

**PANEL 4;
INTEGRATED NCDs APPROACH**

SURINAME

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NCD PROGRAM

- ◎ Guiding Principles:
 - ◎ Multisectoral approaches
 - ◎ Integrated approach to prevention and control
 - ◎ Capacity-building
 - ◎ Incorporating Age, Gender and Ethnicity dimensions
 - ◎ Health Promotion

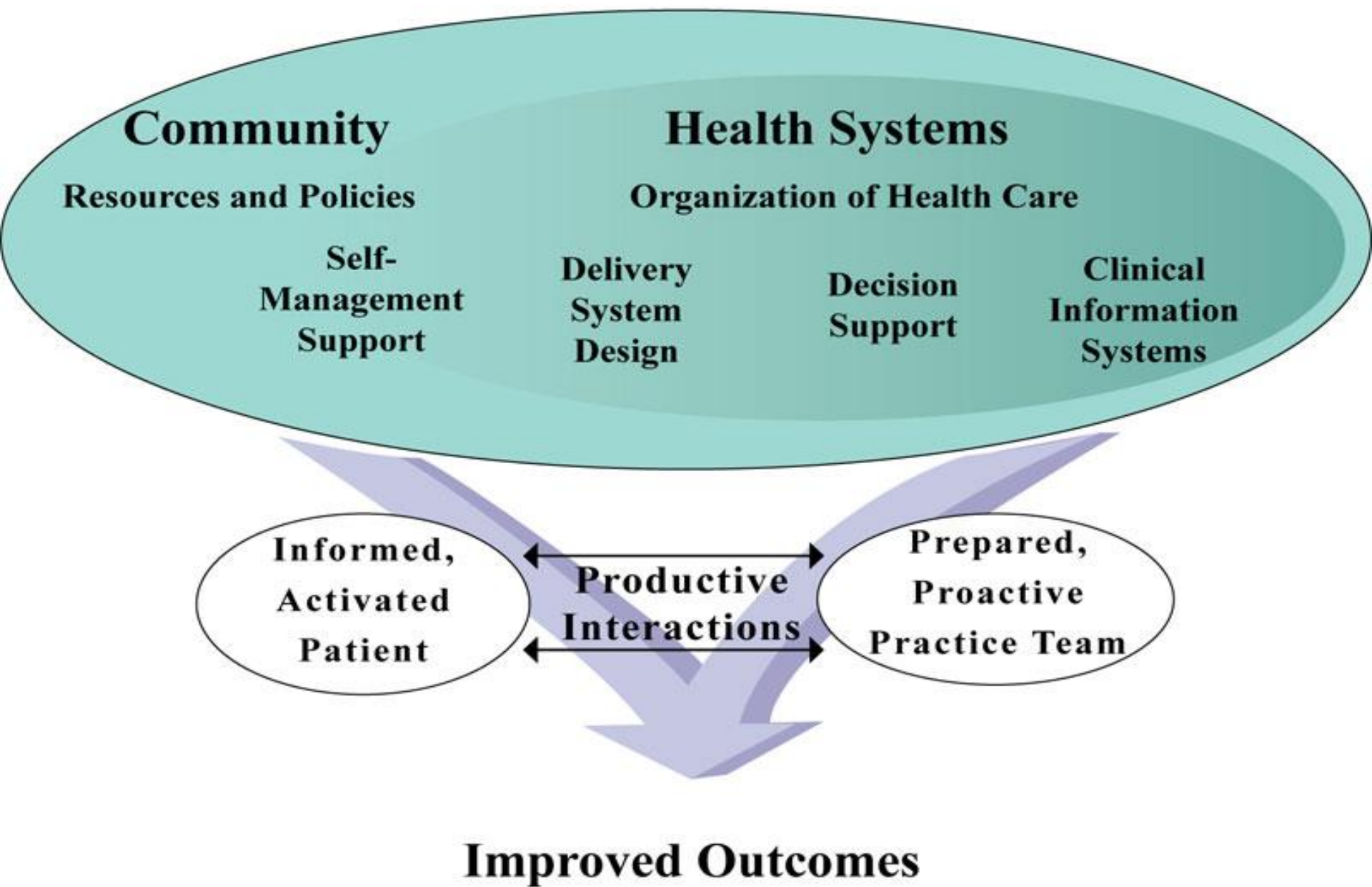
PROGRAM DESIGN

- ⊙ Part of Planning Department
- ⊙ National program with sub coordination (based on area)
- ⊙ M&E Plan
- ⊙ Program mainly financed by the government
 - ⊙ Initial budget srd. 100.000 (2012) –
 - ⊙ Increased over the last 2 year to srd. 12.000.000
- ⊙ Challenges: - Lack of available expertise
 - Prevention and Care of NCDs has much to do with the choices of the individual (what available funding can't do)

PROGRAM DESIGN (COMPONENTS)

- ① Public Policy and Advocacy
- ① Health Promotion and Disease Prevention
- ① Integrated Management of Chronic Diseases and Risk Factors
- ① Surveillance, Monitoring and Evaluation

The Chronic Care Model



EDUCATION: CAMPAIGNS

Sranan
Lus' A Skin



Health
Promotion
....Districten Tour....





Start Anti-Tobacco awareness walk

‘Smoke free’ signs for the office of the First-Lady



Launch Health Promotion district Tour







Health
Promotion

...Districten Tour...

Wanica

Ministry
of Health

Health
Promotion

...Districten Tour...







Health Promotion district Tour (Wanica)



Health Promotion district Tour (Wanica)





Health
Promotion
Districten Tour...



Launch 'campaign: Check your Blood pressure')

Launch: Promoting drinking of water under school children



PRIORITY AREA 3: INTEGRATED MANAGEMENT OF CHRONIC DISEASES AND RISK FACTORS

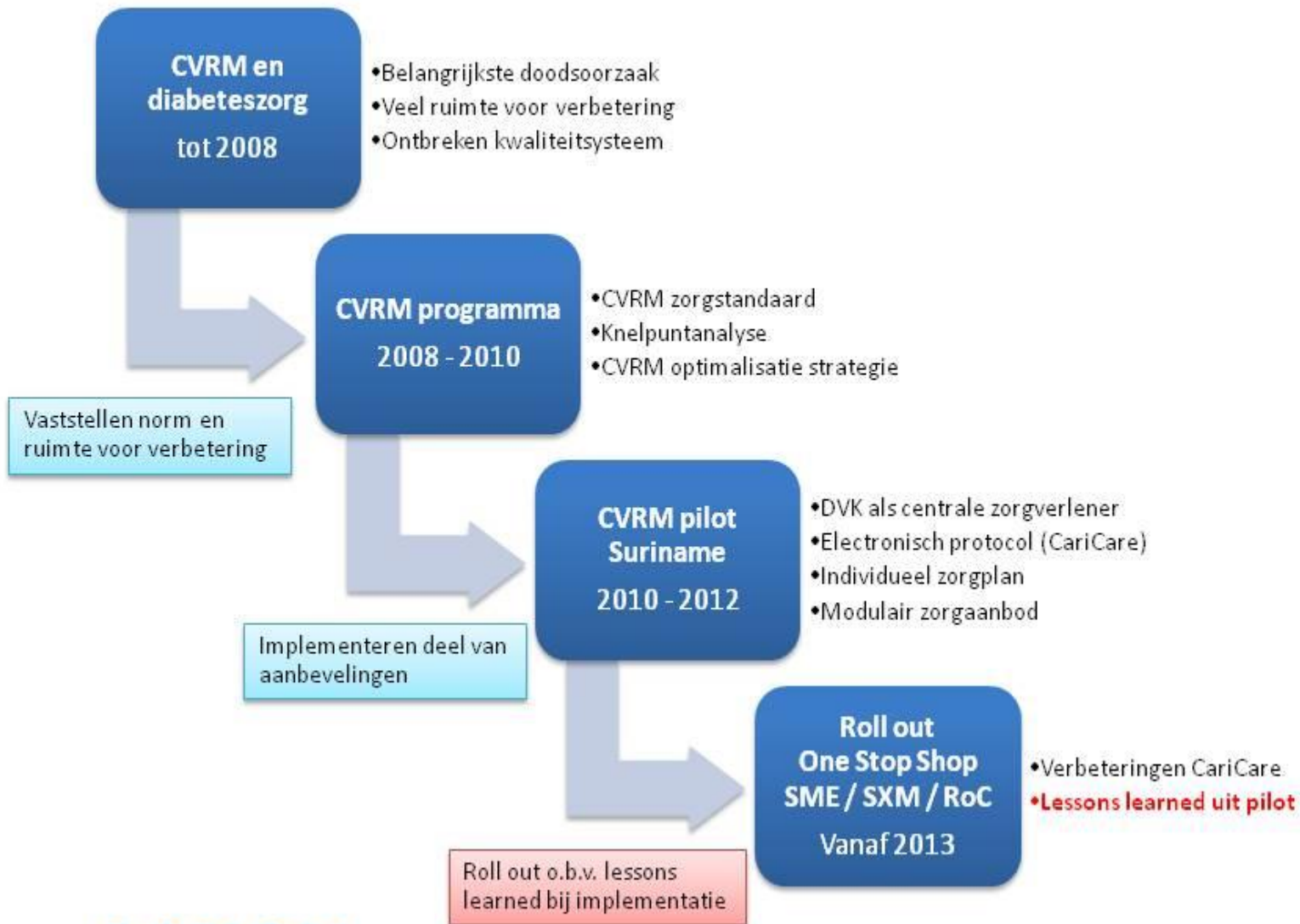
Objective 3.1: Integrate prevention and control of NCDs in primary health care using the Chronic Care Model


- ① *Develop guidelines and protocols for screening, prevention and control of chronic diseases*
- ① *Implement guidelines and protocols for screening, prevention and control of chronic diseases*
- ① ***Set up specialty care centers ('one stop shop') for NCDs.***

ONE STOP SHOP (FOR CHRONIC DISEASES)




Van CVRM programma naar One Stop Shops



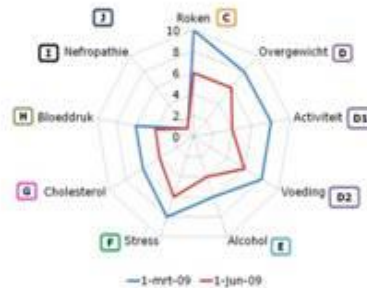
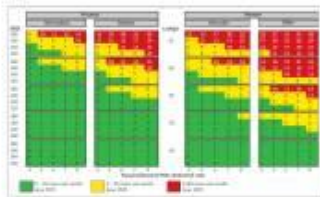


⊙ Strengthening of primary care is necessary to reduce the impact of diabetes, CVR and CVDs. Integral care to ensure affordability, accessibility and quality of healthcare.

⊙ The integral care process in the One Stop Centers:

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- Identification of patients
 - Each patient is assessed by the specialized nurse(DVK) supervised by GP
 - Making a risk profile
 - Making an individual careplan
 - Coaching patients and coordination of care
 - Feedback and benchmark information for patients and caregivers

The care standard in the care continuum



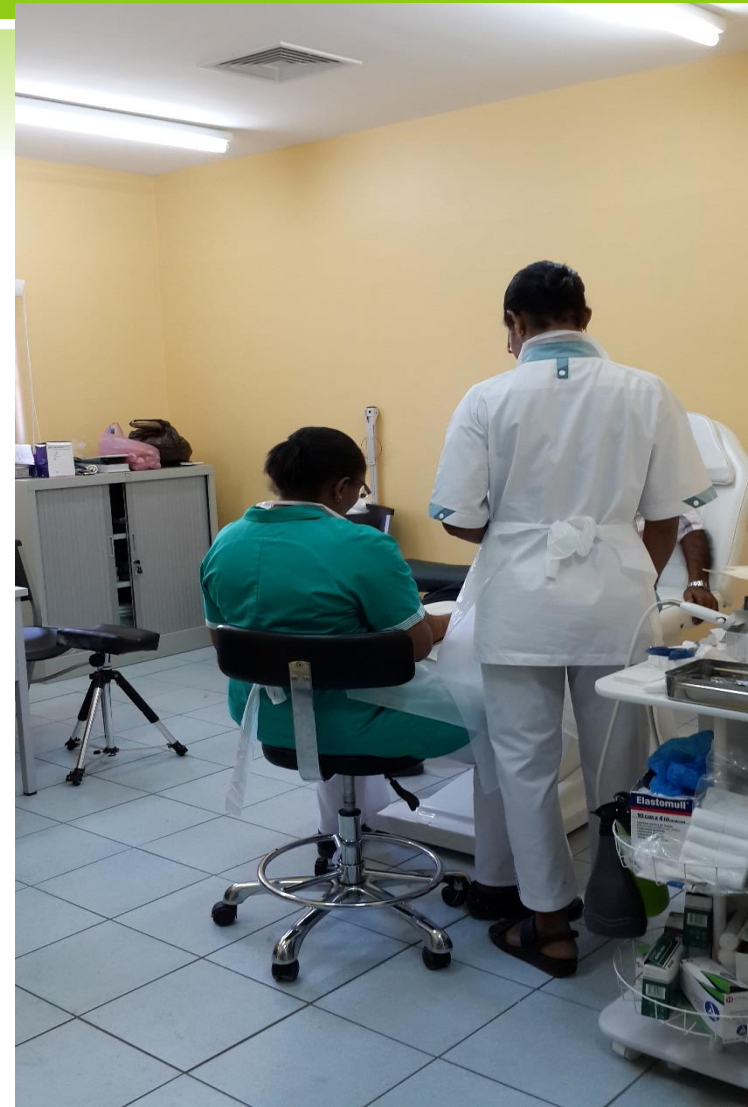
- Smoking
- Overweight
- Alcohol
- Stress
- Hypertension
- Cholesterol
- DM2
- Depression



PERSONNEL

- ⊙ *Screening* case manager dietician, physiotherapist, Pedicure, podotherapist, retina picture, psychologist
- ⊙ *Supervision* NCD and HIV, Case manager, MD, adherence counselor social worker
- ⊙ *Education* Diabetes nurse, health educator *wound care* nurse, pedicure, podotherapist MD, orthopedic, revalidation specialist, shoemaker
- ⊙ *Podotherapie* podotherapist
- ⊙ *Predialyse* nurse, internal physician, dietician

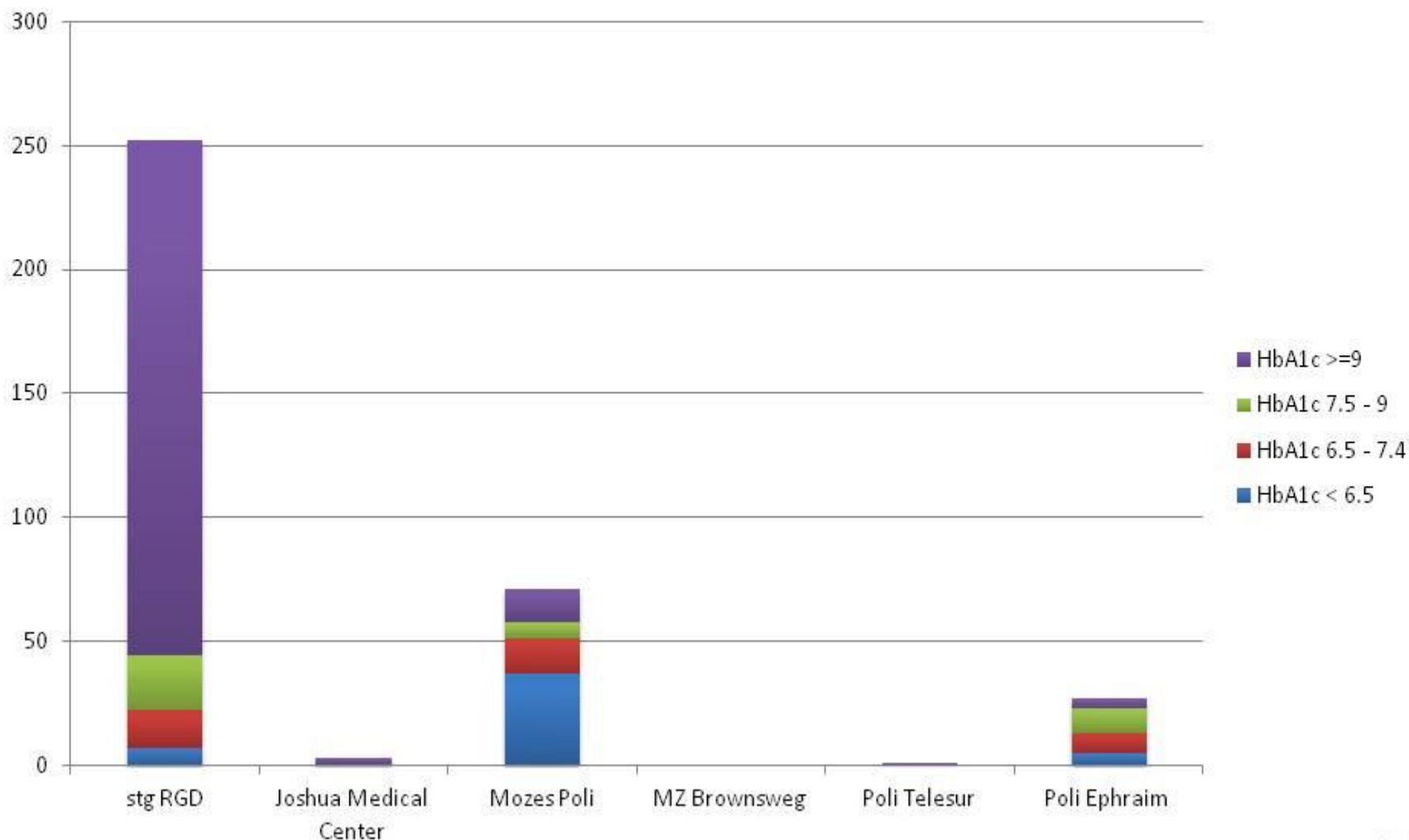
- ① Around 1000 patients were seen during the past 1.5 year.
- ① Care is free (at the moment)




HbA1c in different practices

The GPs in Mozes and Ephraim poli are more involved

Number of patients



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- ③ The ultimate goal of having the OSS is to prevent early deaths / increase quality of life.
 - ③ Costs might be high at the moment but might be less than cost that may occur by absent of early treatment
 - ③ The priority / importance of a program will be seen by its accessibility (funding is therefore needed to make service accessible).
 - ③ Funding should be complemented by all program requirements (with a special focus on M&E – following progress of programs to adjust where necessary & to measure effect).