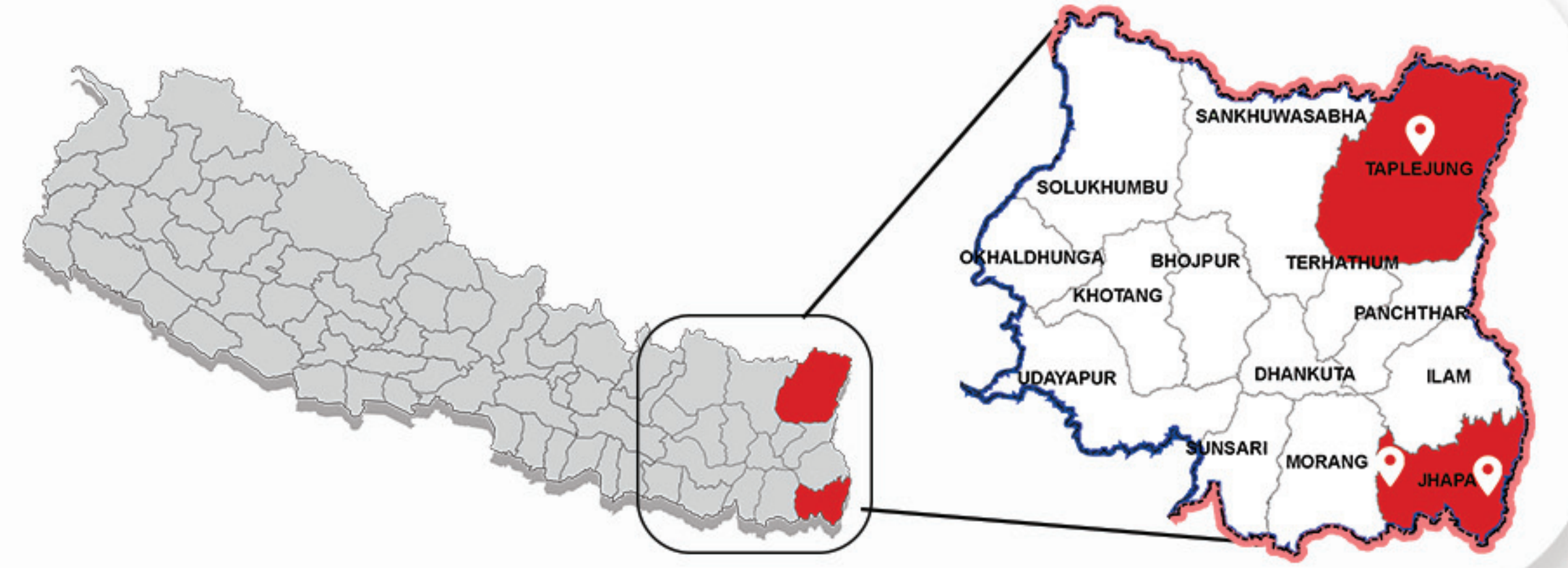


Integrated NCD care in Eastern Nepal: Strengthening health systems

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BACKGROUND

Context specific public health interventions are essential to tackle the global epidemic of Non-Communicable diseases (NCDs). This report presents ongoing Kidney, Hypertension, Diabetes, and Cardiovascular diseases (KHDC) program activities in three municipalities of Eastern Nepal. Within the framework of the program, local municipalities partner with publicly funded health institutions and a community based non-government organization to build a responsive local health system to manage NCDs and their complications. The four-year (2023-2027) project aims to tackle the challenges posed by the NCD epidemic while contributing to reduce inequities in health among vulnerable individuals.



OBJECTIVE (2023-2027)

Capacity Building



Capacity building of 164 non-physician Healthcare Providers (HCPs) through face-to-face coaching and remote consultations enables them to effectively diagnose, manage, and timely refer patients living with NCDs and/or their complications.

Community Mobilisation



251 Female Community Health Volunteers (FCHVs) are trained on detection of risk factors through high risk screening of approximately 89,885 individuals and defaulter tracing.

Community Awareness



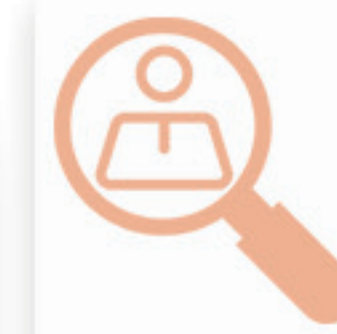
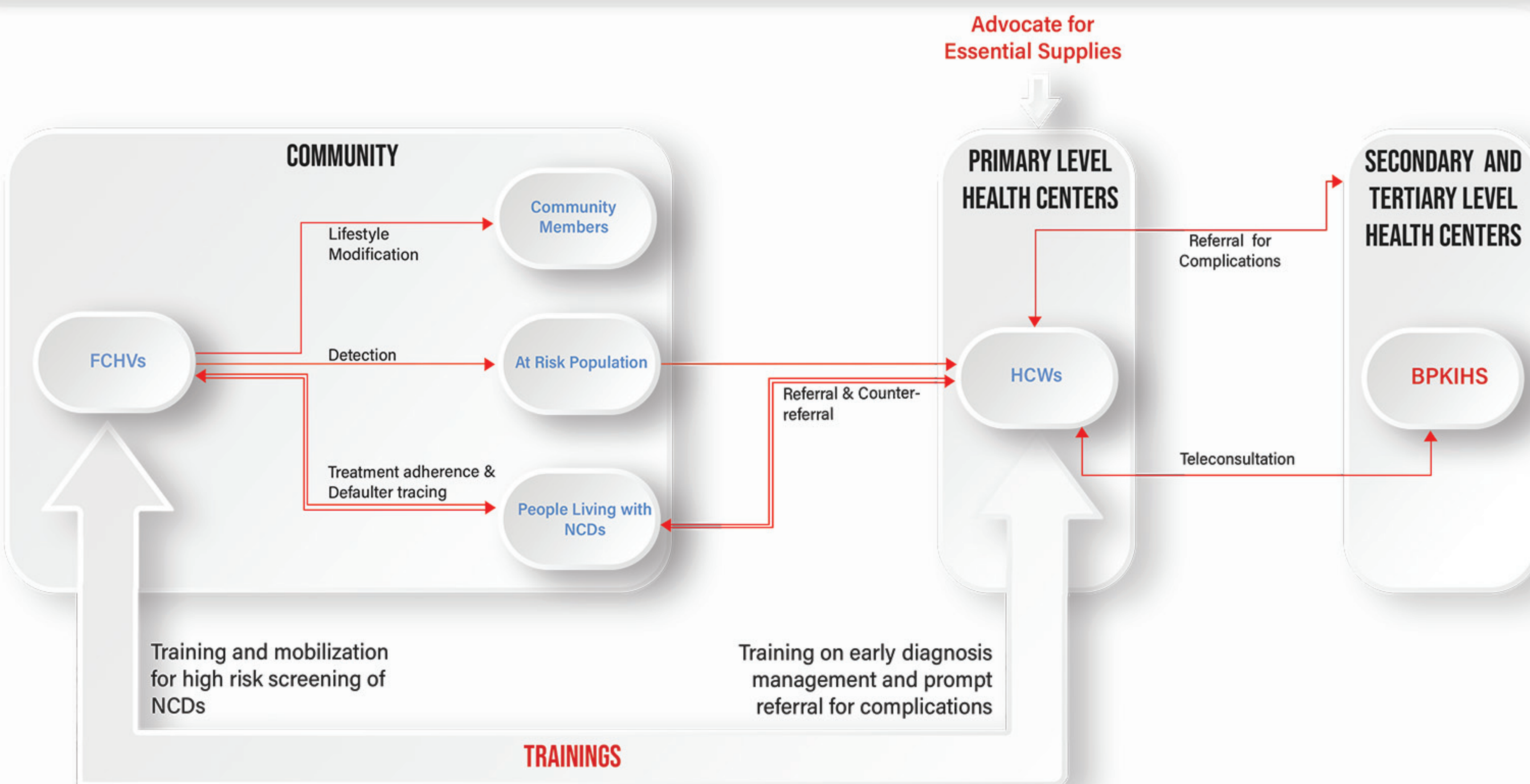
Community-focused awareness program led by FCHVs targeting modifiable risk factors for NCD prevention and health promotion. Emphasize on relevance of adherence to treatment and lifestyle modification for PLNs.

Advocacy



Continued advocacy efforts on availability of trained human resources, provision of essential medicines and other equipments at primary care level. NCD Detection and Management are improved through 38 primary level health centers by implementing the PEN protocol to manage estimated 32,718 persons living with NCDs.

THE KHDC APPROACH



Focus on Early Diagnosis and Prompt Management

Improved service delivery and continuum of care for NCDs through Early detection and management. NCD Detection and Management are improved through 38 primary level health centers by implementing the PEN protocol to manage estimated 32,718 persons living with NCDs.

Reference: WHO MoHPPEN

CRITERIA FOR HIGH RISK SCREENING

- Age 40 years and above
- Past history of Hypertension, Diabetes, Cardiovascular disease, COPD/Asthma
- Waist circumference (>80 cm Female, >90cm Male)
- Family history of Hypertension, Diabetes, Cardiovascular disease, COPD/Asthma
- Gestational Hypertension/Diabetes
- Tobacco consumption
- Heavy alcohol consumption
- Long term use of traditional/home remedies for chronic pain
- History of chest pain, shortness of breath, chronic cough, swelling of lower limbs, fatigue for a long time

OUTCOMES

- 1** Health care providers detect and manage NCDs and their complications at the primary level of care.
- 2** Female community health volunteers deliver basic awareness information, detect NCD patients and refer them to the healthcare centers when needed, trace defaulters, and follow-up vulnerable PLN.
- 3** Communities have an improved knowledge about NCDs and know how, when and where to search for NCD healthcare or advice.
- 4** Access and quality of care for people living with NCDs have improved in the targeted healthcare centres.
- 5** Strengthened collaboration between local MoH, BPKHS-KHDC, WHO, schools and other stakeholders allows targeting NCD needs at various levels of the health system, from the community to the provincial or federal level

IMPACT AND LESSONS

This strategy will facilitate early detection of risk factors among high-risk population and empower communities to act on the modifiable risk factors, while primary health centers are better equipped to address the increase in disease burden. Further, multi-sector collaboration would strengthen healthcare decision-making by the municipalities.

Conflict of interest: None
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