

Strategic framework of the global initiative for scaling up the care of major NCDs

Goal

To improve health outcomes by ensuring effective, evidence-based care for individuals with, or at high risk of developing, major chronic diseases.

Main objectives

1. Assess population health needs for major chronic diseases in the locality/ country.
2. Document and evaluate the current situation with respect to the provision of care for major chronic diseases:
 - identify barriers to access, availability and affordability of diagnostic technologies and medicines;
 - assess quality of care and utilization of effective interventions for the treatment of chronic diseases;
 - document other activities coordinated by WHO and other major international agencies that are relevant to the goals of the initiative.
3. Develop, validate and implement an evidence-based, affordable "core package" of integrated interventions at all levels of care.
4. Support countries to bridge gaps in care through affordable strategies.
5. Promote patient autonomy, and the role of the family and community, in decision-making related to both clinical management and programme implementation.
6. Stimulate and foster effective global, regional and national partnerships between public and private sectors, civil society and other stakeholders to improve access to treatments, diagnostics and information and communication technologies.
7. Support research and development related to innovative intervention strategies and ensure the dissemination of findings.
8. Monitor and evaluate all aspects, ensuring timely feedback to relevant stakeholders.

Added value of the global initiative

The initiative has added value in that it will:

- give visibility to the need to improve chronic disease management
- define public health priorities in chronic diseases
- integrate the management of chronic diseases into PHC
- unify existing approaches to the care of patients with chronic diseases
- improve the quality of care of patients with chronic diseases
- involve patients, families and communities
- mitigate the socioeconomic impacts of chronic diseases
- be linked to policy at every stage
- be linked to the critical components of the health system at all levels
- create links between the Millennium Development Goals and chronic diseases by addressing health care inequalities associated with poverty.

Target diseases

The initiative should target a core list of chronic diseases, with the addition of supplementary chronic diseases based on local/regional need and availability of resources. The selection of diseases for inclusion in the initiative should be based on the following criteria:

- burden of disease data (morbidity and mortality) shows that the disease is a major public health issue
- effective evidence-based interventions exist for both the disease and its risk factors.

The core chronic diseases and conditions targeted by the initiative will be:

- CVD (CHD, CeVD, rheumatic heart diseases, high cardiovascular risk)
- type 1 and type 2 diabetes
- asthma.

Chronic diseases that may be added to this list are:

- epilepsy
- depression
- cancer
- glaucoma.

In particular, cancer represents a special case where prevention and treatment are more difficult to incorporate into an integrated chronic disease approach. In this respect,

palliative care is an opportunity for intervention that should be acted upon, particularly with regard to improving access to morphine.

Implementation

The initiative should encompass various aspects of chronic disease management across the continuum of care, from diagnosis to treatment and follow-up. A STEPwise approach should be applied to the implementation of interventions. In light of their high potential impact, particular emphasis should be placed on strategies for improving access to affordable medicines.

Phase 1: baseline situation analyses

In Phase 1, situation analyses will be conducted to assess the current status of chronic disease care at the country level. The situation analyses will include the assessment of the following:

- health facilities including risk assessment, diagnostic facilities, treatment, patient education and counselling
- availability, affordability and cost of medicines
- record-keeping and follow-up, including outcomes
- stakeholder analysis
- community perception.

Phase 2: intervention

Phase 2 will consist of a matrix of issues to be tackled at global, regional and local levels. Country-level interventions will be selected based on the results of the Phase 1 situation analysis.

Core areas are likely to include the following:

- policy reforms
- guideline and protocol development
- patient and family education and counselling
- training and involvement of health workers and pharmacists
- medicine procurement and supply management
- community empowerment
- advocacy.

Supplementary activities may consist of:

- resource mobilization
- partnership establishment
- local production of medicines
- establishment of a drug facility.

Partnerships

The development and implementation of the initiative requires partnerships with various stakeholders, including:

- international organizations
- professional and patient associations
- NGOs and civil society
- the private sector
- donors.

The structure of the partnerships is to be determined.

Short-term recommendations

All regional advisers and experts unanimously agreed that the initiative is worthwhile and recommended to the Assistant Director-General that:

- financial and human resource support be mobilized for further development of the initiative;
- the initiative should be officially launched and operationalized in 2006, beginning with country situation assessments.

Operational strategy 2006

Agreed next steps, targets and timelines

- Collection of existing resources, methodologies and tools for country situation assessments by 1 April 2006 (approximate cost: US\$ 30 000).
- Package of tools for country assessment developed, adapted and translated as required and ready for country implementation by May 2006 (approximate cost: US\$ 125 000).
- Situation analysis of selected countries (approximate cost: US\$ 45 000 per country) by December 2006.

Tools and methodologies to be developed, adapted and collated
Facility capacity assessment questionnaire
Population coverage questionnaire
PREMISE protocol on practice patterns
Rapid Assessment Protocol
Patient education and counselling protocols
Medicine availability/affordability survey
Record keeping and follow-up tools
Stakeholder analysis
Community perception analysis
Monitoring and evaluation tools

- Convene a follow-up meeting in 2006 to facilitate progress of situation analyses and to develop tools for core areas of intervention.