SYSTEMS THAT SAVE LIVES

Spotlighting good practice on health system strengthening for noncommunicable diseases

NCD Alliance

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Spotlighting good practice on health system strengthening for noncommunicable diseases

The UN High-Level Meeting on Prevention and Control of Noncommunicable Diseases (NCDs) in September 2025 is a key moment for world leaders to come together and agree on concrete actions to strengthen and accelerate the NCD response. It represents a crucial milestone on the way to achieving the Sustainable Development Goals (SDGs) by 2030. When they were agreed in 2015, the SDGs set an ambitious target to reduce premature mortality from NCDs by a third. But without ambitious commitments and action to address critical health system challenges, progress towards the prevention, treatment and care of NCDs will continue to stagnate.

SDG TARGET 3.4

Noncommunicable diseases and mental health

By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

It is important to note that this report was developed prior to the US administration's decisions on USAID and other global health programmes. The full implications of this decision for the future of US-supported programmes are yet to be seen. Wider implications for many health systems in low- and middle-income countries (LMICs) are also expected. However, this situation also presents an opportunity to reshape health systems to deliver more efficient, integrated person-centred care, to bridge the gap in prevention and care, and to seek sustainable resourcing to unite reproductive, maternal and child health, infectious disease and NCDs, mental health and wellbeing in holistic programmes that work for the good of everyone.

NCDs: The leading cause of death globally

Every year, NCDs kill over 43 million people, with nearly three-quarters of global NCD deaths occurring in LMICs[1]. Nearly half of the world's eight billion people live with at least one NCD such as cancer, diabetes or neurological conditions and each year NCDs drive millions of households into poverty. NCDs are a major cause of poverty and a barrier to economic and social development. Moreover, most NCDs are preventable as they are driven largely by five modifiable risk factors: tobacco use, alcohol use, unhealthy diet, physical inactivity, and air pollution[2].

BOX 1

Quality NCD care requires an integrated person-centred, life-course approach

Person-centred healthcare is a holistic way of thinking about health that looks beyond specific diseases or health interventions to see the whole person and the continuum of care they need throughout their lifespan. It puts the comprehensive needs of people and communities at the centre of health systems leading to more integrated healthcare, reducing fragmentation of health systems and siloed, disease- or intervention- specific approaches to healthcare delivery[3].

A life-course approach to NCDs involves maximising people's health and/or wellbeing throughout their lifespan, using holistic measures that aim to improve the prevention and management of NCDs. Such measures typically target a combination of social, environmental, and commercial determinants of health. A life course approach involves adapting health and/or wellbeing-promoting interventions to facilitate their effectiveness and acceptability within certain life stages (e.g. adolescence, older age), or during key transitions within or between life stages (e.g. high school graduation, retirement) when health-impacting behaviours are established and/or when environmental exposures are more likely to affect health[4].

Four main groups of diseases – cardiovascular disease, cancers, chronic respiratory diseases and diabetes – account for 80% of all premature NCD deaths[5], one in every eight people in the world live with a mental disorder[6], and over one in three people are affected by neurological conditions[7]. The world is also seeing a progressive increase in interconnected cardiovascular, renal and metabolic (CRM) diseases, with the most common chronic conditions in people over the age of 20 being dominated by noncommunicable, obesity-associated disorders including hypertension, diabetes and cardiovascular disease[8]. This means that quality healthcare for people living with NCDs needs to recognise and respond to the risk of multiple co-morbidities. Achieving this requires a comprehensive, person-centred approach to health systems, embedded in strong primary healthcare.

Addressing the multiple and often overlapping care needs of people living with NCDs requires robust, comprehensive and integrated health systems that can reduce risk and mitigate the impact of chronic NCDs across an individual's life-course. For example, reducing environmental risk factors in early childhood can limit the long-term risk of an individual developing NCDs, while interventions later in life are necessary to diagnose, treat and care for people living with NCDs.

Delivering comprehensive prevention, treatment and care for NCDs across a person's life-course requires strong and integrated health systems. This paper aims to explore current health system challenges to achieving this and present examples of what has been done to overcome these challenges.

> *"People with risk factors for cardiovascular disease don't just have one risk factor, they often have other conditions including diabetes, high blood pressure, dyslipidaemia, obesity, or kidney disease. Having clusters of risk factors significantly enhances risk."*
>
> – Dr. Rangaswami, Nephrologist and Professor of Medicine at George Washington University School of Medicine and Health Sciences.[9]

Strong health systems: A pre-requisite for effective NCD prevention, treatment and care

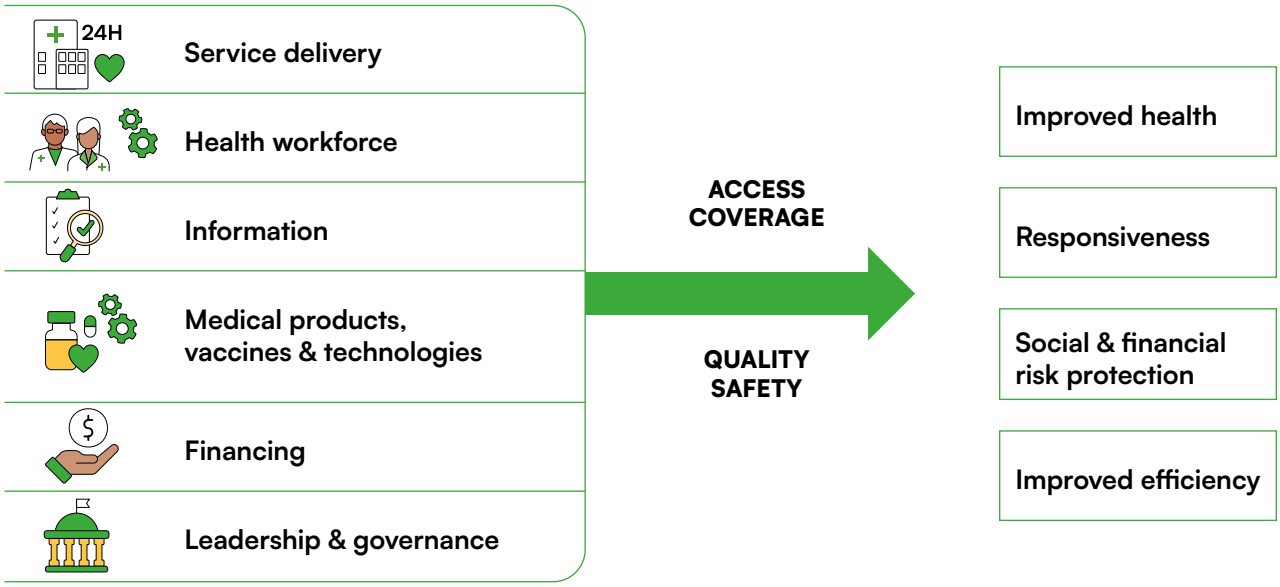
The World Health Organization (WHO) defines a strong health system as being made up of six essential 'building blocks'[10]:

1. Good **health services** which deliver effective, safe, quality health interventions to those that need them, when and where they need them.
2. A well-performing **health workforce** that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible.
3. For NCDs this means ensuring the health workforce is adequately staffed, skilled, supported and sustainably financed[11].
4. A well-functioning **health information system** that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.
5. Equitable access to **essential medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
6. NCD Alliance has identified advocacy priorities for the UN HLM on NCDs to achieve this[12].
7. A good **health financing** system that raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.
8. **Leadership & governance** to ensure strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability.

Underpinning these is the need to increase access and coverage to high quality health services, or what is now widely recognised as universal health coverage (UHC). This means broadening the range of health benefits to which citizens are entitled, extending access to these health goods and services to everyone who needs them, and providing financial and social protection against catastrophic health expenditure and poverty[13].

BOX 2

The WHO Health Systems Framework[14]



Source: '[Everybody's Business. Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action]', WHO, 2007.

Recent years have seen significant efforts by national governments, with support from donor agencies and multilateral global health financing initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and Gavi, the Vaccines Alliance, to build stronger health systems and make greater progress towards UHC. Such efforts, however, do not go far enough. Health systems worldwide face increasing burdens from NCDs, exacerbated by ageing populations, combined with multiple health system challenges. These challenges include a shortage of skilled healthcare workers, underinvestment in multidisciplinary and integrated approaches to healthcare, inadequate access to essential medicines, diagnostics and health products, and a lack of data on NCDs. To make progress towards both SDG 3.4 and UHC by 2030 these critical challenges must be addressed. Recent cuts to overseas development aid mean that these challenges have become harder to address.

Investing in building strong health systems that can deliver quality primary healthcare, as well as specialised NCD services with strong and efficient referral pathways, is therefore critical to address the rising burden of NCDs across the world. Strong health systems are also needed to identify and manage the multiple co-morbidities that people living with NCDs often experience. Building stronger, more integrated and person-centred health systems, will help streamline the care that can be provided while reducing the risk of catastrophic healthcare expenditures that many people living with NCDs experience.

Understanding health system challenges for NCD prevention, treatment and care: three case studies

To understand key health system challenges and identify potential solutions, the NCD Alliance analysed NCD programmes in three different contexts: integrating NCDs in health programmes in humanitarian settings; decentralised NCD care in Ethiopia; and the integration of NCD care into existing HIV/AIDS services. Outcomes of these analyses, as explored in more detail below, highlighted common health system challenges for the integration of NCDs into a comprehensive, person-centred healthcare response. Among the most common challenges identified were:

- **Health workforce constraints**, in particular, a lack of knowledge and skills on NCD diagnosis, monitoring and management among health workers.
- **Inadequate supplies of medical products,** including a lack of diagnostic equipment, frequent stock-outs of essential medicines for NCDs and a lack of equipment for ongoing monitoring of NCDs such as blood pressure cuffs and glucometers.
- **Lack of financing for NCDs** at global, national and local levels, combined with significant out-of-pocket costs for individuals requiring NCD care. This means that there gaps in NCD service provision, and where NCD care is available, accessing it frequently risks pushing households into or further into poverty.
- **Lack of data** on NCDs and inadequate inclusion of NCDs in health management information systems, meaning that the healthcare needs of people living with NCDs are frequently overlooked, poorly understood and under-budgeted for.

Overcoming these challenges is possible, as the case studies highlighted below illustrate. To do this, it is critical to:

- **Invest in primary healthcare** as a key opportunity for prevention, early diagnosis and ongoing treatment and care for NCDs.
- **Ensure health workers are trained, motivated and supported** to provide high quality NCD care.
- **Capture data on NCDs** and ensure it is integrated into health management information systems, analysed effectively and used to help shape healthcare resourcing priorities.
- **Ensure healthcare financing** at global, national and local levels recognises the need for integrated, multidisciplinary care for NCDs and invests in building health systems and developing UHC packages that can respond effectively to this.

Case study summaries

This report is based on the outcomes of three case studies that analysed different aspects of current global and national NCD responses. To identify the focus of the case studies an initial literature review was conducted, alongside a series of key stakeholder interviews (***see appendix 1***). A set of selection criteria was then used to prioritise the case study themes to develop them in more detail. The selection criteria included geographical balance, evidence of impact, access to key stakeholders, and availability of relevant research and data. Each case study involved a literature review of published reports, journal articles, and publicly available data as well as a small number of stakeholder interviews to verify information and gather additional evidence.

Across all three case studies, common challenges and solutions were identified, as summarised in ***Table 1 below:***

Table 1: Health system challenges identified by the three case studies

Common health system challenges	Case study 1: NCDs in humanitarian crises	Case study 2: Ethiopia's NCD response	Case study 3: Integrating NCD and HIV services
Low visibility and awareness of NCDs	X		X
Lack of NCD knowledge and skills among health workers	X	X	X
Poor data on NCDs	X		X
Unreliable supplies of NCD medication and essential diagnosis and monitoring equipment	X	X	X
High out-of-pocket expenditure on NCDs	X	X	X
Low community acceptance of NCD care		X	

CASE STUDY 1

Strengthening the health system response to NCDs in humanitarian settings

NCDs are a significant cause of morbidity and mortality in humanitarian settings, where people living with NCDs are at substantially higher risk of exacerbation of their condition and interruptions to care for illnesses such as diabetes and kidney disease can be life-threatening. At the same time, there is often an increased risk of developing NCDs due to poor dietary options, constrained physical activity, and increased susceptibility to the use of addictive substances.

Despite the high prevalence of NCDs in humanitarian settings, healthcare systems in these contexts have focused heavily on communicable diseases, trauma and emergency healthcare[15]. As a result, NCDs have not yet been adequately or systematically integrated into essential primary healthcare services or emergency preparedness and response procedures and national emergency action plans.

One of the key health system challenges in humanitarian settings is that chronic conditions, such as hypertension, cardiovascular disease, diabetes and other NCDs require long-term care, which is frequently missing from humanitarian responses. Combined with scarcity of resources, fragile and weakened health systems, higher levels of instability and destroyed infrastructure, this significantly impacts on the ability of the healthcare system to deliver the required support needed for the treatment and management of NCDs.

Health system solutions

Examples of solutions to some of these challenges include:

- **Community engagement to raise awareness, improve diagnosis, and support access to NCD care:** In Cox's Bazaar, Bangladesh, a community outreach programme was implemented to increase screening for NCDs among the Rohingya refugee population, while in Hargeisa, Somaliland, health information and awareness-raising combined with strengthened community-based care significantly improved the care of children living with type 1 diabetes.
- **Integrating NCD care into primary healthcare services:** For example, in the Bidibidi refugee camp in Uganda, which helped to increase access to NCD care by 50%.
- **WHO's NCD Kits,** which provide NCD treatment for 10,000 people for three months when medical facilities and regular supply chains have been disrupted. The kit consists of five modules covering medicines, cold chain, supplies and renewables, equipment, and a glucometer and includes essential medicines and medical devices for the management of hypertension and cardiac conditions, diabetes and endocrine conditions, and chronic respiratory diseases.
- **Training and awareness-raising**: Implementing a cascade training approach and the development of NCD champions to improve NCD awareness, knowledge and clinical practice among public health and clinical staff caring for refugees in countries including Cameroon, Rwanda, Jordan and Uganda.
- **Integrating NCD data into health management information systems in humanitarian settings:** As implemented by UNHCR, which resulted in a vast improvement in data and a better understanding of the scale of NCDs in humanitarian settings.

CASE STUDY 2

Reversing the neglect of NCDs in Ethiopia

The Government of Ethiopia's commitment to tackling NCDs has centred around integrating NCD prevention and care into its long-standing, decentralised, primary healthcare system. Whilst challenges remain, this approach is helping to ensure effective delivery of quality NCD services where they are needed most.

Key challenges facing the NCD response in Ethiopia include a lack of basic infrastructure, supplies and equipment and inadequate readiness of health facilities to deliver relevant health services. Alongside this, the country experiences challenges in training and retaining health workers with the necessary skills and knowledge on NCDs, especially in rural areas. In addition, a low understanding of the benefits of long-term care and management of NCDs, combined with high out-of-pocket costs for NCD services, leads to people living with NCDs being hesitant to seek and adhere to the long-term care they need. To make further progress in tackling NCDs in Ethiopia, the strong national leadership needs to be translated into commitments and prioritisation of NCDs in health budgets and programmes at national and sub-national levels.

Health system solutions

Examples of solutions to these challenges being implemented in Ethiopia include the strengthening of the latest NCD strategic plan, with a specific focus on strengthening NCD leadership and governance and the recognition of the need to deliver comprehensive and integrated clinical interventions for NCDs by:

- Improving service delivery.
- Developing the human resources needed to provide quality NCD services.
- Improving the quality of screening, diagnosis, treatment and care for NCDs and their risk factors.
- Increasing investment in infrastructure and improving access to diagnostics, medical supplies and technologies.
- Increasing the use of data on NCDs and risk factors for evidence-based decision making[16].

A second example of efforts to improve NCD prevention, treatment and care can be seen in the long-standing programme being implemented by the Federal Ministry of Health, with support from partners including WHO, Global Health Partnerships (formerly THET), the Ethiopian Diabetic Society and private sector partners[I]. This programme has adopted a holistic approach to strengthening the capacity of the health workforce to deliver quality NCD care across all levels of the health system. This has involved training not only doctors and nurses, but also community health extension workers who play an essential role in raising awareness of NCDs in their communities, offering a first point of contact for the identification of people living with NCDs and supporting them in the management of their NCD(s). An additional success factor of this programme has been the close collaboration with the Federal Ministry of Health, to ensure the programme's objectives are driven by and aligned with federal and sub-national health priorities and resources.

I Additional partners who have supported this programme include the Lancet Noncommunicable Disease and Injuries (NCDI) Commission, Health Poverty Action, PSI, AstraZeneca, RSV/Resolve to Save Lives.

CASE STUDY 3

Integrating NCD and HIV services to deliver more effective person-centred care.

Effective NCD care requires strong primary healthcare systems that can address a range of NCDs and the co-morbidities that arise when NCDs interact with other diseases and health concerns. In many LMICs, one of the most significant co-morbidities is that of HIV and NCDs. People living with HIV are at increased risk of NCDs, not only because they are living longer, but because their HIV status places them at greater risk of certain NCDs[17].

> "The reality on the ground in regions such as Sub-Saharan Africa is that for a person living with HIV having access to treatment and care for other chronic conditions like diabetes or hypertension is just as important as receiving antiretroviral drugs."
>
> –Monika Arora, Vice-President Research and Health Promotion, Public Health Foundation India

The Political Declaration of the 2021 High-Level Meeting on AIDS clearly recognises the importance of investing in robust, resilient, equitable and publicly funded health systems to deliver person-centred and context-specific integrated services for HIV, NCDs and a range of other health concerns[18] (***see Box 3***). While there are increasing efforts to deliver this integrated, person-centred care, especially at primary healthcare level, critical health system challenges need to be overcome to fully realise the aims of the Political Declaration and make greater progress towards SDG 3.4.

BOX 3

The need to invest in person-centred, context-specific, integrated health services

> "Investing in robust, resilient, equitable and publicly funded systems for health and social protection systems that provide 90 percent of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, non-communicable diseases, sexual and reproductive healthcare and gender-based violence, mental health, palliative care, treatment of alcohol dependence and drug use, legal services and other services they need for their overall health and well-being by 2025."[19]
>
> –Political Declaration of the UN High-Level Meeting on AIDS, 2021

The most significant health system challenge to delivering integrated HIV and NCD care is the fragmentation of health systems, with HIV and NCD services often being provided by different parts of the health system. This leads to a lack of continuity and connectedness of care, as well as significantly increased healthcare costs for people living with HIV and NCDs. Beyond this, other critical challenges include health workers' limited knowledge of NCD diagnosis and management and a lack of familiarity and experience with NCDs; lack of access to essential medical products (including drugs, diagnostics, and monitoring equipment) for NCD management and care; and a lack of data on the prevalence of NCDs among people living with HIV. Perhaps the most significant challenge, however, is the imbalance of global and national financing of HIV and NCD services. This means that, notwithstanding recent global financing developments, while people living with HIV may be able to access HIV care, free at the point of care, they still have to pay out-of-pocket for any NCD services they need.

Health system solutions

To overcome some of the challenges of integrating HIV and NCD care, several solutions have been developed which are contributing to strengthening health systems and the health workforce to deliver integrated care at a primary healthcare level, improving surveillance and data systems, and improving access to medical supplies for NCDs. Research conducted in Tanzania and Uganda, for example, found that integrated NCD services were able to deliver a higher standard of care for people with diabetes or hypertension without adversely affecting outcomes for people living with HIV[20], while task-sharing[II] has been widely used in the context of HIV programmes to make more efficient use of available human resources for health. Building on this task-sharing model, which includes engaging community health workers to deliver health services at the primary care level can increase access to care and reduce health costs for patients[21]. This is particularly important for people living with HIV and NCDs, given the high out-of-pocket costs that are often associated with NCD care.

In Malawi, an Integrated Chronic Care Clinic (IC3) model has established integrated electronic medical records for HIV and NCDs, allowing real-time patient tracking, detection of missed clinic visits, and longitudinal clinical information for patients with HIV and NCDs who are hospitalised, contributing to improved data collection on HIV and NCD comorbidities, alongside improved quality of care for people living with HIV and NCDs[22].

Initially developed to address the challenges of consistent drug supplies for people living with HIV during the COVID-19 pandemic, the model of multi-month dispensing is being increasingly recognised as a strong integration strategy for HIV and NCD care. Benefits of this approach include less treatment interruption and increased adherence to treatment. A significant challenge, however, remains the cost of NCD drugs and the fact that most people living with HIV still pay out-of-pocket for NCD medications[23].

II WHO defines task-sharing as the expansion of the levels of health providers who can deliver health services. It involves the safe expansion of tasks and procedures that are usually performed by higher-level staff to lay- and mid-level healthcare professionals.

CONCLUSIONS

NCDs are the leading cause of death globally, disproportionately affecting vulnerable populations in low-and middle-incomes countries. The prevalence of NCDs is projected to grow as changing demographics, increasing humanitarian crises caused by conflict, climate or disease, and economic development aggravate the underlying risk factors for NCDs. To meet the challenge of a growing and interconnected NCD burden it is essential to ensure that strong, person-centred, primary care focused health systems are in place and that people can access quality NCD prevention, treatment and care services without being pushed into poverty. Without this, it will be impossible to meet the SDG target of reducing by one-third premature mortality from NCDs by 2030.

Despite challenges, efforts are being made to improve health systems to respond to the growing NCD burden. From WHO's NCD kits, to UNHCR's efforts to integrate NCDs into its health information systems, and from Ethiopia's work to integrate NCDs into its decentralised primary healthcare system, to efforts across HIV programmes to better integrate NCD care, there is a growing body of evidence of what can be done to strengthen health systems to deliver better NCD care. However, these efforts remain small in number and to rise to the growing challenge of NCDs, including the increasing complexities of care for people living with multiple NCDs, it is essential that national governments and international donors, alongside UN agencies, civil society and the private sector, recognise and invest in the strengthening of strong, person-centred healthcare systems that can meet the needs of people living with or at risk of NCDs throughout their life-course.

NCD Alliance advocacy priorities

The NCD Alliance has identified five advocacy priorities for the fourth United Nations High-Level Meeting on the Prevention and Control of Noncommunicable Diseases:

ACCELERATE IMPLEMENTATION

Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.

BREAK DOWN SILOS

Bring NCDs to the centre of global health and development agendas to consolidate efforts and achieve more through integrated action.

MOBILISE INVESTMENT

Provide sustainable financing for NCDs across the full continuum of care that is sufficient to match the disease burden.

DELIVER ACCOUNTABILITY

Track, measure and fulfil commitments on NCD prevention and care in the lead up to 2025, 2030 and beyond.

ENGAGE COMMUNITIES

Put people at the heart of the NCD response, engaging civil society, communities and people living with NCDs in decision-making and implementation.

APPENDIX 1

List of key stakeholders interviewed

Key stakeholders interviewed in the production of this report and the case studies on which the report is based include:

- **John Fogarty**, Lead, Primary Care Services, WHO
- **Fiona Campbell**, Health Policy Advisor, Foreign, Commonwealth and Development Office
- **Katy Cooper**, Chair, UK Working Group on NCDs
- **Dr. Mamsallah Faal-Omisore**, Strategy Director, Primary Care International
- **Ros Kirkland**, Programmes Advisor, Primary Care International
- **David Phillips**, Professor of Endocrine and Metabolic Programming, University of Southampton, UK
- **Margaret Caffrey**, Technical Director, Health Systems Strengthening, Global Health Partnerships (formerly THET).
- **Jonathon Foster**, Advocacy and Policy Engagement Manager, Global Health Partnerships (formerly THET)
- **Dr. Yoseph Mamo**, Ethiopia Country Director, Global Health Partnerships (formerly THET)

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NCD Alliance

Accelerating action on NCDs to promote health, protect rights and save lives

#NCDs @ncdalliance

This report was developed by the NCD Alliance in the framework of our 2024- 2025 partnership with Boehringer Ingelheim which focuses on the shared priority objective of strengthening health systems and promoting equitable access to NCD care, with particular emphasis on cardiovascular, renal, and metabolic disorders.

The report was researched and written by Elaine Green. It was informed and overseen by the NCD Alliance.

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