Meeting on non-communicable diseases
Challenges and opportunities for integration of chronic care

8th October 2015, ITM, Antwerp

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Why a meeting on NCDs?

• Request from DGD in order to support the revision of the policy note on health => one of the chapters will focus on NCDs

• NCDs are recognised as an increasing public health problem in LMIC

• At national level, improvements are needed to
  • develop comprehensive policies
  • increase the coverage and quality of NCD programmes
  • promote more patient-centred care

• At international level, the issue must be better tackled by donors and better integrated in cooperation programmes
Some definitions (1)

• **WHO**
  - Chronic diseases
  - Not passed from person to person
  - Of long duration and generally slow progression

• **Core definition** = cardiovascular diseases, diabetes, chronic respiratory diseases, cancer

  - High proportion of NCDs burden
  - Shared risk factors: tobacco & harmful alcohol consumption, physical inactivity, unhealthy diets
  - => common approach to their prevention
  - CVD, D, CRD: possible screening & management in primary care, prevention & care benefit related conditions (ex. chronic kidney diseases)
  - Greater challenges in LMIC for cancer management
Some definitions (2)

• Chronic diseases / Chronic lifelong illness
  • ≠ also including communicable diseases like HIV/AIDS, tuberculosis

• Mental disorders
  • Advocacy to include it as a 5th NCD to be focussed upon
  • Overall aim = physical and mental health!
  • They contribute significantly to the global burden of disease
  • Risk factor and consequence of NCDs
  • Holistic and patient-centred approach

• Nutrition
  • NCDs related to dietary and lifestyle changes
Some issues related to definitions

• Only shared ground = agreement that « non infectious »
  • Terrible brand as it begins with « non » = a « non-issue » or a « non-starter »

• Conventional understandings of “chronic” disease
  • Diseases that are stable, manageable, and lifelong
  • Conditions that are invisible / without the usual acute signs
  • Disorders linked to individual “life-styles” and “behaviours”
  • Leaving out the sometimes dramatic fluctuations in health that characterise most chronic illnesses

(Sridhar, Morrison et al. 2011; Colvin 2011)
Objectives of today meeting

• Sharing experiences among policy-makers and experts

• Contributing to a better understanding of challenges and existing strategies to tackle NCDs

• Facilitating discussions on the current situation, on service delivery platforms and policy

• Cardiovascular diseases, diabetes and mental health as entry point
<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>9h45-11h</td>
<td>NCDs, a situation analysis</td>
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<tr>
<td>11h-11h30</td>
<td>Break</td>
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<td>11h30-13h</td>
<td>Effective delivery platforms for responsive care</td>
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<td>13h-14h</td>
<td>Lunch</td>
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<td>14h-15h30</td>
<td>NCDs policies &amp; programs</td>
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<td>15h30-16h</td>
<td>Break</td>
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<td>16h-17h</td>
<td>Consequences for DGD policy</td>
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(Presentation will be held either in French or English)