

“Non-communicable diseases undermine the achievement of the Millennium Development Goals and are contributory to poverty and hunger.” (WHO, 9:2013)

Introduction

Our cardiovascular diseases (CVD) package is a high impact, cost effective, user-friendly intervention. It is easy to adapt for country contexts, and scale-up is feasible depending on the level of financial and other commitment from health ministries.

The package – a set of generic guides – includes the specifics of what needs to be said and done by primary care clinicians and nurse/paramedic educators. These guides are practical ‘at a glance’ tools to help multi-purpose health workers prevent and manage CVD risk, hypertension and diabetes when working in primary health care facilities in Low to Middle Income Countries (LMICs).

Our approach

Using the [COMDIS-HSD embedded approach](#), we have developed strong working relationships with country research partners and Ministries of Health (MoH) and build on these in our work. Our relationships enable us to involve country partners at an early stage of the development process, ensuring that all materials produced are appropriate and acceptable.

Who is the package for?

The package is designed for:

- multi-purpose health practitioners working in health centres and general hospital outpatients;
- use by Ministries of Health, Primary Health Care or Non-Communicable Disease (NCD) departments with a focus on CVD and diabetes care and prevention;
- use with mental health and epilepsy care guidelines; and
- for patient-centred care, delivered through primary health care facilities with up/down referral as required.

About the CVD package

This package contains 8 documents:

- a clinical desk guide;
- a lifestyle education desk guide (2 versions edited for both African and Asian contexts);
- an information leaflet;
- training modules and facilitators guide;
- an implementation guide;
- a patient register;
- a treatment card; and
- an adaptation guide (with options and evidence for adapting guides in a particular way).

The process for adapting the generic CVD package

We work with local NGOs, health ministries and country World Health Organization (WHO) offices to help them pilot and adapt the CVD guides. The local NGO often acts as the focal point for adapting and piloting the CVD package. The local NGO also coordinates a technical working group and we have prepared adaptation guidelines to help technical working groups adapt the guides to their country context.

The process typically involves trialling the CVD package at a pilot site, making revisions to the CVD materials based on feedback from the pilot, and then phasing in the use of the CVD package at more districts or sites.

Evaluating the CVD package

The effectiveness of the package is measured by comparing pilot sites with the ‘not yet implementing’ sites, ensuring that we compare ‘like with like.’ A trial may compare the whole package, or compare components of the CVD package, against usual care. The measured outcome can be the number of registered patients with good or poor outcomes compared to those using the usual care procedures.

Scaling up the use of our CVD care package

By scaling up the use of our CVD package to other countries, we aim to improve the effectiveness and quality of NCD service delivery. We encourage the use of our CVD package by health ministries and NGOs from countries:

- with a low-resource setting for CVD care; and/or
- where the cost of chronic care is a major burden, pushing people with chronic disease into poverty (Bhajoni 2012); and/or
- where CVD-diabetes is a major cause of disease burden (e.g. high prevalence, death and disability); and/or
- where CVD care could be strengthened within the district health system, with a focus on primary health care.

Links with WHO and national partners

We encourage links and the uptake of our CVD package with WHO Regional Offices, Collaborating Centres and national partners in developing countries and in low resource settings. This includes, but is not limited to, links with:

1. Existing WHO CVD programmes in South-East Asia and the Western Pacific region
2. Chinese Centre for Disease Control and Prevention, Beijing, China
3. Zhejiang Centre for Disease Control and Prevention, Hangzhou, China
4. Guangxi Centre for Disease Control and Prevention, Nanning, China

Aligning our work with international policy

By working closely with country MoH programmes and NGOs, we have been able to develop tools that support WHO and Department for International Development (DfID) strategic objectives, as well as enable the uptake of the care package into national policy and practice. Any scaling up of our CVD package in other countries is considered in line with DfID and WHO priorities.

DfID policy

Our work aligns with DfID's Policy for Improving The Health Of Poor People In Developing Countries (March 2013) which seeks to improve basic health services for the poorest, including improving:

- health systems;
- the ability of health workers to deliver services; and
- the access of the poor to essential medicines.

WHO policy

Our work aligns with the WHO Global Action Plan For The Prevention And Control Of Noncommunicable Diseases (2013-2020), which lists 4 categories of NCDs as their focus:

1. Cardiovascular diseases;
2. Diabetes;
3. Chronic respiratory diseases; and
4. Cancer.

In addition, our work supports the Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (WHO resolution WHA64.11).

Who will we share our results with?

Piloting and implementation of our CVD package generates knowledge that will benefit other researchers and practitioners. We aim to share the results of our pilots and interventions with:

- WHO Geneva
- The World Bank
- World Diabetes Federation
- International Diabetes Federation
- World Lung Foundation
- NCD Alliance
- Institute for Health Metrics and Evaluation

For more information about using our CVD package contact:

Prof John Walley, Co-Research Director of COMDIS-HSD, Nuffield Centre for International Health and Development at: J.Walley@leeds.ac.uk, or visit our website: <http://comdis-hsd.dfid.gov.uk/>

References

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[COMDIS-HSD](http://comdis-hsd.dfid.gov.uk/) is a Research Programme Consortium funded until 2016 by UKaid. Working with partner NGOs in [7 countries](#), we provide evidence to policy makers in low-middle income countries to help them improve their health service delivery processes. We aim to improve demand for, access to, and quality of prevention and care for common diseases, especially in underserved populations. By sharing our evidence-based research findings, we ensure changes to health service delivery policy and practice in low-middle income countries and beyond.



Find out more about our work by visiting <http://comdis-hsd.dfid.gov.uk/>