



Better Care for NCDs

Accelerating Actions in Primary Health Care

PAHO's Initiative to Scale Up and Accelerate Integration of Comprehensive NCD Services in Primary Health Care

2023-2030



INTRODUCTION

Noncommunicable diseases are the leading causes of death (81% of all deaths) in the Region of the Americas and a third which occur prematurely (between ages 30 and 70 years). Current estimates are that 240 million adults in the Americas live with at least one NCD and require access to continuous primary health care¹.

Cost-effective NCD prevention and control initiatives are well established and include policies and regulatory interventions to prevent and reduce exposure to risk factors, as well as screening, diagnosis, and treatment for the principal NCDs through primary health care services².

Globally, only 14 countries are presently expected to achieve the SDG goal of a reduction in premature NCD mortality by a third (relative to 2015 levels) by 2030. Significant gaps persist in the availability of quality health services in the Americas. Only 20 of 35 (57%) countries report having guidelines/protocols for the management of the most common NCDs through a primary care approach, and only 9 of 35 (26%) countries report having drug therapy, including glycaemic control, and counselling for eligible persons at high risk, to prevent heart attacks and strokes³.

Many of the gains which resulted from global and regional NCD plans of actions, have been adversely impacted by the COVID-19 pandemic, which also led to disruptions in health services leading to delayed and foregone care. Additionally, persons with existing NCDs were also at increased risk of complications and death from infection with the novel coronavirus. As the region recovers from the pandemic, there is an urgent need now to strengthen primary health care services, particularly for the management of people with NCDs.

Successful implementation of NCD policies and interventions can result in significant cost savings, alleviating the economic burden on healthcare systems, individuals, and society, while effective NCD management at the primary health care (PHC) level reduces premature deaths and disabilities⁴.

PHC comprises essential health services that should be universally accessible for individuals, families, and communities, and provide the first level of health care for early diagnostic, treatment, control, and referral for acute and chronic disease, as well as disease prevention and health promotion services, as established in the 1978 Alma Ata Declaration⁵.

¹An estimated number of people living with NCDs in the Americas region, based on modeling conducted in 2021 by the London School of Hygiene and Tropical Medicine in a collaboration with PAHO to determine populations with underlying conditions at highest risk for severe COVID-19 and requiring prioritization for vaccination.

²Updated WHO menu of policy and cost-effective NCD interventions: https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf

³PAHO. Noncommunicable Diseases Progress Monitor 2022. Scorecard for the Americas. <https://iris.paho.org/handle/10665.2/56018>

⁴WHO, 2018. Saving Lives, spending less: a strategic response to noncommunicable diseases. Available at: <https://www.who.int/publications/i/item/WHO-NMH-NVI-18.8>

⁵WHO, 1978. WHO Alma-Ata 1978. Report of the International Conference on Primary Health Care, Alma-Ata, Union of Soviet Socialist Republics. World Health Organization, 1978.

Strengthening integration of NCDs into PHC represents a key milestone in a country's health system response to the Sustainable Development Agenda, with the aim of leaving no-one behind.

Aim

The aim of this initiative is to expand equitable access of integrated and comprehensive NCD services within Primary Health Care in the Americas.

The Objectives are:

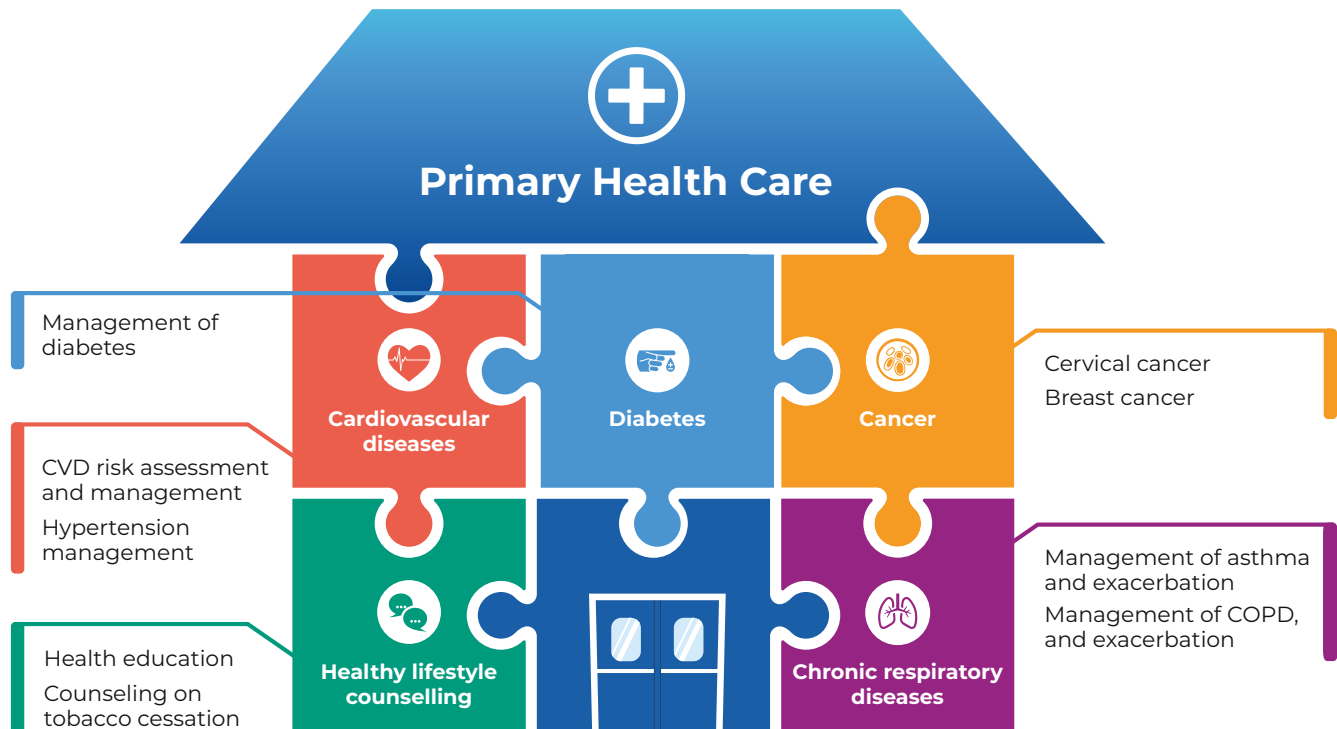
1. To strengthen the **capacity of health authorities to plan and implement** comprehensive NCD services in primary health care.
2. To increase the **capacity of primary health care services to deliver** comprehensive quality NCD screening, diagnosis, treatment and continuous follow-up care, including referral and counter-referral services.
3. To strengthen **data collection and monitoring** of NCD diagnosis, treatment, and outcomes of care for people with NCDs.

PAHO encourages countries to adopt this initiative to scale up and accelerate integration of comprehensive NCD services in PHC as one of the actions required to promote recovery in the post-pandemic era, during 2023 and 2030.



What are the recommended NCDs services in primary care settings?

NCD services in primary care include a range of essential services from health promotion to prevention, screening, treatment, rehabilitation, and palliative care. The WHO package of essential noncommunicable diseases intervention (WHO PEN), which includes the HEARTS package for hypertension control, provides a framework for a minimum set of interventions to address the main NCDs in primary care. This PAHO initiative will build on and expand country's current efforts to integrate NCDs into PHC, including HEARTS.



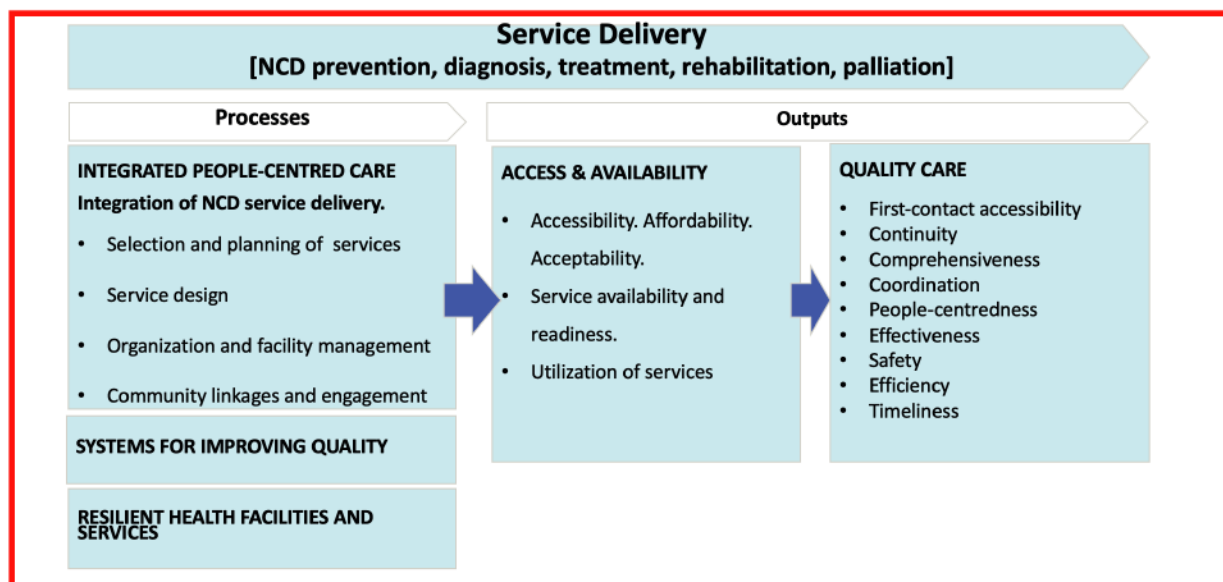
The interventions are for the detection, diagnosis, treatment, and care of cardiovascular diseases, diabetes, asthma and other chronic respiratory diseases, and cancer, healthy lifestyle counselling, self-care, and palliative care. The WHO Hearts package, which is included in the WHO PEN Package, is currently being implemented in Latin America and the Caribbean in approximately 3,000 primary healthcare facilities. This offers an important basis for the expansion of the first level of care towards comprehensive NCD services.

The following comprehensive NCD service interventions will be scaled up at the primary health care level, noting that most persons known to have an NCD frequently have more than one chronic condition, requiring a multidisciplinary approach to their diagnosis and management. The multidisciplinary approach to the management of people living with NCDs through integrated services is therefore a fundamental approach.

- **Health promotion, counselling and education for healthy living:** nutrition and healthy diet counseling, physical activity promotion, weight management, tobacco cessation, alcohol brief interventions, self-management disease or condition support, healthy schools, workplaces and community settings and linkages from community to health services.
- **Cardiovascular diseases:** CVD risk assessment based on the WHO CVD risk chart during clinical encounters; hypertension screening and diagnosis through blood pressure measurement; lifestyle change and drug therapy for hypertension control delivered in primary health care.
- **Diabetes:** early diabetes diagnosis; pharmacological treatment and clinical follow up to achieve blood glucose control; prevention of complications through retinopathy screening, diabetic foot evaluation, cardiovascular screening, delivered in primary health care.
- **Chronic respiratory diseases:** asthma and chronic obstructive pulmonary disease diagnosis and management in primary health care.
- **Cancer screening:** cervical cancer screening with HPV testing; ablative treatment of precancerous cervical lesions in primary health care; breast cancer screening through physical exam and referral for mammography if indicated.

The WHO Primary Health Care Operational Framework will be used to develop a rapid assessment and roadmap for the implementation of this initiative at the territorial level. This framework considers health system determinants which in turn impact service delivery (Figure below).

OVERALL GUIDING FRAMEWORK: PHC assessment and planning framework



What is integration of NCDs into PHC?

The definition established for the Integration of NCDs into PHC is NCD screening, diagnosis, treatment, and monitoring are integrated into the health system in an equitable manner:

- at national, subnational, and local levels
- in service delivery at the first level of care through comprehensive
- first contact and coordination of care, with linkage to communities;
- using a life course approach; and
- supported by a surveillance and monitoring.

In order to successfully accelerate the integration of NCDs into PHC, the necessary enabling environment must include:

- prioritization of an equity approach
- territorial planning to address gaps in coverage, access and quality
- national, subnational and local expansion of service delivery capacities and resources
- and the establishment and/or expansion of capacities for the coordination and continuity of services.

How will this be achieved?

This initiative will focus on the following six areas which are presented in the figure below.



PAHO actions for the Strategic Areas:

1. Country operational plans for scale up and expansion of comprehensive NCD services in PHC

Joint PAHO-country assessments of the health service needs and gaps and country specific plans will be developed to improve integration of NCD services, including the integration of telehealth services in primary health care, through interprogrammatic missions.

2. Community outreach and participation in NCD services

Working with relevant county specific community groups and NGOs in official relations with PAHO, strategies will be developed that increase outreach to underserved and remote populations to increase rates of NCD diagnosis and treatment, improve health literacy and health promotion through information and education, and foster health care seeking lifestyles.

3. Normative guidance and quality of care improvement

PAHO will support countries by providing evidence-based guidelines, through adaptation of the WHO PEN including the HEARTS package, and defining clinical care pathways, along with tools and strategies to improve the quality of care in PHC for people with NCDs.

4. Primary health care workforce development for NCDs:

Working with the relevant professional bodies, academic institutions, and health authorities, PAHO will assist with strengthening the competencies and capacities of the primary health care workforce for NCD screening, diagnosis and treatment, including developing community health worker capacity. This will include collaboration on workforce assessment and planning. In

addition, this will involve the establishment of a comprehensive set of training courses through the PAHO Virtual Campus and establishing training and mentorship programs for mid-level health-care providers who will be leading care delivery. The **PAHO NCD Training and Mentorship Program** will be developed and involve three tracks:

- 1) clinical track, focused on training multi-disciplinary professionals in clinical skills and competencies using a team-based and task-shifting view for the diagnosis and treatment of the main NCDs;
- 2) public health program management track, to train health managers in the specificities of NCDs in terms of service organization, delivery, quality improvement, medicine and technology management, etc;
- 3) data track, focusing on improving health provider skills and competencies in the specificities of NCDs in terms of facility-based health information systems, patient monitoring of outcomes, etc.

A certification process will be created to acknowledge and recognize those who complete training programs, and serve as an incentive for health workforce development.

5. Expansion of essential NCD medicines and technologies

PAHO will assist to increase the availability, access and quality of NCD essential medicines and diagnostic technologies, including increasing the utilization of the PAHO Regional Revolving Funds, through the creation and offer of the **PHC-NCD Bundles**. The bundles will be composed of the essential NCD medicines and technologies needed to diagnose and treat a standard number of people in the community and will be presented in modular format by disease category.

PAHO will also support countries to strengthen drug systems with planning, forecasting, quality assurance and procurement of essential NCD medicines and diagnostics, including updating national essential medicines list. This will involve developing and applying forecasting tools for NCD medicines and technologies, in close collaboration with the health authorities and relevant professional associations.

6. Improvement of NCD information and monitoring

PAHO will work with the health authorities to improve health information systems for NCDs. This will involve strengthening information system governance; data architecture and interoperability within the Information system for health framework; automation of health records and interoperability of electronic health records; safeguarding patient information and data integrity; and data management, among others. This process will facilitate the production, collection, analysis and utilization of key NCD indicators in primary health care for facility-based patient monitoring of outcomes.

Expected impact

As a result of the above actions, the Better Care for NCDs initiative is expected to lead to overall improvements in the quality of care for people with NCDs and ultimately the health outcomes for people living with NCDs. Expected results include:

- improved individual decisions related with healthy lifestyle and self-management
- improved control rates for hypertension, diabetes, asthma
- reduced rates of heart attack and stroke
- reduced rates of complications from diabetes
- increased coverage for cervical cancer screening and ablative treatment of precancerous lesions
- increased rates of early detection of breast cancer



ANNEX 1 – NCD MORTALITY IN THE REGION OF THE AMERICAS (2019)

