

Report of the *Meeting on non-communicable diseases*

Challenges and opportunities for integration of chronic care

8th October 2015, Institute of Tropical Medicine, Antwerp

Organized jointly by the Institute of Tropical Medicine, Antwerp, the Be-cause health working group Chronic non-communicable diseases and the Institut de recherche santé et société, Université Catholique de Louvain



Belgian Platform for
International Health

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Introduction

This report provides an overview of the presentations and discussions of the Meeting on non-communicable diseases - *Challenges and opportunities for integration of chronic care*, which was organised on 8 October, 2015 at the Institute of Tropical Medicine in Antwerp. After providing the background to the meeting, we present the objectives, the programme and a summary of the key issues of the presentations and discussions. The actual presentations can be found on the Because Health website under “events”.

Background

In most countries in the South, the epidemiological and nutritional transitions are leading to a high unmet burden of non-communicable diseases (NCD). Major improvements are needed to develop comprehensive policies, increase the coverage and quality of NCD programmes, and to promote patient autonomy and self-management.

The Belgian Policy Note *The right to Health and Health Care* is in the process of being revised, and it is foreseen that non-communicable diseases will for the first time be discussed in the Note. In response to a request of the Directorate-General for Development Cooperation and Humanitarian Aid, we organised a meeting that aimed at providing an opportunity to discuss current challenges and opportunities regarding NCD in low- and middle-income countries (LMIC) in general and as related to the Belgian cooperation policy more specifically.

This one-day meeting was organised by the *Cluster Lifelong conditions* and the Strategic Network Health Systems of the Institute of Tropical Medicine (ITM), the Be-cause health working group Chronic non-communicable diseases and the Institut de recherche santé et société, Université Catholique de Louvain. It took place at the ITM in Antwerp on 8 October 2015.

The Strategic Network Health Systems of the Institute of Tropical Medicine (ITM), the Be-cause health platform and DGD co-financed the meeting, which was planned and organised by Jeroen De Man and Bruno Marchal (ITM), Jessica Martini (ULB) and Yves Kluyskens (Memisa/MSV-AZV/FCIGG).

Objectives

The main objective of this meeting was to bring together policymakers and experts in the field of policymaking, programmes and health care for people living with a non-communicable disease from LMIC and Belgium.

We aimed at contributing to a better understanding of challenges and the existing strategies for control in low- and middle-income countries by creating opportunities for presentation, exchange and discussion.

To this end, we facilitated discussions of the current NCD situation in LMIC, which service delivery platforms are needed and why policies and programmes fail or succeed. Cardiovascular diseases, diabetes and mental health problems were the entry points to the discussion.

Programme

8 October 2015		
9h00	Registration	
09h30-09h45	Welcome & Opening	
	<ul style="list-style-type: none"> • Anne Buvé, Chair Department of Public Health, ITM: Opening of workshop • Jessica Martini (ULB/ Be-cause health): Introduction, objectives and definitions 	
09h45-11h00	Session 1. Non-communicable diseases, a situation analysis	Moderator: Jessica Martini
	<ul style="list-style-type: none"> • Yves Kluyskens (Memisa/MSV-AZV/FCIGG): Epidemiological transition and non-communicable diseases • Philippe Katchunga (Université Catholique de Bukavu, RDC/VLIR) on diabetes and hypertension in Bukavu, RDC • Sébastien Theunissen (UCL – Cliniques universitaires Saint-Luc): Mental health in Cambodia • Q&A 	
11h00-11h30	Break	Karibu
11h30-13h00	Session 2. Effective delivery platforms for responsive care	Moderators: Yves Kluyskens and Josefien van Olmen
	<ul style="list-style-type: none"> • Abdoulaye Sow (Fraternité Médicale Guinée, ESP-ULB/ITM): integration of mental health services at the first line in Guinée • Grace Marie Ku (Institute of Health Policy & Development Studies, National Institutes of Health, Philippines): the First Line Diabetes Care (FiLDCare) Project: lessons learned • Jean Macq (Faculté de santé publique and Institut de recherche santé et société, Université Catholique de Louvain) : NCDs in Belgium: the South-North link • Discussion 	
13h00-14h00	Lunch	Karibu
14h00-15h30	Session 3. NCD policies & programmes	Moderator: Jean Macq and Sebastien Theunissen
	<ul style="list-style-type: none"> • Ama de-Graft Aikins (Regional Institute for Population Studies, University of Ghana) • Kristien Van Acker (International Diabetes Federation) • Jeroen De Man (ITM): Chronic care models: evolution in the approach to chronic diseases? • Discussion 	
15h30-16h00	Break	Karibu
16h00-17h00	Session 4. Closing discussion on consequences for DGD policy	Moderator: Geert Laleman (ITM / DGD)

Participants

The meeting primarily presented an overview of current key issues in the field of non-communicable diseases with the aim of informing the development of the section on NCDs in the DGD policy note. To that end, the meeting targeted DGD staff, members of the Be-cause health working groups Non Communicable Diseases, Quality of Medicines, Health Determinants, and People Centred Care, BTC staff, staff of NGOs working in this field and researchers of UCL, ULB and ITM, incl. members of ITM's strategic Network Health Systems. Four experts from the south were invited as speakers. The meeting was very well attended by a range of participants representing the targeted organisations. The list of participants is can be found in the annex.

Summary of the presentations and discussions

Session 1. Non-communicable diseases, a situation analysis

This session was moderated by **Jessica Martini**, Ecole de Santé Publique, ULB and chair of the Be-cause health working group Chronic non-communicable diseases.

Yves Kluyskens (Memisa/MSV-AZV/FCIGG) presented the *Epidemiological transition and non-communicable diseases*, providing an overview of the current global situation of NCDs. He paid specific attention to the trends in life expectancy and ageing of populations, the still increasing urbanization and the proportional increased contribution of NCDs to global mortality. The situation of cardiovascular diseases and diabetes was discussed as well, and the roots causes of the global NCD 'pandemic' were explored.

Philippe Katchunga (Université Catholique de Bukavu, RDC/VLIR) focused his contribution on diabetes and hypertension in Bukavu, RDC in the presentation titled *Hypertension artérielle et diabète sucré au Sud-Kivu: Contribution de la coopération interuniversitaire dans la mise en place d'un observatoire des maladies non transmissibles*. After introducing the situation of DM and hypertension in South Kivu, he described how an interuniversity research programme gradually expanded from documenting the problem through epidemiological research to testing interventions that focused on sensitization, organising diabetes patient groups, and training of providers. He explained how a NCD Observatorium was set up in 2012 aiming at developing long-term cohort research on NCDs. This includes studies on new screening and monitoring techniques for diabetes (glycated nail proteins).

Sébastien Theunissen (UCL – Cliniques universitaires Saint-Luc) gave an overview of mental health in Cambodia, based on research and studies carried out on request of the Cambodian health authorities. Initial studies showed that needs for mental health care are immense and led to the conclusion that adapted clinical psychiatric care is a priority. The Cambodian situation reflects global gaps between needs and services for mental health, on which WHO's Mental Health Gap Action Programme (mhGAP) focuses its attention. In a second part, the mental health care needs were discussed in terms of Patients, Families, Caregivers and Civil society. The key elements of a response were outlined, including counseling, psycho-education, village health volunteers, monks, home visits for alcoholic patients and for psychotic patients, general hospital care, child psychiatry and social work. Recommended priority actions include training, medicine supplies, health information on mental health and interventions to reduce the gap between needs and services/funding.

The **discussion** focused initially on clarification questions regarding risk factors for DM in Kivu, health-seeking behavior for mental health in Cambodia and the link between DM and mental health. DGD staff clarified the position of DGD regarding NCDs, suggesting that the burden of disease represented by NCDs would need to be combined with an integrated health systems approach, and that DGD's attention will turn mainly to fragile states. In reaction, presenters noted that NCDs are a real transversal problem, that will increase dramatically even in fragile states that yet have to experience a full blown epidemiological and nutritional transition.

Session 2. Non-communicable diseases, a situation analysis

This session was moderated by **Josefien van Olmen** (Department of Public Health, ITM) and **Yves Kluyskens** (Memisa/MSV-AZV/FCIGG).

Abdoulaye Sow (Fraternité Médicale Guinée, ESP-ULB/ITM) brought us the experience of Fraternité Médicale Guinée, an association working on family medicine and mental health in Guinée-Conakry. Its main aim in the field of mental health is to integrate mental health care in first line health services and in community-based programmes centred around 3 health centres. After presenting some results, dr. Sow discussed the advantages and the impact of integration, touching briefly on how the Ebola epidemic affected the needs and services for mental health.

Grace Marie Ku (Institute of Health Policy & Development Studies, National Institutes of Health, Philippines) focused on her research and intervention project the First Line Diabetes Care (FiLDCare) Project, in which she developed a contextualized model for chronic care that aims at improving care for chronic conditions in low- and middle-income countries. This included work on (1) community sensitization, health promotion and primary prevention, (2) developing decision support, (3) reorganisation of local government health services and redesign of health service delivery and (4) patient-enablement towards self-management. After discussion of the results, ideas for the way forward were presented which focused mainly in patient engagement in care, health service organisation and policymaking.

Jean Macq (Faculté de santé publique and Institut de recherche santé et société, Université Catholique de Louvain) turned our attention to NCDs in Belgium and presented *Beyond "North-South" divide: Chronic care as an opportunity for a strengthened (care) health system - The case of Belgian's struggle to transform its health care system for chronic care*. His key messages were (1) the epidemiological transition is an opportunity for meaningful healthcare reform. Lessons can easily cross the north-south divide; (2) the purpose and vision should move from the yet dominating disease control approach towards the triple aim of responding to people's needs, focusing on the whole population and on optimizing care, not maximizing services; (3) the frame for change should include activity systems and requirements and (4) strategies for change need to be progressive but whole system-oriented.

In the **Discussion**, the following questions were raised: Can the Belgian KCE model for chronic care could include mental health? Does integration of mental health care at the first line not increase workload too much? Regarding the latter question, it was suggested to fund the health services organisations as a whole for their global responsibilities, instead of directly financing the human resources for the specific tasks they carry out. Attention was also drawn to the need to take into account health workforce constraints, to involve patients and peer groups and to improve the patients' capacity for self-management.

Session 3. NCD policies & programmes

Session 3 was moderated by Jean Macq (Faculté de santé publique and Institut de recherche santé et société, Université Catholique de Louvain) and Sebastien Theunissen (UCL – Cliniques universitaires Saint-Luc).

Ama de-Graft Aikins (Regional Institute for Population Studies, University of Ghana) opened the session with her presentation Chronic non-communicable disease (NCD) Policies and Programmes in Low and Middle Income Countries: Context and Responses, in which she draw attention to the NCD challenges in LMICs, the impact on NCD policies and programmes, ‘best practice’ responses in selected countries and a discussion if future prospects. The latter include getting the balance right between prevention and management and drawing intelligently on existing resources, developing multi-disciplinary, multi-sectoral and equitable partnerships and adopting a diagonal and integrated approach to care (targeting universal health coverage), and empowering patients and communities.

Kristien Van Acker (diabetologist and International Diabetes Federation) explored recent innovations in the field of diabetes. This included a discussion of whether new treatments, diagnostics and monitoring methods, actually contribute to better care for people with diabetes at the global level. She drew attention to the need for engaging patients in self-management, and for improving integration and coordination of care and services.

Jeroen De Man (Department of Public health, ITM) explored the existing chronic care models and their evolution in the approach to chronic diseases. Noting the diversity of definitions an terms, he first examined how NCDs are now part of the Sustainable Development Goals. He then presented the paradigm shifts underlying the various models for chronic care and ended his talk with an introduction to how adopting an open adaptive systems approach may allow for developing new perspectives for interventions on NCDs.

The **discussion** started with a plea for better patient education and a question about stress as a risk factor in NCDs. Then the issue of how to identify policy-relevant recommendations was discussed, whereby the risk of developing NCD responses in isolation of other health issues was raised. The key challenge and way forward would be to develop approaches to NCDs that are fully integrated into health services and systems, and that contribute to strengthen the services, while expanding the scope to improve the resilience of communities and the autonomy of the patient. While patient-centred care is central, we should not stop there but rather seek to move to person-centred and people-centred models.

Session 4. Closing discussion on consequences for DGD policy

In this closing session, moderated by **Geert Laleman** (ITM / DGD), **Ignace Ronse** (DGD) started by framing this workshop in DGD’s efforts to develop the new policy note, and especially the section on NCDs. The process of developing the policy note started about a year ago, and a draft of the note is expected soon to be sent to Be-cause Health for inputs. The draft will be finalized by June 2016.

Ignace Ronse stressed that the note is a sectoral note, limiting itself to the health sector. The note is targeting Belgian diplomats working in Brussels, in Belgian embassies and at international organisations. It will also speak to Belgian actors working in the field of development and cooperation general. It is expected to guide strategic decisions on prioritization, financing, planning and implementation. Current ideas include the need to shift from curative care to prevention and promotion. The right to health and equity are cornerstones, as well as the general strategy of integrated health systems. Attention should be paid to NCDs as part of the Sustainable Development Goals.

Members of the public argued that it is not a question whether DGD should be interested in the issue of NCDs but rather how. Here, the approach could be to argue that strong health systems and good policies and programmes for NCDs go hand in hand. Indeed, a silo approach to NCDs should be avoided. Also, even if the note is a sectoral note, attention cannot be restricted to actions and interventions within the health sector, given the broad and complex determinants that underlie all NCDs. Restrict. This is reflected in the move from patient-centred care to person- and people-centred care, which inherently refocuses attention to include social, economic, cultural and political factors that shape health behavior. This is about how health systems can help people to better help themselves, without ignoring the need to work simultaneously on social and economic determinants. *Health in all policies* is the approach that should be adopted, whereby health actors should facilitate action on health in the policy development of other sectors.

Attention was drawn to the need to develop a systematic learning approach. While the technical part of the solutions is increasingly better known, many problems remain at implementation level. Good evaluations and research can help in contextualization of so-called 'best practices' to local contexts, and in learning lessons from success stories. Indeed, NCDs are typically complex problems for which universal approaches do not work. DGD would do well to facilitate well-studied pilot projects and develop learning approaches in order to make sense of existing and future programmes.

It was suggested that the participants of the meeting would further engage with DGD in the NCD section of the policy note through the Be-cause Health platform.

Closing remarks

The closing remarks were given by Prof. Gryseels, director of ITM, who emphasised that NCDs are now part of the ITM's new research strategy. He pointed out that NCD policies and programmes are to be used to strengthen health systems and health care services.

A word of thanks was given by Bruno Marchal to the funders of this meeting (DGD, Be-cause Health and the ITM's Strategic Network Health Systems), the speakers and moderators, and the public.

Annex - List of participants

Hilde	Basstanie	VUB
Jan	Boeynaems	ITM
Anne	Buvé	ITM
Jan	Coenen	ITM
Bob	Colebunders	ITM
Christian	de Clippele	Louvain Coopération au développement
Jeroen	De Man	ITM
Philippe	De Meyer	Brothers of Charity
Pol	De Vos	ITM
Hedwig	Deconinck	UCL
Ama	de-Graft Aikins	University of Ghana
Fabian	Dehanne	Clinique et Maternité Sainte Elisabeth
Philippe	Donnen	ULB
Marlon	Garcia	ITM
Vicky	Jespers	ITM
Lut	Joris	ITM - Be-cause health
Philippe	Katchunga	Université Catholique de Bukavu
Guy	Kegels	Prof. em. ITG
Yves	Kluyskens	Memisa/MSV/FCIGG
Lucia	Knight	University of Western Cape
Catherine	Korachais	ITM
Grace Marie	Ku Blanco	National Institutes of Health, Philippines
Geert	Laleman	ITM
Esteban	Londoño Agudelo	ITM
Jean	Macq	UCL
Belma	Malanda	IDF
Bruno	Marchal	ITM
Jessica	Martini	ULB
Pierre	Massat	ITM
Christiana	Nöstlinger	ITM
Marjan	Pirard	ITM
Voahangy	Ramahatafandry	
Jean	Reynders	
Thijs	Reyniers	ITM
Ignace	Ronse	DGD
Maxime	Rouve	ITM
Nandini	Sarkar	ITM
Sarah	Shelmerdine	ITM
Abdoulaye	Sow	Fraternité Médicale Guinée
Hanani	Tabana	University of Western Cape
Sébastien	Theunissen	UCL
Séverine	Thys	ITM
Bettina	Utz	ITM
Kristien	Van Acker	International Diabetes Federation
Josefien	Van Olmen	ITM
Bea	Vuylsteke	ITM