



WONCA Statement on Non Communicable Diseases (NCDs) and Primary Health Care (PHC) to WHO

Sydney, 23 October 2023

Noncommunicable diseases (NCDs)—primarily heart disease, stroke, cancer, diabetes and chronic respiratory diseases—cause nearly three-quarters of deaths in the world. Their drivers are social, environmental, commercial and genetic, and their presence is global. Every year 17 million people under the age of 70 die of NCDs, and 86% of them live in low- and middle-income countries (LMICs).

Many of these early deaths are avoidable. Critical is early detection and management of NCDs, e.g. Half of all people with hypertension do not know it. Addressing major risk factors that can lead to them—tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity and air pollution—could prevent or delay significant ill health and a large number of deaths from many NCDs. All these conditions can be detected and, in most cases, managed at primary care level. In addition, since multimorbidity increases a generalist primary care holistic approach is crucial to achieve the 2030 Sustainable Development Goal (SDG) target on reducing premature NCD deaths by a third.

Primary Health Care (PHC) Teams provide the necessary technical expertise through community based, patient-centred, multiprofessional, coordinated and continuous preventative care. This can reduce mortality, disability and health inequity at a lower per capita cost than other health care systems.¹ Continuity of care with a Family Medicine doctor reduces hospitalisations, emergency departments visits, and treatment duplications.² Multi professional PHC teams enable equity of access to preventative care and offer holistic person centred delivery to address the complex co-morbidities intrinsic to NCD management. Emerging evidence from LMICs confirms that, for meeting local needs, clearly defined delivery frameworks for achievable interventions, accompanied by appropriate resourcing, are essential.^{3,4,5} Adapting to local contexts requires the strong leadership and expertise which Family Doctors are trained to provide through:

(i) Proactivity (prevention and promotion) by:

- Developing strong partnerships with citizens and patients to empower the self-care and health literacy needed for successful health promotion and disease prevention.
- Addressing local social determinants of health to prevent NCD development .
- Incorporating social prescribing into service delivery so that patients are referred to range of local, non-clinical services to support their health and wellbeing.

(ii) Reactivity (Patient management) by:

- Managing complex patients multimorbidity and assessing risk.
- Coordinating the care provided by multi professional PHC teams.
- Personalising multiple disease guidelines to safely address the individual needs of NCD patients.
- Overseeing the responsibilities in PHC teams to ensure the most cost-efficient NCDs health care.
- Balancing overuse of tests and treatments to make shared medical decisions with patients.
- Adapting post pandemic to improve the quality and safety of telehealth services for patients.

WONCA is committed to building partnerships with WHO to provide technical expertise globally to lead NCD challenges and advocate with governments to build strong PHC models in national health systems. The 132 WONCA member organisations offer opportunities to train family doctors to lead PHC training for NCD initiatives in country. WONCA working parties and special interest groups offer expertise for research projects. Expertise which is essential to ensure we meet the 2030 SDG NCD targets and address the current inequities in NCD management worldwide.

References:

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