Towards the policy reforms we need to tackle NCDs – an interview with Badara Samb

In an exclusive interview with Diabetes Voice, Badara Samb, the World Health Organization's Coordinator for Health Systems Strengthening, tells us why NCD programmes have remained at the bottom of the agenda for global health development and outlines the factors that limit countries' capacity to implement proven strategies for chronic diseases. Professor Samb is an experienced epidemiologist and public health physician, who started working with UNICEF early in his career, and later undertook research at INSERM and work with the UN on AIDS. In addition to his role with WHO, he has a chair in health and international relations at the Geneva School of Diplomacy and International Relations.

You are Advisor to the WHO Assistant Director General of Health Systems and Services. Could you briefly explain your role?

I use my knowledge, expertise, and experience on health systems to advise the WHO Assistant Director General on innovative and strategic approaches to strengthen country health systems. I put a special emphasis on the interactions between country health systems and global health systems.

Multiple health and social concerns are competing for attention on the world stage. Are we at IDF making a mountain out of a molehill? How great is the threat from diabetes and other non-communicable diseases (NCDs)?

It is right to say that low priority is given to chronic NCDs as compared with other pressing health issues, both globally and nationally. This is despite the fact that NCDs will account for 69% of all global deaths by 2030; 80% of these will occur in low- and middle-income countries. Yet only 2.3% (503 million USD) of overall development assistance for health in 2007 was dedicated to NCDs.

So what is 'wrong' with NCDs? Why have they remained a neglected health issue for so long?

Six explanations come to my mind when trying to understand why NCD programmes are languishing at the bottom of the agenda for global health development.

The first relates to the nature of chronic disease prevention, treatment, and care. An effective response to chronic diseases demands long-term planning, inter-sectoral responses, and consistent investment that can be sustained over a long period. Returns on such investment, in terms of population health outcomes, are generally not seen in the short term, which has been a factor in the failure to mobilize resources and build coalitions with those working in many other areas of development.

Secondly, chronic diseases are often seen incorrectly as the result of individual choices, with too little recognition of underlying social determinants.

The third relates to the emphasis on highly technical and specialist curative interventions for chronic conditions, which need high-cost tertiary care, combined with scarce public resources for healthcare. This has contributed to a predominantly private-sector response to chronic disease in low- and middle-income countries, despite the availability of low-cost and cost-effective interventions.

Fourth: there is a collective failure to define and identify chronic diseases as a coherent group for advocacy and accountability, and to generate robust data for the implications of such diseases as a subset of overall public health needs – as seen in the fragmentation of programmes for chronic diseases. Although in many countries there has been concerted action on specific conditions such as diabetes, cancers or cardiovascular disease, there are very few examples of an integrated response.

Fifth: scarce data for chronic diseases have hindered understanding of the profound economic consequences of chronic disease-related premature death and disability.

And sixth: there has been a failure to create a social movement that can draw attention to the neglect of chronic diseases. The effect of chronic diseases as a whole has not had a sufficiently motivating effect on public opinion or on global or national political leadership.

How can the Health Systems and Services department help fight against the global epidemic of diabetes and other NCDs?

Every effort must now be made to embed the discourse on NCDs firmly within the emerging agenda for health-systems strengthening, and to promote the needs of health systems to chronic disease advocates. A shared agenda will aim, from the outset, to build national health systems that can respond to the full spectrum of evolving population health needs. From this shared global vision will follow policy reforms that can encourage greater appropriateness, relevance and efficiency in healthcare financing; instruments and structures for health governance; recruitment, training and deployment of health workers; health information systems; supply management; and delivery of health services – all very important factors for an efficient response to NCDs.

You have worked on HIV/AIDS under the auspices of the UNAIDS programme. What challenges face NCDs if they are to achieve appropriate recognition given their impact on health worldwide – and in low- and middle-income countries in particular?

One important challenge will be to resist the temptation to focus on one disease or a small group of diseases and their causes. That will create fragmentation and verticalization. The world does not need other vertical programmes, we are in an era of integration. Another equally important challenge will be to keep the momentum, thus to avoid donor fatigue. Finally, without strong health systems, NCD programmes will not be sustainable.

Can you see synergies between HIV/AIDS and diabetes in terms of the model for chronic care required in response to the diseases?

Well, with the availability of antiretroviral drugs, HIV has become a chronic condition like diabetes. The main strategies for prevention, treatment and care of HIV/AIDS – early detection and monitoring of risk factors, population-based interventions, continuing care, regular monitoring of treatment adherence, psychosocial interventions – are strategies borrowed from diabetes and other chronic disease care. Given the similarity of models of care between HIV and other chronic conditions, the global mobilization for HIV prevention, care and support could be leveraged to advance other chronic disease programmes.

You make a number of important points in your recent article in The Lancet, 'Prevention and management of chronic disease'. Can you give our readers a brief outline of your conclusions?

The main message in our recent Lancet paper is that there is emerging evidence that chronic disease interventions could contribute to strengthening the capacity of health systems to deliver a comprehensive range of services, provided that such investments are planned to include these broad objectives. Most importantly, we believe that because effective chronic disease programmes are highly dependent on well-functioning national health systems, chronic diseases should be a litmus test for health-systems strengthening.

The UN General Assembly will hold a Summit on NCDs in September 2011. How did the 2001 UN General Assembly Special Session on HIV/AIDs affect the fight against AIDS? What are the prospects for diabetes and NCDs after the 2011 Summit?

The 2001 UN General Assembly Special Session on HIV/AIDS was a turning point in the global fight against AIDS and has resulted in a significant access to HIV/AIDS services throughout the world. If lessons learnt from the AIDS movement post-2001 are applied to the nascent global movement on NCDs, one should reasonably expect even greater impact of the 2011 summit on the management of NCDs.