

February 16–18, 2022



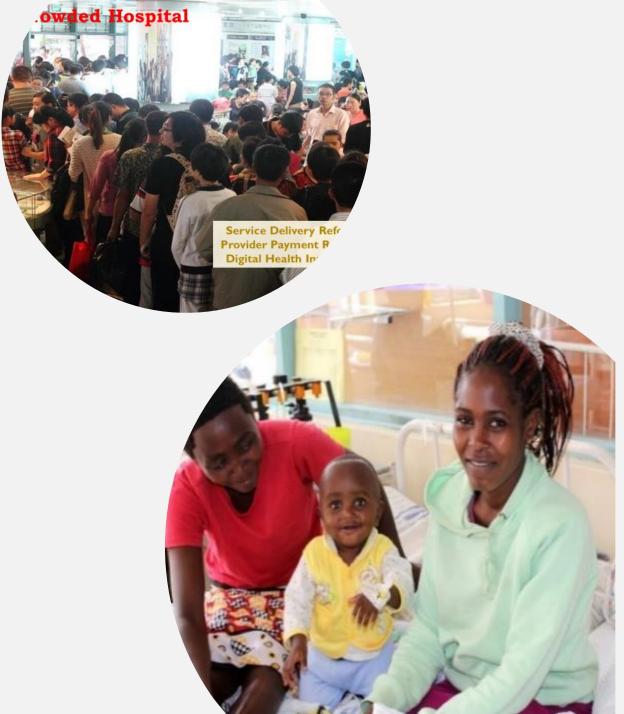


Day 2: Integrated People-Centered Models of Care

☐ Transforming primary health care into one that is fit for purpose, adopting a 'systems approach' with multiple strategies working in synergy across policy levers and sectors to strengthen both primary prevention and management of NCDs (ex: Samoa PEN, Tamil Nadu, China, Uruguay)

□ Addressing human resource gaps and quality and continuity of care through task shifting (ex: Kenya, Malaysia); and multi-disciplinary teams and/or empanelment (ex: Tamil Nadu, Malawi, Poland, China)

☐ Expanding domestic resource mobilization and introducing health financing reforms (e.g., UHC benefit packages, provider payment mechanisms, financial incentives) to scale up services and incentivize peoplecentered care (ex: Ukraine, Uruguay, Poland, China)



Day 2: Integrated People-Centered Models of Care

- ☐ Promoting community-based approaches and civil society engagement; patient self management; patient empowerment; culturally sensitive behavior change interventions to promote healthy lifestyles (ex: Malaysia, Samoa, Kenya, Tamil Nadu)
- Leveraging digital innovations to enhance access and improve performance and quality (ex: China, Kenya, Malaysia, UAE, Ukraine, Uruguay)
- ☐ Using cascade analyses to address patient journey (Samoa, Ukraine); and implementation research to learn what works, how much it costs, and how to scale up (ex: Kenya, Tamil Nadu, Poland, UAE)

