

NCD CIVIL SOCIETY COMPASS

THE CARE GAP

To achieve health for all, health systems must be reoriented to integrate NCD prevention and care across the lifecourse to ensure adequate and equitable access without incurring catastrophic expenditure.

Many health systems remain underfunded, unprepared and ill-adapted to respond to complex care and treatment needs of people living with noncommunicable and chronic conditions.



THE CARE GAP

Proposed actions for NCD civil society to help close the gap



ADVOCATE TO ESTABLISH INDEPENDENT ACCOUNTABILITY MECHANISMS FOR UHC

To date, no independent accountability mechanisms are in place to monitor implementation of UHC commitments. These mechanisms must include civil society and PLWNCDs to help monitor, track, and evaluate the efficiency and effectiveness of national plans and policies.

ADVOCATE FOR MORE ROBUST, DISAGGREGATED DATA TO SUPPORT NATIONAL TARGETS on health systems strengthening, provision of essential NCD medicines and technologies, and access to treatment and care

Better data capturing and reporting systems are necessary for governments, donors, and civil society to understand the true burden of disease, including multi-morbidity, how policies are implemented, and whether services are utilised by the people most in need.

ADVOCATE FOR INCLUSION OF ESSENTIAL, QUALITY, AFFORDABLE NCD MEDICINES and technologies as part of UHC national benefit packages

Governments must meet the global targets upon which they have agreed and ensure consistent availability of essential, quality, affordable medicines and technologies at all levels of health care delivery.

ADVOCATE FOR INTEGRATED HEALTH SYSTEMS that meet the needs of people and address multi-morbidity

Integrated health systems rooted in strong primary health care are necessary to treat people as a whole and not in disease silos, and can deliver better care across the lifecourse. These systems, together with a well-trained and resourced health workforce, can also be better prepared to respond to the needs of people living with two or more concurrent conditions, and should engage PLWNCDs as advisors in health system design and development.