Reviewer's report

Title: A global framework for action to improve the primary care response to chronic non-communicable diseases: a solution to a neglected problem

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Reviewer: Roger Magnusson

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This is a helpful paper. It outlines a framework for improving responses to the diagnosis and treatment of NCDs in primary care. This is a very important issue – as the World Bank has pointed out: due to population growth, and the relative success of efforts to reduce communicable diseases, the absolute number of people with chronic disease will continue to rise in future. National and global strategies for chronic disease must therefore encompass both a health systems component, and a prevention-oriented, public policy component. This paper contributes towards the former component. I recommend publication.

Specific comments - discretionary revisions

1. It is worth noting, however, that primary care is also an important site for chronic disease prevention. This point should, in my view, be stressed. The strategy for the primary care contribution to NCD control mentions identifying modifiable risk factors; screening; and diagnosis, treatment, follow-up. I would recommend the authors consider identifying prevention-focused interventions (advice about reversing modifiable risk factors, ‘lifestyle prescriptions’ etc) – as a fourth item.

2. The paper identifies a target of assessing 90% of patients presenting to primary health care facilities for three risk factors, and addressing risk factors where present. Even assuming that many people at risk do not access primary care at all, this 90% target is, to my mind, enormously ambitious in the sense that it would require (in total) an enormous investment of time and thus a massive re-orientation of the activities of primary care systems as they currently exist. This seems not to have been adequately acknowledged (there are only a couple of sentences on financing to support this substantial change in practice. The interventions the authors would like to see occur will not occur unless there are incentives built into the primary care system to encourage health providers to carry out risk factor assessment, treatment etc. Could these issues be acknowledged and developed further?

3. Para 4.3 on generic formulations of pharmaceuticals. I think this should be expanded – at least to explain how the Global Drug Facility for anti-tuberculosis drugs currently works. How serious a roadblock is chronic disease drug financing to the implementation of the framework?

4. Para 5.2 mentions a patient-held record (health passport). Why is this a
priority? To prevent patients presenting without their medical history being accessible to the provider? Patient-held records have variously been held out as the future for medical records in developed countries, but I am not aware that they have been widely implemented. How feasible are they in developing countries, either in hard copy, or in the form of an electronic token or card?

5. Para 5.4. Could the authors provide an example?

6. P 8, third line from bottom, substitute “its” for “the”. “its cost, cost-effectiveness and acceptability”.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.