care and in the organization of the health service delivery. There is an urgent need to increase the response capacity of the primary level of care articulated in Integrated Service Delivery Networks for the provision of comprehensive health services shifting the focus from disease to people and community-centered health care. Interventions relevant to NCDs that need to be included in these comprehensive services are: increased health promotion and prevention; healthy diet and physical exercise; evidence-based guidelines for NCDs management for early diagnosis; treatment and follow up; comprehensive clinical information systems that can integrate required NCD data; self-care and community support; multidisciplinary teams-based care that can respond to the specific needs of people affected with NCDs; availability of medicines and other

health technologies relevant to prevention, control and palliation (including morphine equivalent opioid analgesics-excluding methadone- for palliative care,

insulin, dialysis and hemodialysis, hepatitis B and human papilloma virus vaccines, medicines for the treatment of hypertension and diabetes, etc)

- Strengthening stewardship capacity of the national health authority and governance of the health system is essential to produce the required paradigm shift. There are key functions of the MOH that need to be strengthened for a more comprehensive and efficient response to NCDs, including: advocacy for increased fiscal priority for health; interventions to improve efficiency not only in health systems and services organization and management but also in health financing mechanisms to provide adequate incentives to providers; regulation and coordination of public and private health providers; regulation of medicines and other health technologies; enhanced capacity for health technology impact assessment and the development of quality improvement programs, national health information systems, monitoring and evaluation, mechanisms for national dialogue and accountability, among others.
- Improving and increasing public health financing to protect the population from financial risks associated to the use of health services is essential, and in particular for NCDs. Advancing toward eliminating direct payment that constitute a barrier at the point of service will increase financial protection of those who, among others, are affected by NCDs because of the associated high out of pocket expenses and the risk of incurring on catastrophic expenses that could lead them to or push them deeper into poverty. Replacing direct payment at the point of service as a financing mechanism by pooling, pre-payment mechanisms based on solidarity will increase equity and efficiency of the health system to better respond to the health needs of the population, including those related to NCDs. The above will require an increase in public expenditure on health, noting that in most cases, public expenditure of 6% of the GDP is a useful benchmark. It is important to note that increasing public expenditure in health is a required, but not sufficient intervention. This intervention needs to be accompanied, in most cases, by other interventions to increase efficiencies in the health system, including allocation of resources to strengthen primary level of care, health promotion and risk protection.
- Strengthening intersectoral coordination mechanisms and the capacity of national health authorities to implement public policies and promote legislation, regulation and actions beyond the health sector that address the social determinants of health is particularly important as it relates to NCDs. Health promotion and prevention of NCDs are the cornerstones of an effective response that the health system alone cannot address. Public policies in sectors such as finance, education, agriculture, transportation, trade, and urban planning are needed to create the physical and social environments amenable to healthy choice. Stronger legislation and regulations are needed to reduce tobacco use, harmful use alcohol, to promote healthy eating and physical activity, among others to reduce the population exposure to NCD risk factors. These interventions justify joint action across all sectors of society.