

Project: **INTEGRATION OF NON-COMMUNICABLE DISEASES INTO PRIMARY HEALTH CARE: A SNAPSHOT FROM EASTERN MEDITERRANEAN REGION**
Case Studies from Iran, Jordan, Morocco, Oman, and Pakistan

Department: Community Health Sciences

Project Sponsors: WHO-EMRO

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Project Aim:

Study Objectives:

1. To conduct a regional situational analysis assessing the existing practices among selected EMR member states with regards to the integration of NCD in primary health care, addressing the progress, challenges and best practices.
2. To develop pragmatic, contextualized and actionable policy recommendations in health system strengthening to allow better management and integration of NCDs at PHC level across the Eastern Mediterranean Region.

Methods:

- Five Member States were selected with WHO-EMRO support, drawing upon high income (Oman), middle income (Iran, Jordan, Morocco) and middle-low income states (Pakistan).
- Diabetes, Hypertension, Asthma, and Cervical and Breast cancer were taken as „tracer“ conditions to examine NCD integration into frontline services. Tobacco Control as a risk factor for most disease was also included in terms of provision of facility level services. A triangulated approach was taken combining desk review, key informant interviews and health facility visits to provide required information.
- We looked at the breadth of NCD services being covered i.e. whether all four tracer conditions of Hypertension, Diabetes, Breast & Cervical Cancer and COPD & Asthma are being covered. We also explored depth of services offered for each of these tracer conditions in terms of diagnostics, management and drugs being offered and the ensuing challenges

Expected Outcomes:

Policy and Governance

Expansion of NCDs Services

Larger Policy Level Multi-Sectoral Control of NCDs

Cost-Efficiency Measures

Targeted Funding

Engaging and Mobilizing Larger Stakeholders

Developing Coalitions of Academia, Civil Society and Government Experts

Organization of Services

Cost-Effective Best Buys for the Four NCD Tracers

Developing Local Context-Specific Best Buys

Increasing Production and Institutionalization of Family Physicians

Quality Assurance

Provision of Regular Trainings

Gate-Keeping and Cross-Referral back to the Frontline PHC Facilities

NCDs Essential Surveys

Public Private Partnerships

Reform Options

Advanced Programme and Financial Planning for NCDs

Community Action

Strengthening Coordination and Common Planning

Widening the Scope of Community-Led Programmes