

**THEMATIC
WEBINAR
SERIES**



Making Visible the Quality of Care for People Living with NCDs

Thursday 20 April 2023

15:00 – 16:15 CEST



**THEMATIC
WEBINAR
SERIES**

SECTION 1

Welcome and Agenda

Alison Cox



Objectives of the Webinar

- **Summarise existing NCD targets and indicators relating to secondary prevention and care provision as laid out by Sustainable Development Goals (including within the context of Universal Health Coverage) and Global Action Plan on NCDs.**
- **Lay out WHO's upcoming plans to expand facility-based patient and programme monitoring for NCDs.**
- **Provide civil society a space to reflect on potential next steps to improve global data availability, and corresponding accountability of, NCD care provision.**

SECTION 1 Agenda

Welcome

- Scene setting

Alison Cox, NCD Alliance

Current status of NCD care targets and WHO's facility based monitoring work

- NCD care targets: current status
- WHO's work on NCD facility-based monitoring
- Discussion

Dr Chantelle Boudreaux, Center for Integration Science in Global Health Delivery Division of Global Health Equity Brigham and Women's Hospital

Dr Farshad Farzadfar, World Health Organization

NCD Alliance Members/Partners perspectives

- Ghana NCDA Presentation
- CISC Presentation
- WSO Presentation
- Discussion

Labram Musah Massawudu, National Coordinator, Ghana NCD Alliance

Dr Yasjudan Putra, Indonesian Cancer Information and Support Center Association (CISC)

Dr Sheila Martins, President, World Stroke Organization

Wrap up

- Concluding remarks and next steps

Alison Cox, NCD Alliance

**THEMATIC
WEBINAR
SERIES**

SECTION 2

Current status of NCD care targets and WHO's facility based monitoring work

Dr Chantelle Boudreaux
Dr Farshad Farzadfar



UN HLM

NCD GAP

SDGs

CURRENT STATUS OF NCD TARGETS

MAKING VISIBLE THE QUALITY OF CARE AVAILABLE
FOR PEOPLE LIVING WITH NCDS

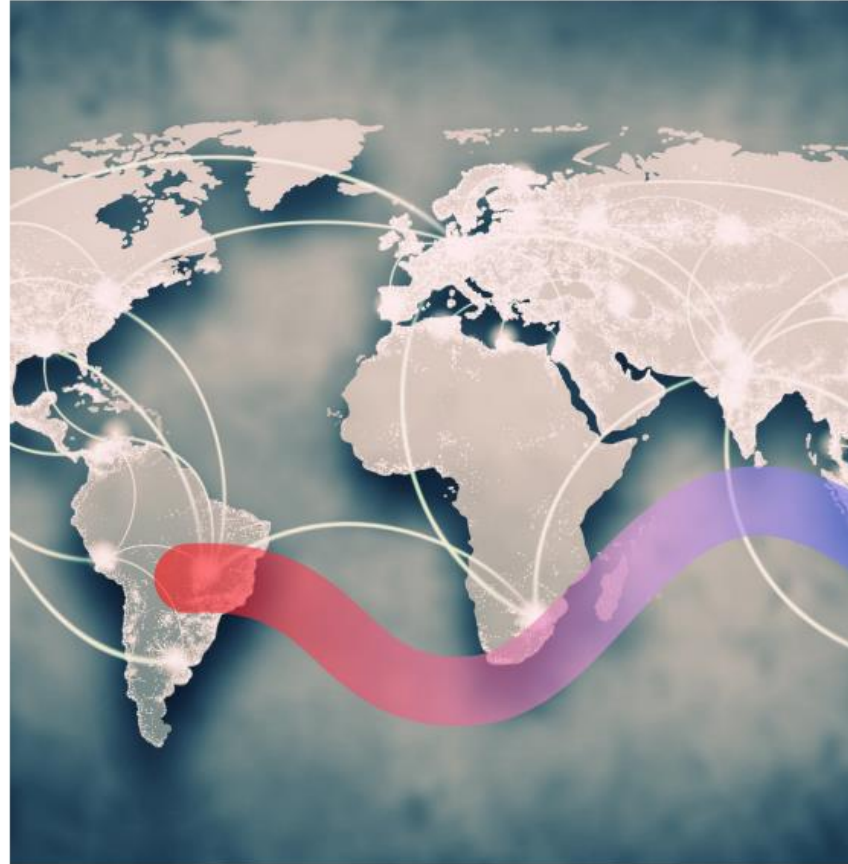
NCD Alliance Webinar Series

April 20, 2024

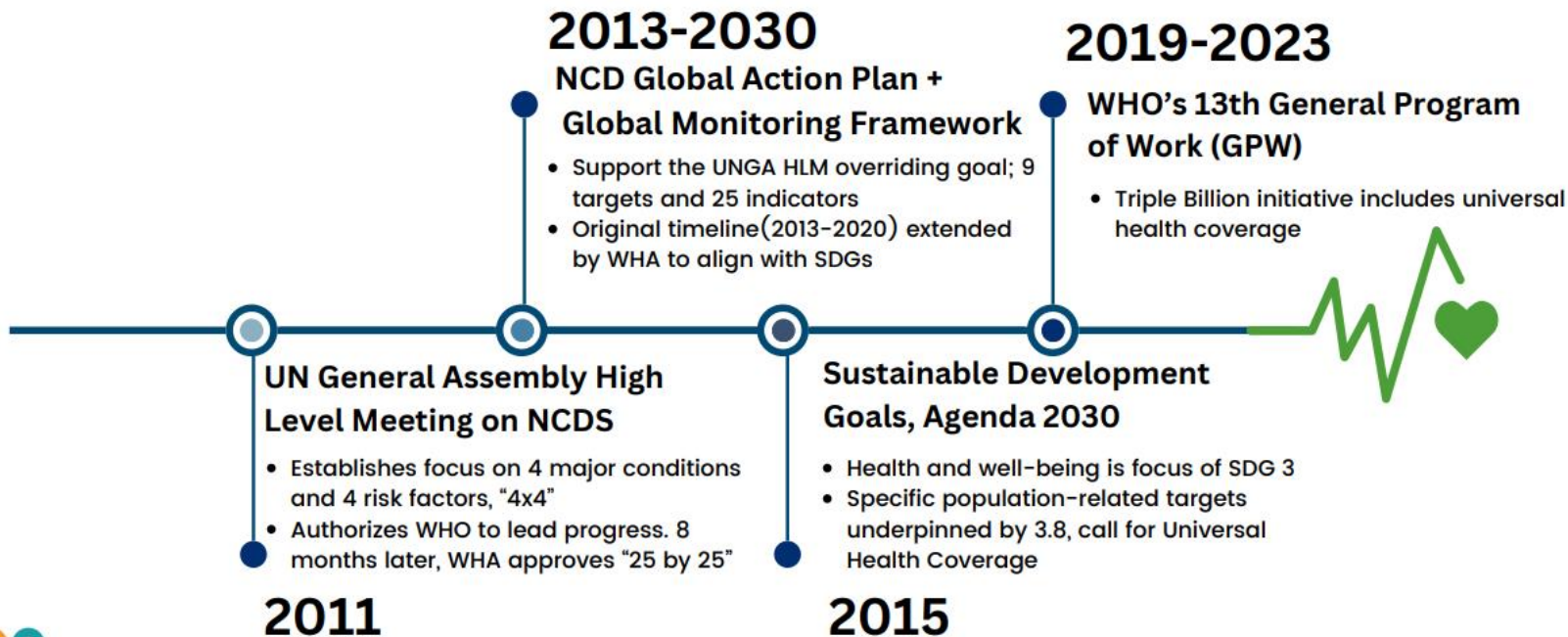
Chantelle Boudreaux



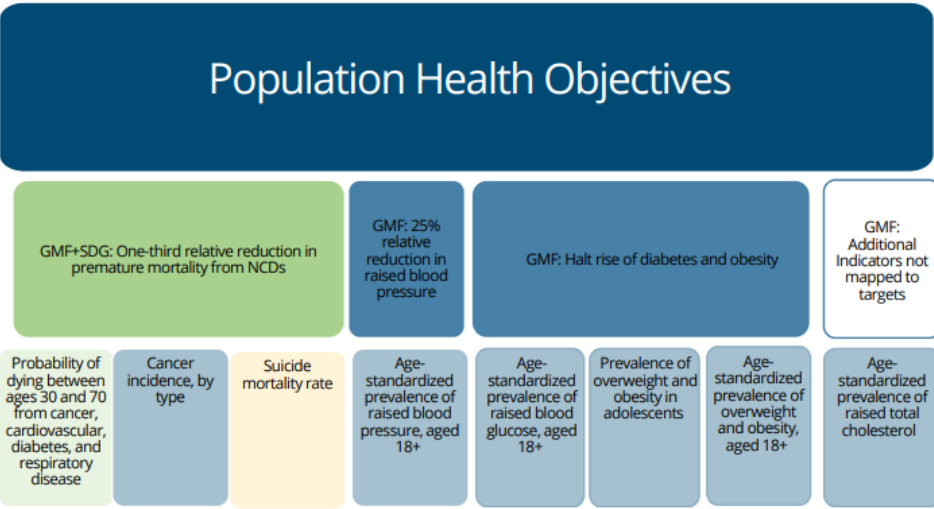
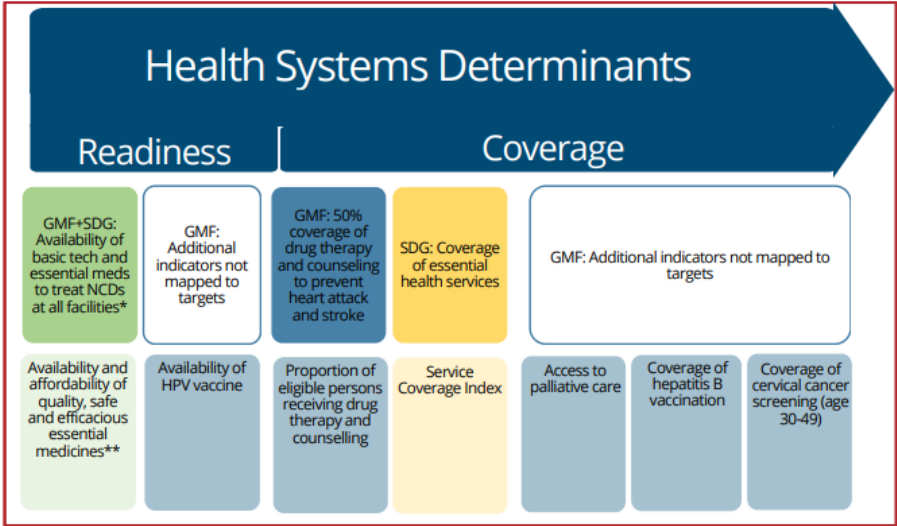
Center for Integration Science
Division of Global Health Equity
Brigham and Women's Hospital



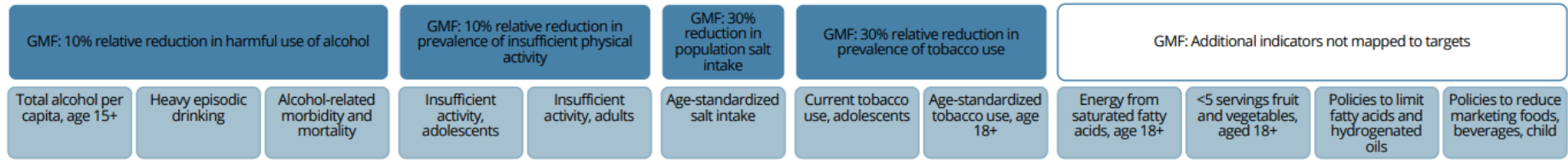
Core Global Commitments



Overview of Global Targets: Global Monitoring Framework + SDGs



Behavioral Risk Factors



Progress against targets

Service readiness

Data limitations have hindered efforts to monitor the coverage of essential medicines. As of 2020, there was insufficient data on performance against 3.b.3 to calculate estimates for any of the WHO regions, despite covering the period from 2011 through 2019, using nearly a decade's worth of data. In a survey of 25 countries:

28 Percent of countries



No facility stocked all medicines

Country with highest score



More than 30% of facilities lack full set of medicines



GMF Target 9

80% availability of the affordable basic technologies and essential medicines,



SDG 3.b.3

Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

Includes 32 tracer indicators for acute and chronic communicable and noncommunicable disease for primary care



34

Percent of countries
met target in 2019



GMF Target 8: Cover half
of eligible people with
drug therapy to prevent
heart attack and stroke

270

Shortfall: 730 Million
Largest gap of the
Triple Billion Goals



SDG/Global Program of
Work Target: 1 billion more
people covered by UHC by
2023

Progress against targets

Service coverage

Progress is off-track and correlated with income. No low income country met GAP Target 8 in 2019, compared to 60% for high income countries.



Service Coverage Index



01 Reproductive, Maternal, Neonatal and Child Health

- Family planning: Percentage of women of reproductive age (15–49 years) who are married or in–union who have their need for family planning satisfied with modern methods
- Pregnancy and delivery care: Percentage of women aged 15–49 years with a live birth in a given time period who received antenatal care four or more times
- Child immunization: Percentage of infants receiving three doses of diphtheria–tetanus–pertussis containing vaccine
- Child treatment: Percentage of children under 5 years of age with suspected pneumonia in the two weeks preceding the survey taken to an appropriate health facility or provider

02 Infectious diseases

- Tuberculosis: Percentage of incident TB cases that are detected and successfully treated
- HIV/AIDS: Percentage of people living with HIV currently receiving antiretroviral therapy
- Malaria: Percentage of population in malaria–endemic areas who slept under an insecticide–treated net the previous night [only for countries with high malaria burden]
- Water and sanitation: Percentage of households using at least basic sanitation facilities

03 Noncommunicable disease

- Hypertension: Age–standardized prevalence of non–raised blood pressure (140/90) among adults aged 18 and older
- Diabetes: Age–standardized mean fasting plasma glucose for adults aged 18 and older
- Tobacco: Age–standardized prevalence of adults ≥ 15 years not smoking tobacco in last 30 days

04 Service capacity and access

- Hospital access: Hospital beds per capita, relative to maximum threshold of 18/10,000
- Health workforce: Health professionals (physicians, psychiatrists and surgeons) per capita, relative to maximum thresholds
- Health security: International Health Regulations (IHR) core capacity index



01 Improve monitoring

- Link investments in care to improved data systems; e.g. Facility-Based Patient Programme monitoring initiative
- Push for iterative improvements and disaggregation over time

02 Link to other efforts

- Include reference to Appendix 3 of the NCD GAP
- Leverage monitoring for disease specific initiatives and programs (90-70-90 targets for Cervical Cancer; Global HEARTS)

03 Update tracer indices

- Align NCD indicators with RMNCH and Infectious disease indicators
- Document a more diverse array of inputs with a sharper focus on the continuum of care

04 Apply an equity lens

- Include all-cause morbidity and mortality
- Incorporate a focus on severe disease

Opportunities to strengthen indicators

4 structural improvements

Example: SCI Indicator selection

- Percent of people with blood pressure > 140/90 on treatment
- Percent of people with Type 1 Diabetes who have access to insulin and blood glucose self monitoring
- Percent of women with identified cervical cancer lesions who are treated





Thank you

Contact

✉ cboudreaux@bwh.harvard.edu

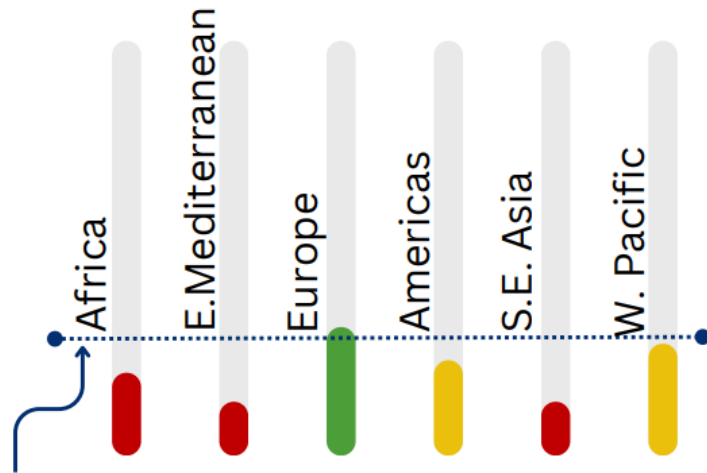
📍 75 Fancis Street, Boston MA 02116

🌐 <https://centerforintegrationscience.org>

Progress against targets

Premature mortality

Progress generally stuttering. High income countries generally achieve 30% decline in premature mortality, low income countries have achieved less than half that. Targets to reduce hypertension and diabetes are off track.



30 Percent Relative Reduction of Premature Mortality

22%

Global reduction in premature mortality fell from 22.9% in 2000 to 17.8% in 2019. Driven by gains in high income regions

2.7x

Pace of decline would need to nearly triple to meet target



Gaps in current targets

3 major categories



Scope of targets

Gap 1

- Mortality target: Age and disease focus excludes much of the disease burden.
- Health systems targets: primary prevention / care focus omits care continuum



SCI Indicator selection

Gap 2

- Contrast with other disease groups
- Fails to measure effective coverage or unmet need;
- Fails to measure diseases continuum;
- Carried forward through multiple monitoring frameworks



Data availability

Gap 3

- Limits transparency and undermines accountability
- Obscures important inter- and intra-country variations in risk and epidemiology of NCDs



NCD facility-based monitoring

Dr. Farshad Farzadfar

Scientist
Surveillance, Monitoring, and Reporting
NCD department, WHO

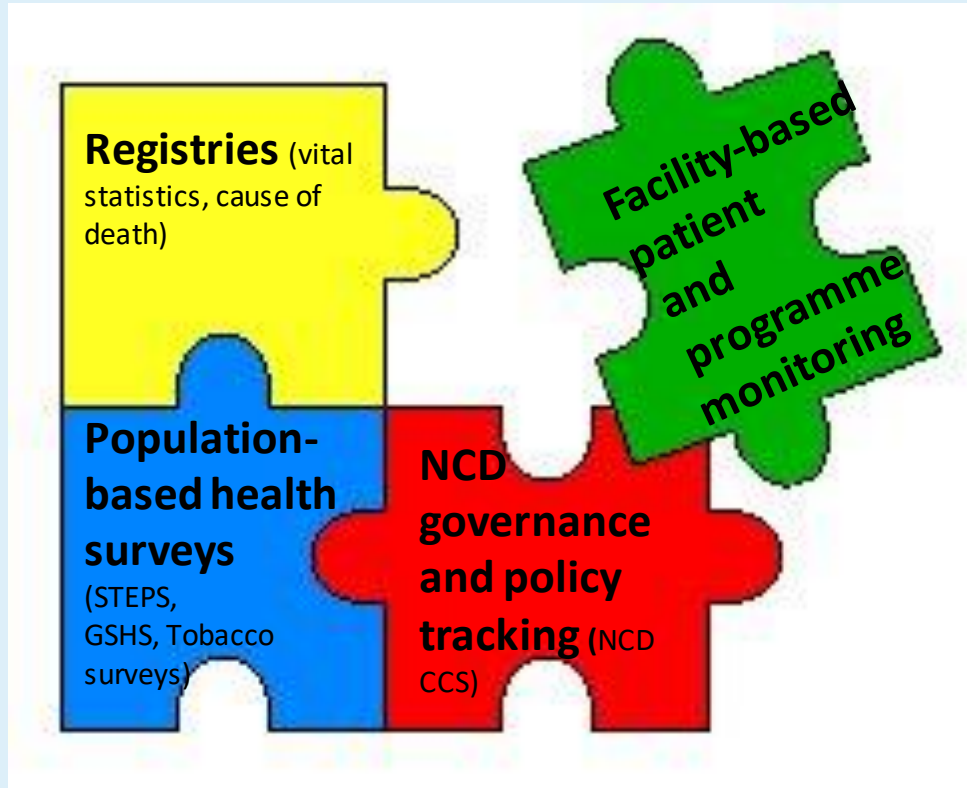


IMPLEMENTATION ROADMAP 2023–2030 FOR THE GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs 2013–2030

- Strategic Directions

1. **Accelerate national response** based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries
2. **Prioritize and scale-up** the implementation of most impactful and feasible interventions in the national context
3. **Ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability**

NCD surveillance system components



Facility-based patient and program monitoring in primary care

- Supporting health facility managers to ensure NCDs core medications availability at the facility level
- Supporting health facility managers to ensure technology availability (lab testing/functional equipment) at the facility level
- Supporting health facility and higher levels managers/authorities to ensure accessibility/utilization of healthcare
- Supporting health professionals and managers at the facility/district/national levels to evaluate the outcome of provided services

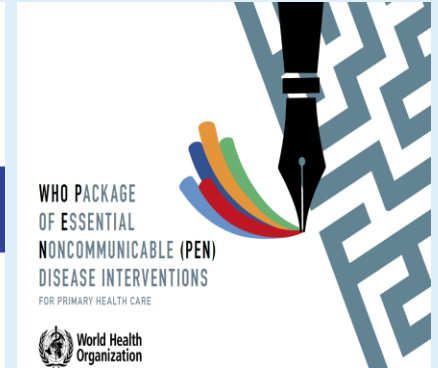
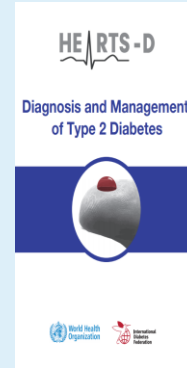


Noncommunicable disease facility-based guidance: scope and development process

Comprehensive monitoring for essential noncommunicable disease interventions at primary care settings

- Cardiovascular diseases including hypertension
- Diabetes
- Asthma and chronic obstructive pulmonary disease
- Breast cancer, cervical cancer, childhood cancers and general cancers

Rigorous development and prioritization processes (experts' opinions, systematic reviews, global and regional priorities)

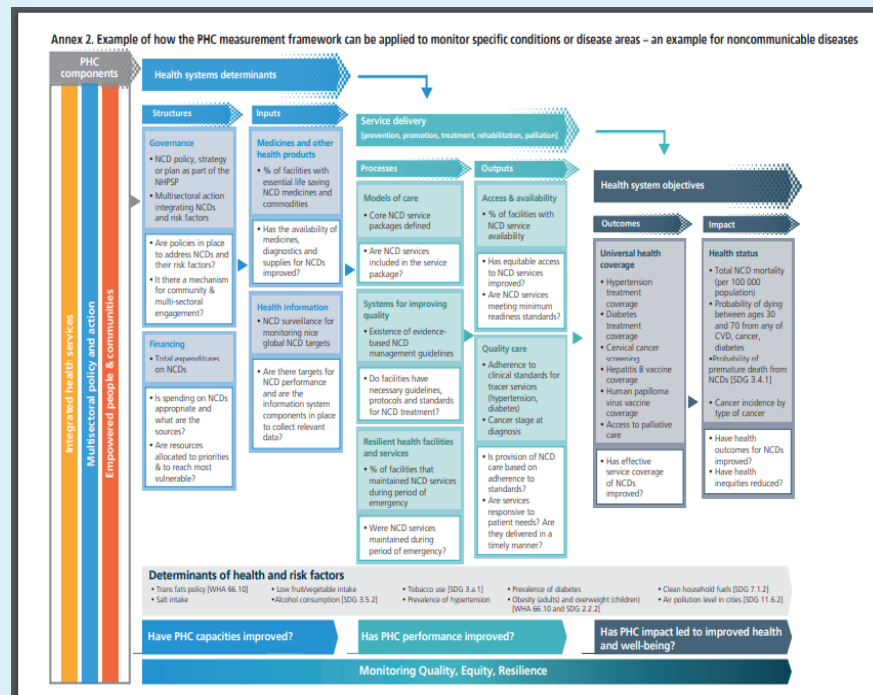


Noncommunicable disease facility-based guidance: monitoring domains and indicators

Domains aligned with WHO primary health care measurement framework and indicators: monitoring health systems through a primary health care lens

- Programme determinants (health system capacity and management)
- Service delivery (early detection and diagnosis, treatment and complication assessment)
- Programme objectives (disease control)

A total of 22 core indicators and 59 optional indicators, organized by results chain framework, NCDs and monitoring domains

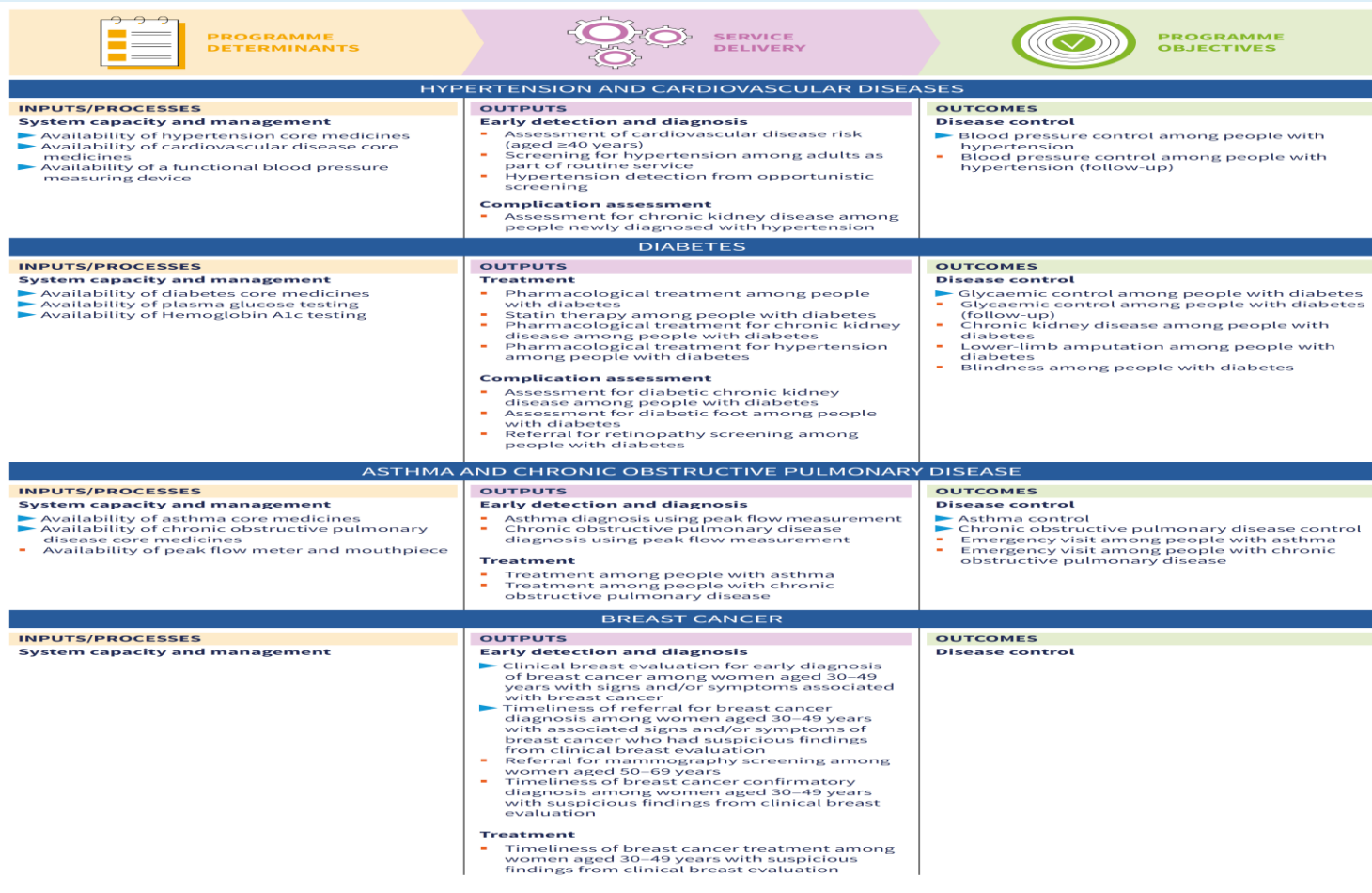


Noncommunicable disease facility-based monitoring guidance

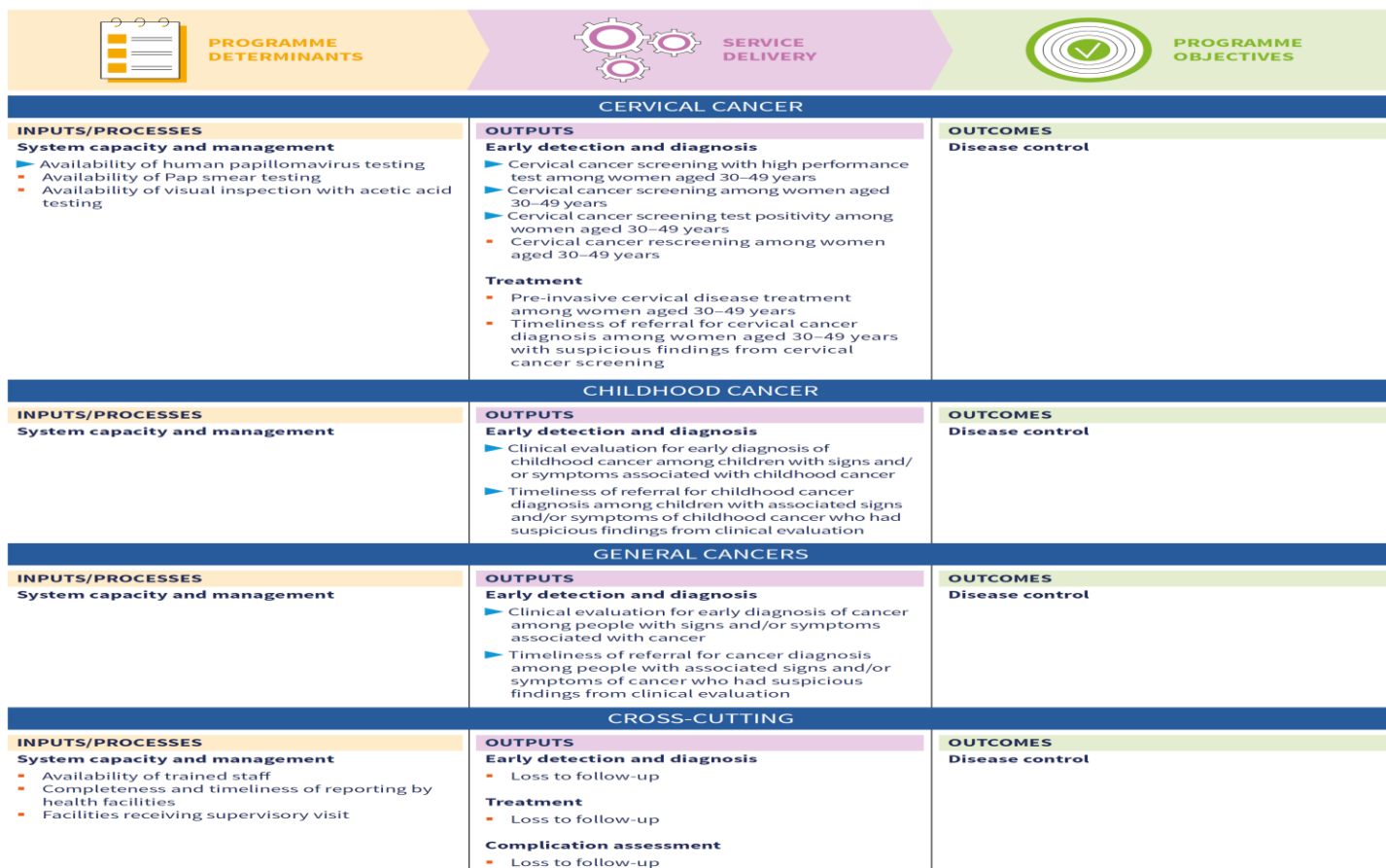
- Background, Introduction
- Noncommunicable disease facility-based monitoring guidance (Framework)
- List of core and optional indicators and their metadata
- Application of the Noncommunicable disease facility-based monitoring guidance in country health facility-based monitoring systems



Facility-based patient and program monitoring framework (1)



Facility-based patient and program monitoring framework (2)



Indicator metadata

- Definition, purpose, numerator, denominator, calculation method, aggregation, disaggregation, sources of data, key data elements, frequency of reporting, users of data, limitations/comments and related links
- Comparability of data across geographical areas and across times

C2-Availability of plasma glucose testing

Indicator name	Availability of plasma glucose testing
Purpose	To ensure uninterrupted services to diagnose diabetes and assess glycemic control among patients with diabetes
Definition	Proportion of health facilities that have capability of laboratory or point of care plasma glucose (PG) testing
Numerator	Number of health facilities reporting capability of performing either laboratory or point of care PG tests in the reporting period
Denominator	Total number of health facilities
Method of calculation	$\text{Numerator} \div \text{denominator} \times 100$
Aggregation	District, province, state, national
Disaggregation	Health facility, provider ownership type (public/private), facility location type (urban/rural), plasma glucose testing site (point-of-care or laboratory)
Sources of data	Health facility reports, regional logistics information system or survey
Key data elements	Count of number of facilities reporting "test capability"
Frequency of reporting	Quarterly
Users of data	District-, province- and state-level managers to focus supervision on health facilities reporting no lab capability, making facilities capable and strengthening health systems to ensure uninterrupted laboratory services
Limitations/ comments	In some settings the health facilities do not provide laboratory services so the reporting units will need to come from other laboratory service providers
Related links	Harmonized health facility assessment (HHFA): core questions https://www.who.int/publications/i/item/harmonized-health-facility-assessment-(hhfa)

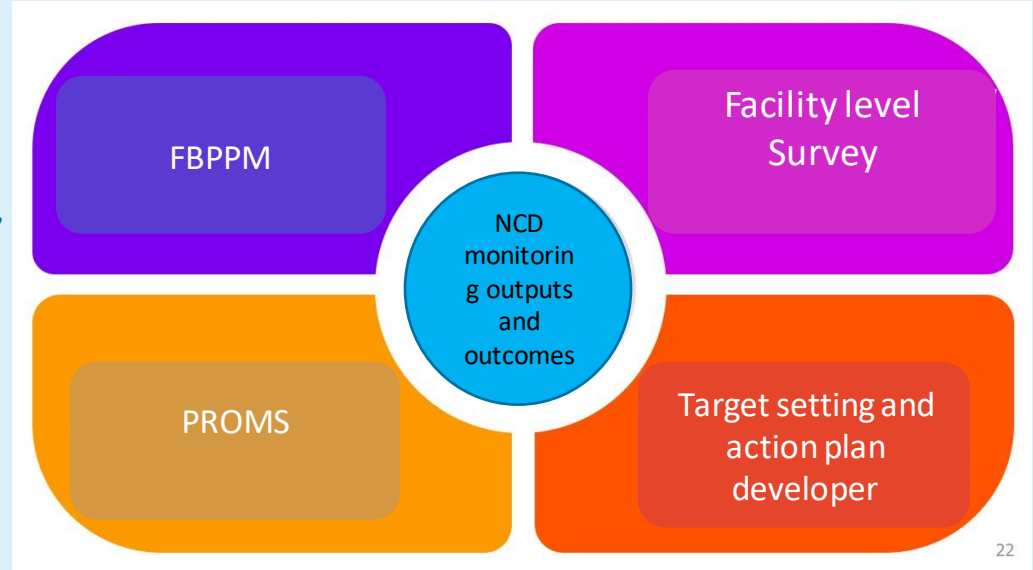
Data collection and interpretation tools

- Paper-based tool
- DHIS2 Aggregate (program monitoring)
- DHIS2 tracker (patient and program monitoring)
- E-registry (patient management, patient and program monitoring)



Next steps to complete health service delivery monitoring tools

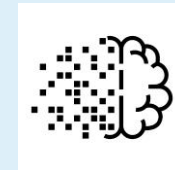
- Secondary and tertiary level facility-based patient and program monitoring
- Facility level survey on service readiness, availability, utilization, and outcome tool
- Patient reported outcome measures (community level) tool
- Target setting and action plan developer tool



22

Concerns and challenges

- Standards
- Infrastructure
- Capacity building
- Data for action (service management system)
- Data quality
- Fragmentation



Thanks!

Do you have any questions?

farzadfarf@who.int



**THEMATIC
WEBINAR
SERIES**

SECTION 2

Discussion

- *Have these gaps in global reporting on NCD care had any impact on implementation of NCD prevention and care programmes at national level?*
- *Any initial reflections on the work WHO is undertaking on NCD facility-based monitoring or on how your organisations could support its roll out?*



**THEMATIC
WEBINAR
SERIES**

SECTION 3

**NCD Alliance
Members/Partners
Perspectives**

*Labram Musah Massawudu
Dr Yasjudan Putra
Dr Sheila Martins*





UNIVERSITAS
GADJAH MADA

Collaboration between patient community and researchers for data collection on HER2+ Breast Cancer patients in Indonesia

Yasjudan Putra, M.D

Presented at the 2023 NCD Alliance Webinar Series



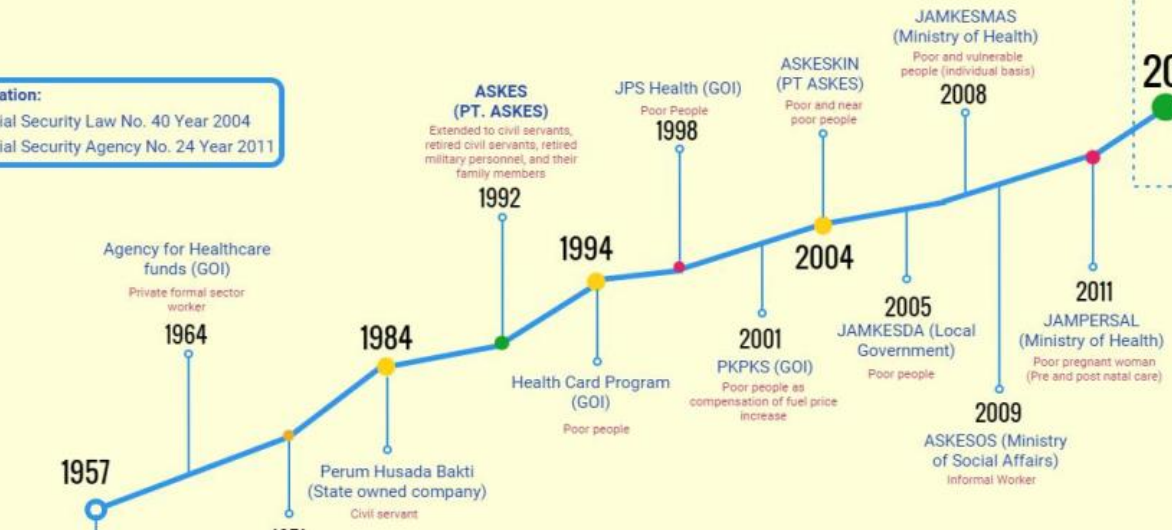


- Name : Yasjudan Rastrama Putra
- Institution :
 - Gadjah Mada University (Lecturer/ Reseacher)
 - Sardjito General Hospital (Internist/ Hematology-Medical Oncology Fellow)
- Research Partner : CISC (Cancer Information & Support Center) Indonesia

1.3 A Long Journey to Jaminan Kesehatan Nasional (JKN)



Regulation:
 - Social Security Law No. 40 Year 2004
 - Social Security Agency No. 24 Year 2011



Member Contribution:



1 Low Income (ex-Jamkesmas)
Non-Contributing Members
PBI



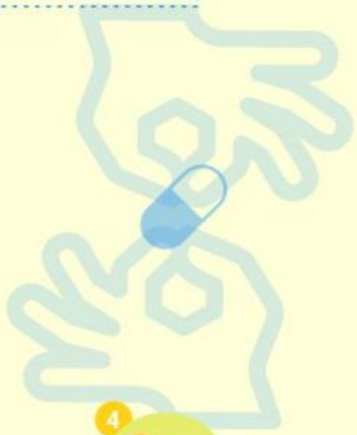
2 Workers in the formal Sector (ex-ASKES, ASABRI, JPK-JAMSOSTEK)
Wage Recipients



3 "Missing middle" (neither poor nor employed in the formal economy)
Non- Wage Recipients



4 Retirees & Veterans





Patient community initiative for data collection

- Training on the importance of data from UICC → CISC took the initiative to invite the Center for Health Policy and Management at Gadjah Mada University to conduct research.
- HER2+ breast cancer research
 - Quantitative research : 100 patient community members
 - Qualitative research : 18 doctors in oncology (medical, surgical, radiation, pathology)





Availability of HER2+ breast cancer data

- Early detection : The policy already exists but needs to be strengthened
- Diagnosis : Equal distribution of facilities and human resources
- Therapy : Lack of a multidisciplinary team approach. Based on the UHC, Trastuzumab is not available at an early stage
- Recurrence : Early diagnosis and standard therapy are needed
- Socioeconomic impact : The amount of costs excluding hospital fees

Impact → Policy advocacy

- Dissemination of research results : Reseacher, Patient community, MoH, UHC management
- Policy brief : 98%
- Publication : hopefully soon



Diseminasi Perjalanan Pengobatan dan Kekambuhan pada Penyintas Kanker Payudara HER-2 Positif

363 x ditonton • Streaming 2 bulan yang lalu



Diseminasi Perjalanan Pengobatan dan Kekambuhan pada Penyintas Kanker Payudara HER-2 Positif 00:00:05 Pembukaan MC ...



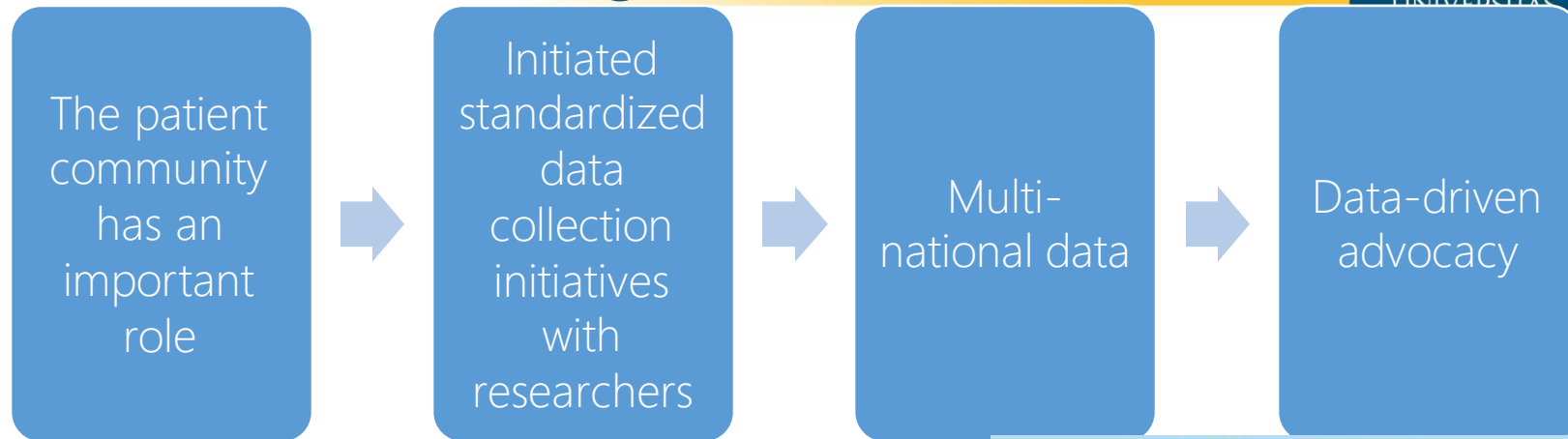
Pembukaan MC | Sambutan: Aryanthi Baramuli Putri, SH.,MH (CISC) | Pemaparan: dr. Yasjudan...

7 momen ▾



UNIVERSITAS

Reflections at the global level



https://commons.wikimedia.org/wiki/File:Flag-map_of_the_world_%282018%29.png

Overview of WSO's work to support data collection

Opportunities and challenges for expanding

Sheila Cristina Ouriques Martins
President World Stroke Organization

Stroke in numbers

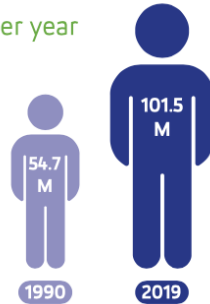


Around the world, there are
12.2 MILLION new strokes per year
ONE EVERY 3 SECONDS

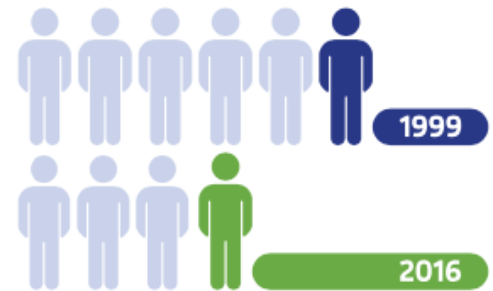
101 MILLION

people worldwide are living
with stroke aftermath

**THIS NUMBER HAS ALMOST
DOUBLED OVER THE LAST 30 YEARS**



1 in 4 people will have a
stroke in their lifetime
**THIS NUMBER HAS
INCREASED 50% OVER
THE LAST 17 YEARS**



We know what need to be implemented

AAS 48h

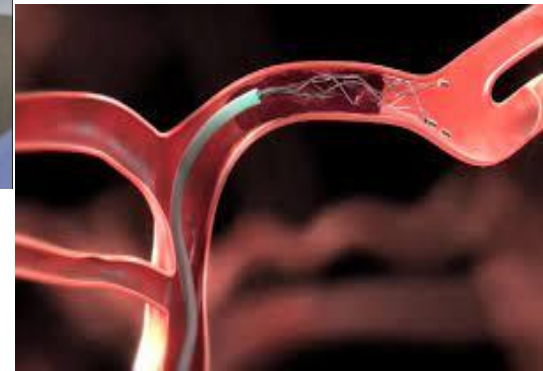
Stroke Unit

Thrombolysis 4.5h

Hemicraniectomy 48h malignant MCA infarction

Thrombectomy 24h LVO

DAPT in TIA/Mild Stroke 24h



- To know the situation of stroke services on global level is fundamental to make action plans for improvement
- To monitor the quality and the outcomes of the programs we need to monitor data

The state of stroke services across the globe: Report of World Stroke Organization–World Health Organization surveys

Mayowa O Owolabi¹, Amanda G Thrift² , Sheila Martins³, Walter Johnson⁴, Jeyaraj Pandian⁵ , Foad Abd-Allah⁶, Cherian Varghese⁷, Ajay Mahal⁸, Joseph Yaria⁹ , Hoang T Phan¹⁰, Gregory Roth¹¹, Seana L Gall¹⁰, Richard Beare¹², Thanh G Phan¹³ , Robert Mikulik¹⁴, Bo Norrving¹⁵ and Valery L Feigin¹⁶ ; on behalf of the Stroke Experts Collaboration Group*

International Journal of Stroke

0(0) 1–13

© 2021 World Stroke Organization

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/17474930211019568

journals.sagepub.com/home/wso



Stroke Services Across the Globe

- 84 countries, 318 hospitals
- SU were present in 91% of HIC in contrast to 18% of LIC ($p < 0.001$)
- Acute stroke treatments were offered in 60% of HIC compared to 26% of LIC ($p = 0.009$)
- Only 50% of countries reported at least 50% of all the recommended elements for acute care, with most in HICs and upper-MICs



35% minimum required structure of a stroke center

- Advanced ■ Essential
- Minimal

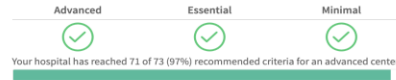
Improving access to quality stroke care the WSO online Roadmap



Self Test Result > HMV

Conclusion

Congratulations, you have met the minimum criteria to qualify as an advanced center! Keep improving your service, check below what you can do to improve your Center.



Self Test in 2021-06-25

Congratulations. Your hospital has been classified as a minimum service and has the potential to be an Essential Center. Check below what you need to do to be an Essential Center.

Minimal Stroke Services



Your hospital has reached 11 of 61 (18%) recommended criteria for a minimal service

[View details and result](#)

Self Test in 2021-06-11

Congratulations. You have reached 100% of the minimum criteria necessary to be classified as an Essential Stroke Center. You can improve. Check below what you can do to improve your Center.

Essential Stroke Center



Your hospital has reached 43 of 61 (72%) recommended criteria for an essential center

[View details and result](#)

Self Test in 2021-06-24

Congratulations, you have met the minimum criteria to qualify as an advanced center! Keep improving your service, check below what you can do to improve your Center.

Advanced Stroke Center



Your hospital has reached 72 of 73 (99%) recommended criteria for an advanced center

[View details and result](#)


WSO Roadmap Online Platform

Self Test Result > HMV

Conclusion


Congratulations. Your hospital has been classified as a minimum service and has the potential to be an Essential Center. Check below what you need to do to be an Essential Center.

Advanced




6/14

Essential




6/9

Minimal



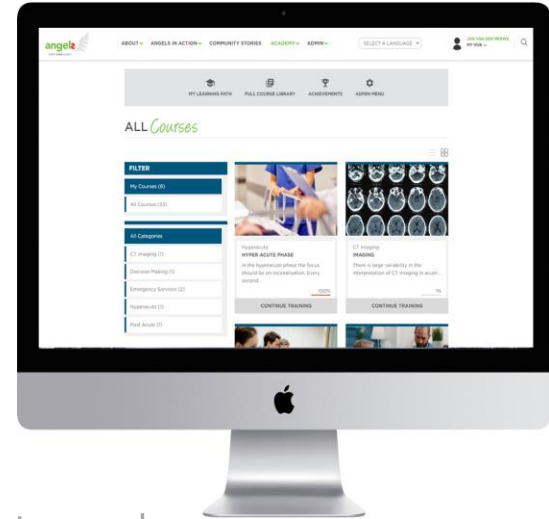
Your hospital has reached 11 of 61 (10%) recommended criteria for a minimal service



Minimal Criteria for classification as Essential Center

#ID	Criterion	Status
#94	Does your hospital have emergency services?	OK
#95	If there is an emergency department, is it open 24h a day, 7 days a week?	OK
#96	CT scanner Does your hospital have CT scanner?	OK
#30	Computed Tomography 24/7 Computed Tomography (CT) brain scan in the hospital (on site) available 24 hours/day, 7 days/week	OK
#97	Does your hospital have its own laboratory for blood tests?	OK
#7	Laboratory blood test 24/7 Complete blood count, electrolytes, urea, glucose, INR, PT available 24 hours a day, 7 days a week?	OK
#115	Physicians for thrombolysis Access to physicians with training in acute stroke care available for thrombolysis (can be through telemedicine)	Not met
#98	IV thrombolysis Access to IV thrombolysis	Not met
#20	Thrombolysis 24/7 Access to IV thrombolysis 24h/day, 7days/week	Not met

Angels Initiative



> **105,000** registered doctors and
nurses

> **7,200** Hospitals

147 Countries

Implementation of Quality Monitoring

- Hospitals who capture data in either the **RES-Q Registry**, **SITS QR Registry** using the Angels Awards Protocol or an approved National Registry are eligible for an award. Awards are based on the ESO quality measures.



	GOLD STATUS	PLATINUM STATUS	DIAMOND STATUS
Registration requirements	Registration criteria met	Registration criteria met	Registration criteria met
% of patients treated with door to needle time < 60 minutes	50%	75%	75%
% of patients treated with door to groin time < 120 minutes	50%	75%	75%
% of patients treated with door to needle time < 45 minutes			50%
% of patients treated with door to groin time < 90 minutes			50%
% recanalisation procedure rate out of total stroke incidence in the hospital	5%	15%	25%
% of all suspected stroke patients undergoing CT or MRI imaging procedure	80%	85%	90%
% of all stroke patients undergoing dysphagia screen	80%	85%	90%
% of ischaemic stroke patients discharged with antiplatelets	80%	85%	90%
% of atrial fibrillation related stroke patients discharged with anticoagulants	80%	85%	90%
Stroke patients treated in a dedicated stroke unit or ICU during their hospital stay			YES

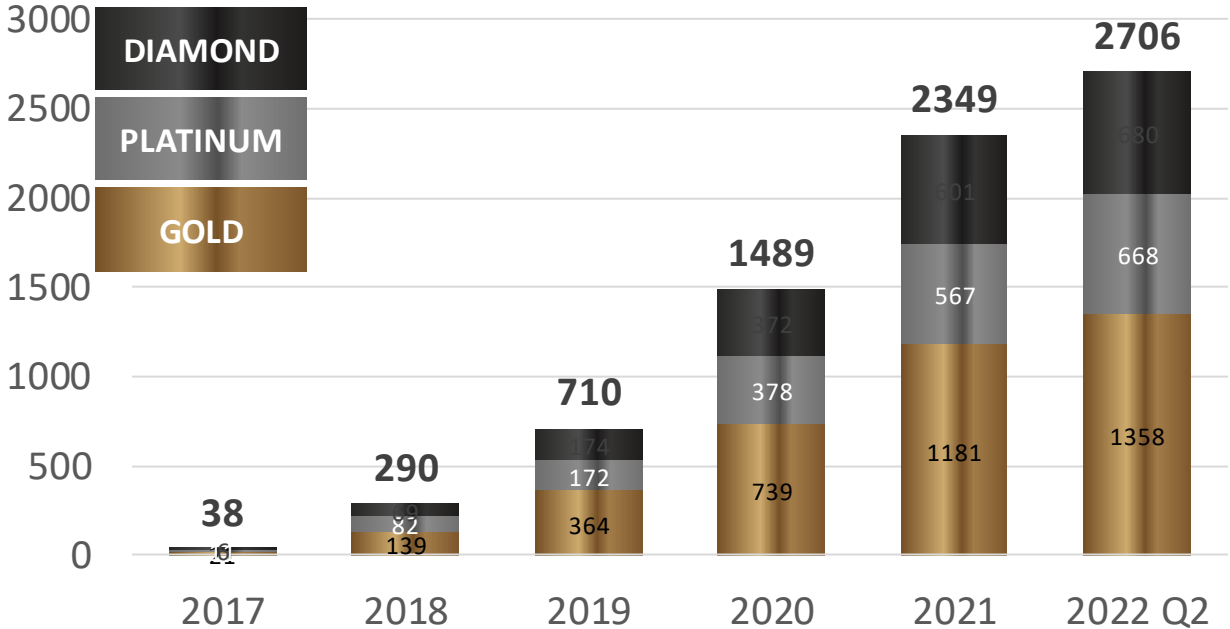


24 Parameter

7 KPIs

Awards

WSO & ESO Angels Awards



About RES-Q

JAN 2017

2300
total patients

200
total sites

23
total countries

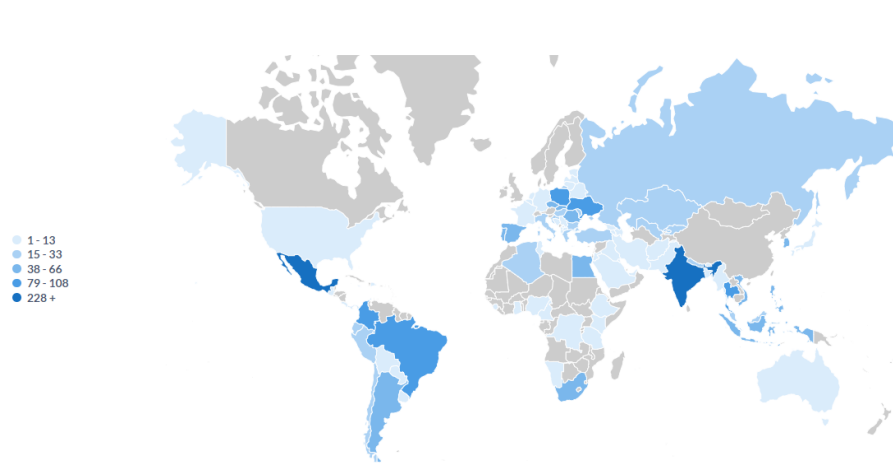


CURRENT

632 788
total patients

2 146
total sites

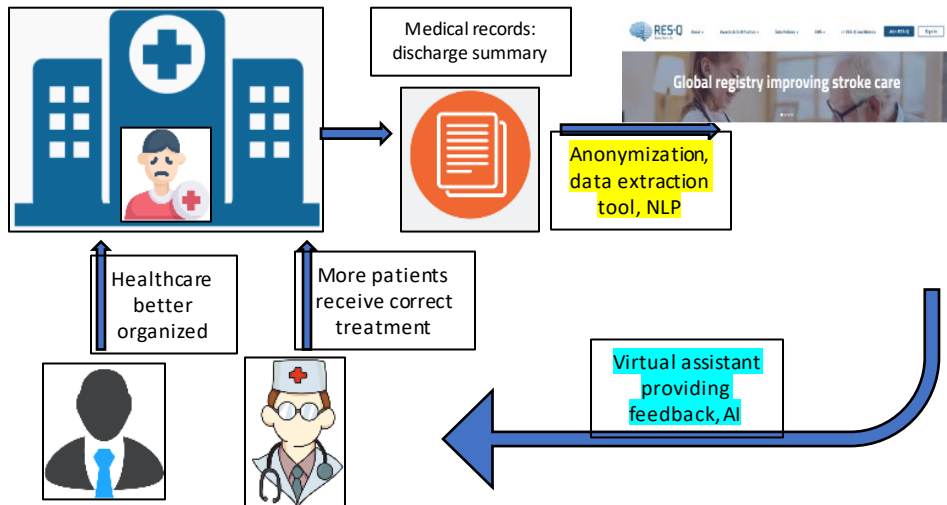
90
total countries





Revolutionize quality improvement in stroke and provide unique solutions for research, clinical practice and policy making in Europe and beyond

Data extraction



Life after stroke diagnosis





Certificate your hospital

The certification of stroke centers is critical to ensure the implementation of all high-priority strategies which change the natural history of stroke. It is a great opportunity for continuous improvement and qualification of services.

[Certification Guide](#)

[More information](#)

[Benefits for certified Centers](#)

Participating countries



Organização



Colaboradores



Patrocinadores



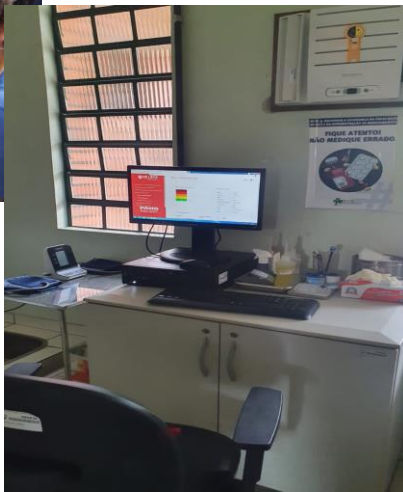


HE RTS

IN THE AMERICAS



World Stroke
Organization



HEARTS

Dados do Paciente

Registro do paciente na UBS/SES/SUS *

Idade do paciente *

47

anos

Sexo do paciente *

1. Masculino

2. Feminino

Histórico Patológico Prévio

Hipertensão arterial (HAS) *

0. Não

1. Sim

Infarto agudo do miocárdio (IAM) *

0. Não

1. Sim

Doença arterial coronariana (DAC) *

0. Não

1. Sim

Fibrilação atrial (FA) *

0. Não

1. Sim

Acidente vascular cerebral (AVC) *

0. Não

1. Sim

Doença renal crônica (DRC) *

0. Não

1. Sim

Dislipidemia (DLP) *

0. Não

1. Sim

Obesidade *

0. Não

1. Sim

Tabagismo *

0. Não

1. Sim

Diabetes mellitus (DM) *

0. Não

1. Sim

O paciente possui complicações devido ao diabetes *

0. Nenhuma

1. Pé diabético

2. Nefropatia

3. Retinopatia

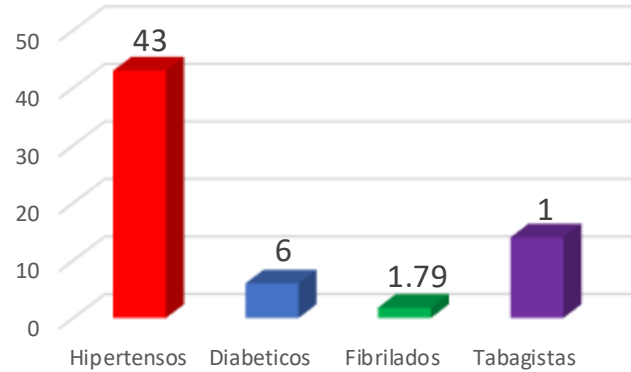
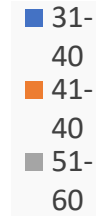
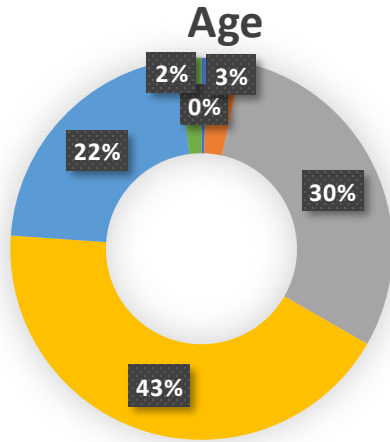
4. Neuropatia

5. Outro

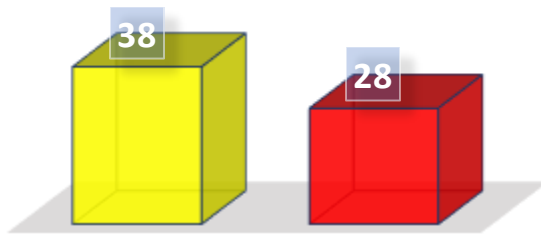
Dashboard

1361 patients

Mean age 64yo



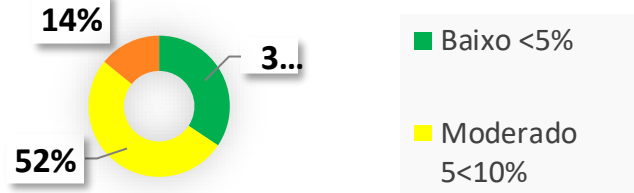
16% AVC ou IAM prévios



Sobrepeso

Obesidade

Estratificação de Risco N= 357 Calculadora Hearts

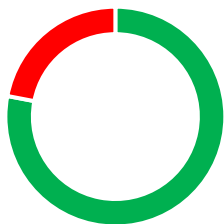


Baixo <5%

Moderado 5<10%

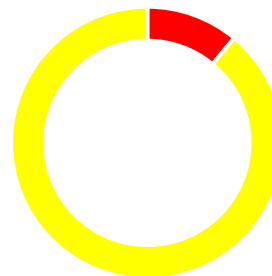
Dashboard

27 Hipertensos em uso de
medicação



■ PA controlada

11% Todos os pacientes “Não
Hipertensos”



■ PA >...
■ PA >...

**THEMATIC
WEBINAR
SERIES**

SECTION 3

Discussion

- *What are concrete opportunities to call for improved global reporting on provision of NCD care within the context of the upcoming UNHLM on UHC?*



**THEMATIC
WEBINAR
SERIES**

SECTION 4

Wrap up

Alison Cox



SECTION 4

Next steps

- Send actionable next steps and ideas to gdubois@ncdalliance.org
- Follow up through PLAN on an Inclusive NCD Agenda for members and by email for Partners

Recording and slides from this thematic webinar will be shared by email and uploaded to NCDA webinar repository.

PEER LEARNING ADVOCACY NETWORK

Inclusive NCD Agenda



THANKS

THEMATIC WEBINAR SERIES

NCD Alliance

www.ncdalliance.org
[@NCDAlliance](https://twitter.com/NCDAlliance)

