Noncommunicable disease facility-based monitoring guidance

Diabetes and hypertension indicators

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The global response to noncommunicable diseases (NCDs)

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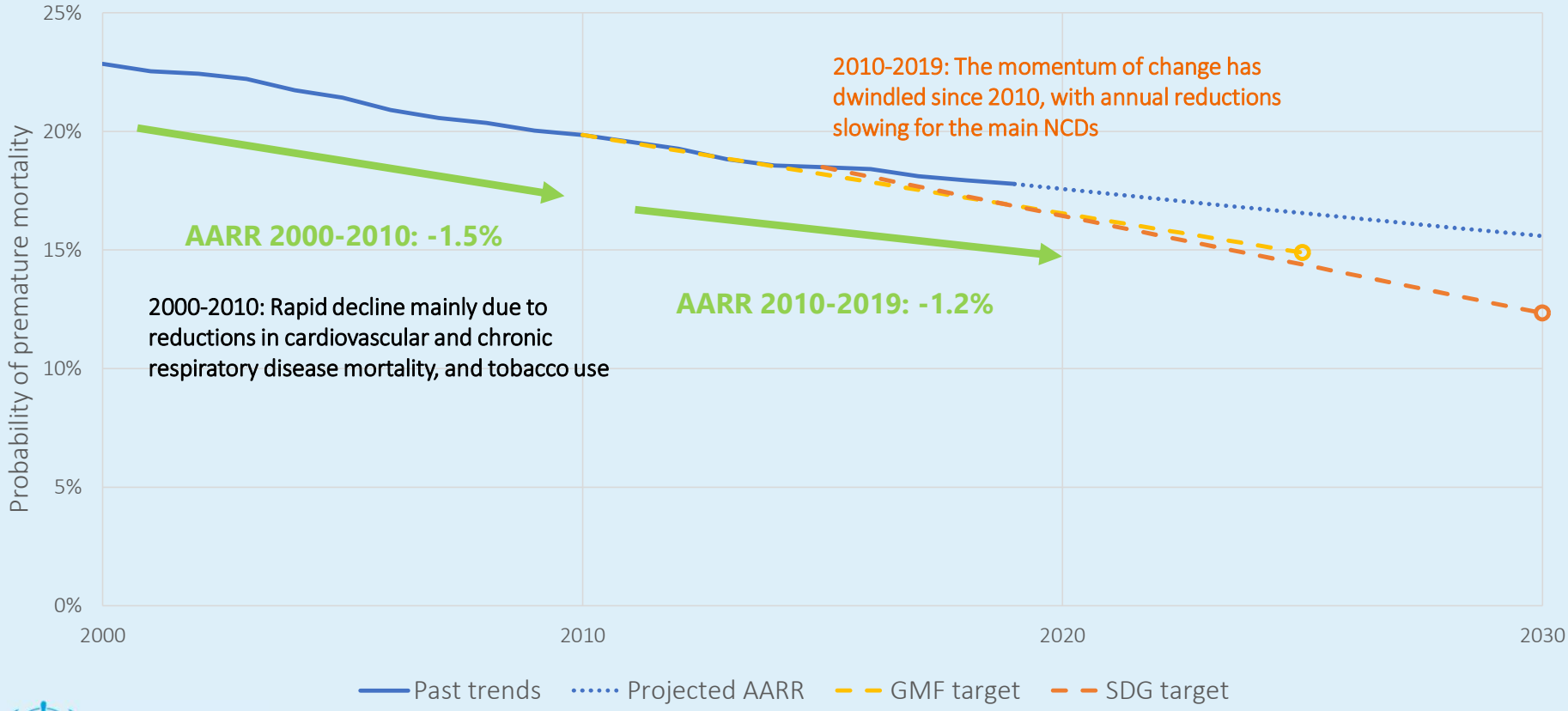
Progress toward global NCD targets is slowing down



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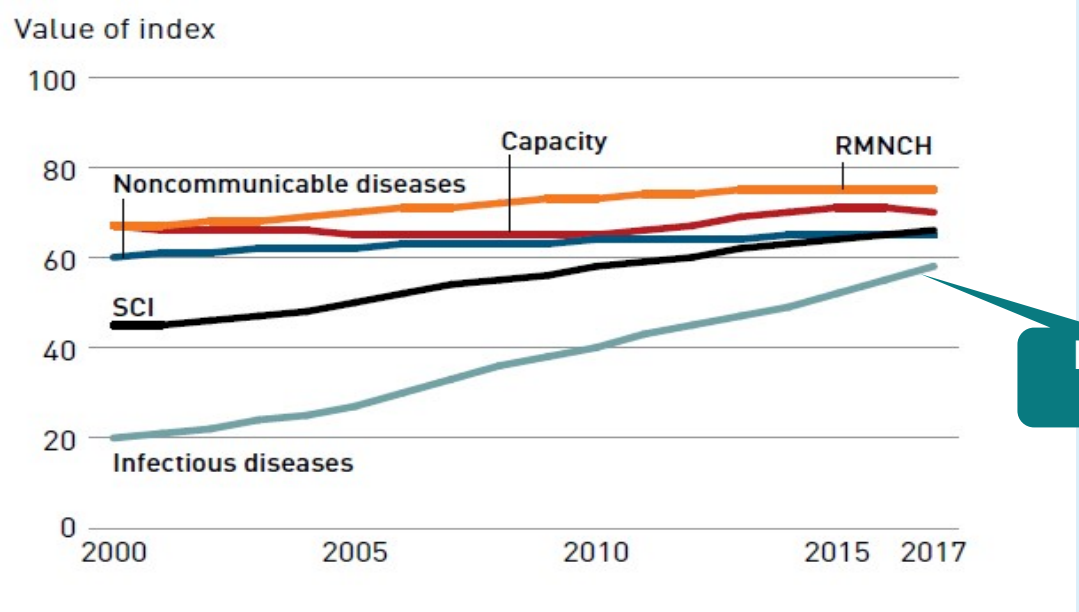
AARR = average annual relative reduction

NCD services are lagging behind

Rapid improvements in coverage of infectious disease in Universal Health Coverage packages since 2000, vs relatively little change on NCDs



Primary Healthcare on the road to UHC, 2019 Monitoring Report

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Strategies to address the NCDs

1. **Accelerate national response based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries**

2. **Prioritize and invest in scale-up the implementation of most impactful and feasible interventions in the national context**

3. Ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability

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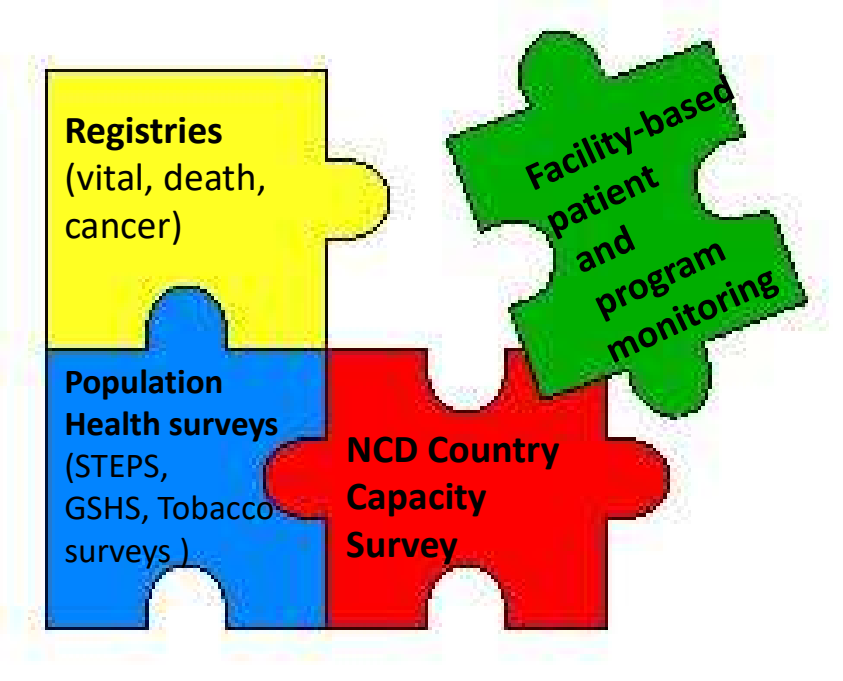
NCD facility-based patient and programme monitoring

- Facility-based patient and program monitoring is the systematic capture, analysis, and use of health service data to make strategic decisions on patient and health service management at facility and higher levels and for disease surveillance.
- Health facility data from routine facility reporting systems can be available close-to-real-time and at every service delivery unit, including primary care level.
- Other facility-based sources include health facility surveys and health resource systems such health workforce information systems, logistics management information system



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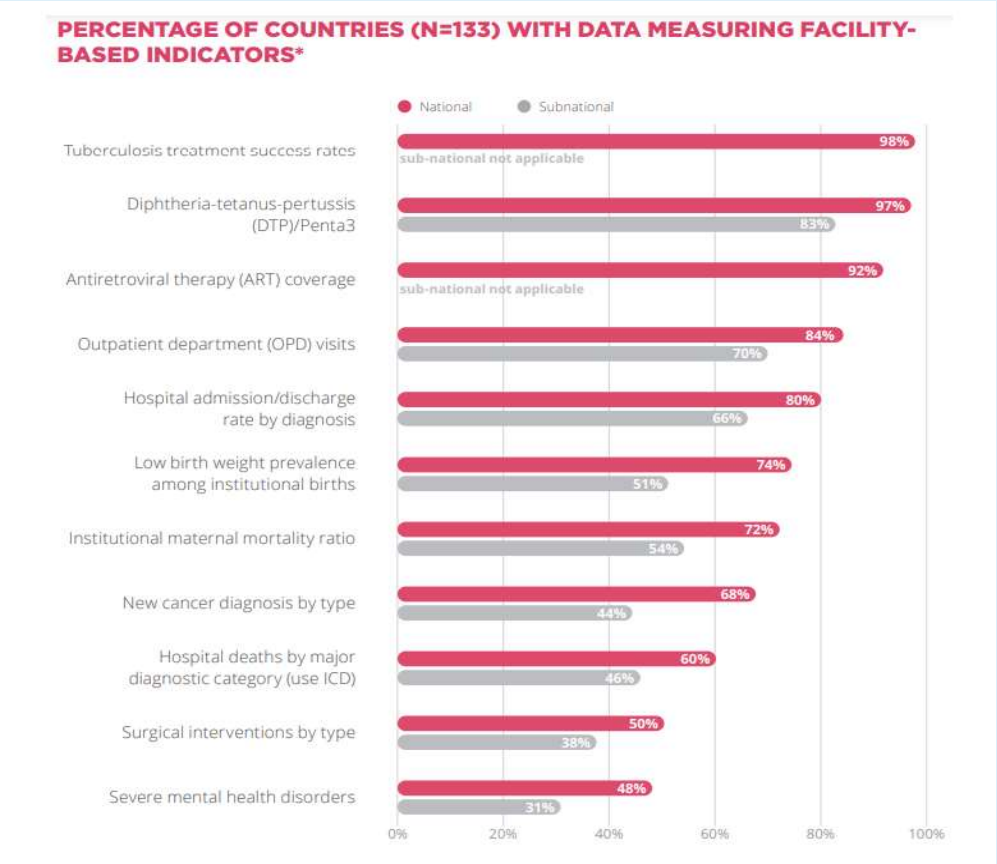
Health indicators from country facility-based monitoring systems

- More action needed to optimize existing facility reporting systems to include monitoring NCDs
- Hence, NCD facility-based monitoring guidance to support countries was developed



Source: Global report on health data systems and capacity, 2020

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Noncommunicable disease facility-based guidance: scope and development process

- Comprehensive monitoring for essential noncommunicable disease interventions at primary care settings
  - Cardiovascular diseases, including hypertension
  - Diabetes
  - Asthma and chronic obstructive pulmonary disease
  - Breast cancer, cervical cancer, childhood cancers and general cancers

- Rigorous development and prioritization processes (experts' opinions, systematic reviews, global and regional priorities)

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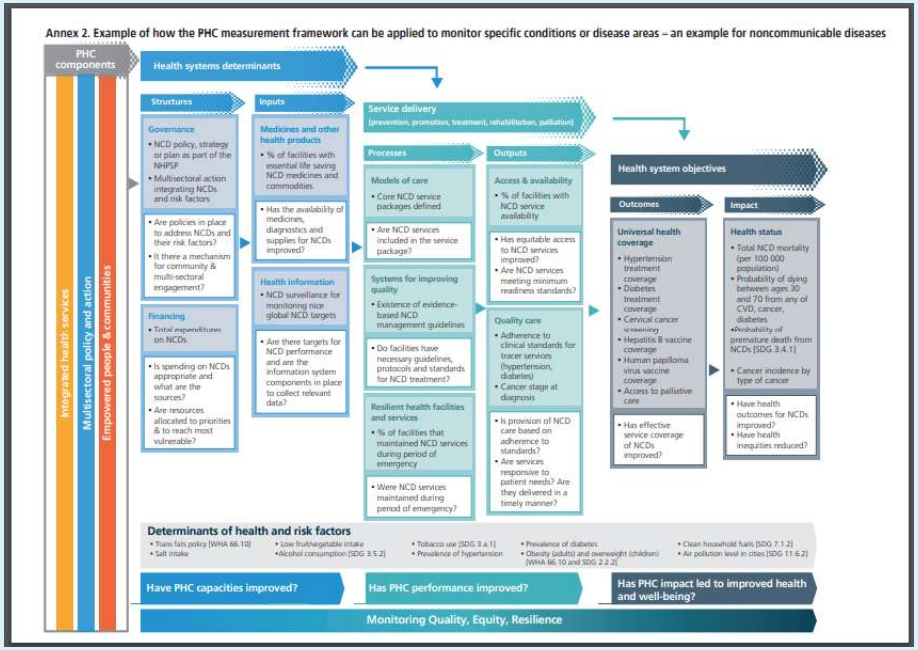
Noncommunicable disease facility-based guidance: monitoring domains and indicators

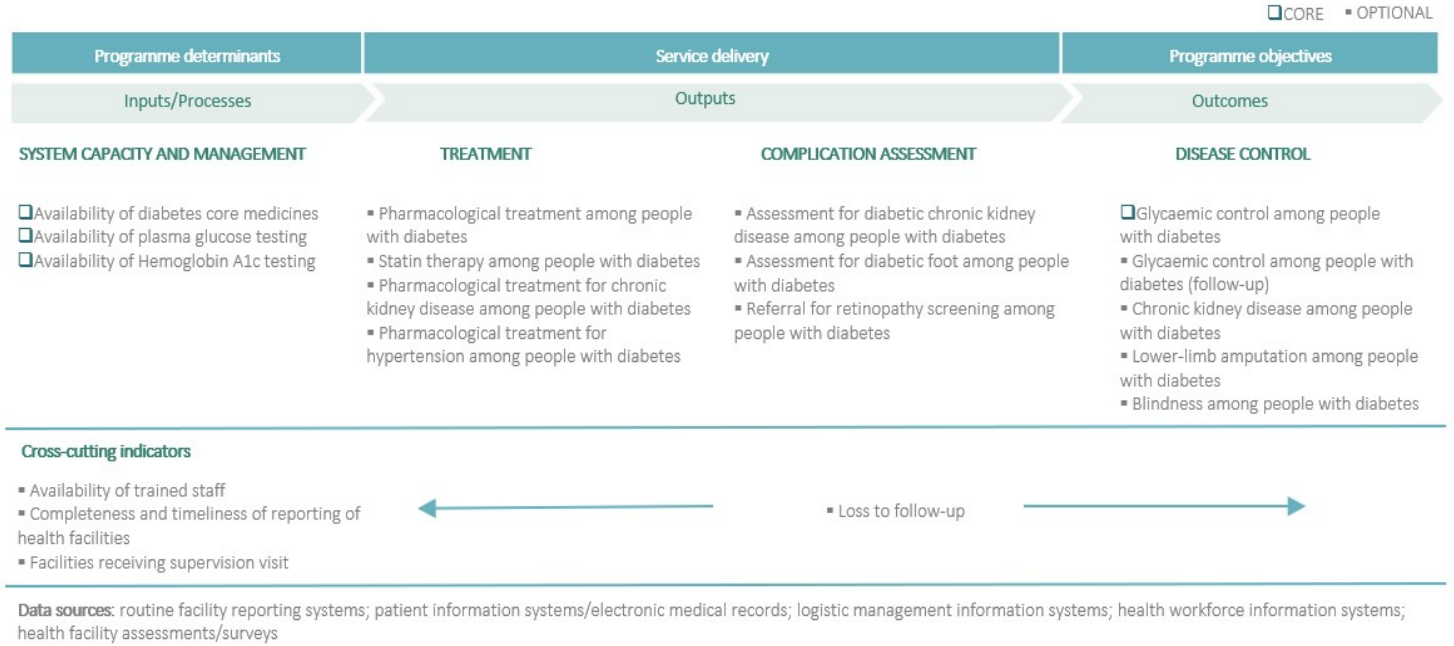
- Domains aligned with **WHO primary health care measurement framework and indicators: monitoring health systems through a primary health care lens**
  - Programme determinants (health system capacity and management)
  - Service delivery (early detection and diagnosis, treatment and complication assessment)
  - Programme objectives (disease control)

- A total of 22 core indicators and 59 optional indicators, organized by results chain framework, NCDs and monitoring domains



Noncommunicable disease facility-based guidance: diabetes indicators

- 4 core indicators
  - 1 patient level
  - 3 facility level
- 15 optional indicators
  - 12 patient level
  - 3 facility level



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Diabetes core indicators

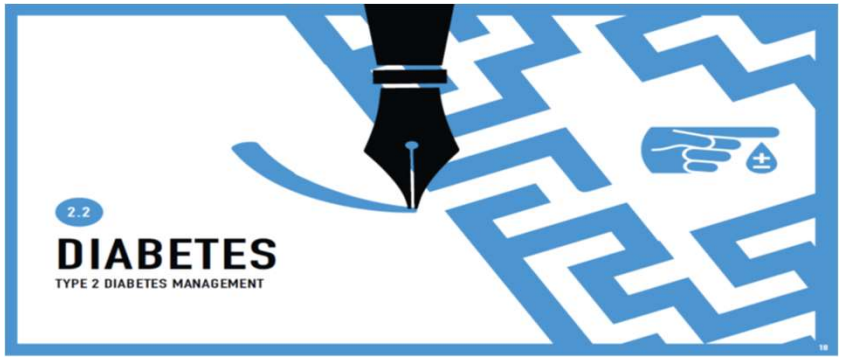
Disease control

❑ Glycemic control among people with diabetes

Definition	Proportion of people with diabetes with good glycaemic control based on the global target of HbA1c <8% (64mmol/mol) in the last clinical visit
Numerator	Number of people with diabetes registered in the facility with HbA1c <8% (64mmol/mol) at the last clinical visit in the reporting period, excluding those who were newly diagnosed with less than three months of treatment
Denominator	Total number of people with diabetes registered in the facility, excluding those who were newly diagnosed with less than three months of treatment
Method of calculation	Numerator ÷ denominator × 100

One of the five WHO diabetes coverage targets for 2023-2030:

- 80% of people with diagnosed diabetes have good control of glycaemia (defined as HbA1c <8% or 64 mmol/mol)



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Diabetes core indicators

System resources and management

Indicator	Definition	Method of calculation
❑ Availability of diabetes core medicines	Proportion of health facilities that have diabetes core medicines based on WHO or national treatment guidelines Diabetes core medicines include: Insulin Metformin Sulfonylurea	N/D x 100 N: Number of health facilities reporting “no stock-out” of diabetes core medicines in the reporting period D: Total number of health facilities
❑ Availability of plasma glucose testing	Proportion of health facilities that have capability of laboratory or point of care plasma glucose (PG) testing	N/D x 100 N: Number of health facilities reporting capability of performing either laboratory or point of care PG tests in the reporting period D: Total number of health facilities
❑ Availability of HbA1c testing	Proportion of health facilities that have capability of HbA1c testing	N/D x 100 N: Number of health facilities reporting capability of performing either laboratory or point of care HbA1c tests in the reporting period D: Total number of health facilities

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Indicator metadata

- Definition, purpose, numerator, denominator, calculation method, aggregation, disaggregation, sources of data, key data elements, frequency of reporting, users of data, limitations/comments and related links

- Comparability of data across geographical areas and across times

C2-Availability of plasma glucose testing

Indicator name	**Availability of plasma glucose testing**
Purpose	To ensure uninterrupted services to diagnose diabetes and assess glycemic control among patients with diabetes
Definition	Proportion of health facilities that have capability of laboratory or point of care plasma glucose (PG) testing
Numerator	Number of health facilities reporting capability of performing either laboratory or point of care PG tests in the reporting period
Denominator	Total number of health facilities
Method of calculation	Numerator ÷ denominator × 100
Aggregation	District, province, state, national
Disaggregation	Health facility, provider ownership type (public/private), facility location type (urban/rural), plasma glucose testing site (point-of-care or laboratory)
Sources of data	Health facility reports, regional logistics information system or survey
Key data elements	Count of number of facilities reporting "test capability"
Frequency of reporting	Quarterly
Users of data	District-, province- and state-level managers to focus supervision on health facilities reporting no lab capability, making facilities capable and strengthening health systems to ensure uninterrupted laboratory services
Limitations/ comments	In some settings the health facilities do not provide laboratory services so the reporting units will need to come from other laboratory service providers
Related links	Harmonized health facility assessment (HHFA): core questions https://www.who.int/publications/i/item/harmonized-health-facility-assessment-(hhfa)

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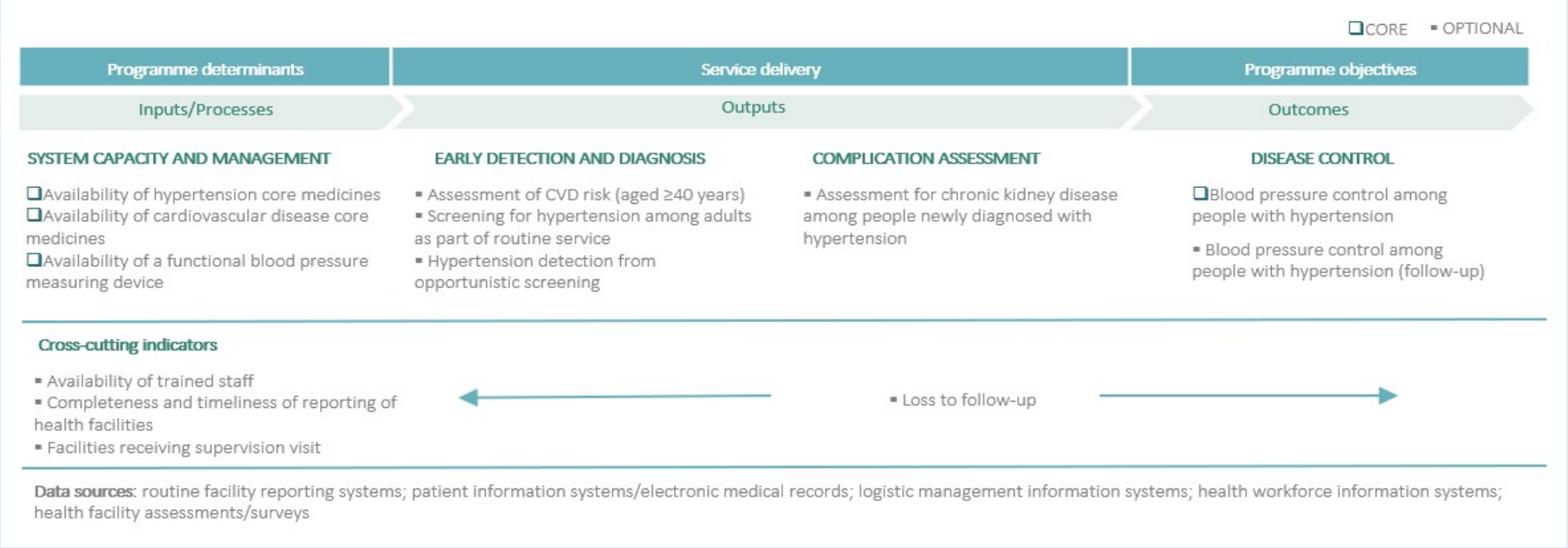
Noncommunicable disease facility-based guidance: hypertension indicators

- 4 core indicators,9 optional indicators



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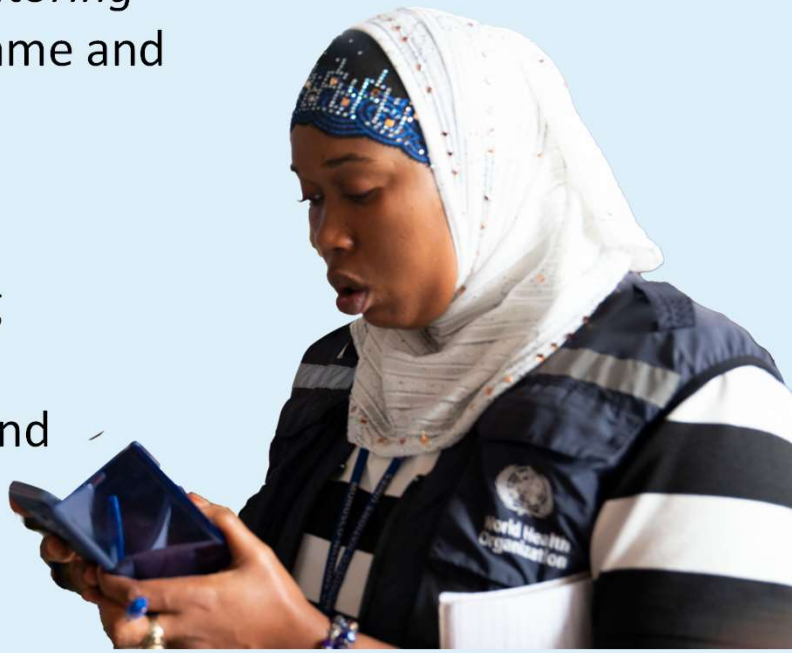
Application of the Noncommunicable disease facility-based monitoring guidance in country health facility-based monitoring systems

- Align the *Noncommunicable disease facility-based monitoring guidance* for primary care with the national NCD programme and review processes
- Select indicators according to priorities and capacities
- Set baseline values and targets for each indicator
- Address major gaps in health service data sources using innovative methods and digital technologies
- Strengthen capacities for data analysis, interpretation and dissemination
- Conduct regular reviews to guide decisions and actions



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Thank you

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