World Bank Deep Dive:
Tackling the Rising Burden of Non-Communicable Diseases

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SERVICE DELIVERY MODELS FOR ADDRESSING NCDS

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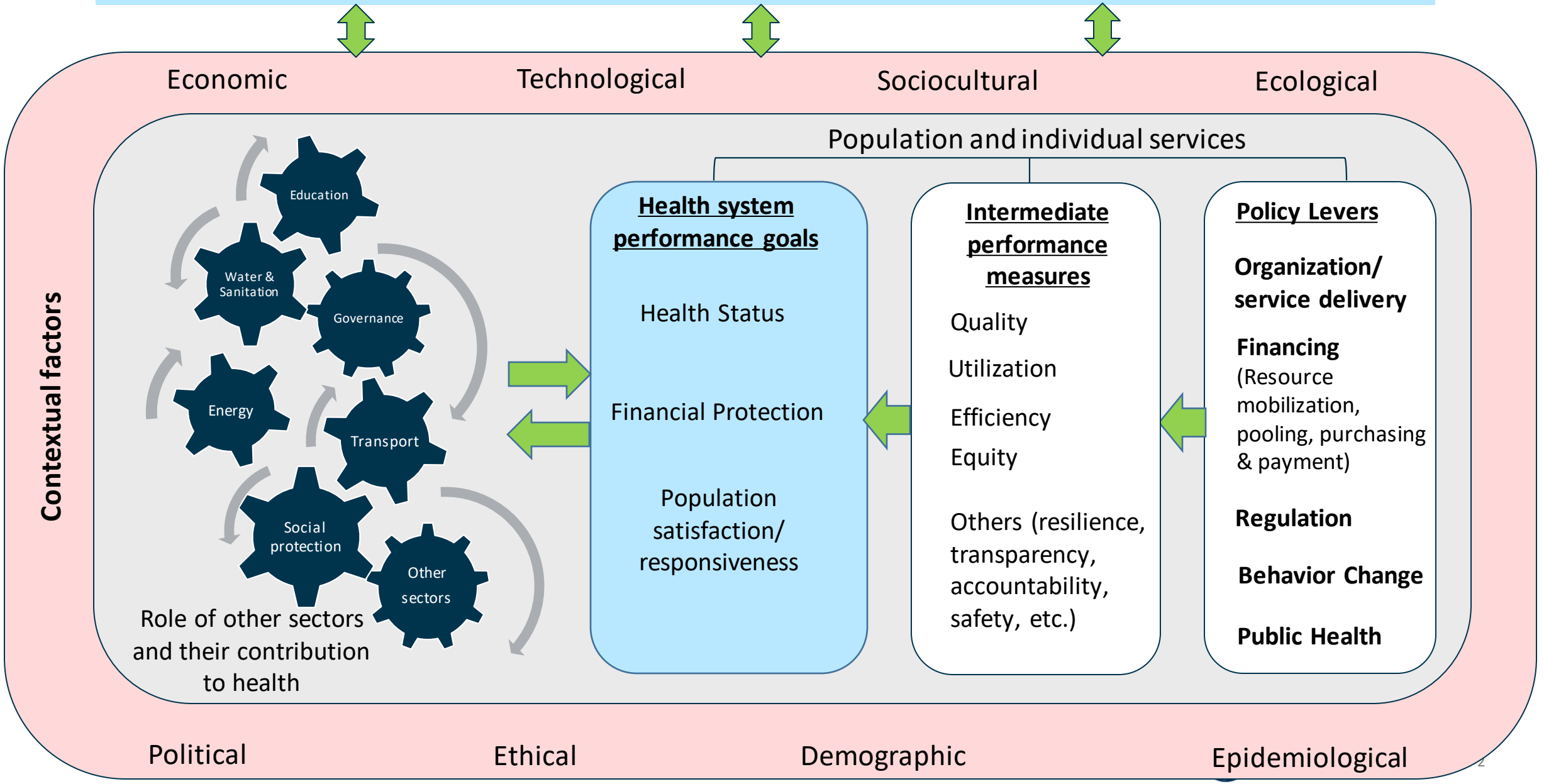
Human Capital, Economic Development and Individual Wellbeing



Addressing the large and growing burden of NCDs

- NCD services must be **integrated into a strengthened PHC system** with **strong referral chains** and focus on active **health promotion and disease prevention**

- This requires a **fundamental shift in the way services are organized, delivered and financed**, transforming primary care from one that provides episodic and curative care into one that provides long-term, continuous and coordinated care.

- **Client and community engagement** is critical.

Approach to scale up of integrated NCD services will depend on context including health system typology, capacities and capabilities, for example:

Low capacity, fragmented, fragile health systems

Reliant on external financing

Earlier stage of epidemiologic transition

Providing little to no NCD services

- **May need to initially integrate NCD services into existing system including existing programs (e.g., HIV, MCH)**
- **Public health approach**

Higher capacity health system but with inefficiencies

Outdated service delivery model

Later stage of epidemiologic transition

Providing NCD services but of poor quality

- **Health system reform and modernization**

Typology of Primary Care Models

Community Health Workers

- Trained individuals with limited or no formal medical education
- Person-centered support
- Promote health care access, and patient engagement
- Used to serve hard to reach groups

PHC Facilities and PHC Networks

- Specialized PHC clinics focus on single disease programs
- Dispensary type PHC centers co-locate range of services, and include GPs and specialists
- PHC networks involve GPs working on site with empaneled patients to provide personalized care in partnership with other local health and care professionals

Hospital-based PHC

- Family medicine practitioners based in hospitals; transactional access to specialists

Is there a perfect model?

Community Health Workers

PROS:

- ✓ Ease of access for patients
- ✓ Task shifting frees up medical personnel
- ✓ Act as a liaison between community and health system
- ✓ Improved care & coordination

CONS:

- ➢ Mistrust by community
- ➢ Patients wanting care from qualified medical personnel

PHC Facilities and PHC Networks

PROS:

- ✓ Ease of access for patients
- ✓ Targeted resources, dedicated staff, specific objectives and measurable outcomes
- ✓ Continuity of care, gatekeeping and coordination, cost effectiveness

CONS:

- ➢ Specialists that work at only PHC waste their knowledge; continuum of care & integration is often missed
- ➢ Fragmented care with limited coordination between levels of care; competition for limited resources; dependent on donor funding
- ➢ GPs expected to manage increasingly complex medical conditions; perceptions of patients that quality of care is sub-standard

Hospital-based PHC

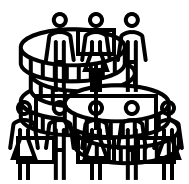
PROS:

- ✓ Specialists and specialized services readily available
- ✓ Patients perceive care as high quality

CONS:

- ➢ High cost
- ➢ Over referral to specialists
- ➢ Lack of continuity of care

Strategies for Organizational Change



Structural strategies - 'who-does-what'

Changing the mix of organizations

Changing the division of tasks / activities among the organizations

Incentive Strategies

Market competition

Incentive budgeting

Contracting

Managerial Strategies

Restructuring public sector accountability/ Decentralization

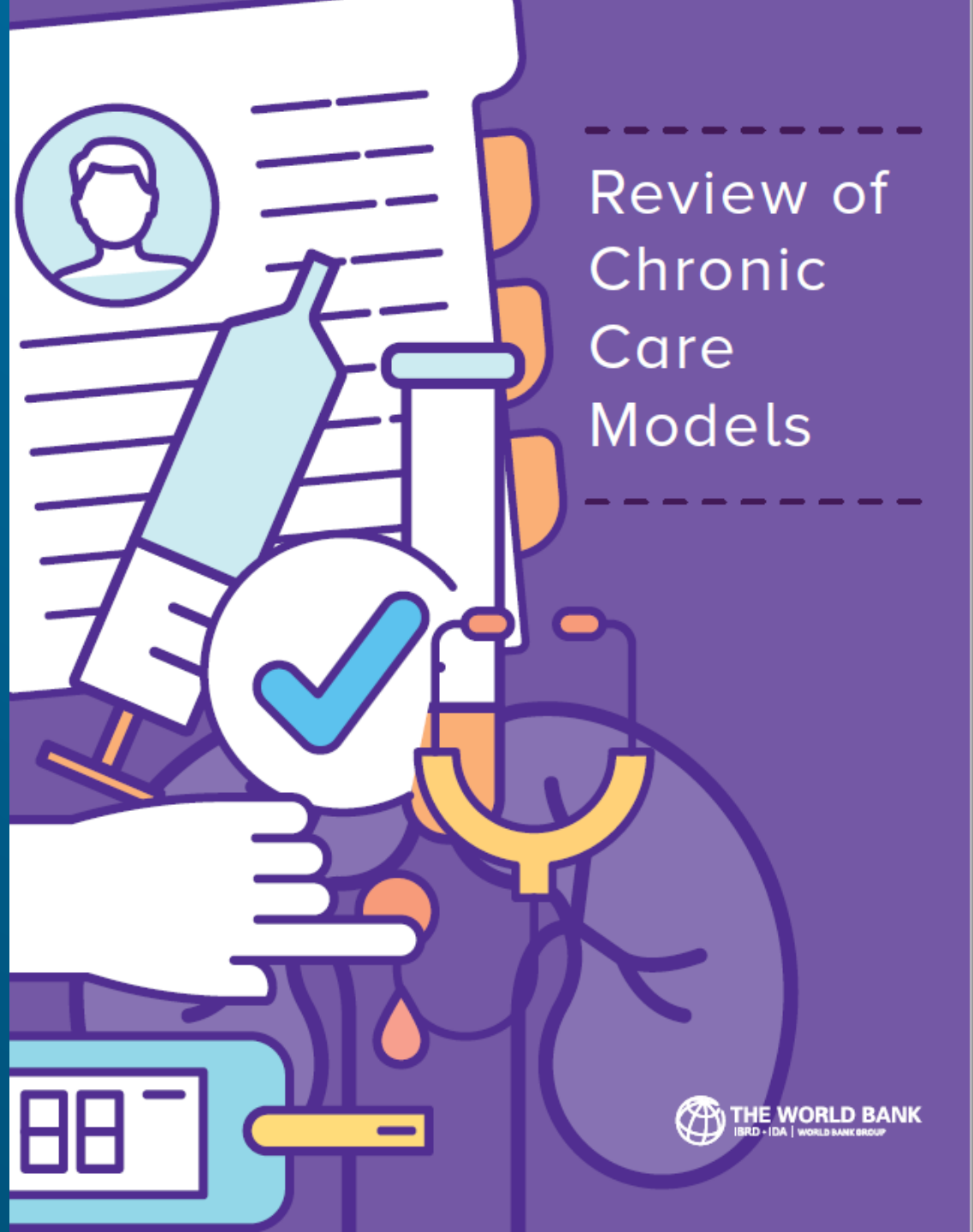
Improving Public Sector Performance

Autonomization

TQM/CQI

Organization / Service Delivery Policy Lever

NCD service delivery models: examples



BHUTAN: Service with Care and Compassion Model

Scale up of NCD prevention and control services at decentralized levels based on WHO PEN model

Key organizational strategies:

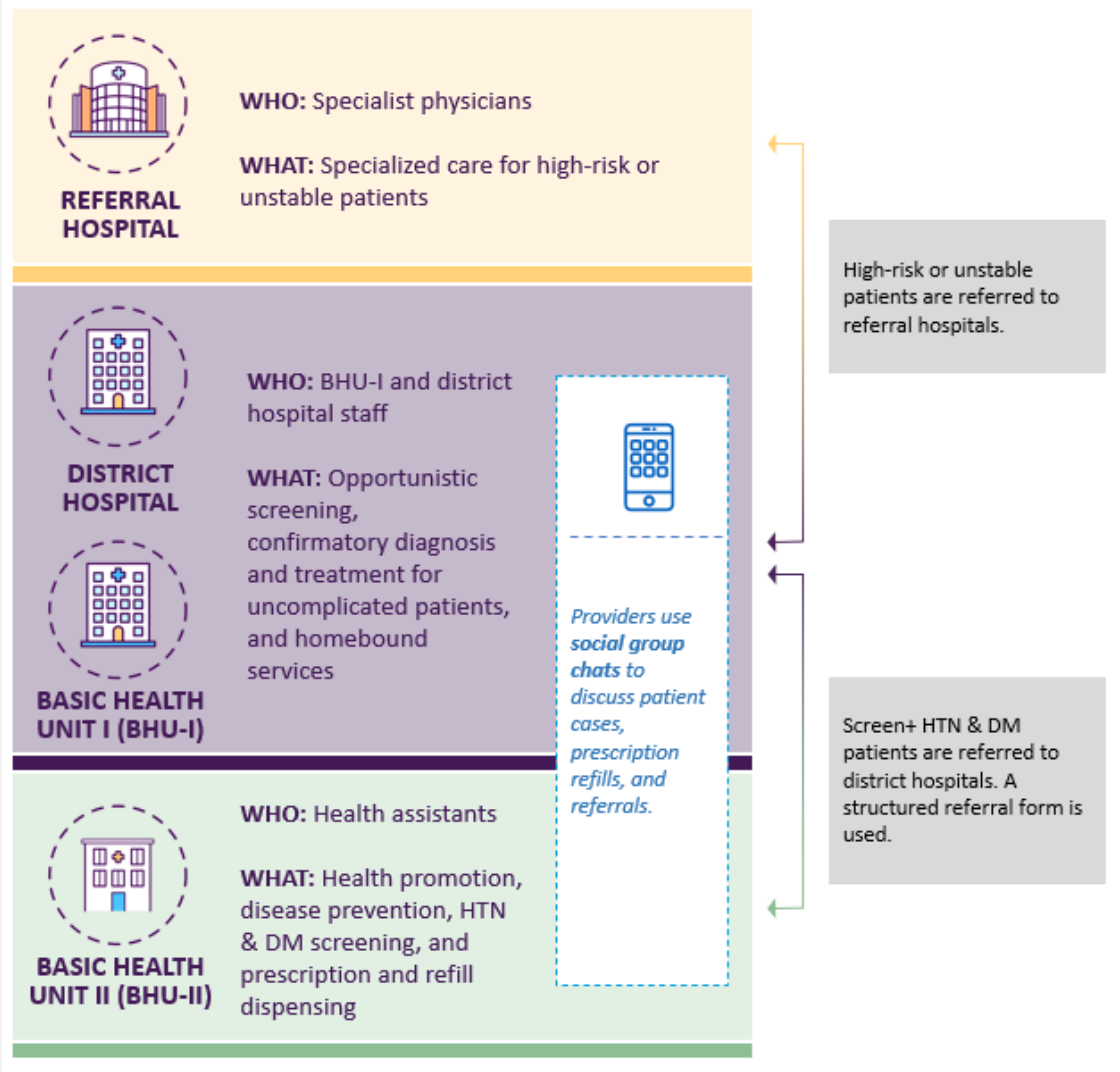
- Task shifting to non-physician health workers for screening, diagnosis and management of NCDs

Other key policy levers:

- Legislation enabling health assistants to prescribe and dispense NCD medication

Results:

Initial PEN pilot in two districts associated with improvements in BP and diabetes control and reduction in CVD risk. The SCC Initiative is now being rolled out nationwide.



BRAZIL: Family Health Strategy Model

Comprehensive and coordinated community-based PHC services to empaneled population

Key organizational strategies:

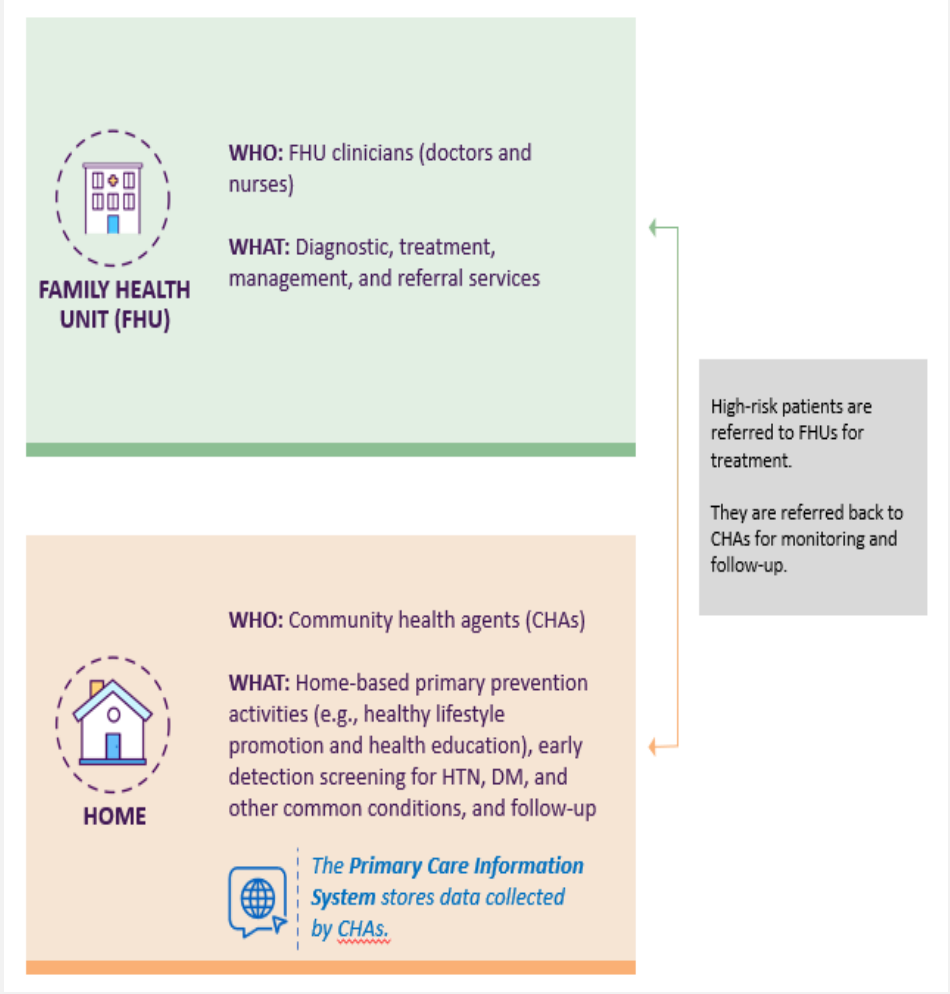
- Multidisciplinary PHC team assigned to empaneled population
- Use of performance incentives
- Decentralization of power for greater accountability and more efficient resource allocation

Other key policy levers:

- Behavior change: strong focus on active health promotion and disease
- Integration of public health: CHAs also conduct disease surveillance

Results:

Reduction of hospital admissions due to diabetes and CVD as well as CVD mortality



RWANDA: Digital-First Integrated Care Model

Digitally-enabled PHC model supported by local partner networks

Key organizational strategies:

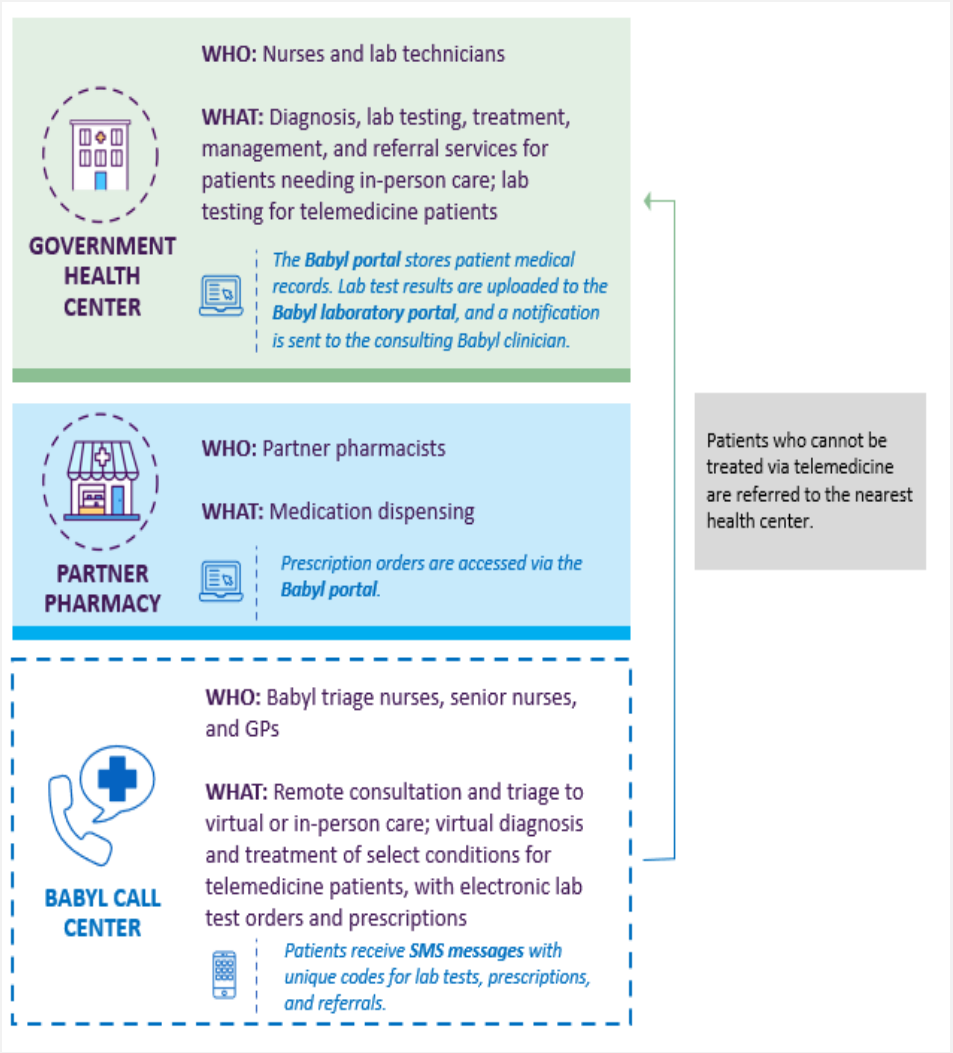
- Public Private Partnership
- Contracting of Babyl and local laboratories and pharmacies

Other key policy levers:

- Reimbursement available from state insurance schemes including Rwanda Social Security Board (RSSB), which insures 85% of the country's population

Results:

As of January 2022, Babyl has performed >1.3 million teleconsultations. A 2020 qualitative study found that Babyl teleconsultations were associated with cost and time savings, improved access to quality treatment, convenience, and fraud minimization



NCD service delivery models: **Group work**

- Participants will be presented with an integrated model of care/case study
- A moderator will guide the discussion
- Participants will discuss **key strategies** used, **main results and achievements**, and **ongoing challenges and future opportunities**
- A **volunteer rapporteur** completes the group work template
- 70 min group work followed by reporting back in plenary

Case Studies

01 | China
Service Delivery System Reform: Building People Centered Integrated Care to Tackle NCDs

02 | Kenya
Scale up of the Primary Health Integrated Care Project for Chronic Conditions in Kenya (PIC4C): Leveraging an HIV platform

03 | Malawi
PEN-Plus Model of Care for Management of Severe and Complex NCDs

04 | Malaysia
Better Health Program: Tackling NCD Prevention and Obesity Among the Urban Poor

05 | Poland
PHC Plus Pilot Program

06 | Samoa
People Centered Integrated Care Model based on a Customized and Expanded PEN Program

07 | India, Tamil Nadu
Evolution to a People-Centered Integrated Service Delivery Model

08 | Ukraine (Russian)
Health Financing Reform to Strengthen NCD Care

09 | United Arab Emirates
Population at Risk Program: Providing Integrated care to Reduce Risk of COVID-19 Infections Using Multiple Innovations

10 | Uruguay
Adopting Reforms to Tackle the Rapidly Rising NCD Burden

01 | Group Work | China

Service Delivery System Reform: Building People Centered Integrated Care to Tackle NCDs

Key Dimensions of Integrated Service Delivery	Main Strategies	Main Results and Achievements	Ongoing Challenges & Future Opportunities
Service Integration			
Health Workforce	■	■	■
People and Community	■	■	■
Functional Integration			
Essential Medicines & Diagnostics	■	■	■
Health Information Systems	■	■	■
Digital Solutions	■	■	■
Organizational Integration			
Service Delivery	■	■	■
Public Health & Behavior Change	■	■	■
Health Financing	■	■	■
Regulation	■	■	■