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

Both a challenge and an opportunity for PHC?

Dorothy Lall
Jan De Lepeleire
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
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

Life expectancy (years)
- <50.0
- 50.0–59.9
- 60.0–69.9
- 70.0–79.9
- 80.0–87.0
- Data not available
- Not applicable

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.

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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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.
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.
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

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

Framework on integrated people-centred health services: an overview

**Vision**

“All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects social preferences, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment”

**Strategic Approaches**

1. Engaging and empowering individuals and families
   - Bolstering participatory governance
   - Enhancing mutual accountability
2. Engaging and empowering communities
   - Defining service priorities based on life-course needs, respecting social preferences
   - Revaluing promotion, prevention and public health
   - Building strong primary care-based systems
   - Shifting towards more outpatient and ambulatory care
   - Innovating and incorporating new technologies
3. Engaging and empowering informal carers
4. Reaching the underserved & marginalized
5. Engaging and empowering health care providers
6. Engaging and empowering health systems
7. Engaging and empowering policymakers

**Strategy 1:** Engaging and empowering people & communities

**Strategy 2:** Strengthening governance & accountability

**Strategy 3:** Reorienting the model of care

**Strategy 4:** Coordinating services within and across sectors

**Strategy 5:** Creating an enabling environment
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?