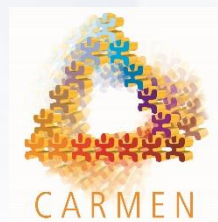


Integrated Management of NCDs: Transforming health systems to improve outcomes

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Outline

- NCD management goals
- Why an integrated approach?
- The example of the Chronic Care Model
- Practical implementation with a package of essential NCD interventions (PEN)



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NCD Management Goals



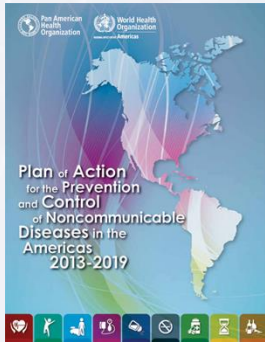
By 2016, strengthen health systems to address NCDs through people-centered primary health care and universal health coverage

OBJECTIVE 3: Improve coverage, access and quality of care for NCD management

- Improve **quality of care** (eg. Chronic Care Model)
- Increase access to essential **medicines and technologies**
- Implement effective **interventions** for NCD screening, treatment and control

Global NCD Targets:

- 80% coverage of essential medicines and basic technologies
- 50% of people at high cardiovascular risk receive appropriate drug therapy and counselling to prevent heart attacks and stroke



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Best Buy Interventions for NCD Management

Cardiovascular diseases and diabetes

- **Drug therapy for hypertension control and diabetes control**
- **Total risk approach and counselling for those who have had a heart attack or stroke and those with high risk of CV event in next 10 years**
- **Aspirin for acute myocardial infarction**

Cancer

- **Liver cancer prevention** by hepatitis B vaccination
- **Cervical cancer prevention** by vaccination against human papillomavirus of 9–13 year old girls and by screening women aged 30-49 years
- **Breast cancer screening** with mammography, every 2 years for women aged 50-69 years
- **Colorectal cancer treatment** with surgery, chemotherapy, radiotherapy
- **Palliative care**

Chronic Respiratory Diseases

- **Asthma symptom relief** with inhaled salbutamol
- **COPD symptom relief** with inhaled salbutamol
- **Asthma treatment** using low dose inhaled beclometasone and short acting beta agonist

Challenges

- Weak and underfunded health systems
- Fragmentation of care and poor referral mechanisms
- Gaps in capacity of care
- Gaps in quality of care
- Patients inadequately informed about managing their illness
- Poor disease control and outcomes
- Increasing costs of care



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Solution: Transform Health Systems

- Re-orient the health system so it is led by primary care
- Assure long-term care that is proactive, patient-centered, and community-based:
 - person focus across the lifespan rather than disease focus
 - continuous care rather than episodic care
 - accessible with no out-of-pocket payments
 - resources according to population needs rather than demand
 - broad range of services including preventive services and self management support
- Deliver better health outcomes, at lower cost

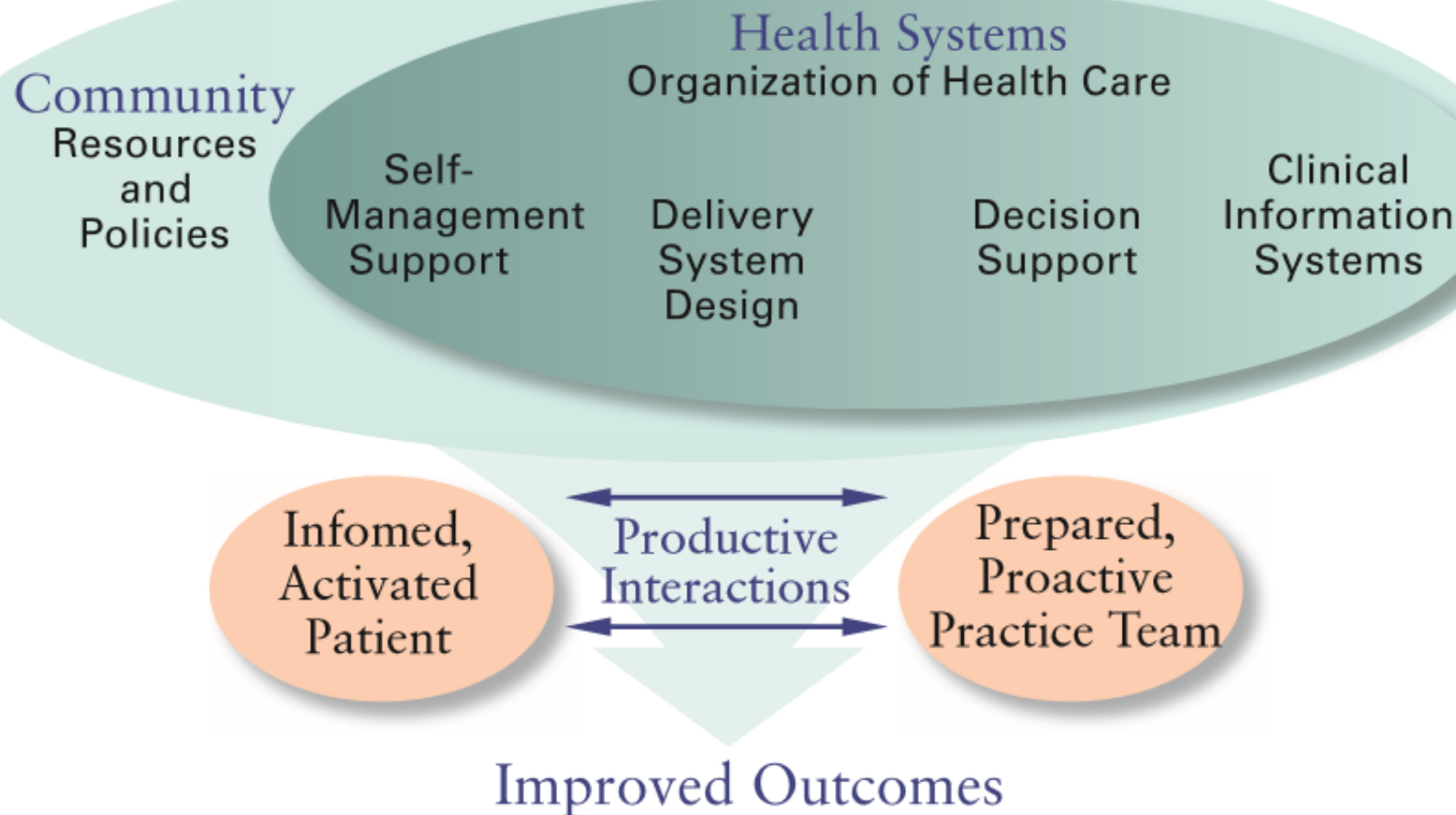


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Chronic Care Model

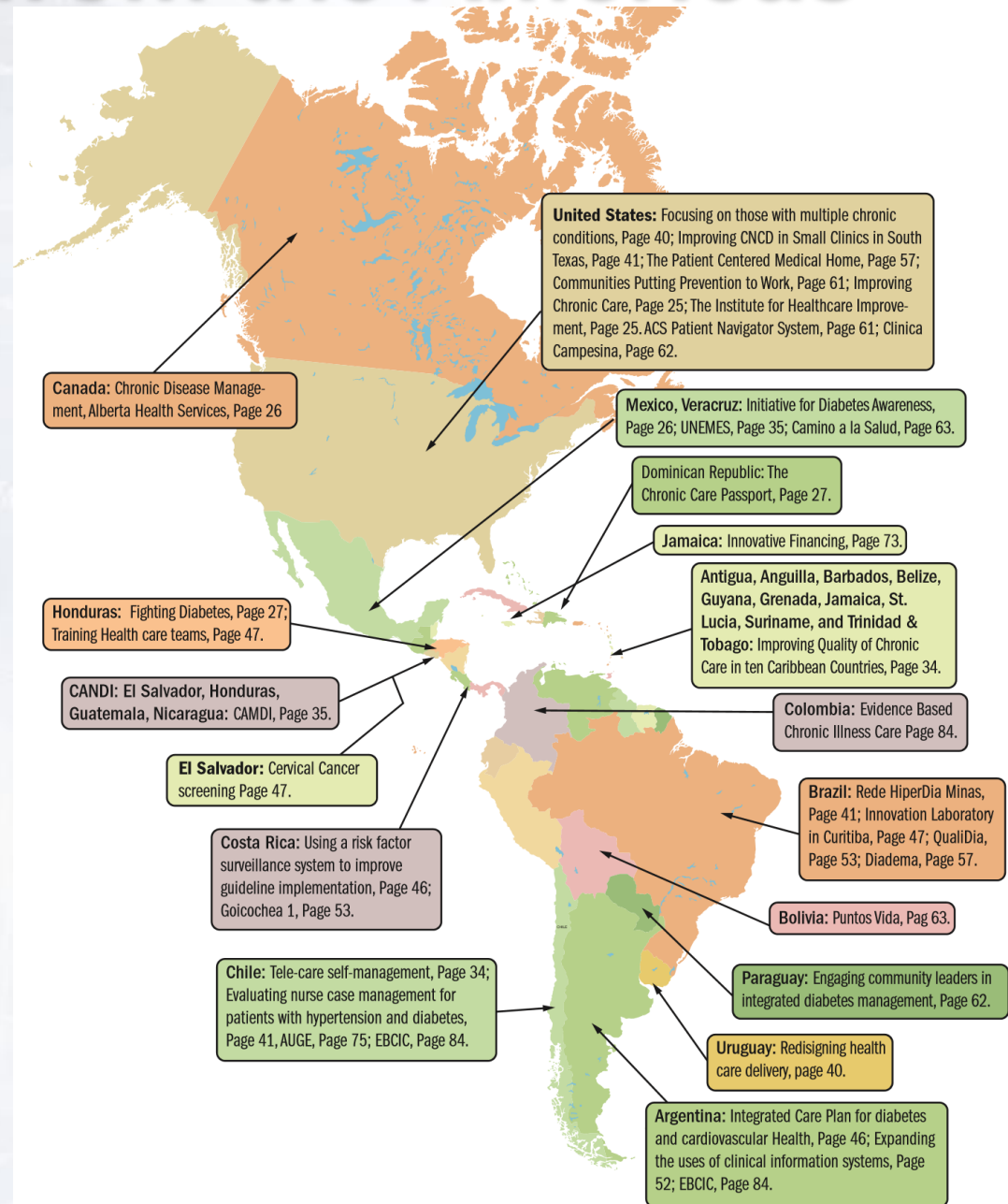
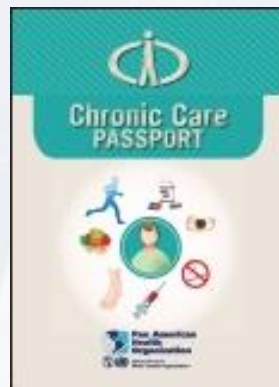


Implementation of the CCM

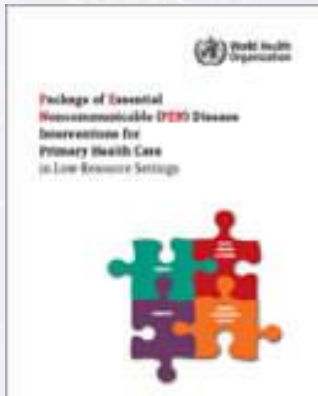
1. Obtain stakeholder support and sustainable financing
2. Assess and strengthen the capacities of primary health care for screening, diagnosis, treatment and control
3. Develop education, information, and counseling messages
4. Establish protocols and algorithms of care
5. Create multi-disciplinary health teams
6. Train the health workforce
7. Improve health information system
8. Supply medicines and technologies
9. Develop patient self management support strategies
10. Implement, evaluate and extend to national level



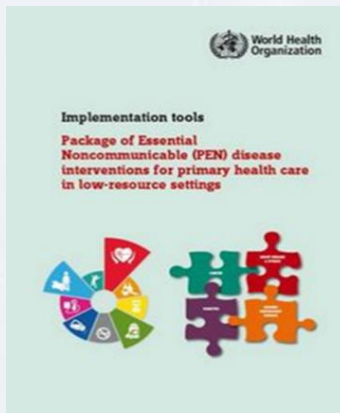
Examples from the Americas



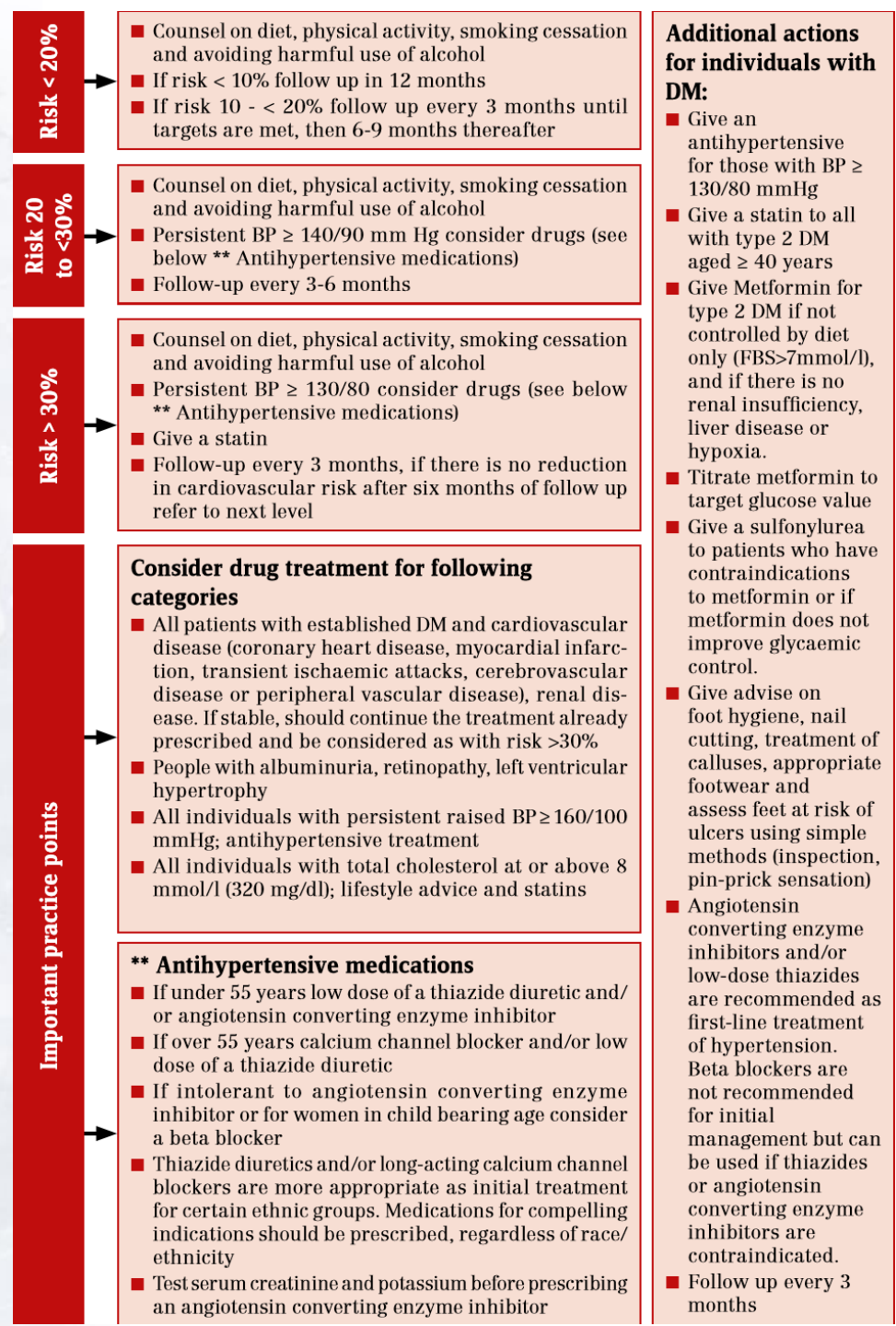
PEN Package of Interventions



- Guidance to assess needs, strengthen health systems, and implement NCD interventions
- Protocols for clinical diagnosis and treatment
- Tools for risk prediction of heart attacks and stroke
- Minimum requirements for essential NCD medicines and technologies
- Standards and indicators to measure progress and impact



Example of a PEN protocol for CVD and diabetes management



CONCLUSIONS

- ‘Systems thinking’ needed to improve chronic illness care.
- Chronic care model is a practical approach to improve patient outcomes.
- WHO PEN provides implementation guidance.
- Tools, resources, and technical assistance available from PAHO and WHO.



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