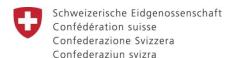


### MMS Symposium, 2 November 2017

# Leveraging national evidence at regional and global policy level to shape the NCDs agenda

Erika Placella SDC Health Advisor

Community-driven initiatives for healthy living in Kyrgyzstan, 2015



EECA countries, reflection for low income African Countries

Budget CHF 80 million, CH 3rd donor EECA

Country	Budget
Albania	9
Bosnia	9
Kosovo	5
Moldova	13.02
Ukraine	5.85
Kyrgystan	11
Tajikistan	8
Poland	12.5
Czech	
Republic	5
Romania	2
Total	80.37

Long-term commitment and flexibility

Partners: Government, WHO, implementing partners, private sector, CSOs, CBOs, FBOs

Addressing NCDs policy framework, promotion of healthy lifestyles, prevention, reshaping PHC services, strengthening referral system

2.05 Mio.

#### SDC Health Projects EECA

Kyrgyzstan

Kyrgyzstan

Kyrgyzstan

Kyrgyzstan

services.

Taiikistan

system

Taiikistan

Taiikistan

Medical Education Reform

2015-2019: CHF 5.4 Mio.

general population.

Addressing NCDs

general population.

health reform strategy (SWAP)

Overall goal: Improving health status of

Overall goal: Improving health status of

2017-2027: CHF 11 Mio.

Overall goal: Reduce infection risk.

Health Facilities Autonomy.

Health care waste management in Hospitals

2017-2019: CHF 1.6 Mio.

Overall goal: Improve quality and of medical

2013-2023: CHF 9.36 Mio.

Overall goal: Reform of the medical education

Improvement of medical primary care.

Community Based Family Medicine

Primary Health Care Centers.

2014-2018: CHF 6.20 Mio.

model in institutions and education.

Overall goal: Introducing a family medical

2017-2021: CHF 4.20 Mio.

Overall goal: Improve the access of about

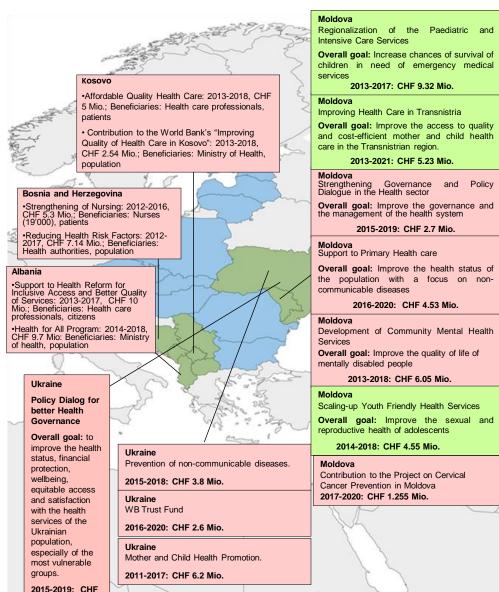
400'000 people living in the remotest and

mountainous areas of Tajikistan to quality

family medicine services provided in the local

2012-2017: CHF 13.81 Mio.

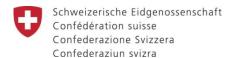
In red, projects on NCD as of October 2017



# Kyrgyzstan Budget support for implementation of national Medical Education Reform Overall goal: The population basic health needs, in particular in rural areas, are met by well qualified and competent health professionals in line with the Health Sector Reforms 2017-2021: CHF 3.2 Mio. Legend Swiss Contribution

**EU** Enlargement

Transition Co-operation SDC



### An holistic approach

- **Vision:** strengthen health systems to address chronic diseases through people-centered PHC, ensuring UHC.
- Systemic, working with different partners at different levels, on 3 pillars: individual-based and population-based interventions, creating enabling environment.
- Introducing cost-effective interventions. Strengthening PHC with focus on NCDs. Reducing behavior-related risk factors, promoting healthy lifestyles, improving health literacy.



### **Untervention Framework**

Individual-based interventions

Adaptation of funding

mechanisms

Revision of

auidelines

& standards

#### **Population-based** interventions

#### **National**

- · Ministry of Health
- National Health Insurance Company
- Civil Society Organizations
- Medical University and Colleges
- Sector Coordination Council
- other donors

#### Regional

- Regionalized hospitals
- Regional Public Health Centers
- District authorities

#### Local

- **Local Public Authorities**
- Health Professionals
- Schools
- Social Assistants
- Community based organizations

Institutionalization of quality mechanisms

Regionalization of hospital care

Reorganization of public health services

> Revision of regulations & funding mechanisms

District health **POPULATION** OF

**Country XY** 

Capacity building of public health professionals

profiles

Inter-sectorial cooperation

Communitybased services

Identification & addressing local health priorities

Community mobilization

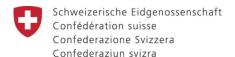
### **Health Ecosystem**

**Policy** dialogues at all levels

Transparent & efficient resource allocation

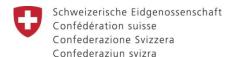
Evidence-based planning & policy making

**Enabling Environment** 

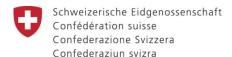


# **Policy Influencing**

- Strong policy component in projects. Specific concept and tool for policy dialogue.
- Developing strong partnerships with WHO (MD/UA/KG).
- Strengthening MoH stewardship to elaborate/implement health reforms. Focus on institutional capacity building.
- Whole-of-government approach to policy influencing (PI).
- Combining PI actions and interventions, feeding policymaking with evidence from projects.

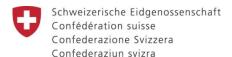


- Combining «bottom up» and «top down» policy and advocacy efforts.
- Strengthening collaboration between SDC instruments
- Switzerland/SDC is a member of
  - WHO GCM/NCDs WG on health literacy
  - WHO Europe TAG to support MS in developing and M&E of NCDs strategies and action plans
  - WHO TAG on Health Promotion in the SDGs: Advancing Actions from the Shanghai Declaration
  - WHO Europe TAG on Joint Monitoring Framework

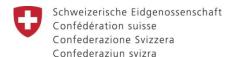


## An holistic approach

- Fostering intersectoral cooperation, addressing NCDs determinants, establishing inter-sectoral government structures.
- Employing a mix of instruments to leverage efforts: mandates, contributions to international agencies, direct Pl activities, sector budget support.
- Empowering and strengthening CSOs and users-led health advocacy initiatives, i.e. to address consumer environment, awareness raising.

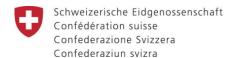


- Focus on equity, inclusion and financial protection.
- Moving from a "level-of-care approach" to a lifecourse approach.
- Reshaping PHC services: updating protocols, procedures, capacity development, task-sharing.
- Promoting community-based mental health for a comprehensive approach to NCDs.
- Mainstreaming gender, governance, HRBA.
- Improving SDC's staff knowledge on NCDs.

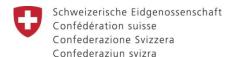


# **Challenges**

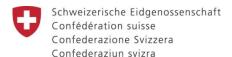
- Weak polical commitment and inadequate institutional set up.
- Weak NCDs policy, regulatory and legal framework:
  - Lack of national multi-sectoral NCDs policy and action plan; NCD targets/indicators not set
  - Lack of operational measures to reduce risk factors
  - Inability to generate reliable cause-specific mortality data on a routine basis
  - Lack of evidence-based NCDs management guidelines
  - No drug therapy and/or counselling for persons at high risk



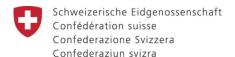
- Lack of funding and difficulties in making economic case for investing in NCDs prevention and control
- Key non-health sector ministries not fully on board
- Strengthening NCDs prevention and promotion of healthy lifestyles at PHC level
- Influence of food, beverage, tobacco industry
- Introducing price policies
- Unsustainable insurance schemes



- Changing population's unhealthy behaviour patterns
- Going beyond individual behavior to tackle underlying drivers
- Mobilizing civil society around NCDs prevention and healthy lifestyles promotion
- Get concerted investment in research and information production, surveillance and monitoring systems
- Interference of vertical programs on CDs (GF)
- Monitoring progress
- Inequities in access to protection, exposure to risk factors, and access to care



- Availability of affordable NCD drugs and technologies
- Availability of relevant/reliable data and comprehensive mapping of risk factors
- Weak referral systems and dysfunctional rehabilitation services
- Building partnerships with the private sector
- Dealing with compeeting priorities
- Addressing migrants/returning migrants NCDs
- Using best practices compiled for HIV and TB



### **Thank You**

#### For further information:

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