Improving access to essential NCD interventions including medicines and technologies

Case Study: Minglabar
Group -5
Field Visit: Group Observations

- **LEARNINGS:**
  - Addressing NCDs issues beyond health sector
    - Education, veterinary, etc
  - Building on existing health programmes
  - Efforts towards integration of programmes (e.g. MCH programme)
  - Focused approach through lifestyle centers
  - Follow-up to reduce drop-outs
  - Active community participation
Comments:

- Low frequency of school health exam: Yearly for grades 1, 4 and 7
- Lifestyle centers mostly attended by women
- Episodic drug stock outs
Minglabar overview

- Developing country of the Region;
- 58.4 million population, 70% rural;
- Emerging from decades of isolation with much hope and aspiration
- 14 states and divisions; 67 districts, 330 townships, 65k villages
Minglabar overview

Are we efficient hiding the Country’s identity?
Minglabar overview

- Good progress towards MDGs; good immunization and MCH programmes;
- Growing elderly (>60 y) population (10%) and related problems
- Smoking 34% in M, 6% in F; HTN - 30%; overweight 23%; obesity is double in F (8%)
- Poor awareness and health seeking behaviour
- Supportive NGOs /volunteers
Health System overview

- BHS: availability, affordability, and accessibility issues
  Health inequity issues
- 75% of health expenditure is on human resources; even though poor retention of health staff in rural area
- High out of pocket expenditure (80%)
- Demonstrated example of public private partnership
- 80% of essential medicine produced domestically but issue of poor supply chain management system
- Traditional medicine has high acceptability
- Inadequate infrastructure
- Doctors, nurses and midwives are equal in numbers (between 19K to 26 K)
- 61% of the doctors are from private sector
Scenario: Regional targets 2013--2020

- A 50% of eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes

- An 80% availability of affordable basic technologies and essential medicines required to treat major NCDs in both public and private facilities
Background consideration during targets actualization

- Availability of baseline data
- Capacity of health system
- Availability resource

Unanimous decision on:

- **Targets 1**: A 50% increase in eligible people receive drug therapy and counselling to prevent NCDs, over baseline data
- **Target 2**: A 80% increase in availability of affordable basic technologies and essential medicine, include generics to treat major NCD in both public and private facilities, over baseline data
Reason Analysis:

• **Driving factors:**
  ▫ Government commitment
  ▫ Big presence of private sector
  ▫ Demonstrable progress in MDG 4 and 6

• **Limiting factors:**
  ▫ Unavailability of baseline data
  ▫ Lead time to increase capacity of health system and resources
  ▫ Low health manpower to population ratio
  ▫ Inadequate infrastructure and funding
Policy options

- Build on existing health programmes
- Review and revision of drug policy and human resource policy
- Reorientation of health system towards NCDs
- Promote public private partnership
- Multi-sectoral policy
- Public awareness policy
Key partners

- NGO and volunteer groups
- Private sectors
- Academic institution and researchers
- Pharmaceutical industry
- Donors
- Development partners
- Relevant wing of Ministry : Department of Drugs etc.
Indicators

- Report on rapid health system assessment for NCD control
- Number of essential medicines related to NCDs are included in national essential drug list
- Number of policies developed aligned to NCD prevention
- Proportion of health facilities with trained human resources
- Proportion of health facilities with basic technologies and essential medicines
- Proportion of eligible people receive drug therapy and counseling
Milestone actions ..... 

- Rapid health system assessment
- Situation analysis of national essential medicine policy and on quality, rational use and access to drugs
- Development and implementation of national action plan 2014–2020
- Training need assessment and development of training plan
- Development and implementation of non-public sectors engagement strategies
- Review of relevant policies (e.g., tobacco, alcohol)
- Assessment on drug therapy, essential medicines and basic technologies
Advocacy messages

- Prevent and control NCD deaths by mandatory sin tax
- Expenditure on NCDs is investment in national development and social justice
- Save X million lives by investing Y billion ‘k’ in NCD control
- X $ investment in NCD yield benefit of Y $
- NCD prevention will result in productive and healthy Minglabar nation