



treatment compliance, relevant and timely provision of information to service providers, and continued use of health services – all of which makes health more likely [9]. People deem responsiveness to be important, and this, in part, accounts for why responsiveness relates to well-being. If health systems are responsive to communities' expectations of how they wish to be treated, then their interactions with the system are more likely to improve their well-being [8,9].

The featured articles for this series arose primarily from selected papers presented at the first international conference on non-communicable diseases by the Nutrition Society of Malaysia. The theme was the engagement of multi-stakeholders and strategic partnerships in combating non-communicable diseases with several papers highlighting the growing role of communities. Further papers were solicited from low and middle income countries that built on critical issues raised by the initial presentations. The compilation of papers address national health systems in Ghana, China, and Malaysia and raise financing and health workforce concerns with regard to the escalating burden of NCDs in those countries. The papers draw out the significant challenges the systems face in the absence of stronger partnerships with communities. Xiao et al., in their article on a community-based approach to NCD management in China, point to shortages of qualified staff at the primary healthcare level. Similarly, de-Graft Aikins et al. describe the need for health workforce strengthening in Ghana to support universal health coverage. These concerns, common across countries at varying degrees of development, are likely to have serious implications for responsiveness.

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