

Summary report on the

**Follow-up webinar
on implementing
and strengthening
noncommunicable
disease monitoring
systems at the primary
health care level**

Virtual meeting
4 September 2024



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

Noncommunicable diseases (NCDs) cause the highest burden of disease in the Eastern Mediterranean Region. The probability of premature death due to NCDs in the Region is 25%, and NCDs cause 62% of total mortality, which is estimated to rise to 70% by 2030 if no effective action is taken. To achieve the Sustainable Development Goals (SDGs) target for combating NCDs, countries need to reduce the probability of premature mortality resulting from NCDs by one third by 2030.

Routine data from health care facilities plays a key role in improving patient management, service utilization and treatment coverage. Data also facilitates the planning and management of health services, the monitoring of the performance of primary health care, and health systems strengthening for universal health coverage. However, many countries face challenges in their health facility data systems, including poor data quality, siloed data systems, a reporting burden on frontline workers and limited capacity for analysis and use at national and subnational levels. Despite the heavy investments made by countries, these challenges persist for facility data systems.

WHO has been supporting countries to implement evidence-based prevention and control measures to tackle NCDs. In the NCD implementation roadmap 2023–2030, Member States agreed to establish effective health information systems that produce reliable and timely data at national and subnational levels. Additionally, WHO is supporting the Member States in the Eastern Mediterranean Region to integrate NCDs in primary care using the HEARTS protocol.

WHO has developed a monitoring framework for NCDs at the primary health care level. The framework includes relevant, valid and feasible standardized indicators to guide countries in recording and reporting health services in primary health care. To support implementation of the framework in the Region, WHO surveyed Member States to assess their

infrastructure and data availability for monitoring NCDs at the primary health care facility level. The survey identified several gaps, including in accuracy, quality, standardization of facility data and reporting of NCD outcomes. The accuracy of diagnosis varies and the validity of data needs to be examined in relation to the purpose for which it is to be used.

To support Member States of the Region in implementing and strengthening NCD monitoring systems at the primary health care level, WHO held a webinar on 4 September 2024, as the first of a series of virtual follow-up events, which was attended by 150 participants from 18 countries/territories of the Region.

The objectives of the webinar were to:

- follow up on the previous regional meeting on monitoring NCDs at the primary health care level;
- share the results of the survey on NCD monitoring in primary health care facilities in the Region, focusing on infrastructure and data availability;
- update countries on the latest global guidelines on NCD monitoring systems at the primary health care level; and
- identify areas of required country support.

2. Summary of discussions

Opening remarks

Dr Asmus Hammerich, Director for Noncommunicable Diseases and Mental Health at the WHO Regional Office for the Eastern Mediterranean, welcomed participants and highlighted the pressing issue of NCDs in the Eastern Mediterranean Region, noting the urgent need for action. Despite global commitments, progress towards reducing premature NCD deaths has been slow, notably in integrating NCD

services into health care systems. He observed that NCD surveillance is pivotal for effective NCD prevention and control efforts, and accurate monitoring systems are crucial for planning strategies, evaluating care and enhancing patient management. However, many countries in the Region lack comprehensive NCD-focused health systems and faced challenges such as poor data quality and limited analysis capacity.

Dr Hammerich noted that WHO's NCD facility-based monitoring guidance helps countries to identify service delivery barriers and track NCD patients across health care levels. He highlighted that the WHO monitoring framework for NCDs at the primary health care level was aligned with WHO standards, and can be used to assess system capacities and service delivery impacts on NCD patient health status in primary care facilities.

NCD global monitoring framework

Ms Leanne Riley, Head of the Surveillance, Monitoring and Reporting unit at WHO headquarters, described the NCD global monitoring framework. The global fight against NCDs adopts a targeted approach using specific tracer targets within a broader framework related to outcomes, risk factors and health system responses. These targets, for achievement by 2025 (from a baseline of 2010), are key to gaining an international focus on NCDs. Meeting the targets would represent a major contribution to NCD prevention and control efforts.

To achieve the prevention and control of NCDs, the global action plan for the prevention and control of noncommunicable diseases 2013–2030 focuses on nine ambitious global NCD targets that should be attained by 2025 and 2030. The targets, covering a relative reduction of risk factors and premature mortality due to NCDs, in addition to the availability of medicine and drug therapy, require comprehensive action across sectors and on key aspects of disease management, such as access to affordable

treatment. However, progress towards these goals has been gradual, with NCD services lagging behind other health priorities.

To revitalize these efforts, an updated monitoring framework with revised targets is needed to strengthen the accountability framework and align efforts with GPW 14, universal health coverage, the SDGs and post-SDGs. The implementation roadmap for 2023–2030 addresses engagement, acceleration, investment and alignment in NCD prevention and control, emphasizing data-driven actions, targeted interventions and robust monitoring mechanisms as the cornerstones of effective national responses.

Results of the assessment of NCD monitoring at the primary health care level in the Eastern Mediterranean Region

Ms Shaimaa Elsafoury, Consultant, NCD Surveillance, at the WHO Regional Office for the Eastern Mediterranean, presented the results of the assessment of NCD monitoring at the primary health care level in the Region, focusing on infrastructure and data availability. The WHO NCD facility-based monitoring framework was introduced during an NCD surveillance expert meeting held by the WHO Regional Office in 2022. Following the meeting, an extensive 30-question online survey was designed drawing on the facility-based monitoring of the NCD framework and following its model of input/process, output and outcomes indicators. The survey assessed data availability and reported indicators, covering the four major NCDs (hypertension, diabetes, chronic respiratory diseases and selected types of cancers), in the following areas: system capacity and management, including stock-outs of medicines (input/process indicators); early detection and diagnosis (output indicators); and treatment coverage and control (outcome indicators).

WHO distributed the survey to NCD focal points at ministries of health in the Region to: assess the availability of data and the health information

systems, focusing on NCD monitoring in primary health care facilities; identify gaps and address challenges in NCD monitoring; and guide the way forward and application of the WHO monitoring guidance.

Nineteen of the 22 countries/territories of the Region (over 86%) responded to the questionnaire. Afghanistan, Egypt and Somalia did not respond to the questionnaire. The countries/territories were categorized into three groups according to the maturity of their health information systems.

The assessment highlighted the gaps and opportunities in the health information infrastructure of countries/territories, finding that:

- 32% reported having an electronic health information system;
- 53% reported having implemented a unique patient number;
- 47% reported having more than 75% coverage of patient information systems within primary health care;
- 53% reported having implemented periodic reporting on NCDs; and
- 74% reported having data on the number of health facilities providing NCD services.

The assessment also identified the following indicator gaps:

- 37% do not report on any stock outs for medicine-related indicators;
- 16% do not report on any system capacity and management indicators;
- 37% do not report on any early detection and diagnosis indicators; and
- 37% do not report on any treatment coverage and control indicators.

Updates on the global guidance for monitoring NCDs at the primary health care level

Dr Farshad Farzadfar, Scientist at the Surveillance, Monitoring and Reporting unit at WHO headquarters, presented an update on the global guidance for monitoring NCDs at the primary health care level, giving an overview of the NCD facility-based monitoring guidance and WHO's role in strengthening the NCD routine health information system in primary health care.

Dr Farshad explained the key steps for implementing and scaling up the enhanced routine health information system in a country. He covered the evaluation of health care delivery infrastructure, followed by the evaluation of paper-based or digital data collection platforms. He stressed the importance of upgrading to patient level (e-tracker) digital platforms, giving the example of the DHIS2 platform as an open-source application and platform for aggregate data collection and the DHIS2 tracker as a patient-level data collection and monitoring tool. Dr Farshad also introduced WHO's cardiovascular disease risk assessment, NCD management target setting exercise and action plan developer for facility-based performance assessment and monitoring.

Using the action plan developer at the facility level, targets can be set for how many new patients can be diagnosed, and programme objectives set for the percentage of patients who need to be followed up to maintain the desired level of control at each facility. This can be linked to national level information on the burden of NCDs and risk factors to set national time-bound targets.

Group work

Participants were divided into three country groups according to the maturity level of their health information systems. Group one included Bahrain, Jordan, Kuwait, Morocco, Oman, Qatar, Saudi Arabia and the United Arab Emirates. Group 2 comprised low- and middle-income countries, including Egypt, Iran (Islamic Republic of), Iraq, Lebanon, Libya, the occupied Palestinian territory, the Syrian Arab Republic and Tunisia. Group 3 comprised Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.

The groups were asked to respond to the following questions:

What are the top three challenges in applying the WHO facility-based monitoring guidance, including the framework's monitoring indicators, in your country?

What are the three main requests to WHO to support the adaptation and implementation of WHO facility-based monitoring guidance in your country?

Group 1 identified the following challenges: fragmentation of health information systems; scarcity of human resources and IT personnel; adapting solutions to the local context of the countries; and lack of coordination between ministries of health and different stakeholders. Their main request to WHO was for training on the new tools, particularly on dashboard generation.

Group 2 identified the following challenges: lack of capacity to use DHIS2 software; lack of governance; lack of a coordination mechanism across departments; inadequate infrastructure at the facility level; a high turn of human resources; and lack of electronic-based systems and

ongoing use of paper-based systems. Their main requests to WHO were for support to secure high-level commitment and closer collaboration among governments and stakeholders.

Group 3 identified the following challenges: lack of governance, including a clear action plan and timeframe for the inclusion of primary health care in data collection on NCD indicators; limited capacity in countries, including human resources understaffing, and shortage of resources, given the many other competing priorities, so that NCD data collection is deprioritized; and lack of coordination between all levels, with no unique patient ID to allow the tracking of patients at all levels of care, with clear referral standard operating procedures. Their main requests to WHO were for support in advocacy for primary health care, capacity-building of staff at national and primary health care levels and sharing the available platforms for adaptation to local contexts and resources.

3. Way forward

The following next steps were identified for Member States and WHO.

- Assess the infrastructure and the monitoring system for NCDs at the facility level.
- Provide technical support for the development of facility-level action plan development.
- Provide capacity-building and technical support on integrating NCD monitoring into existing health information systems or the NCD DHIS2 module into an already-adopted DHIS2 aggregate or e-tracker system.
- Support pilot testing and adaptation of the module, and align indicators reported from the system with global guidance, and indicator definitions and related metadata, through end-user testing of DHIS2.

4. Recommendations


The following recommendations were developed for Member States and WHO.

To Member States

1. Develop national guidelines for major NCDs, including cardiovascular disease, chronic respiratory disease, diabetes mellitus and major cancers, by adapting the HEARTS protocol to the national context.
2. Establish a surveillance, monitoring and reporting mechanism at the primary health care facility level that focuses on quality of care.
3. Strengthen data utilization at health care facility level, following a patient-centred approach that considers treatment outcome, follow-up and prevention of complications.

To WHO

4. Provide capacity-building on adapting WHO guidance on NCD facility, patient and programme monitoring systems.
5. Support Member States to develop national monitoring frameworks for NCDs.



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