**Health Emergencies in Large Populations (H.E.L.P.) Course**

**Non-Communicable Diseases (NCD)**

**Time allocated 180 minutes**

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| **Educational Objectives: What should participants be able to do at the end of the course** | **Enabling Objectives: The interim steps that build on each other and lead to the final educational objectives**  | **Core Issues /reference points** |
| 1. *Participants are able to* explain the importance of addressing the needs of people with Non-Communicable Diseases (NCD) in acute and protracted crises and the challenges to ensure their treatment and care
 | * 1. *Participants are able to* describe the types of diseases included in the NCD group
 | * Identifying NCDs
* Classifying NCDs
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| * 1. *Participants are able to explain* the key characteristics of NCD and what the differences are with Communicable Diseases (CD)
 | * Characteristics of NCDs
* Complex aetiology and multiple risk factors
* Mostly long /life time duration; generally slow progression with a continuum from the risk of a NCD to having a NCD to having a NCD with complications and death
* Need for continuum of care over time and at different levels of care; requires coordination and follow-up/ integration across different levels of care –see module ‘Health Services’
* Coordination of care for NCD patients goes beyond health care services, e.g. nutrition
* For certain NCD patients there is a need for palliative care
* Differences NCDs and CDs
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| * 1. *Participants are able to* describe overall NCD prevalence and mortality and how these are affected by crisis situations
 | * Burden of NCDs worldwide (overall) and for specific regions
	+ Prevalence; mortality trends
	+ Epidemiological shift
	+ Effects of crisis situations (examples)
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| * 1. *Participants are able to* explain ways in which a crisis might worsen the health of people with NCD
 | * Risk of complications during crisis situations
	+ Influence of stress on NCD patients’ health *(e.g. insecurity; degradation of living conditions and nutrition; displacement)*
	+ Patients’ loss of drugs, prescriptions, medical materials and/or devices
* Effects of crisis situations on treatment and care
	+ Interruption of care for NCD patients due to stress on the health services (*e.g. overload of existing services; destruction of infra-structure; loss of human resources and medical supplies)*
	+ Patients’ inability to access available services & drugs /Utilization of existing health care services
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| 1. *Participants are able to* identify an appropriate response to treatment and care needs of people with NCD during acute and protracted crisis
 | * 1. *Participants are able to* identify the burden of NCD in a specific crisis situation
 | * Need for detailed contextual info during a specific crisis to enable decision making
	+ Crisis setting, crisis type
	+ Main groups of NCDs; disaggregation of data
	+ Sources of information for prevalence & mortality data
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| * 1. *Participants are able to* assess the pre-crisis health care services for people with NCD and how a crisismay affect these services see also link to module Health Services
 | * Types and levels of health care services
	+ Continuum of care: Levels of care, over time
	+ WHO Package of Essential Noncommunicable (PEN) disease interventions for Primary Health Care
* Core components (building blocks) for health care services /health facilities to ensure continuum of care
* Access of different population groups to /utilization of existing services *(pre-crisis; since onset crisis; making the invisible visible)*
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| * 1. *Participants are able to* describe criteria for the selection of patients with NCD who should be targeted as priority during a crisis situation
 | * Intervention priorities during an acute crisis
	+ Strategic response plan: Most lifesaving, time critical, critical enabling
		- *Patients with acute conditions that need immediate care and /or rapid referral*
		- *Patients that can progress to rapid deterioration or complications if proper care is not provided in a timely manner*
		- *Patients with stable conditions and without symptoms, who primarily need continuation of treatment*
* Interventions during protracted crisis*: As for acute crisis plus extend care to patients with NCDs not covered in the acute phase and to prevention*
* Consider all people affected by the crisis: Impartiality / equity
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|  | * 1. *Participants are able to* propose an appropriate response based on the available health care services capacity
 | * Gaps /Imbalance between needs and services (continuum of care)
* Access to available services -link to module ‘Health Services’
* Type and level of intervention should correspond to the pre-crisis level in the context and be adapted to the type of crisis *(Not recommended to introduce a higher level of care that is not sustainable)* (Ref 2.2. above)
* Patient centeredness of management of the disease /patient empowerment
* Ethical dilemmas around patient inclusion /exclusion
	+ Utilitarian principle:the best for the most
* Palliative care
* Yes / no carrying out active case finding *(to be considered only for high risk patients in order to improve their management).*
* Importance of confidentiality of personal data
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