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**PROGRESS REPORT ON THE REGIONAL FRAMEWORK FOR INTEGRATING
ESSENTIAL NONCOMMUNICABLE DISEASE SERVICES
IN PRIMARY HEALTH CARE**

Information Document

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BACKGROUND

1. Noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are the leading cause of mortality in the world and their burden is increasing in the Region.¹ According to the NCDs Progress Monitor 2020,² the percentage of deaths from NCDs accounted for more than 50% of deaths in some Member States.^{2,3} In response to this threat, the Sixty-seventh session of the World Health Organization (WHO) Regional Committee for Africa adopted the Regional framework for integrating essential NCDs services in primary health care.⁴

2. The milestones of the Regional framework for 2020 were: (a) twenty-four Member States have adapted and are using the WHO Package of Essential NCD (PEN) interventions; (b) 50% of human resources for health are trained in managing NCDs at PHC level; (c) 50% of Member States have essential medicines and basic technologies for NCDs in PHC facilities; (d) 60% of Member States have systems for collection of mortality data on a routine basis.

3. This document is the first progress report on the Regional framework for integrating essential NCD services in primary health care (PHC). It takes stock of progress made in implementing the Regional framework since 2017.

PROGRESS MADE/ACTIONS TAKEN

4. As of 2020, twenty-one (45%) Member States⁵ have adapted and are using the WHO PEN in selected PHC facilities in-country. Among these, Benin, Eritrea, Eswatini, Lesotho and Togo achieved national expansion covering all PHC facilities.

5. According to the assessment of national capacity for the prevention and control of NCDs that was conducted in 2019 with the participation of all 47 Member States, 29 (62%) of them⁶ funded capacity building activities focusing on NCDs. However, there was no database available on the proportion of health workers who have been trained in NCDs.

6. Basic technologies for diagnosis and monitoring of diabetes at PHC level were available in 30 (64%) Member States, while 45 (96%) Member States had equipment for hypertension diagnosis.⁶ With regard to the availability in the public sector of essential medicines for NCDs in PHC facilities, insulin was available in 28 (60%) Member States, 37 (79%) had aspirin, 33 (70%) had metformin and 36 (77%) had thiazide diuretics.⁶

¹ Atlas of African Health Statistics 2018: universal health coverage and the Sustainable Development Goals in the WHO African Region [website]. Brazzaville: WHO Regional Office for Africa; 2018 (<https://apps.who.int/iris/handle/10665/311460>, accessed 22 March 2021)

² Noncommunicable diseases progress monitor 2020 [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/ncd-progress-monitor-2020>, accessed 22 March 2021)

³ Algeria (76%), Cabo Verde (70%), Mauritius (89%), Sao Tome and Principe (55%), Seychelles (81%), and South Africa (51%).

⁴ Resolution AFR/RC67/12, Regional framework for integrating essential noncommunicable disease services in primary health care.

⁵ Benin, Botswana, Burkina Faso, Cabo Verde, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Guinea, Lesotho, Malawi, Mali, Namibia, Niger, Nigeria, Senegal, Seychelles, Sierra Leone, Togo, Uganda, and Zimbabwe.

⁶ Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2019 global survey [website]. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/331452/>, accessed 27 March 2021)

7. All Member States have a civil registration and vital statistics (CRVS) system for recording vital events and information on cause of death, including for NCDs. Only Mauritius, Seychelles and South Africa have a satisfactory level of registration coverage and completeness of cause of death.²

8. The COVID-19 pandemic has significantly impacted the availability and delivery of NCD services. The WHO rapid assessment of service delivery for NCDs during the COVID-19 pandemic in 2020 showed that all essential NCD services including prevention, diagnosis, treatment, rehabilitation and palliative care services were disrupted in varying degrees across the 41 (87%) Member States in the Region that participated in the survey.⁷ For example, population mass screening services for NCDs, including for cervical cancer, were either closed entirely or offered at reduced scale.

9. Rehabilitation services were disrupted in 29 (71%) Member States,⁷ and urgent dental care was completely or partially disrupted in 22 (54%) Member States.⁷ While 24 (59%) Member States reported continuity of NCD services as part of essential health services in COVID-19 response plans in the Region, only six (15%) Member States reported that additional funding was allocated for NCDs in the government budget for the COVID-19 response.⁷

10. Although notable progress has been made, all four milestones for 2020 have not been fully achieved. The challenges reported were poor NCD coordination mechanisms; lack of policies; lack of integration of NCDs in basic packages of health services; inadequate legal, administrative and logistical backing for task-shifting and task-sharing; insufficient funding; difficulties in operationalizing existing WHO PEN protocols on NCD management and care; inadequate mainstreaming of trainings at PHC level and; disruptions of essential NCD services due to the COVID-19 pandemic.

NEXT STEPS

11. Member States should:

- (a) Establish/strengthen multisectoral coordinating bodies;
- (b) Adapt and expand coverage of WHO PEN, and the HEARTS technical package⁸ to all PHC facilities;
- (c) Provide the necessary administrative, logistical and legal support to ensure the establishment of task-shifting and task-sharing approaches;
- (d) Provide adequate funding, personnel, training and equipment for NCD mainstreaming at PHC level;
- (e) Strengthen the capacity of existing CRVS systems for provision of accurate and timely NCD mortality data.

⁷ The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment [website]. Geneva: World Health Organization; 2020. (<https://www.who.int/publications/i/item/ncds-covid-rapid-assessment>, accessed 27 March 2021)

⁸ HEARTS Technical Packages [website]. World Health Organization (https://www.who.int/cardiovascular_diseases/hearts/en/, accessed 27 March 2021)

12. **WHO and partners should:**

- (a) Support Member States in capacity building for restoring and scaling up life-saving screening, early diagnosis and treatment of NCDs, focusing on quality primary care and quality referral systems to help patients get the right treatment at the right time;
- (b) Increase countries' access to international financing mechanisms through enhancing advocacy to position NCDs among donor priorities;
- (c) Strengthen multisectoral collaboration, partnerships and coordination to ensure implementation of indicators to reduce premature deaths from NCDs by one third by 2030.

13. The Regional Committee is invited to note the report and endorse the proposed next steps.