

KEY TAKEAWAYS

Accelerating UHC: Critical lessons in scaling up access to NCD care to achieve Health for All

This document summarizes the key themes and takeaways from *Accelerating UHC: Critical lessons in scaling NCD care to achieve Health for All*, an in-person and online event hosted by Access Accelerated and its partners on December 13, 2022. The event gathered health experts and leaders to Tokyo to advance discussions on noncommunicable diseases (NCDs) and Universal Health Coverage (UHC).

OVERVIEW

Progress on NCDs and UHC are both critical drivers in achieving the 2030 global goals. However, their complexity means that there is no one silver bullet in addressing these dual intertwined issues. Evidence shows that solutions work, and there are opportunities to scale these solutions for greatest impact. It begins with political commitment, evidence-based policies, a dedicated budget line, prioritization of skilled human capital and an approach that embraces integrated, coordinated and collective action.

“Incorporating NCDs into the UHC agenda is essential. We must work to make health systems more resilient to shocks and agile enough to adapt rapidly to changing circumstances.”

- Dr Hajime Inoue, The World Bank

FIVE KEY TAKEAWAYS

1. Integrating NCDs into UHC is a key element to achieving equity

Learning: NCDs present an ethical issue of inequity. An illustration of this inequity is the treatment disparity between high income countries and low income countries, which is higher when compared to any other disease.

Proposed solution: Incorporating NCDs into the UHC agenda is essential. Closing this equity gap through the framework of UHC is the most viable approach.

2. NCDs are increasingly recognized as the major global disease burden but this recognition has not translated into increased funding

Learning: There is increasing recognition of the serious impact of the rising burden of NCDs on a country's population health, economic prosperity, productivity and growth. However, this appears to have done little to increase domestic funding, which continues to prove a barrier to a strengthened NCD response. While countries are making progress towards UHC in terms of service coverage, less progress is being made on financial coverage, with people living with NCDs increasingly bearing the catastrophic treatment costs - which has only been exacerbated by the COVID-19 pandemic.

Proposed solution: Health has traditionally been viewed as a cost, rather than as an investment. To help increase domestic funding, a clear investment case for quality NCD care and strong health systems is needed. There exists cost-effective NCD interventions for every country including low- and middle-income countries (LMICs). Investment in NCDs arguably offers the best return on investment for a government from the perspective of boosting productivity and reducing health costs. There is a need to include these proven interventions as part of UHC, while also looking for opportunities that leverage additional sources of funding and investment, including public-private partnerships, in order to further expand NCD service coverage. To begin with, it is essential that governments ensure that NCDs have their own budget line.

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3. Effective, sustainable solutions need to be grounded at the local level

Learning: Investment is commonly made at the highest, tertiary level of healthcare. However, investment to help strengthen the capacity to provide basic, immediate NCD care, including screening, is often not funneled to the primary care level, leading to higher, and sometimes impoverishing out-of-pocket costs for patients as they seek care at tertiary levels that are often more expensive and far from where they live.

Proposed solution: To address the complexity of the NCD challenge and to help drive real change, community engagement is key. NCD responses and solutions require a bottom-up approach and need to be grounded at the community level, to ensure solutions are sustained in the long term and lead to better outcomes. Kenya was cited as a positive example where access to essential NCD treatment is being expanded to the primary healthcare level.

4. Gaps in data, particularly localized data, pose a barrier to an effective NCD response

Learning: At the local level, one of the barriers identified is a lack of population data on NCDs, as well as a gap in understanding which NCD interventions are most cost-effective. These barriers impede a government's ability to make effective investment decisions, and their ability to understand and monitor progress of NCD programs.

Proposed solution: By understanding, identifying and prioritizing cost-effective interventions, this will help to direct and allocate funding where it is needed and to make the most efficient use of often limited funding. Data is seen as critical, and it was suggested that bridging the gap in local data combined with storytelling through engagement with civil society offers a powerful opportunity to enhance the dialogue on NCD and bring further attention to the national NCD agenda.

5. An integrated, collective approach to responding to NCDs is needed to achieve UHC

Learning: There are many NCD programs being implemented. However, the traditional approach has often led to siloed and disease-focused programming, which tend to lead to fragmentation, low visibility, duplicated, costly efforts and a lack of longer term thinking about the future NCD needs within a country - ultimately, undermining a health system rather than strengthening it.

Proposed solution: The COVID-19 pandemic showed the impact on people living with NCDs, and the importance of strengthened collective and coordinated action in responding to NCDs to meet the UN Sustainable Development Goals. A strong case was made for a more integrated approach to strengthen access to care, as is the need for coordinated action through multi-sectoral partnerships to reduce the cost of duplicated efforts. Political commitment from both the health and finance ministers is regarded as essential to ensure adequate domestic funding, while greater cooperation between NCD and UHC stakeholders is also seen as key to building stronger health systems.

“Without a strong foundation of primary health care to address growing gaps in essential health services, the most vulnerable communities will remain most susceptible to any threat – whether local or global in scale – to their health and well-being.”

- Roshini George, PATH