

Package of Essential NCD Interventions for primary care in Low-Resource Settings (PEN)



Ministry of Healthcare
and Nutrition

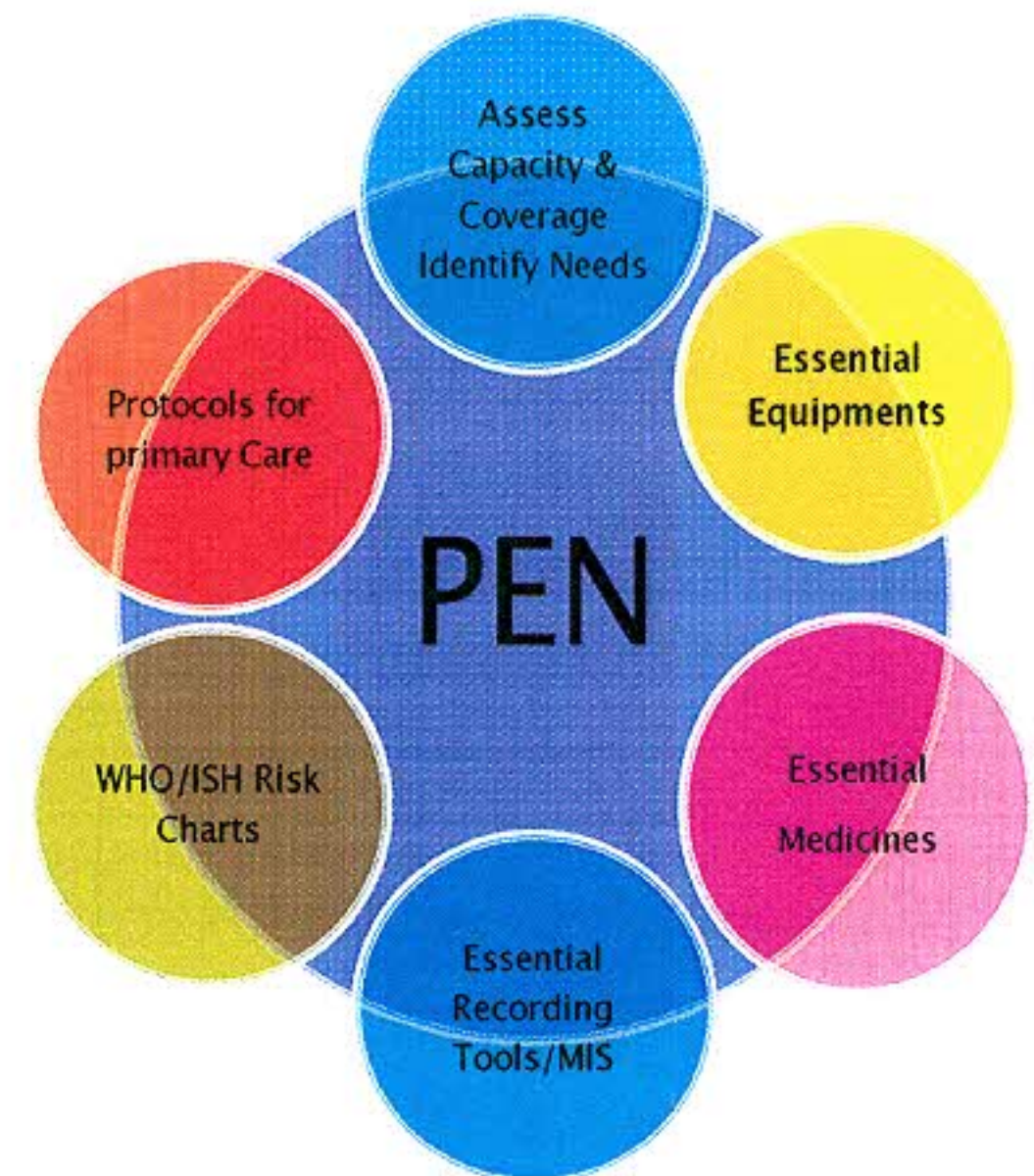


What is the WHO Package of Essential NCD

As low and middle income countries (LMIC) begin to make gains in combating infectious disease and malnutrition and gather the benefits of economic development, they have become increasingly vulnerable to the impact of Noncommunicable Diseases (NCDs). NCDs such as cardiovascular disease, cancer, respiratory disease and diabetes are already the leading causes of death in most of LMIC. Projected data indicate that there will be a rapid increase in NCDs in the next seven years. The economic impact of this increase will be substantial because working-age adults account for a high proportion of the NCD burden.

Effective approaches to reduce the NCD burden in LMIC will involve a mixture of population-wide and individual interventions including prevention, treatment and health education. Such cost-effective interventions are already available and include inexpensive medications for prevention and treatment of heart attacks and strokes, diabetes and asthma and counseling for smoking cessation, diet and physical activity. These low technology interventions if effectively delivered can reap future savings in terms of reduced medical costs, improved quality of life and productivity.

Efficient use of limited health care resources, sustainable health financing mechanisms, access to basic diagnostics and essential medicines and organized medical information and referral systems are imperative for equitable health care to address NCDs. People with NCDs require long-term care, that is proactive, patient-centered, community based and sustainable. Such care can be delivered equitably only through health systems based on primary health care. Further, the health care workforce also has to be supported and strengthened to better respond to the legitimate needs of people



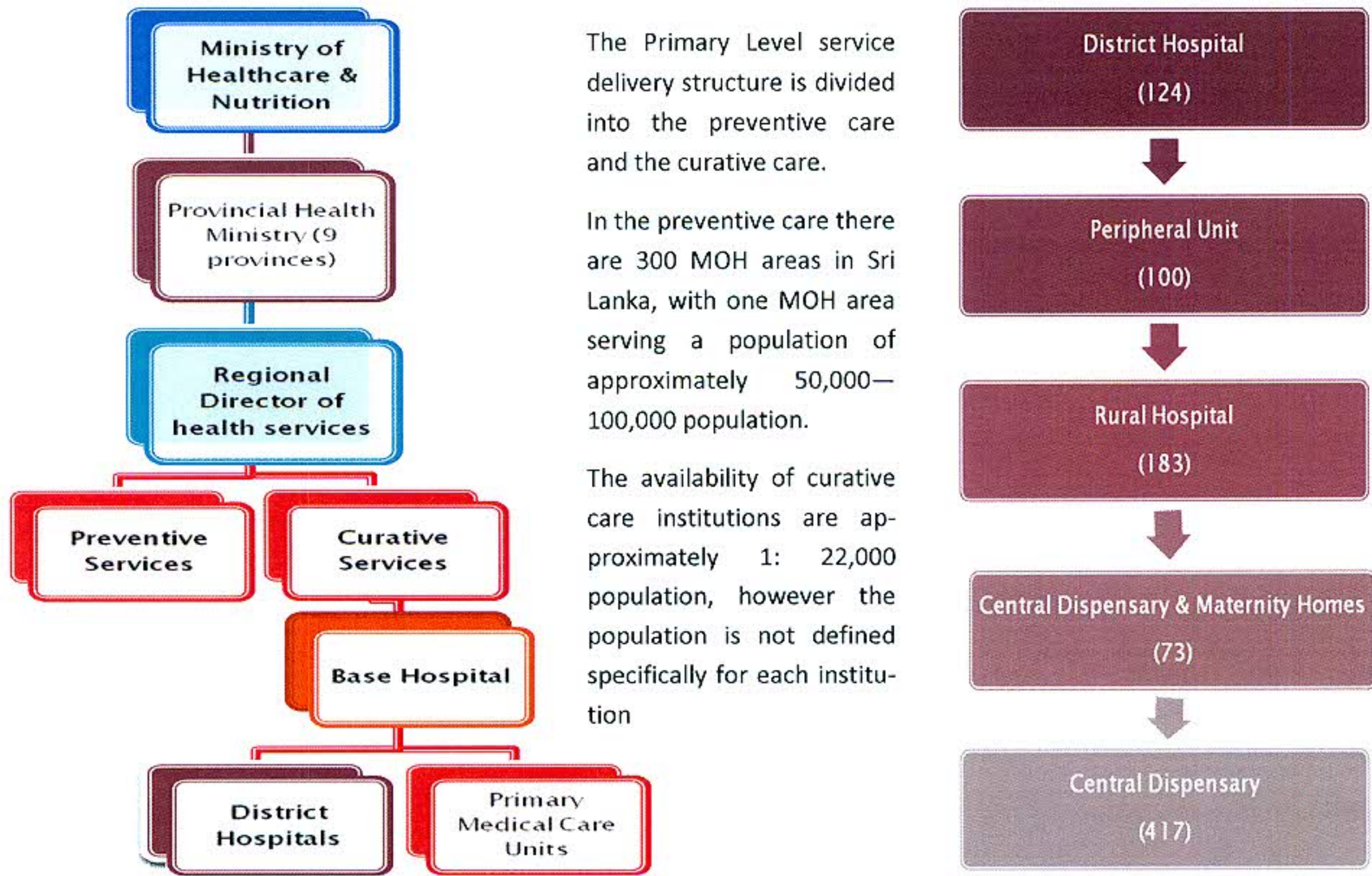
with NCDs.

The WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) for primary care in low resource settings is an innovative and action-oriented response to the above challenges, which is currently being piloted in the Badulla District. It is a prioritized set of cost-effective Interventions, tools and aids that make it possible to deliver acceptable-quality of care even in resource-poor settings. It will help to make limited resources go farther and also empower physicians as well as allied health workers to contribute to NCD care. It can be used to strengthen National Capacity to integrate and scale-up care of heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic obstructive pulmonary disease. Most importantly, it provides a minimum set of core NCD interventions that can be used to initiate a process of Universal Coverage reforms to ensure that health systems contribute to health equity, social justice, community solidarity and human rights

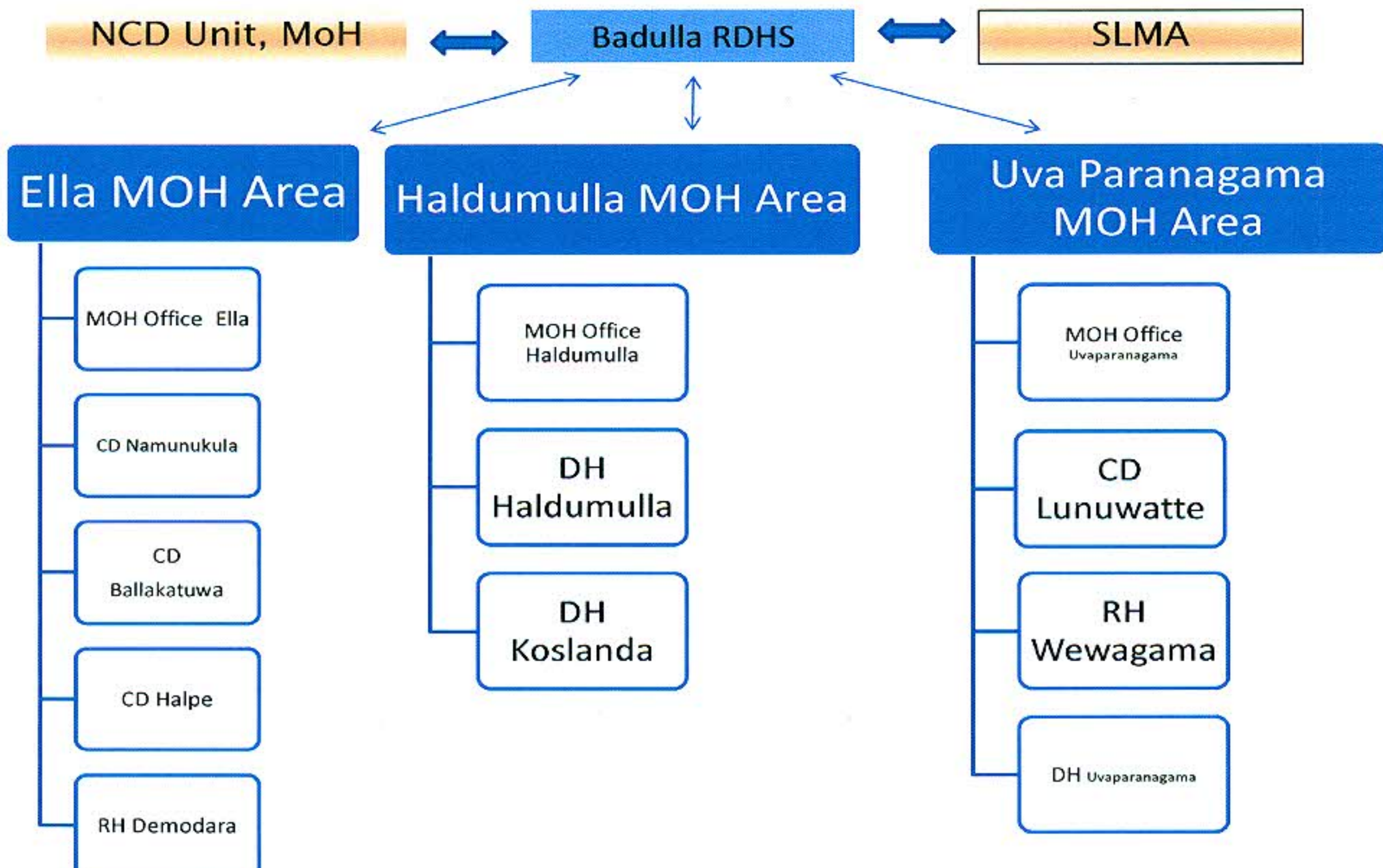
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Primary Level Service Delivery Structure– What Our system provides



PEN Project Area – Badulla District



PEN : Facility Assessment

In order to conduct a situation analysis and identify gaps in Primary Care in a defined area an assessment of capacity using the facility assessment form need to be done. The assessment form which analyses the parameters as described in the diagram is filled by the manager at each of the primary care facility institution. For the pilot area in Badulla. A facility survey has been conducted for the 12 selected institutions in Ella, Haldumulla & Uva Parana-gama MOH areas and a corresponding facility assessment was conducted for the institutions in the control areas from Welimada, Passara,& Ridimaliyadde MoH areas.



PEN: Essential Equipment



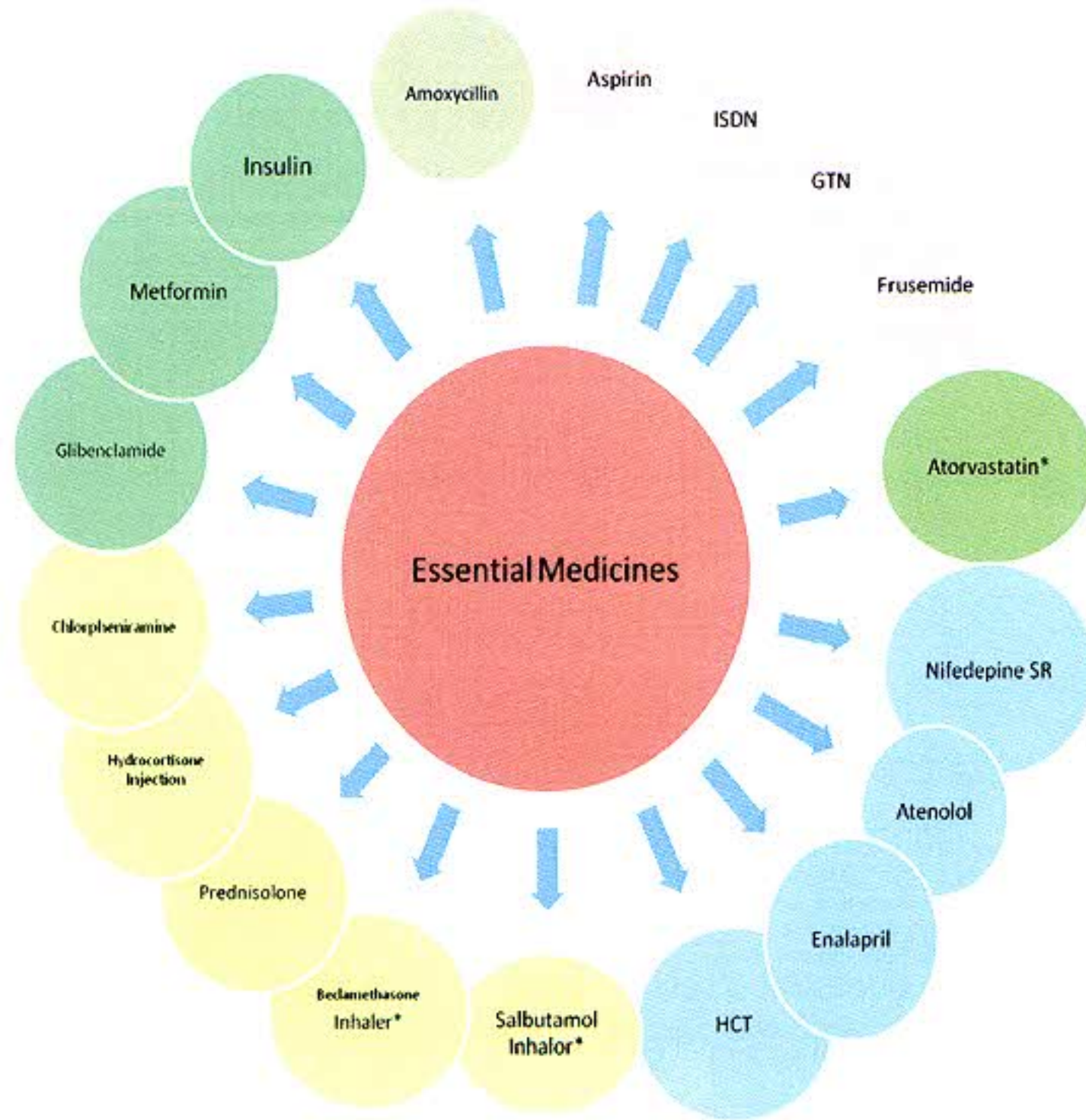
“The vision by introducing the PEN is to provide effective and equitable prevention and care for all with NCDs or who are at risk of developing NCDs”

Most of the essential equipment recommended in the PEN is already available in our primary care setup. The most notable deficiency lies in the availability of Blood Glucometers, Urine Protein Test strips & Peak flow meters.

On various consultations and expert group meetings we had it, was also recommended to add an ECG to the List of Essential Equipment.

All the essential equipments (Excluding the ECG Machines) have been procured for distribution amongst the selected 12 institutions in the pilot area of Badulla. District.

PEN : Essential Medicines



The essential list of medicines that were proposed for the PEN was reviewed by expert groups who are also concurrently reviewing the treatment protocols.

In Sri Lanka institutions have been classified into three levels by the MSD:

Level 1: Central Dispensaries & Central Dispensaries with Maternity Homes that are manned medical officers.

Level 2 : Institutions with in patient facilities manned by AMO, RMO or MO

Level 3 : Provincial & Base Hospitals and specialized hospitals.

When reviewing the recommended list for the PEN, a notable feature is the non availability of Statins, ACE Inhibitors, Insulin & Beclamethasone Inhalers at level 1 institutions where PEN is to be implemented

In addition to the listed medicines advocacy has commenced to include morphine, codeine & heparin in level 1 institutions.

The second revision of the manual on management of drugs is being currently done and much effort is being done to include the above said items to level 1 care institutions as Provision of Essential Drugs is one of the elements in the Primary Health Care package.

“Ensuring an adequate supply of safe and effective drugs of acceptable quality is an integral part of the health policy in Sri Lanka “

PEN : Essential Recording Tools / Medical Information System

Lack of a medical information system and referral / back referral system has been an identified gap at the primary care level. There have been many formats developed at the central level—through the Director / Information, ministry of health . SLMA and also by partners doing other NCD prevention projects with the MOH eg: JAICA

In order to formulate a uniform system for health information various consultations were conducted to develop essential recording tools based on the ones already available. After such consultations draft versions have been developed and we are awaiting final approval from the College of GPs prior to using it for the pilot project in Badulla

