Tackling NCDs: a different approach is needed

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The NCD Alliance[1] aims to put non-communicable diseases (NCDs) on the global agenda to address the NCD crisis. Improving outcomes in morbidity and mortality by 2015 will clearly depend to a large extent on tackling the burden of NCDs, especially in developing countries.[2]

The worldwide attention to NCDs is timely, but the NCD Alliance seems to offer a conflicted strategy. On the one hand, a vertical and disease-oriented approach is recommended, such as developing a multidrug combination for people at increased risk of cardiovascular disease. On the other hand, the NCD Alliance calls for strengthening health systems, particularly primary health care. Yet their vision of primary care is limited and ambiguous. Primary care is seen as an opportunity for case finding (for the disease-oriented programmes), but is overlooked as the source of comprehensive care that integrates and coordinates care for all health problems and engages individuals, families, and the community. It is here that primary care secures the real added value for health care and the health of people.[3]

Much has been learned from vertical disease-oriented programmes. Evidence suggests, however, that better outcomes occur by addressing diseases through an integrated approach in a strong primary care system. An example is Brazil where therapeutic coverage for HIV/AIDS reaches almost 100%, much better than HIV/AIDS programmes in other countries with less robust primary care.[4] Vertical disease-oriented programmes for HIV/AIDS, malaria, tuberculosis, and other infectious diseases foster duplication and inefficient use of resources, produce gaps in the care of patients with multiple comorbidities, and reduce government capacity by pulling the best health-care workers out of the public health sector to focus on single diseases.[5,6] Moreover, vertical programmes cause inequity for patients who do not have the "right" disease and create an internal brain-drain of health professionals.[7] The lessons learned from a vertical disease-oriented approach for selected infectious and neglected tropical diseases[8] should inspire us to rethink the strategy for NCDs.

In 2009, the World Health Assembly's Resolution WHA62.12 urged member states "to encourage that vertical programs, including disease-specific programs, are developed, integrated and implemented in the context of integrated primary health care".[9] Horizontal primary health care provides the opportunity for integration and addresses the problem of inequity by allowing focus on NCDs while providing access to the care of other health problems, thereby avoiding inequity by disease.[10]

Describing the rising prevalence of NCDs as a crisis makes for good drama, but misleads us into thinking that this problem is amenable to a quick fix. NCDs represent a set of chronic conditions that will require sustained effort for many decades. Thus, the focused selective solution pursued for infectious diseases must give way to a comprehensive and enduring strategy that affects and reflects the fabric of health-care services and research.

Integrated primary care is essential for tackling NCDs. Chronic conditions, much more than infectious diseases, are influenced by patients' perceptions and behaviour. Effective management of NCDs will require a shift from problem-oriented to goal-oriented care.[11] The long-term management of chronic conditions requires more than "access to affordable essential drugs in primary health care".[1] It requires the empowerment of patients, a reduction of barriers to healthy lifestyles, and care that reflects the values of the individual patient. There is consistent evidence of the effectiveness of primary care in reducing hospital admissions related to NCDs; multimorbidity among those with NCDs has been shown to be better tackled in primary health care.[12]

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It is not sufficient to exhort policy makers and health-care workers to promote synergies between existing programmes for NCDs and other global health priorities. We must fundamentally rethink the way we address complexity in health problems, in both developed and developing countries. This will require that we put people and their values at the centre of the process, rather than specific diseases.

The best answer[3] to the challenge of NCDs is to promote people-centred care through investment in integrated primary care,[13] including sufficient numbers of well-trained health professionals.[14] At least 50% of all health professions graduates should be trained for primary care. The NCD Alliance calculates that a global commitment of about US$9 billion per year will be needed to pay for the priority interventions. Our advice is to add another $9 billion to strengthen local primary health-care services in the same countries. As a result, millions of people will be able to access affordable, comprehensive, and quality primary care that addresses all conditions, including infectious diseases and NCDs.

We are at an important moment of reflection and we should learn from previous mistakes, however well intended. It is time to respond to the aims of Resolution WHA62.12 and put it into practice. We invite all stakeholders to participate in this fundamental reflection and to weave focused expertise into a broader tapestry of more effective and relevant health care and research.

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