PARTNERING FOR CHANGE
Chronic Care in Humanitarian Crises

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LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE
CENTRE FOR GLOBAL CHRONIC CONDITIONS

Chronic NCD care in crises: a qualitative study of global experts' perspectives on models of care for hypertension and diabetes in humanitarian settings

WHAT IS THE ISSUE?

Models of care for non-communicable diseases (NCDs) describe how best practice healthcare is delivered at the right time and place, to the right person or group. Current NCD care models in crisis-affected low- and middle-income countries (LMICs) are diverse, non-standardised and specific to particular crises. Limited guidance exists for humanitarian actors seeking to design effective models in these settings.

WHAT WE DID

We interviewed 20 global experts from the United Nations, humanitarian, research and advocacy organisations about providing hypertension and diabetes (HTN/DM) care in humanitarian settings, and synthesised their views. A conceptual framework was developed to guide the study and to categorise the essential elements necessary to deliver care, identify critical gaps, priority needs and potential innovations to address these gaps.

OVERALL FINDING

Current models mainly focus on the primary-care level in prolonged crisis settings. Interviewed experts focused on the basic building blocks of care, including developing clinical and operational guidance, training the workforce and strengthening supply chains and information systems. Intermediate health system goals (responsiveness, quality and safety) and final goals received much less attention. There were notable gaps in standardisation and continuity of care, integration with host systems, and coordination with other actors.

RECOMMENDATIONS FOR ACTION

Several recommendations were identified: 1) adapt hypertension and diabetes care models in crises to the context, crisis type and response phase, 2) use primary care models, essential medicines, standardised guidelines and tools and task shifting, 3) introduce greater standardisation, integration, continuity and coordination to improve quality of care, 4) develop more evidence on patient experience, peer support and patient self-management, 5) apply a health system strengthening approach, and 6) increase funding to support the sustainability of care.

KEY MESSAGES

Although models of care for hypertension and diabetes must be adapted to each crisis-affected LMIC setting, there is a **need for greater standardisation and better guidance** to foster continuity, integration, sustainability and, thus, better quality care.

More funding for NCD care and related research is needed to produce evidence on effective, integrated, continuous care in crisis settings and on patients' priorities and experience.

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Framework for analysis of models of care for diabetes and hypertension in humanitarian settings

Our conceptual framework was based on the World Health Organization (WHO) health systems model, to which we added the phases of crisis and response, and patient and community factors. The latter were drawn from economic models, social systems approaches to describing health systems and the existing literature on quality of care in LMICs.

FINDINGS IN RELATION TO THE CONCEPTUAL FRAMEWORK

RECURRING THEMES IDENTIFIED

From the expert interviews, it was evident that:

- Models of NCD service delivery in crises are diverse and highly context-dependent.
- The quality of NCD monitoring and evaluation and data collection tools, standardisation, coordination and integration are linked.
- Greater coordination between agencies and better integration of NCD services is necessary.
- Most current models of NCD care delivered in response to crises are primary care-based. Sustainable approaches, facilitating continuity of care, integration with existing health systems and greater emphasis on community services and family support were suggested.
- Responsiveness to patient needs and patient or community factors were discussed in a limited or aspirational way.
- The final health system goals (improved health, social and financial risk protection and improved efficiency) received minimal attention.

CONTEXTUAL FACTORS: HUMANITARIAN AND COUNTRY SOCIO-ECONOMIC, CULTURAL AND POLICY FACTORS

HEALTH SYSTEM AND PARALLEL HUMANITARIAN SYSTEM

REQUIRED HEALTH SYSTEMS INPUTS

Facilities and services, medicines and equipment, health workforce, information, finance and governance

EXPERT OBSERVATIONS

- Most existing models are located at primary care facilities
- Underutilisation of community-care and peer support
- High cost and poor availability and accessibility of NCD medicines
- Limited healthcare worker NCD knowledge and capacity to provide care
- Lack of funding for NCD care

RECOMMENDATIONS

- Strengthen community and primary care
- Develop community health worker network
- Improve access to affordable good quality medicines, including insulin
- Training and capacity building for healthcare workers, including task sharing
- Strengthen information systems to promote continuity and quality of care
- Development of patient-held records

INTERMEDIATE GOALS

Access and coverage, quality and safety, responsiveness, standardisation, integration and continuity and sustainability

EXPERT OBSERVATIONS

- Limited access to referral services for complications, mental health, rehabilitation, and palliation
- Quality assessments are rare in practice, focus remains on basic building blocks
- Lack of patient-centredness
- Lack of standardised guidance
- Inappropriateness of short-term emergency relief approaches
- Lack of integration with existing health services

RECOMMENDATIONS

- Strengthen referral pathways and services
- Develop standardised indicators; promote monitoring and evaluation to improve quality
- Improve patient-centredness
- Develop standardised clinical and operational guidance
- Need for sustainable, integrated, health system strengthening approaches

PATIENT AND COMMUNITY FACTORS

Patient and community factors, knowledge and education, preferences and trust

- Knowledge about NCDs within communities varied by context
- Limited understanding of patient experiences and preferences
- Medical supply disruptions undermine patient trust
- Chronic disease care may be low on the hierarchy of needs of crisis-affected people

FINAL GOALS

Improved health, social and financial risk protection, improved efficiency

EXPERT OBSERVATIONS

- Long-term health goals are difficult to achieve and to measure

RECOMMENDATIONS

- Intermediate health outcomes are more realistic indicators of programme effectiveness
- Social and financial risk protection should be a goal of NCD programmes

Health in the midst of humanitarian crises

Managing a chronic disease requires continuity of treatment and care, which can be challenging in a humanitarian crisis, where health services are disrupted or completely collapse.

People with NCDs are among the most vulnerable groups in these settings. Many suffer from complications that can be controlled in normal circumstances but are disabling, and even life-threatening, without treatment.

Partnering for Change

In 2018 the International Committee of the Red Cross, the Danish Red Cross and Novo Nordisk formed a partnership to tackle the growing issue of NCDs affecting millions of people in humanitarian crises worldwide.

A collective vision unites the partnership that all people affected by humanitarian crises should have access to the NCD care they need, no matter where they are. The partnership is supported by the London School of Hygiene & Tropical Medicine (LSHTM), the lead academic partner.

LAYAL FAJOUN
Social worker, Lebanese Red Cross

London School of Hygiene & Tropical Medicine (LSHTM)

The Centre for Global Chronic Conditions at the London School of Hygiene and Tropical Medicine (LSHTM) aims to improve the understanding of and responses to chronic conditions in order to improve the health and health equity of people worldwide. The centre is made up of a group of researchers from multiple disciplines (including epidemiology, economics, social political sciences and health systems). We work in low-, middle- and high-income country settings, including with vulnerable populations during humanitarian crises and with migrant populations.

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