

World Health Organization List of Priority Medical Devices for Cancer Management to Promote Universal Coverage



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KEYWORDS

- Universal coverage • Laboratory medicine • Anatomic pathology
- Health system capacity • Medical devices • Cancer control

KEY POINTS

- In order to achieve sustainable development goals and universal coverage, current gaps in laboratory medicine pertaining to financing models, population coverage, and service availability must be identified and addressed. Defining core package of services to be financed by current pooled funds can improve access to laboratory services.
- The WHO list of priority medical devices for cancer management offers a framework for defining and expanding core cancer services. Priority medical devices, key competencies, and necessary infrastructure are delineated and prioritized.
- Laboratory medicine, including pathology, is dependent on a robust health system. A situational analysis should be used to inform national laboratory policies that are then linked to sustainable financing mechanisms and robust implementation strategies to ensure quality.

INTRODUCTION

The landscape of global health evolved radically in 2015 as governments around the world declared their commitment to the 2030 Agenda for Sustainable Development. As it pertains to health, Sustainable Development Goal (SDG) 3 is founded on the realization of health for all and builds on the right to health that has been recognized as a

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basic human right since ratification of the WHO Constitution in 1946 then reaffirmed in the Declaration of Alma-Ata on Primary Health Care in 1978.

For decades, programs in health have been viewed predominantly through a disease-oriented lens, particularly shaped by the burden and consequences of communicable diseases. Yet, to achieve the SDGs, core health services cannot be fragmented or disregarded, and management strategies are needed for diseases that have received lower priority to date, such as noncommunicable disease (NCDs). Laboratory services, including pathology, are essential to achieving the SDGs and advancing health, ranging from diagnosing NCDs to surveillance of health risks and epidemics.¹ Accordingly, laboratory medicine should be viewed as a critical cross-cutting investment, affording it appropriate prioritization and commensurate funding.

Comprehensive laboratory services are essential to improve health outcomes in an efficient and equitable manner, consistent with SDG 3 and foundational to a strong health system. All the building blocks of the health system – technologies, well-trained health workforce, robust health information system with reporting of results, financing mechanisms, governance and regulatory structures, and quality and timely service delivery – pertain to laboratory services and should be considered when evaluating or implementing programs.

The global burden of NCDs is rising in low- and middle-income countries, and the threats of communicable diseases persist, placing increasing strain on laboratory services and health systems. In order to achieve universal health coverage articulated in the SDGs, as well as commitments made in Maputo Declaration (2008)² and resolutions such as the Political Declaration on NCDs adopted in 2011, accelerated action is needed (eg, World Health Assembly [WHA] resolutions 62.15, 63.12, 64.15, 64.17, 66.10, 66.24, 67.25, 70.12). By strengthening laboratory and pathology services, significant progress can be made toward global targets.

Within the broad range of interventions encompassed in laboratory medicine, particular emphasis in this article will be made on anatomic pathology and cancer. Anatomic pathology generally requires more advanced health system capacity and has critical importance in the management of NCDs. Approximately 66% of deaths in low- and middle-income countries are from NCDs, and the burden is rising rapidly in these settings.³ Cancer, one of the four NCDs, requires high-quality pathology services as the foundation of diagnosis, effective treatment, and surveillance for tumor recurrence. With the recent WHA resolution on cancer prevention and control as well as the United Nations (UN) high-level meeting on NCDs in 2018, augmenting anatomic pathology services has particular prominence and urgency.

UNIVERSAL COVERAGE

Laboratory services are of central importance, used in 70% to 80% of all health care decisions affecting diagnosis or treatment, and these should be viewed through the lens of universal coverage.⁴ When considering core health services, such as laboratory medicines and pathology, there must be an acknowledgment that context-specific variations are needed, adapted by national authorities. Laboratory science is rapidly evolving, which complicates rationale purchasing of technologies and national strategic planning.

Nevertheless, mechanisms of developing national laboratory policies and adopting context-appropriate technologies are important for any health system to provide and finance universal coverage.⁵ The 3 dimensions of universal coverage are: service coverage (ie, selection of interventions to be covered); population coverage

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