

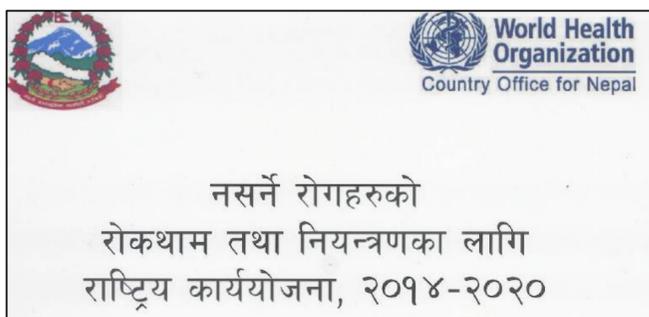
System Approaches to Address the Political Economy of NCDs

Background

Nepal is in a cross road of increasing epidemic of Noncommunicable Diseases (NCDs) and uncontrolled Communicable diseases posing a huge challenge to the already stretched health care system. Out of 59.7% of total OOP spending on the diseases/health categories, as much as half of it was spent on the NCDs.

The Noncommunicable disease risk factors: STEPS survey Nepal, 2013 reported 25% of population in age groups 15-69 years and nearly half of 45-69 years, have raised blood pressure. More than 50% of men and women with diabetes were not on medication and 89% of them had not measured their blood glucose.

Multisectoral Action Plan for the Prevention and Control of NCDs (2014-2020)



- One of the four strategic policy priorities identified is Health system strengthening for early detection and management of NCDs.

- Strengthening and orienting primary health systems for NCD prevention and control through people centered primary health care and universal health coverage is one of the foundations of the Nepal NCD multisectoral action plan 2014 -2020 and includes the action "Adapt WHO Package of essential non-communicable (PEN) disease interventions.

In addition, Nepal endorsed the Colombo Declaration in 2016 (SEA/RC69/R1). With this backdrop, Government of Nepal piloted and scaled PEN to 16 districts.

Specific Objectives

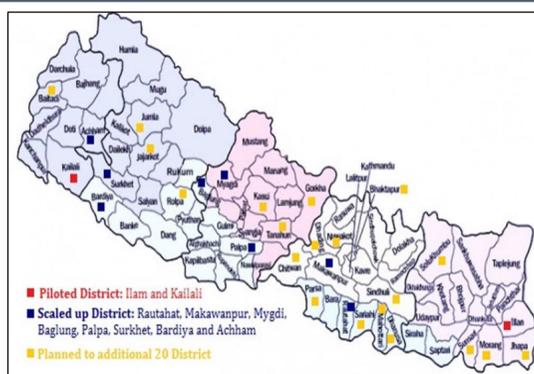
- Provision of innovative, cost effective evidence-based care of major NCDs in primary health care settings through standardized protocols for treatment and counselling
- Improving access to medicines and technologies
- Building capacities of medical officers and front-line health care workers
- Monitoring the progress of implementation

Methodology

Nepal launched PEN as a pilot in 2 districts (Ilam & Kailali) in 2016 with the technical and financial support of WHO.

Since then, MoHP through government funding scaled PEN services to 14 districts.

Epidemiology and Disease Control Division (EDCD) plans to further scale up PEN to total 30 districts by 2019.



PEN intervention system building areas:

Service Delivery model

Health facilities	Health promotion	Screening, CVD risk assessment & intervention	Consultation & referrals
District Hospital	As needed	Comprehensive management, Referral to tertiary hospital/specialist	Regional/Tertiary National hospital
Primary Health Care Center	Health education	CVD risk assessment, early diagnosis and management, referral as required	District hospital
Health Post	Health education	CVD risk assessment, measurement of blood pressure, blood glucose, BMI referral and refill of drugs.	Primary Health Care Center

Primary Health care workforce: Pool of trainers developed through Master ToT. At facility level, Task sharing and task shifting. Total 2423 Primary health care workers and Medical officers trained.

Essential medicines and diagnostics: Essential free drug list updated to include core PEN medicines.

Information systems: The System strengthening module of HEARTS technical package adapted Recording reporting tools (NCD patient card, NCD register, NCD monthly card, dashboard) updated.

Health financial protection: 100000 NRs is provided by government of Nepal for poor patients to cover treatment of CVDs, kidney diseases and cancer among other chronic diseases.

Clinical governance and leadership: The government has an operational High-Level Committee for policy directions chaired by the Prime Minister office, with Secretary MoHP member secretary and PEN Steering Committee chaired by Director General, Department of Health Services.

A SWOC analysis based on Quantitative and Qualitative analysis was conducted based on the field experience of the 2 PEN pilot districts. Treatment protocols, Essential Free drug, Trainers guide and Trainees handbook updated.



Conclusion / Lessons Learned / Policy Recommendation

Prioritization and scale up with government investment, political will and policy guidance from the High-Level Committee and knowledge sharing has been key. Government has developed well defined service packages and standardized protocols, updated Essential Free drug list (EDL) to include core medicines for NCD and mental health, promoted task sharing by non-physician health workers. Challenges remain such as quality assurance system, human resources, reliable supply chain and monitoring, financial protection and multisectoral coordination and integration of PEN in the new federal structure.

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