A HEALTH SYSTEMS APPROACH TO CHRONIC DISEASES

Stronger health systems. Greater health impact.
CERVICAL CANCER SCREENING IN UGANDA

Cervical cancer is one of the common life-threatening, non-communicable diseases among women of reproductive age. Vulnerability to cervical cancer is doubled among HIV-positive women. In countries such as Uganda, limited access to life-saving information, limited screening and treatment facilities, and poor health-seeking habits exacerbate the situation. Consequently, over 80 percent of women who are found to have cervical cancer are already in advanced stages.

USAID-funded STRIDES in Uganda, led by MSH, promotes screening of cervical cancer and cryotherapy—which removes precancerous lesions—in five health facilities in two districts. The existence of cheaper screening methods, such as effective acetic acid screening, is an opportunity to save lives of women in resource limited settings such as Uganda. To-date nearly 1,200 new clients have been screened.

In a Strengthening TB and AIDS Response – Eastern Region (STAR-E) pilot program in Uganda, women living with HIV in 141 health facilities were presented with an opportunity to be screened for cervical cancer and undergo breast cancer examinations, as well as screenings for other sexually transmitted infections. Integrating screening for cancers with other services—sexually transmitted infection screening, family planning, and HIV counseling and testing services—saves patients’ time and helps reduce logistical challenges for both the health provider and beneficiary. During a two-year period, USAID-funded and MSH-led STAR-E has helped screen approximately 4,300 women in 12 districts.
Chronic diseases—including cancers, diabetes, cardiovascular diseases, and asthma—represent a rising health burden in developing countries. Of the 36-million annual chronic disease deaths, 80 percent occur in low- and middle-income countries. Eight million of these deaths are preventable through changes in lifestyle and access to quality, affordable health services. Left unchecked, chronic diseases will be the leading cause of disability by 2030 and will lead to lost economic productivity and higher health care costs.

At Management Sciences for Health (MSH) we are committed to addressing the rising burden of chronic disease by focusing on people at all levels of the health system: individuals who make decisions about their health, community health workers who bring services close to the home, facility health workers who administer essential health services, and government officials who set standards and allocate resources. With a people-centered, health systems approach and a vision toward universal health coverage, we can better understand chronic diseases and help people have better access to the health care they need.

ADDRESSING THE BURDEN OF CHRONIC DISEASE IN THE DEVELOPING WORLD

PHOTO: CARMEN URDANETA
INTEGRATED AND INNOVATIVE HEALTH SERVICE DELIVERY

MSH applies years of experience and expertise to integrating primary health care, including services for tuberculosis, family planning, maternal newborn and child health, HIV & AIDS, and chronic diseases, around the world. Through innovative solutions, we provide the full range of prevention, care, treatment, and management services.

In the past, many Tanzanians first sought medical care at informal drug shops in their communities. These shops, however, were generally unregulated and run by inadequately trained workers. To address this problem, the Government of Tanzania and MSH teamed up to raise the bar for all drug shops. By using a holistic approach whereby standards, training, accreditation, and incentives were applied, a new cadre of health care providers—accredited drug sellers—was created. First piloted in 2003, Tanzania’s Accredited Drug Dispensing Outlet (ADDO) Initiative is now scaled-up nationwide with over 13,000 dispensers working in nearly 9,300 ADDOs. ADDOs are able to legally dispense an expanded list of prescription medicines, including those to treat chronic diseases, such as hypertension and asthma. MSH currently operates accredited drug shop programs in three countries. In addition to Tanzania, five districts in Uganda have opened 369 accredited drug shops and over 1,100 shop attendants have been trained. In Liberia, following a 2013 launch, 120 shops and 358 dispensers have been accredited and licensed.

WELL-FUNCTIONING PHARMACEUTICAL MANAGEMENT AND LABORATORY SYSTEMS

We strengthen or establish reliable, cost-effective, and sustainable mechanisms to help ensure the availability of medicines and laboratory supplies needed for the care and treatment of communicable diseases, such as TB, as well as chronic diseases.

RxSolution is one such system: a pharmacy management and dispensing software developed by the USAID-funded and MSH-led Systems for Improved Access to Pharmaceuticals and Services’ (SIAPS) predecessor, the Strengthening Pharmaceutical Systems (SPS) program. Designed by pharmacists for pharmacists, this electronic system assists pharmacists and pharmacy store staff in managing the procurement, storage, distribution, and also dispensing and down-referral of all essential medicines and other commodities, including medicines used for chronic diseases, while maintaining patient information.

THE CHALLENGE OF DIABETES AND TUBERCULOSIS

People suffering from chronic diseases, such as diabetes, are at higher risk of contracting and dying from communicable diseases, such as TB. Diabetes is now linked to 10 percent of TB cases globally—a person with diabetes is two to three times more likely to develop TB. MSH believes an integrated health systems approach—coordinating and integrating health services across all sectors and levels of care—is the best way to address the growing challenge of chronic disease and comorbidity of diseases, such as diabetes and TB.
INNOVATIVE HEALTH CARE FINANCING

MSH brings years of expertise in performance-based financing, grant management, and costing to support access to health services for chronic diseases.

In 2004, the Rwandan government implemented community-based health insurance (Mutuelles) to improve access to health care for the poorest and most vulnerable. Yet, many could still not afford necessary care and treatment. After six years, with support from USAID and MSH, the government reformed the contribution system in 2011 so that members could pay on a sliding scale. The poorest citizens—25 percent of Rwanda’s population—were identified and received free medical care through this system. The referral hospitals at the highest level have also been included, which now allows the poorest citizens with illnesses such as diabetes, cancer, or heart disease to more easily access all levels of the health system. During a two-year period, more than 10-million resident records, representing 90.7 percent of the eligible population, have been entered into the community-based health insurance system. Records have helped to inform the system and, in turn, improve health care access and equity throughout Rwanda by protecting the nation’s most vulnerable.

BETTER LEADERSHIP, MANAGEMENT, AND GOVERNANCE

We foster leadership, promote good governance, and help modernize health care management. When it comes to supporting access to health services for chronic diseases, MSH has extensive experience in individual performance improvement and organizational capacity building.

In May 2010, the USAID and PEPAR-funded AIDSTAR-Two Project, led by MSH, brought together over 40 participants from 13 African countries to discuss cervical cancer and learn about the diagnostic methodology used by the Centre for Infectious Disease Research in Zambia (CIDRZ). In particular, participants learned about the “see and treat” method that is now widely being used throughout Zambia. In 2012, AIDSTAR-Two supported health care providers (physicians and nurses) from Kenya and Botswana to attend a two-week intensive training on cervical cancer and the methodology for implementation in their countries.
COMMUNITY-BASED HEALTH INSURANCE SAVES LIVES FOR THOSE WITH CHRONIC DISEASES IN RWANDA

Eugénie is a widow and farmer living in the southern province of Rwanda who struggles to provide for her three children. For many years, Eugénie suffered from a renal tumor. Although she had health insurance that covered 90 percent of her medical fees, Eugénie was unable to pay the remaining 10 percent; her health deteriorated. When community-based health insurance was expanded in 2011, she and her children were classified into the most vulnerable economic group. With free health insurance, she was able to receive the medications and treatment she needed. In January 2012, Eugénie underwent surgery at the Kigali University Teaching Hospital to remove her tumor. She credits her health insurance with saving her life and ensuring the welfare of her children.