Epidemiological and demographic transitions: the case of NCDs and ageing populations.

Both a challenge and an opportunity for PHC?

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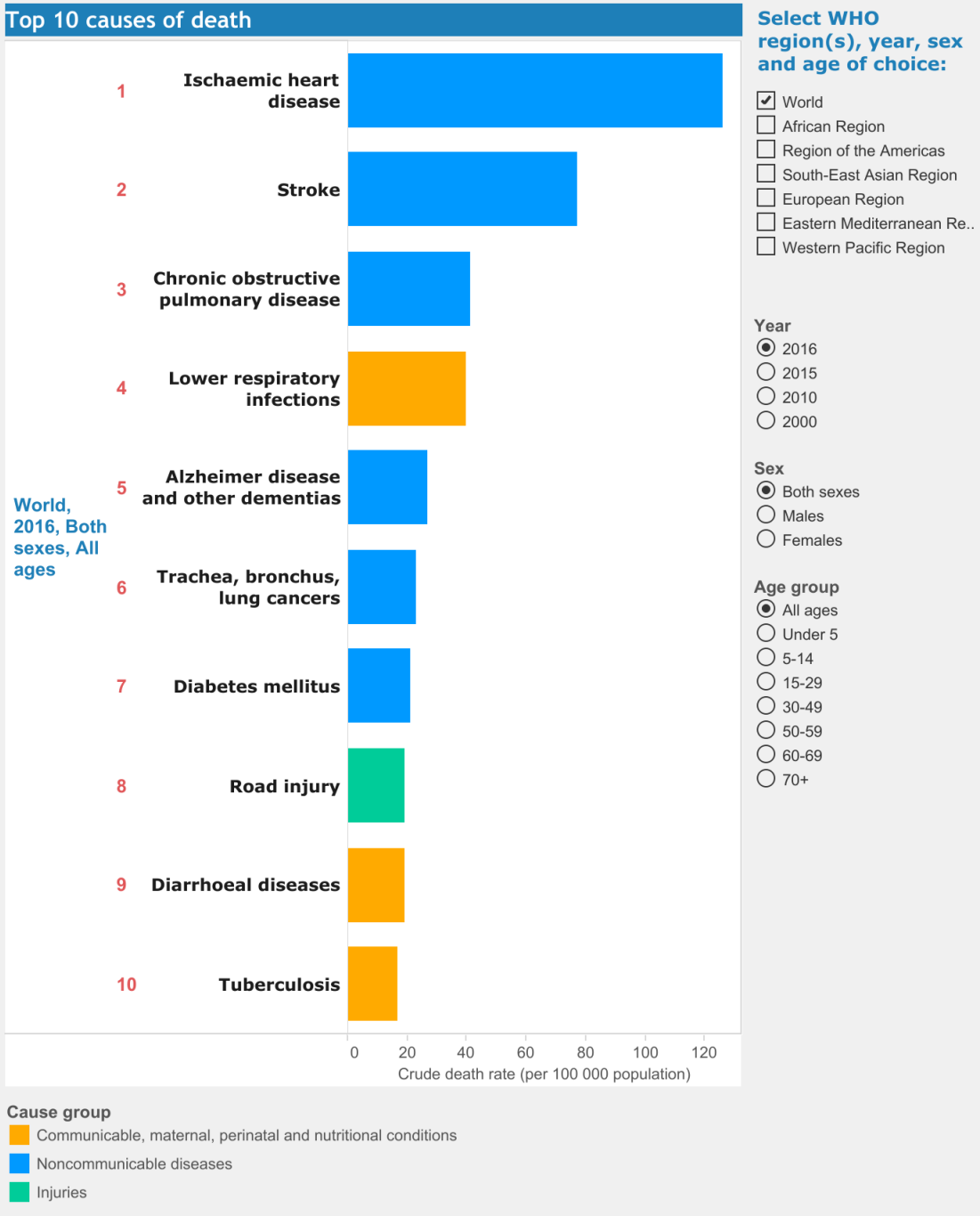
Outline

- Epidemiological and demographic transition
- What are NCDs & What is ageing
- Challenges for health care – current context in HIC and LMICs
- PHC and NCDs
- Patient centered Model of care
- Questions for discussion



Noncommunicable diseases (NCDs), primarily cardiovascular diseases, cancers, chronic respiratory diseases and diabetes

Responsible for 63% of all deaths worldwide (36 million out 57 million global deaths)

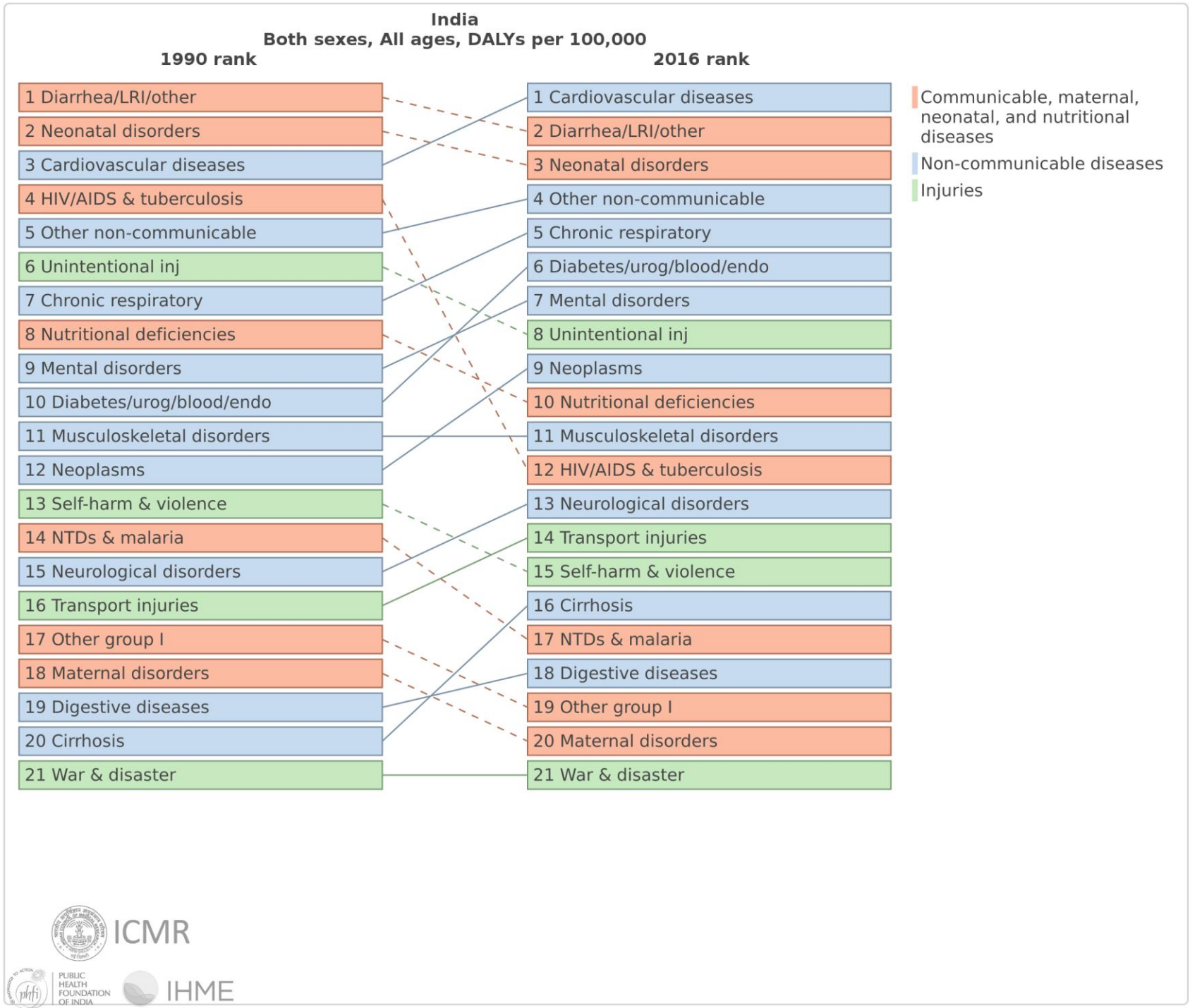
WHO Global Burden of Disease 2016

Global change in mortality

- the change in a Low income country

India as an example

85% In low and middle income countries



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Drivers of change in mortality patterns

- Demographic Shifts (Ageing)
- Urbanization
- Industrialisation
- Globalization (Marketing)
- Education
- Culture
- Poverty (Access to Health)
- Built Environment (Barrier/Enabler)

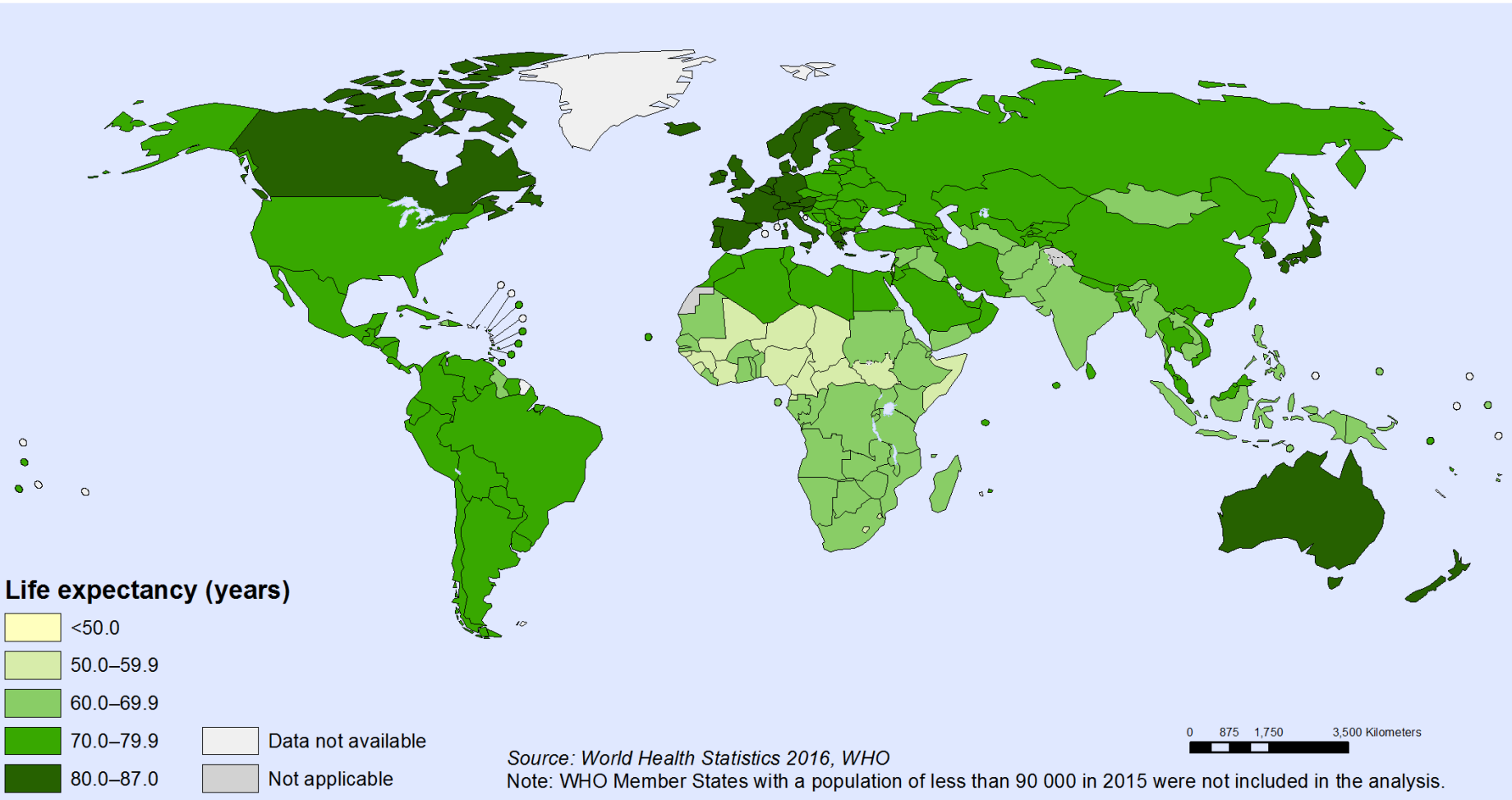
Vectors : Tobacco; Unhealthy Food; Alcohol

The four main types of NCDs

1. cardiovascular diseases (like heart attacks and stroke)
2. cancer
3. chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma)
4. diabetes

Ageing

Life expectancy at birth
Both sexes, 2016



Source: World Health Statistics 2016, WHO
Note: WHO Member States with a population of less than 90 000 in 2015 were not included in the analysis.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

World Health Organization

Facts on ageing (WHO)

1. The world is rapidly ageing
2. By 2050, 80% of elderly in Low and Middle Income Countries
3. Most common health problems in older age are NCD's
4. Need for
    - Integrated systems for long term care
    - Health systems shaped for older populations

Dementia major health problem in the elderly

Ageing and NCDs

- Ageing (individually and demographically) and NCD incidence and prevalence go together to a large extent
- but are not really identical phenomena.

Frame of "chronicity"- A challenge for health systems

- One of the greatest challenges that will face health systems globally in the twenty-first century will be the increasing burden of chronic diseases (WHO 2002)
  - Requires a complex response over an extended time period
  - involves coordinated inputs from a wide range of health professionals
  - access to essential medicines and monitoring systems,
  - all of which need to be optimally embedded within a system that promotes patient empowerment.

PHC

- Primary health care **is essential health care** based on practical, scientifically sound, and socially acceptable methods and technology **made universally accessible** to individuals and families in the community through their **full participation** and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of **self-reliance and self-determination**.
- bringing health care **as close as possible** to where the people live and work, and constitutes the first element of a **continuing health care process.**

PHC and NCD

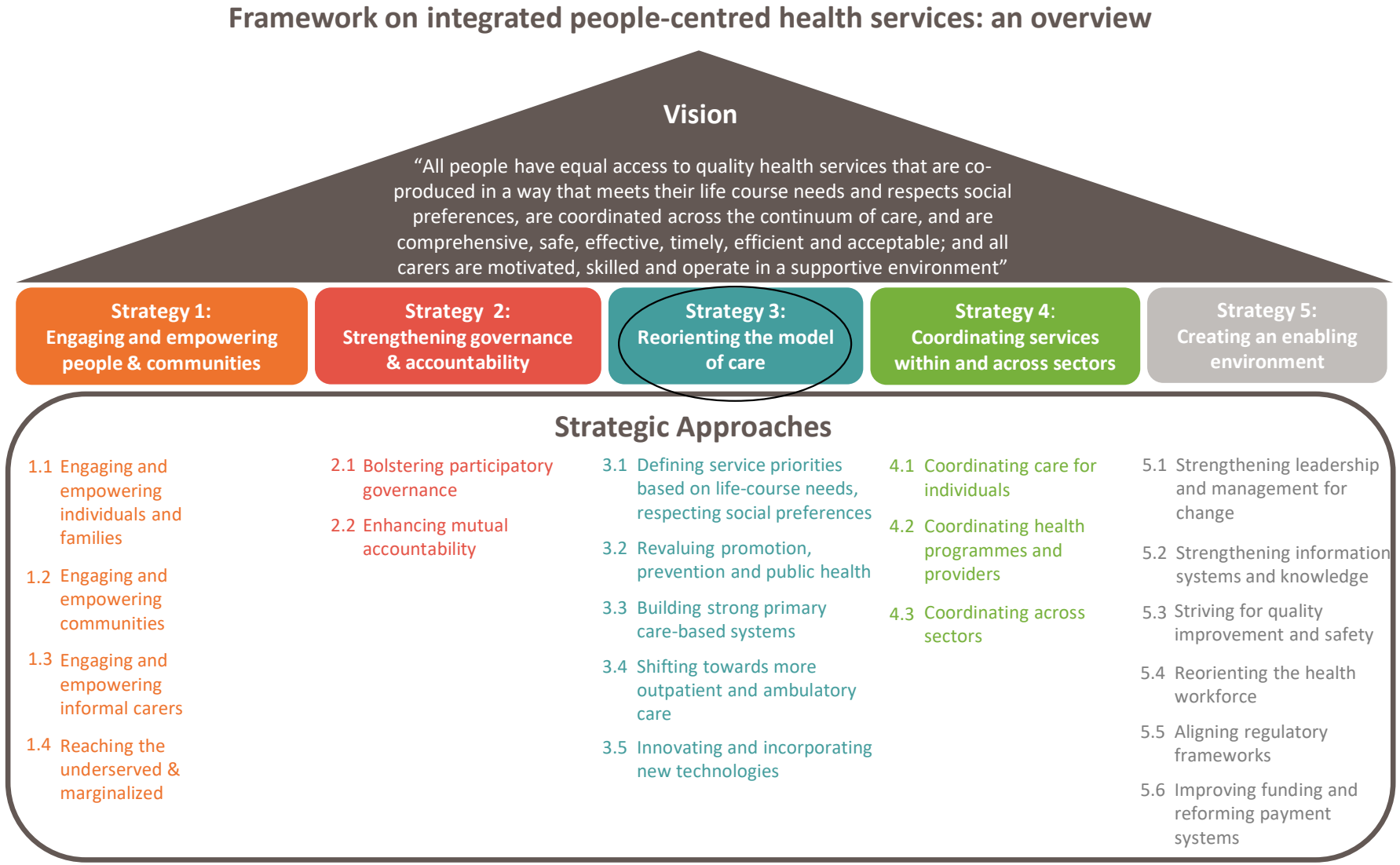
- NCD care needs to be delivered closest to home
- NCDs require coordination of care
- NCDS require integration of care
- NCDs require multisectoral interventions
- NCDs require communities to participate
- NCDs need an integrated approach over life course

Aspects of care that distinguish conventional health care from people-centred primary care

Conventional ambulatory medical care in clinics or outpatient departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community

WHO Report 2008

People-centered Primary Health care for NCDs (WHO)



Possible questions for discussion

- How can we engage and empower communities to participate in NCD care
- How do we organize detection and treatment of NCDs, putting people at the center?
- Are there differences as to this challenge between Low and middle income countries versus high income countries?