SOUTH AFRICAN
NON COMMUNICABLE
DISEASES ALLIANCE

NCDs NSP comments on integration

For the
NDoH NCDs NSP Technical Committee

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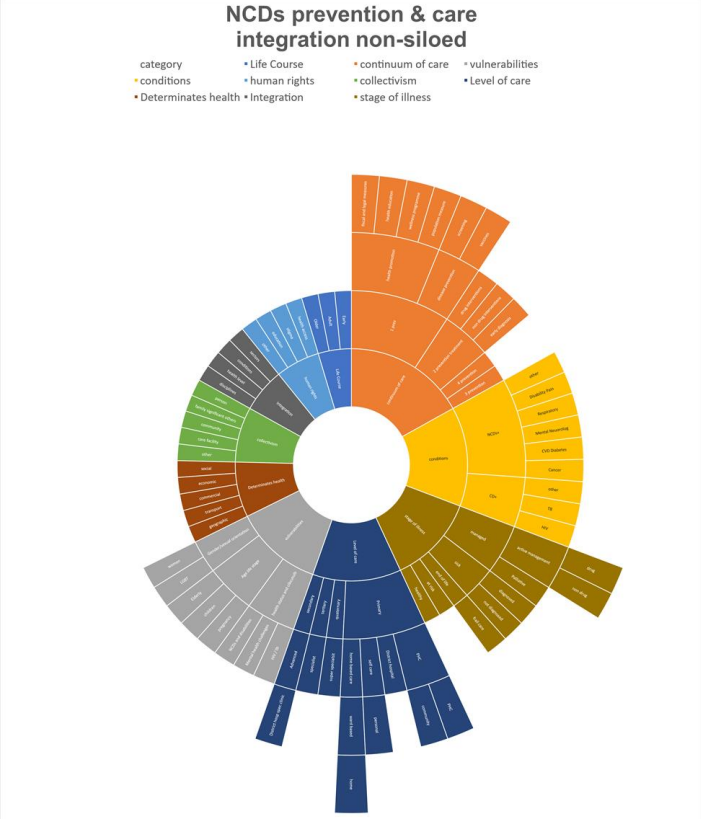
The SANCDA NCDs Action Group (NAG) consists of 100+ organisations and individuals that seek equity for NCDs prevention and treatment within the framework of the Sustainable Development Goals.
For a list of partner organisations see page xxxx .



Task

Dr VJ Pinkney-Atkinson is the only representative of civil society on the NCDs Technical Committee. The mandate requires that she caucuses with civil society about significant issues and questions.

For people living with NCDs (PLWNCDs), carers and support organisations the NCDs NSP is a critical policy which according to the South African Constitution (sections 26 and 27) recognises health at any age as a human right.

The SANCDA and the NAG consulted its members between 14 and 15 October with comments collated on 16 October following a virtual consultation by NCDs NSP project team (Anne Croasdale, Busi Nkosi, Vicki Pinkney-Atkinson). This document reflects that process and other ongoing talks.

Source document

The two-page document entitled NCDs NSP integration circulated on 12 October 2020 referred to from now on called the "integration insert".
The purpose of the integration insert is unclear but appears that it should enable a clearer understanding of integration as it relates to the NCDs NSP and as partially discussed by the NCDs Technical Committee,

Summary

The main finding is that the document is not coherent with the existing global and national NCDs, integration and health systems policy issues. It does, however, highlight the complexity that integration presents within the NCDs NSP. Some suggested approaches are listed.

Recommendations on the concept of integration concerning the NCDs NSP

We agree that integration is a central and critical concept in the NCDs NSP, requiring significant focus and scrutiny. While we agree that integration is to be embedded in the NSP, we are confident that the addition of pages to the introduction will not achieve this. However, it is not just "integration" for which we advocate but integrated people-centred health services (IPCHS). (1)

We consider the most critical sections of the current NSP to be the following:

- "Glossary" containing operationalised definitions/ explanations supported by existing national/global policy
- Chapter 3 containing the strategic objectives
- Chapter 6 containing the indicators.

In past comments, we recommended that each objective should be a chapter in its own right. Relevant explanations can be made in each chapter as needed. The SANCDA has previously suggested that possibly indicators are omitted in this strategic document. There are no indicators the HIV, TB and STIs NSP. (2) Current Technical Committee discussions highlight this concern due to the effect that the NDoH organisational structural issues. NSP indicators NCDs indicators and outcomes NCDs Directorate require integration. We have been asking for policy coherence concerning NCDs+.

We strongly recommend the crafting of a core "strategic objective" that embeds IPCHS as part of the national NCDs response. Integration is at the heart of the NSP, and by addressing it, we will begin to address equity. Recent Technical Committee discussions show this to be of critical importance. We, the people living with NCDs (PLWNCDs), carers and supporting organisations, repeatedly ask our government to respond to this.

The sub-objectives/ activities must address the process by which IPCHS for PLWNCDs is to be achieved during the duration of the policy. It must be operationalised in the way that NCDs services are delivered so that at the end of the NSP NCDs prevention and care is noticeably improved. Meaningful IPCHS is a policy coherent outcome.
By doing this, NCDs mainstreaming will occur within existing, mainly MDG services in a coherent and rational manner according to the needs of the population. Where the services do not exist in an acceptable form, then we

need to craft an equitable, evidence-based and affordable response.

Table 1 shows the list of objectives for the May NSP that we are currently considering, and those in our suggested equity model. The highlighted yellow sections show that in this draft that modification of strategic objectives 2 or 5 or both might lead to the achievement of IPCHS.

Table 1: Comparison of objectives and focus in May NDOH draft and equity model

STRATEGIC OBJECTIVES NDOH MAY DRAFT	NCDS+ EQUITY MODEL OBJECTIVES	NCDS NSP equity model FOCUS
SO 3: To reduce modifiable risk factors for NCDs and its co-morbidities and underlying SDH through primordial and primary prevention measures	**1:** Promote health/wellness & accelerate NCDs+ prevention to reduce risk factors.	Prevention programmes that also the preventive use of medication, with communication designed to educate and encourage social, economic, commercial and environmental determinants of NCDs+. SDGs targets 2.2, 3.4, 3.6
SO 4: To reduce morbidity, disability and mortality associated with NCDs	**2** Reduce NCDs+ morbidity & mortality by providing treatment and care, adherence (self-care) support for all.	To decrease premature mortality from NCDs+ by 1/3 by 2030. However, this goes beyond an age-specific goal and requires targets for child, youth, and other vulnerable groups. See goal 3. below
SO 4: see full objective above partial inclusion possible.	**3**: Reach all key and vulnerable NCDs+ populations with customised and targeted interventions.	No section of our society will be "left behind" by efforts to combat NCDs+. Specific populations that are more severely affected by certain conditions and often encounter barriers to access prevention and treatment programmes. Government & civil society response to enable these populations to overcome the barriers of access to NCDs+ prevention& treatment programmes. PWA (albinism), disability, etc. Children, adolescents, youth, elderly, pregnant women etc.
S0 5: To strengthen and orient health systems to address the prevention and control of NCDs and the underlying SDH through people centred PHC and UHC Part SO 5	**4** Address the social & structural drivers of NCDs+ with functional links to the NDP 2030 and SDGs.	Economic, social & environmental factors, (like poverty, gender discrimination, substance and alcohol use, and poor housing) shapes the health of people. These require addressing through inter-department and multi-sector interventions and an **NCDs+ coordination mechanism/ commission** Whole of society. Whole of government.
SO2: To strengthen national capacity, leadership, governance, multi-sectoral collaboration and partnerships to accelerate country response for the prevention and control of NCDs Part objective 2 capacity		
Not mentioned	**5**: Ground the equitable response to NCDs+ in human rights principles and approaches.	Health care equity is a key human right for PLWNCDs. Respect for human rights is a non-negotiable principle that enables effective prevention and treatment of NCDs+. Key concepts include equal treatment for all, increased access to justice, & stigma- reduction associated with NCDs+. UHC covered here
SO1: To raise the priority accorded to the prevention and control of NCDs at all levels through advocacy	**6:** Promote leadership and shared accountability for a sustainable response to NCDs+	Diverse leadership for the implementation of the NSP at national, provincial, district & community level. Leadership goes beyond politicians and government officials and look to be assumed by influential individuals and organisations in all sectors, including the community.
SO2: see SO2 above		
S0 5: see above	**7**: Mobilise resources & maximise efficiencies to support the achievement of these NCDs+ goals & ensure a sustainable response	NCDs+ require increased and equitable funding to prevent and treat. There are little data on funding and resources requiring urgent attention. The plan proposes to maximise funding from existing sources and improve efficiency to extract full value from available funding. It also anticipates the need to develop innovative funding mechanisms to generate new funding for NCDs initiatives.
SO 6: To promote and support national capacity for high-quality research and development for the prevention and control of NCDs	**8**: Strengthen strategic information about NCDs+ to drive progress towards the achievement of these goals.	Generate and use of relevant, timely data to monitor progress on implementation and track the impact of interventions to allow for timely adjustments where needed. Measures to encourage and coordinate medical and social research to provide stronger evidence for interventions and new tools for treatment and prevention. Neglected for NCDs+ stats
SO 7: To monitor the trends and determinants of NCDs and to evaluate progress in their prevention and control		

Figure 1 represents the SANCDA's version of IPCHS for NCDs prevention and care. (3) The explanations are covered in later sections of this report. The XL spreadsheet on which is based is attached. It is intended to stimulate discussion and to progress an equitable NCDs NSP.

To effectively support transformation and actions towards integrated health service delivery, a health-system-wide approach is needed, which includes the participation of all of government and all of society supported by the implementation of multiple, aligned policies simultaneously applied to the different levels of the health systems within an enabling environment. This requires sustained political commitment and leadership, change management approaches, and mobilisation and engagement of health professionals and communities at each level, guided by the vision of health systems centred around people rather than diseases or health institutions.(4)

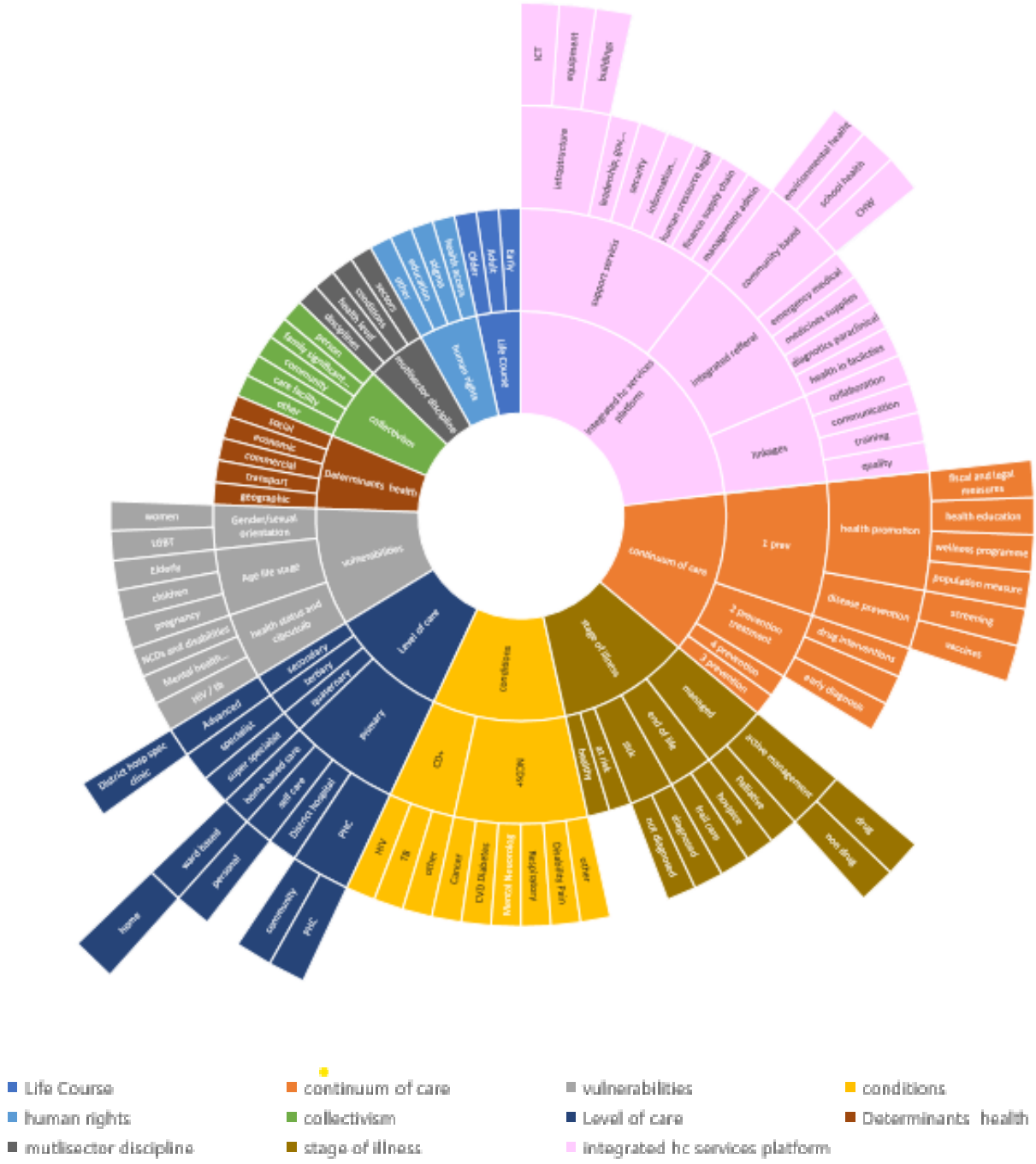


Figure 1 : SANCDA model of IPCHS for NCDs prevention and care without silos. (3)

Commentary on the integration insert

At this point, we focus on the integration insert as it raises pertinent issues.

References and sources

No references are cited; however, it appears that the primary resource is the 2018 WHO Integrating Health Services(4). In the last two paragraphs on page 2 it is quoted verbatim without acknowledgement.

We suggest that there are other references that one might also be used to frame the discussion in a manner that is policy coherent. We have used the following as two possible sources that might add diversity and coherence.

- NDoH Referral policy for health services and implementation guidelines 2020 (5)
- WHO Framework for integrated people-centred health services 2016 (1) The SANCDA and the NAG has long-requested that this forms the centred of the NCDs NSP. Indeed, the main WHO reference uses it extensively to highlight the direction for change away from fragmented siloed care.

Framing

Integration is such an important concept we believe that it must be framed and acknowledged.
Many of us have differing concepts of integration and expectations.
Figure 2 shows the NDoH's current visualisation using administrative or structural-functional framing based on a referral system policy. (5) It follows on health systems building block theory which excludes PLWNCDs. We argue is a top-down approach that is not coherent with an IPCHS and is a prime example of what WHO primary reference cites as outmoded.

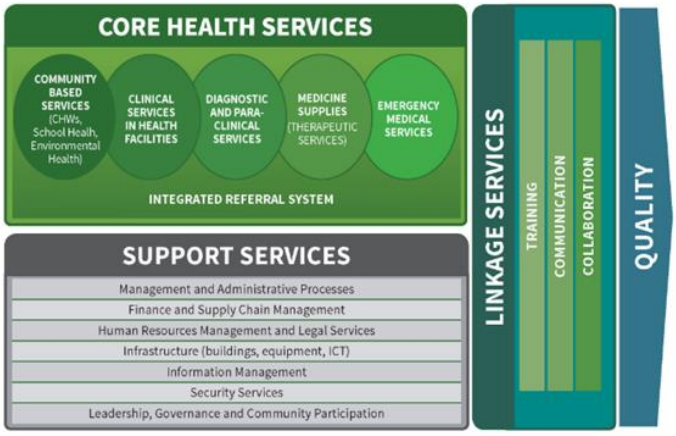


Figure 2: NDoH representation of integrated healthcare serviced delivery platform (2)

PLWNCDs, caregivers and the related organisations may see integration as a service or product that starts by looking at matters from a people-centred perspective (6) Figure 1 shows the SANCDA perspective in addition to the integrated view related to Integrated Chronic Services Management (ICSM). ICSM and IPCHS are vastly different concepts.

Definition of integration and other concepts

In the NCDs NSP draft and in the "integration document" there is no definition of integration. Operational definitions are needed throughout the NCDs NSP, such as a definition of NCDs. Or as we have suggested, these need to be created.
Two different versions are shown in each graphic. Figure 2 shows a health system building block perspective with the main focus on the health system and its needs. In figure 1 a mainly person-centred perspective with many possible iterations depending on the emphasis. The pink coloured portion of Figure 1 reflects a top-down health department structured approach which was included for completeness.

The complexity of structure determining function

Paragraph 1 of the integration insert highlights the complexity and challenges of a multi-sectoral approach and the interdepartmental challenges. Each government department and within the NDoH, units and programmes, has its own mandate and priority goals/actions. Intergovernmental relations are even more complicated.

The structural-functionalist models of care highlight that structure determines function and relationships. Therefore, it is imperative to re-assess the "Roles and Responsibilities of Government" as written, and they are totally unrealistic. Unlike for communicable diseases, this process remains unaddressed for NCDs prevention and care.

The recently released NDoH referral guideline (2) does not align with the content of the integration insert. Examples are

- Organisation of the Health Service Delivery Platform (p6)
- Core Health Services (p7) and Figure 2 above
- Classifications of hospitals (p8)

To ignore these issues is to set up this version of the NCDs NSP for the failure as was the case for the previous NCDs plan. There needs to be unity of action and purpose with enabling structures across and between government departments.

Paragraph 2: 2nd sentence *"This is to highlight the commitment…"*

Comment: Unless there is written commitment from the current political heads of other government departments, nothing will be realised. Changes of political department heads will also have a (negative) impact on potential, sought after achievements.

Paragraph 2.3rd sentence *"We are also cognisant… purposeful and progressive measures are developed… objectives*"

Comment**:** "purposeful and progressive measures" Who will develop these? When will this development take place? The life span of this NSP is 5 years, realisation of the set objectives will not be successful unless this 2021 – 2026 NSP is used as the base document for the next NSP. This needs to be built into the way in which this NSP is designed.

Structural content suggestion

Perhaps we should ensure that all documents have the correct sequence of morbidity, rehabilitation, mortality. It would seem that it would be irrational to reduce premature mortality BEFORE we reduce mortality. Perhaps, we should talking about the full range of comprehensive services – health promotion and prevention (scale up actions pertaining to reducing common NCDs risk factors), diagnosis, disease management, treatment, rehabilitation and palliative care.

References

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2. National Department of Health. HIV, TB & STI National Strategic Plan 17-22 summary. Pretoria: South African National AIDS Council Hatfield; 2017. 32 p.
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4. World Health Organization. Integrating health services [Internet]. Technical Series on Primary Health Care. Geneva; 2018. Available from: https://www.who.int/docs/default-source/primary-health-care-conference/linkages.pdf?sfvrsn=bfbb4059_2&ua=1%0D
5. National Department of Health. Referral policy for South African health services and referral implementation guidelines. Pretoria; 2020.
6. Health Foundation National Voices. Integrated care: what do patients, service users and carers want? [Internet]. London; 2014. Available from: http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/what_patients_want_from_integration_national_voices_paper.pdf

South African NCDs Alliance and founding members

Cancer Association of South Africa
Diabetes South Africa (DSA)
Heart and Stroke Foundation South Africa
Patient Health Alliance of NGOs (PHANGO)

NCDs National Strategic Plan equity model advocacy allies

- Cancer Alliance South Africa+
- Dementia SA
- Education for Health Africa
- Epilepsy South Africa
- Global Mental Health Peer Network
- Hospice Palliative Care Association (HPCA)
- Myeloencephalopathy Chronic Fatigue Syndrome South Africa (ME/CFS)
- National Kidney Association South Africa (NKFSA)
- Palliative Care for Children South Africa (PatchSA)
- South African Disability Association (SADA)▲
- South African Federation for Mental Health ✶

+Cancer Alliance South Africa incorporating 28 organisations
amaBele Project Flamingo, Ari's Cancer Foundation, Breast Cancer Awareness, Breast Course 4 Nurses (BCN), Breast Health Foundation (BHF), Cancer Association of South Africa (CANSA), Cancer Heroes, CanSurvive Cancer Support (CanSurvive), Care for Cancer Foundation, Childhood Cancer Foundation of South Africa (CHOC), Gladiators of Hope, Glynnis Gale Foundation, Hospice Palliative Care Association (HPCA), Look Good Feel Better (LGFB),
Love Your Nuts (LYN), Lymphoedema Association of South Africa (LAOSA), Machi Filotimo Cancer Project, Men's Foundation, National Council Against Smoking, National Oncology Nursing Society of SA (NONSA), People Living With Cancer (PLWC), Pink Parasol Project, Pink Trees for Pauline (Pink Trees), Rainbows and Smiles, Reach for Recovery (R4R), South African Oncology Social Workers' Forum (SAOSWF), The Sunflower Fund (TSF), Wings of Hope (WoH)

▲ **South African Disability Alliance** incorporating 23 organisations
Autism South Africa, Blind SA, Cheshire Homes SA, Dementia SA, Disabled Children's Action Group (DICAG), Down Syndrome South Africa (DSSA), Epilepsy South Africa, Muscular Dystrophy Foundation SA (MDSA), National Association of Persons with Cerebral Palsy (NAPCP), National Council of and for Persons with Disabilities (NCPD), Occupational Therapy Association of South Africa (OTASA), Quad Para Association of South Africa (QASA), Quadriplegic & Paraplegic Charitable Trust – South Africa; South African Association of Audiologists (SAAA), South African Federation for Mental Health (SAFMH), South African National Association of Blind and Partially Sighted Persons (SANABP); South African National Deaf Association (SANDA), The Leprosy Mission Southern Africa/RampUp, Uhambo Foundation / Shonaquip, Stroke Survivor's Foundation (SSF)

✶**South African Federation for Mental Health** incorporating 17 mental health societies
Port Elizabeth Mental Health, Mpumalanga Mental Health, Vaal Triangle, Cape Mental Health, Northern Free State, Uitenhage Mental Health, Durban and Coastal, North Gauteng Mental Health, Pietermaritzburg Mental Health, Limpopo Mental Health, Rehab Mental Health, Zululand Mental Health, Central Gauteng Mental Health, Laudium Mental Health, North West Mental Health, Southern Free State, Northern Cape Mental Health