



MMS Symposium, 2 November 2017

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

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Community-driven initiatives for healthy living
in Kyrgyzstan, 2015



Photo: SDC



■ **EECA** countries, reflection for low income African Countries

■ Budget **CHF 80 million**, CH 3rd donor EECA

■ **Long-term commitment** and flexibility

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

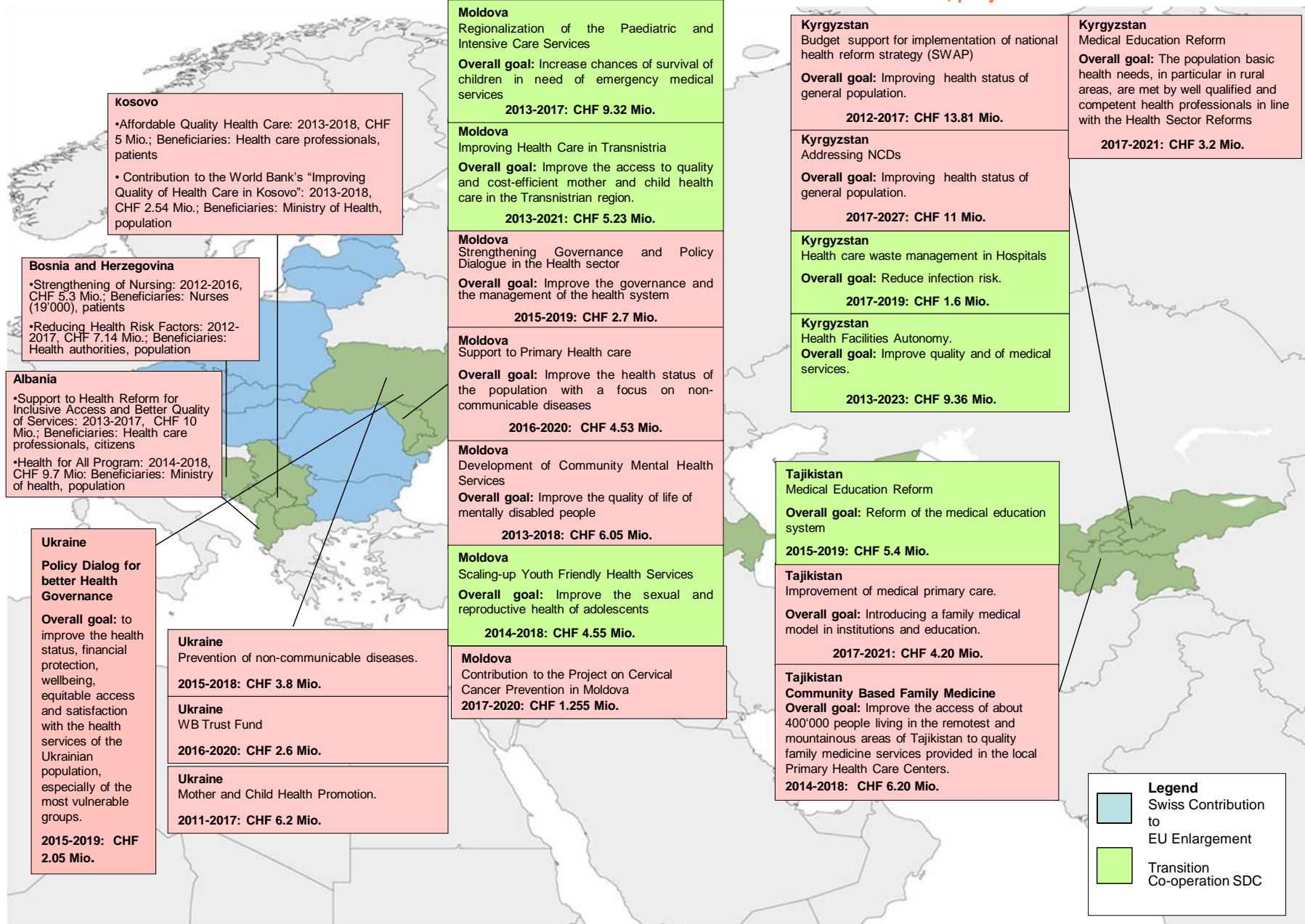
■ Addressing NCDs **policy framework**, promotion of healthy lifestyles, **prevention**, **reshaping PHC services**, strengthening **referral system**

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



SDC Health Projects EECA

In red, projects on NCD as of October 2017



Legend

- Swiss Contribution to 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.



Intervention Framework

Individual-based interventions

Population-based interventions

National

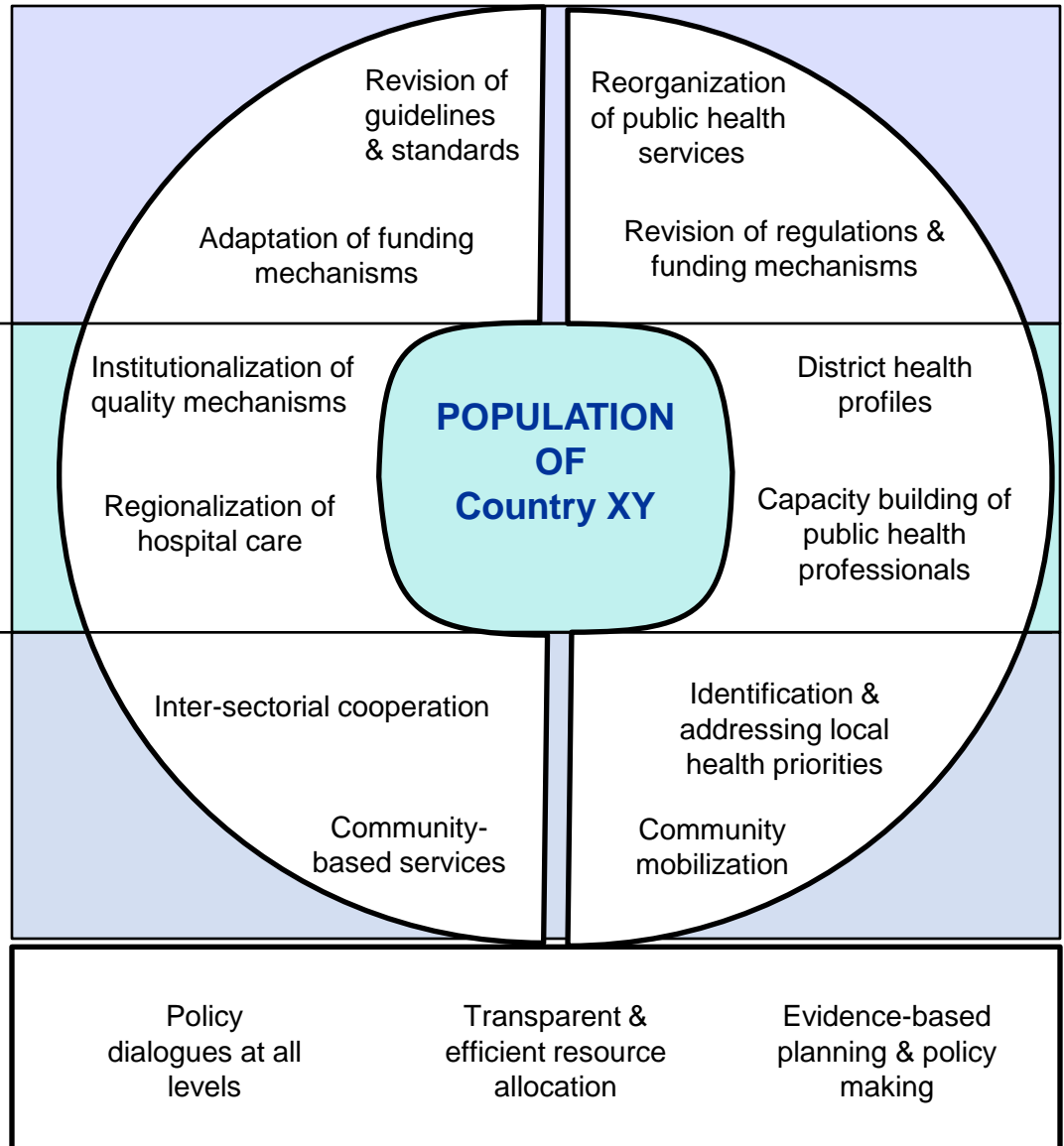
- Ministry of Health
- National Health Insurance Company
- Civil Society Organizations
- Medical University and Colleges
- Sector Coordination Council
- other donors

Regional

- Regionalized hospitals
- Regional Public Health Centers
- District authorities

Local

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



Health Ecosystem

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 policy-making 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 PI 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 political 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 **competing priorities**
- Addressing **migrants/returning migrants** NCDs
- Using **best practices** compiled for **HIV** and **TB**



Thank You



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