

PAHO Webinar Series

Tackling NCDs, risk factors and mental health during the time of COVID-19

Transforming health systems toward optimal NCD management

3rd session Monday, June 7th, 2021

This third session of the PAHO webinar series of high-level strategic discussions on how to reduce the burden of NCDs, risk factors and mental health, in the time of the COVID-19 pandemic focused on the health system changes needed to improve NCD management.

Agenda

Moderator: **Ms. Silvana Luciani**, Unit chief Noncommunicable diseases, violence and injury prevention, PAHO.

1. **Welcome remarks: Dr. Jarbas Barbosa**, Assistant Director of PAHO.
2. **Including NCD interventions in the road to Universal Health Coverage and Access: Dr. Anselm Hennis**, Director Department of Noncommunicable diseases and mental health, PAHO.
3. **Country experiences integrating NCDs into health system strengthening efforts, during the time of COVID-19: Paraguay and Jamaica**

Dr. Guillermo Sequera, Director of health surveillance, Ministry of Public Health and Social Wellness, Paraguay (on behalf of Dr. Julio Borba, Minister of Public Health and Social Wellness, Paraguay)

Dr. the Honourable Christopher Tufton, Minister of Health and Wellness of Jamaica.

4. **Inter-American Development Bank support to strengthen health systems that target NCDs: Dr. Ferdinando Regalia**, Chief, Social Protection and Health Division of the Inter-American Development Bank (IADB)
5. **Commentary: Building resilient health systems post COVID-19, Dr. James Fitzgerald**, Director of the Department of Health Systems and Services, PAHO
6. **Questions and answers.**
7. **Concluding remarks: Dr. Anselm Hennis**

Summary

Opening and welcome remarks: Dr. Jarbas Barbosa

Dr. Barbosa opened the webinar and welcomed participants. He highlighted that, given that persons living with NCDs (PLWNCD) are at a greater risk of severe COVID-19 illness, hospitalization and death, they must be considered a priority population. It is of critical importance that essential health services are maintained, particularly for NCDs, which continue to be the leading cause of death in the Americas, to ensure those living with NCDs receive the care needed to prevent premature death. He especially thanked the Minister of Health of Jamaica, the Ministry of Health of Paraguay, as well as the Inter-American Development Bank for participating in this webinar.

Including NCD interventions on the road to Universal Health Coverage and Access: Dr. Anselm Hennis

Dr. Hennis presented an overview of the COVID-19 pandemic in the Region of the Americas, the WHO region most affected by this pandemic. At the same time NCDs continue to be the leading cause of death in the Americas. The Region is not on target to meet the global goal to reduce NCD premature mortality by 25% by 2025. Service disruptions during the pandemic have especially affected PLWNCDs and services such as cancer screening have been severely disrupted. PLWNCDs, including older persons and those with multi-morbidities, face greater challenges for severe COVID-19. In addition, the pandemic has triggered a major mental health crisis.

The pandemic also offers an opportunity to strengthen health systems, including for NCDs. Dr. Hennis proposed a systemic approach to improve NCDs as a priority program, which consists of:

- a) Expanding access to health services: transitioning to a comprehensive model responding to people's needs, based on improved responsiveness of the first level of care, acting on social determinants of health especially among vulnerable populations and empowering people through information and education.

- b) Strengthening stewardship and governance: health plans and policies at the national level that prioritize NCDs programs; promote alliances with key stakeholders and develop normative, legal and regulatory frameworks; and institutionalize inter-programmatic coordination for NCDs and other priority programs.

- c) Strengthening intersectoral coordination: defining the NCD-related components of intersectoral policies and including them in NCD plans; lead interventions on risk factors and

lifestyles that go well beyond the health system including legislation, taxation, social communication; and institutionalizing mechanisms for involving PLWNCs.

He concluded stating that strategic investments will be required for a transformed health system to respond to people's needs for NCDs while advancing towards achieving universal health.

Country experiences:

Paraguay, The Chronic Care Model: a new way of organizing the healthcare system: Dr. Guillermo Sequera

The National Action Plan for NCD prevention is the framework that guides healthcare between 2014 to 2024. The Chronic care model (CCM) was initiated in Paraguay in 2015. It is based on the collaboration between the health system and the community for NCD and risk factor prevention and is strongly grounded in the primary care level and healthcare workers are proactively involved with the community. After pilot testing the model, the evaluation showed that it was very well accepted both within the community as well as by the workforce. When the country was scaling up this model to the 18 health regions, the COVID began, and adjustments were needed such as the use of telemedicine and delivering medicines to last for longer periods. Mental health emerged as a great challenge caused by the pandemic; yet it has become a catalyst for launching mental health plans, with the support of PAHO, universities and stakeholders. As mental health shares mostly the same principles as chronic care, it was not difficult to couple this line of action with the CCM. Activities include promotion of physical activity and a healthy diet, as well as *'tele-detox'*, an innovative program encouraging people to disconnect from excess, and often untrue, information.

Jamaica: strengthening health systems for NCDs: Dr. Tufton

NCDs have been brought to the forefront by COVID as it has mostly affected persons with comorbidities and over 60 years of age. Jamaica has developed a national committee for NCDs, along with a policy for chronic care, and is engaged in the primary care renewal policy to improve integrated health care service delivery networks. With the COVID response and the need to avoid overcrowded health facilities, Jamaica now has 325 primary care institutions across the country, under the guiding principle that *no one should be located beyond 10 miles of a primary care facility*. To tackle NCD risk factors, initiatives include a tobacco control act, a harmful use of alcohol policy, guidelines for beverages at schools and school nutrition standards, as well as workshops with manufacturers for sugar reduction. Studies are being conducted for the

introduction of Front of Package Warning Labeling, with the collaboration of PAHO, as well as on trans-fats.

With the pandemic, mental health has been a big issue in Jamaica. The country has responded through multimedia messages; psychological support sessions held in partnership with the Jamaica Psychological and Jamaica Psychiatric Associations, as well as the Red Cross; established a 24-hour mental health helpline, and trained staff in psychological first aid at COVID-19 isolation facilities. *Jamaica Moves* is a wellness physical activity program implemented at schools, workplaces, and the community to change behaviors by tapping into the culture and the lifestyle. The idea is to make physical activity *fun*, rather than clinically correct prescribing and using mainstream media to reach out to students and adults. Symbols have been posted in restaurants to foster healthy nutrition options called “Better for you”.

A public-private partnership for NCDs has been established, including a shared care initiative with private practitioners for diabetes and hypertension. Drug access for persons with sickle cell disease and diagnostic and radiology services have also been improved. With the collaboration of the Interamerican Development Bank, Jamaica has also stepped up its health infrastructure. Financing has been consistent with the disease burden and the workforce has increased, including community health aides, to strengthen primary care beyond the COVID-19 pandemic response.

Inter-American Development Bank support to strengthen health systems that target NCDs: Dr. Ferdinando Regalia

Dr. Regalia thanked the presenters and acknowledged PAHO for bringing in a renewed focus on NCDs, which includes the important components of risk factors and mental health, as well as for its leadership during the COVID-19 pandemic. He highlighted the spirit of collaboration in which the two organizations have been addressing a wide variety of issues, from governance of digital health, issues of vaccine procurement, evidence on the effectiveness of tobacco taxes, and the fight on malaria.

The framework for the health sector recently updated by the IDB pays more attention to NCDs, risk factors and mental health, stressing that unless we seriously address primary prevention and quality of care, we will not be able to afford the cost of treating these diseases in the future.

Lessons learnt so far from the pandemic have shown many familiar challenges, among them: the quality of healthcare services is often poor, uneven, and inequitably distributed; healthcare provision is mostly curative, fragmented and process oriented; the terrible toll of NCDs because of comorbidities contributes to vulnerability to the virus; and the frequent struggle to align

priorities, funding, and healthcare service performance. The pandemic has also exposed less familiar vulnerabilities, including: public health functions were put under enormous pressures; inequities in healthcare access and quality have been sharp and visible; public administration has been stressed, trying to reconcile fiduciary control systems with the need for rapid response; disease categories are not useful if they lead us to compartmentalize: NCDs and COVID-19 are a syndemic and where data and digitized information are lacking, service management and disease management are difficult.

However, some positive aspects have emerged. For example, governments can move faster and more innovatively than previously thought; the digital transformation of health has moved particularly quickly and innovations are also happening in management and cross-sector coordination. If countries can advance in these areas, it is possible that health systems can move beyond the challenges of the past.

Dr. Regalia noted that lines of action for the future within the new health framework, “may look like the same unfinished lines of action of the past: promote integrated networks, improve quality and resource allocation, reduce inequities, but they may not look the same when we inspect them with the urgency of the pandemic”. Going beyond *the old normal* comprises considering health as a systemic outcome where primary prevention is essential, especially for the growing burden of NCDs, as well as tackling major risk factors, such as tobacco, alcohol, diet and air pollution. Improving the quality of healthcare services is the goal that can drive change through expanding access and driving integrated people-centered care, which make services more effective and efficient. The digital transformation is essential to provide the information necessary for managing services and people-centered care. Providing a focused plan which countries can use to transform the model of care and ensure secondary prevention needed for disease management is key. Focusing on results, with efficiency, quality and equity, is critical in a fiscally constrained world. This will become more manageable if people become more engaged with the discussion on how money is spent, how it is allocated, the quality of the services it buys, who gets the services and what results can it achieve.

Commentary: Building resilient health systems post COVID-19, Dr. James Fitzgerald

Dr. Fitzgerald began his comments by inviting all to look forward, learning from the lessons of the pandemic, to build better and resilient health systems, not only to be better prepared for future emergencies, but to better respond to the health needs of all populations in the Americas. PAHO is developing a proposal which the Ministers of Health will be taking up, first, in the PAHO Executive Committee and then in the Directing Council, focusing on strategic actions to address the long term systemic deficiencies and the structural elements that have been exposed during

the pandemic, to build resilience, rapidly expanding access and coverage in health, addressing health inequities and environmental risk factors, and consolidating some of the innovations that health systems have adopted during the pandemic response.

This proposal has four key areas of work, the central area being strengthened leadership, stewardship, and governance for health system transformation for the future.

a) To accelerate the agenda on the transformation of health systems, based on primary care, which can accelerate pandemic recovery, recuperate and sustain public health gains, allowing the path towards the sustainable development goals to be retaken. Member States are called to renew their commitment to the compact on primary healthcare which calls for transforming health systems, based on primary care by eliminating barriers to care access, increasing public financing in the order of 6% of public financing and allocating at least 30% to primary care. Today, only 24% is allocated to this level of care that can respond to 65% to 70% of health needs, according to WHO.

b) Leadership, stewardship and governance to retake the updated 2020 Essential Public Health Functions (EPHF), enhancing health system capacity through a whole-of-government and whole-of-society approach, and facilitating the integration of plans and programs across sectors.

c) Increase the capacity of health service delivery networks, expanding access as well improving preparedness for emergencies. Critical to this is the capacity of the first level of care, for NCD prevention and control, through interprofessional care teams, working with community health workers, adopting some of the innovations seen during the pandemic.

d) Public financing in health and social protection, including actions to address the social, environmental, and economic determinants of health. It will be difficult for countries to sustain and increase financing, due to the precarious current economic outlook. There will be a call to increase investments in the primary care level and EPHF, but also in International Health Regulations compliance and disaster reduction. Expenditure at the first level of care must be prioritized. PAHO continue to work with countries to examine the fiscal space and pooling the capacity for health planning and financial management for health systems, to improve efficiency and to reduce the segmentation of financing.

Questions and answers

1. Q: what do we need to invest into: in essential public health functions or in primary care specially to improve NCD care?

A: Dr. Hennis: we need to invest 6% of funding to the health sector and 30% of which should go to primary care. Investment means financial, currency, and distribution of hard cash, as well as

investment in training and infrastructure. There are many different investment needs, depending on what the country priorities and needs are, as well as their regulatory frameworks for investment. “Coming back to the underpinning causes of NCDs, you can invest in the health system, but if patients continue to smoke, eat junk food, abuse alcohol, etc. that investment is wasted”, he stated. It is going to need a whole of government, whole of society approach, and significant governance to make sure that all systems interdigitate to provide the services needed.

A: Dr. Sequera pointed out that the pandemic has led them to focus on chronic diseases not only in terms of infrastructure and care, but also on lifestyles. The battle against NCDs is a struggle that is waged by the community and its lifestyles, otherwise the need for investment would know no limits.

A: Dr. Regalia reflected on which investments are most cost-effective for countries. There is a need to invest both in EPHF and in primary care to deal with chronic diseases as well as other diseases, while recuperating public health losses. Countries should also involve the ministries of finances to decide where would investments be more cost-effective, and that should be done systematically. Some countries have suffered almost 40 years of loss to poverty alleviation, the loss of health services and excess mortality and morbidity from NCDs. Financing should begin to look in the short, medium, and long term about how we recuperate those losses, address the persistent and growing inequities. But there is always this struggle within health systems where the hospital-centered model of care demands more and more resources as the levels of technology incorporation becomes more intense, but they are not going to resolve health needs of the population. If we do not invest in primary prevention or even secondary prevention of NCDs addressing the differentiated needs of the population in with NCDs and beyond, we will continue to see the upper levels of the health system demand for more resources to address those situations where care has been delayed. This has to be discussed with countries, to show them that now is the time to do it as a cost-effective measure for the future.

2. Q: What would the panel recommended in terms of engagement with private sector, in partnership with the public sector and civil society to overcome the challenges we are facing now? And what are the formal processes for engaging people living with NCDs in decision-making?

A: Dr. Regalia described their experience in fiscal support to Jamaica, a process rooted in the discussion of new legislation and primary care interventions that needed to be passed in the country, which was a very inclusive process, led by the country, and including patient groups and private sector. That is the ideal situation, in which institutions can deploy financial mechanisms linked to budget support that are very encompassing of all the stakeholders involved.

A: Dr. Sequera mentioned that there is an enormous gap in Paraguay articulating with the private sector in NCDs, mainly in the urban areas, whereas in rural and peri urban areas the main response comes from the public sector. The harmonization with the private sector for NCDs and mental health is a big debt, although some preliminary work has been done but have not yet agreed as the model of care the MOH is promoting.

A: Dr. Fitzgerald said that, during the pandemic, some countries have been successful in involving the private sector in the collective response. Health systems involve all the entities and organizations responsible for health and wellbeing of the population, in which the private sector has a fundamental role to play. Governance and regulatory mechanisms need to be put in place to ensure we address the equity considerations in terms of allocation of resources and the organization of health services. The private sector is growing in the Region, everywhere, and we need to mobilize and bring to bear their capacity for NCDs and mental health.

Concluding remarks: Dr. Hennis

Dr. Hennis concluded saying that private sector is very important, but it is not homogenous. There are areas where the private sector can work as ethical collaborators and in the interests of the health of the population, but there are also sectors of the private sector that work against health, such as firearms, tobacco, harmful foods and alcohol. As an agency, PAHO is bound by rules for safeguarding against conflict of interest called FENSA, Framework for engaging with non-state actors, also important for engagement at country level. With the safeguards in place, this is an important area to consider recovering from the pandemic. Also, persons living with NCDs need to be involved in the decision-making processes.

Dr. Hennis thanked all presenters, representatives of the Ministry of Health of Jamaica, the Honourable Dr. Tufton; the representatives of the Ministry of Health of Paraguay; Dr. Regalia, as well Dr. Fitzgerald. He thanked Dr. Barbosa his support and help and Ms. Silvana Luciani, for moderating, and the team, as well as all participants, without which, this would have not been possible.