EMPHNET's Research Digest

Addressing Emerging Public Health Threats: The Noncommunicable Disease Capacity Assessment and Planning (N-CAP) Process

Introduction

As noncommunicable diseases (NCDs) continue to rise globally, they pose an increasingly significant threat to public health, accounting for 74% of deaths worldwide. Our Region, The Eastern Mediterranean Region, has the highest rate of premature mortality caused by NCDs. This escalating burden underscores the critical need for nations to assess their public health capacities and devise strategic plans to combat these diseases effectively. Historically, many existing tools for managing NCDs have been developed without sufficient granularity for tailored, country-specific planning.

Recognizing this gap, EMPHNET, in partnership with the Global Health System Strengthening Team within the United States Centers for Disease Control (US CDC) and the International Association of National Public Health Institutes (IANPHI), developed the Noncommunicable Disease Capacity Assessment and Planning (N-CAP) Process. This initiative assists ministries of health and other stakeholders in assessing,

prioritizing, and planning how to strengthen public health functions, enabling countries to respond more effectively to the NCD epidemic. This digest explores the N-CAP Process Methodology paper titled "Addressing Emerging Public Health Threats: The Noncommunicable Disease Capacity Assessment and Planning (N-CAP) Process," published in Frontiers in Public Health.

Methods

The N-CAP Process was created as an assessment and planning resource to support national-level efforts in addressing NCDs. The process includes three sequential facilitator-led activities: Stakeholder Mapping, SWOT Workshop, and N-CAP Workshop. Each activity generates a summary report, culminating in a comprehensive plan to improve public health functions.

The N-CAP Process begins with discussions between the Ministry of Health and national or regional public health organizations. Ministries of Health play a leading role

in the N-CAP Process, with their leadership crucial for its success.

Public health organizations facilitate the Process, selecting key personnel, including facilitators and recorders, who lead the activities. Facilitators and recorders must complete an e-learning training course to ensure they are well-prepared for their roles.

The first N-CAP Process activity is the Stakeholder Mapping, where facilitators identify key technical and policy stakeholders based on their interest and influence in NCD efforts. The results are documented in the Stakeholder Mapping Report.

The SWOT Workshop, the second activity, involves facilitators leading discussions on the current NCD landscape. Participants identify strengths, weaknesses, opportunities, and threats. These insights are summarized in the SWOT Workshop Report.

The final activity, the N-CAP Workshop, is a multi-day event where participants collaboratively assess

and prioritize interventions. The workshop includes several phases: an Opening session, Participant Alignment session, Discussion Guide (DG) Session (Assessment Phase, Transition, Prioritization and Planning Phase), and Summary Wrap-Up. During the DG Session, participants use structured DGs to evaluate the country's progress in critical NCD areas and determine necessary steps to advance. DGs facilitate in-depth discussions during the N-CAP Workshop, addressing common NCD themes. They use a maturity model to describe progress in critical NCD areas across six public health domains: Strategic Direction, Systems, Resources, Quality, Engagement, and Impact.

N-CAP Process Material

To support the N-CAP Process, several materials were developed, including Standard Operating Procedures (SOPs), DGs, and N-CAP Workshop Forms. These resources ensure consistency and flexibility, allowing adaptation to local contexts. SOPs standardize implementation across countries while allowing necessary ada-ptations. They include modules outlining roles, responsibilities, procedures, and materials, sup-ported by appendices with forms and report templates. Various forms, such as the Assessment Form, Prioritization and Planning Form, and optional External Evaluator Form, record and organize workshop discussions, detailing progress levels, rationales, and next steps. Instructions for using these forms are provided in the SOPs.

N-CAP Process Pilots

The N-CAP Process was piloted in Jordan and Iraq, which helped refine the tool. In Jordan, the N-CAP Workshop focused on the "data-to-action continuum," assessing how NCD data is col-lected, analyzed, and used to in-form programs and policy. The workshop's outcomes informed Jordan's national NCD strategy and primary care strengthening roadmap.

In Iraq, the SWOT Workshop id-entified strengthening an existing NCD coalition as a priority. The N-CAP Workshop then brought coalition members together to plan strategies for improving internal communication, securing funding, and updating legislation on healthy diet and physical activity

Results

The N-CAP Process enhances national efforts to address NCDs by facilitating comprehensive as-sessments and strategic planning. It engages a broad range of sta-keholders through a structured, modular approach to identify and prioritize actions that strengthen public health functions.

The N-CAP Process leads to a thorough assessment and a pri-oritized action plan for improving public health responses to NCDs. This structured approach ensures the Ministry of Health and sta-keholders can develop and im-plement multisectoral, integrated NCD policies or technical plans. These plans address specific NCD components, aiming to enhance the country's overall public health strategy and response to NCD-related challenges.

Lessons Learned from Pilots

The N-CAP Process was piloted in Jordan and Iraq, which helped refine the tool and its activities. The Jordan pilot highlighted several key areas for improvement. Firstly, it was evident that early and ongoing engagement with the Ministry of Health is crucial for effective collaboration and achieving desired outcomes. Initially, the Ministry's hesitance underscored the need to involve them from the planning stages through to execution. This learning informed the con-ceptualization of how countries and ministries should approach the N-CAP Process, now reflected in the updated SOPs.

Moreover, the pilot revealed the necessity for procedural changes to the N-CAP Workshop. Originally based on the workshop structure from the Staged Development Tool (SDT), the N-CAP Process required adjustments due to the involvement of participants from various org-anizations. The introduction of the Participant Alignment session addressed these challenges, fac-ilitating better collaboration among participants who may not have previously worked together.

The Iraq pilot showed the imp-ortance of using local facilitators and recorders who have existing relationships with the Ministry of Health and local stakeholders. This local familiarity proved cru-cial in securing stakeholder eng-agement and effectively leading the discussions. The pilot also high-lighted the need for more accessible training formats for facilitators and recorders. Recognizing the unsustainability of virtual training by EMPHNET and CDC, an e-learning course was developed. This course, created in collaboration with CDC, IANPHI, and TEPHINET, provides a scalable training solution, ensuring broader accessibility and consistent training quality.

The pilot implementations und-erscored the N-CAP Process's flexibility and adaptability to local contexts, enhancing its usability across different settings. These experiences led to critical updates in the N-CAP Process materials and procedures, making it a more robust tool for assisting Ministries of Health in developing effective NCD strategies.

The refined N-CAP Process, now publicly available, empowers any Ministry of Health seeking to improve public health functions and address NCDs effectively. By engaging diverse stakeholders and utilizing a structured approach, the N-CAP Process supports the development of tailored, impactful strategies to combat the growing burden of NCDs.