**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 |
| * 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 |
| * 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) |
| * 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 |
| 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 |
| * 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)* |
| * 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 |
|  | * 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 |