



# Integrating NCDs Chronic and Acute Programs

## Strategies for Scaling and Sustaining

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# Background: Brazil and Universal Health coverage

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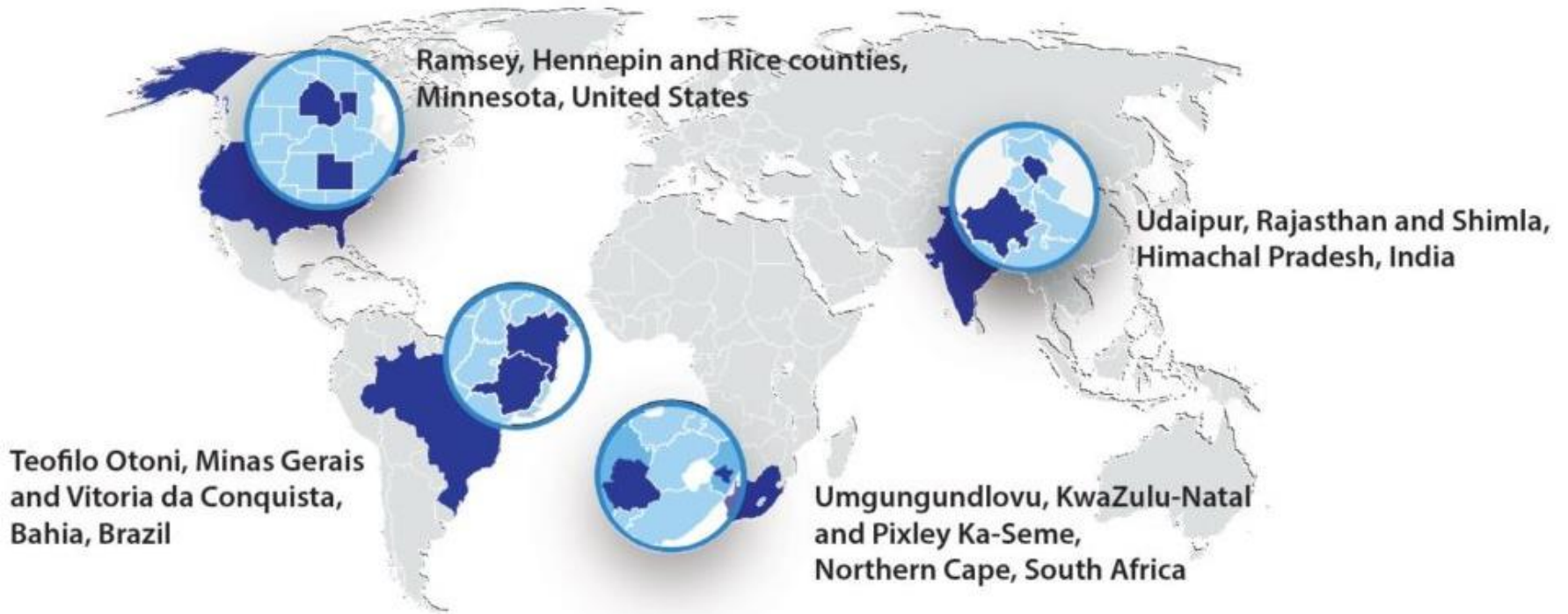
## Brazilian Public Health System (SUS)

- Free healthcare for all
- 75% depend exclusively on public system (no private insurance)
- SUS has an Essential List of Medicines, available for free
  - Includes essential medications for diabetes and cardiovascular diseases

## Challenges to SUS

- Inefficient medicines delivery
- Unavailability/shortage of medicines
- Long wait time for consultations/ treatment
- Long distances
- Shortage of physicians/ health workers
- Poor quality of care
- Misuse of the healthcare system

# HealthRise



# In Brazil

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## HealthRise

- Vitória da Conquista, BA (1 town)
- Teófilo Otoni, MG (10 towns)

## HeartRescue

- Vitória da Conquista, BA

# BARRIERS TO CARE FOR UNDERSERVED IN BRAZIL (UHC)

## HealthRise

Location: Vitória da Conquista, Bahia; Teófilo Otoni, Minas Gerais

### High prevalence of undiagnosed diabetes and hypertension

- >25% unaware of disease status

### Health system “design for women”

Low care seeking behavior

**Community Health Workers (CHWs) underutilized** in the cascade of care for diabetes/hypertension

**Civil society is not mobilized**

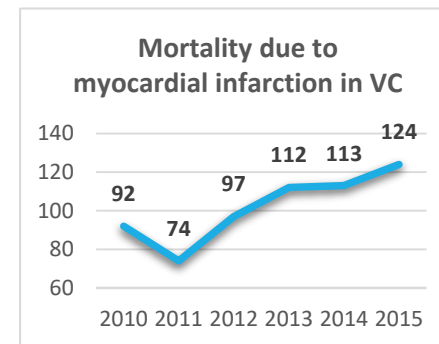
## HeartRescue

Location: Vitória da Conquista, Bahia

**No local patient registry or other data collection for infarction**

**Hospital based fibrinolysis** is the only primary strategy available in the public health care system – not always available and never available in ambulances

**Lack of treatment protocol**



# Public Private Partnerships - Brazil

## HEALTHRISE AND HEARTRESCUE

**UN SDG 3.4 (Health):** Reduce by 1/3 premature mortality due to NCDs

**Strategy:** Public Private Partnerships to strengthen health system and improve rates of **diabetes, hypertension, and infarction (STEMI)**

**Approach:** Multi-year demonstration projects to empower **HCP, community health workers** and **PLWNCDs**, adopt **tele-health, PoC** and **health education strategies** and increase **engagement of PLWNCDs** and **efficiency of the systems**

<b>Academic Partners</b> <b>5</b> (UFMG, UFVJM, UFBA, IEP-HSL, BCRI)	<b>Focus Regions</b> <b>2</b> (Teófilo Otonio, and Vitória da Conquista)	<b>Health Areas</b> <b>3</b> (Hypertension, Diabetes, and infarction)	<b>Global Health Partners</b> <b>4</b> (IHME, Abt, RTI and PHI)
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# Heart Rescue

## Victoria da conquista, Bahia

**Objective: Improve access to time critical care and survival rates for infarction (STEMI)**

- Implementation of a standardized protocol and data registry
- Collaborate with HealthRise to implement community interventions
- Develop agreements to guarantee availability of thrombolytics



# HealthRise Brazil Sustainability



## FROM THE BEGINNING

- Form Country Advisory Committee (CAC)
- Select regions
- Develop MoUs with Secretaries of Health

## DURING IMPLEMENTATION

- Partnership with Municipal Secretary of Health to: scale and sustain the program 4+ years
- Identify opportunities, invest, showcase (PoC)
- Identify and train community leaders



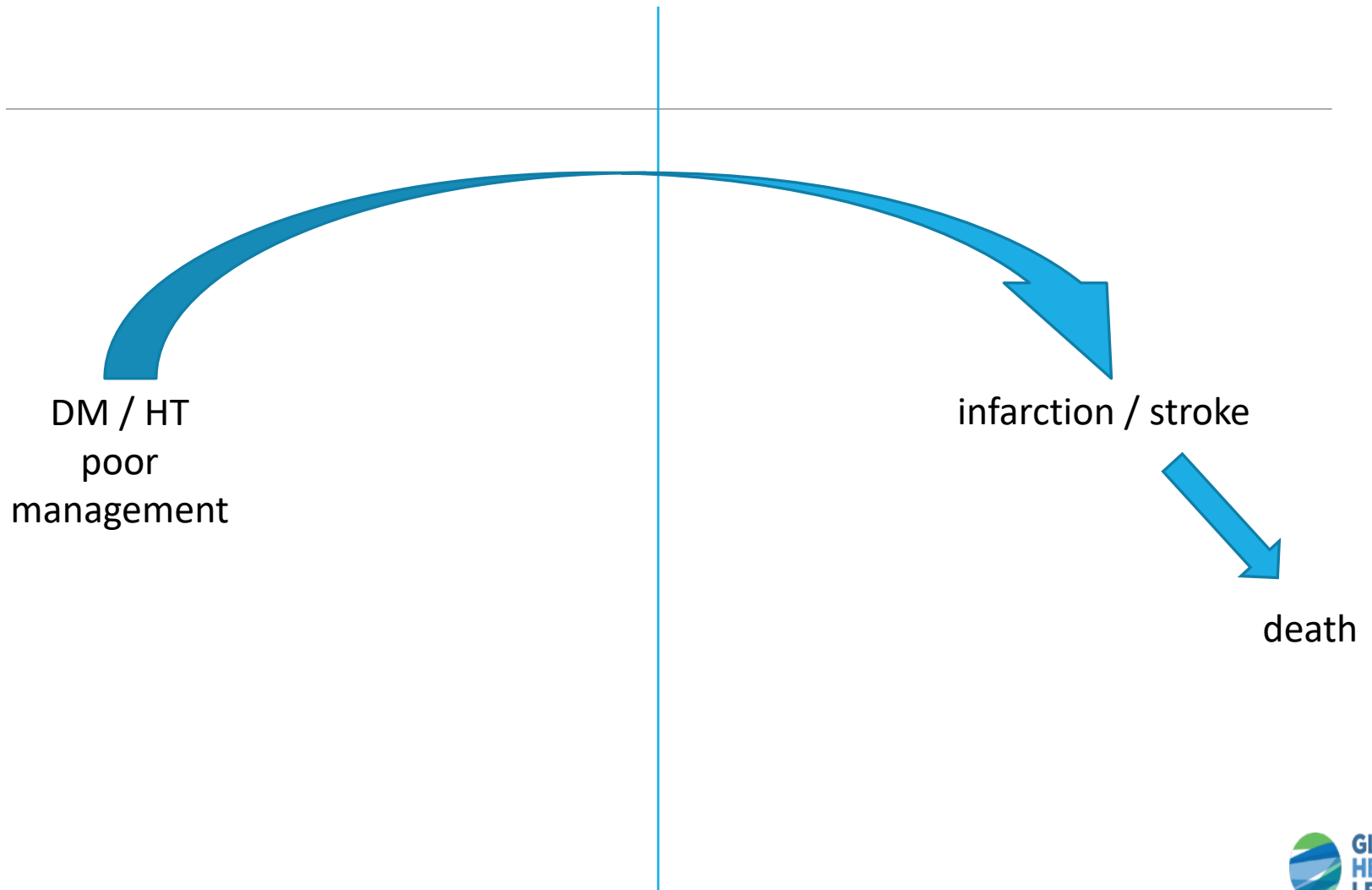
## AT THE FUNDER EXIT

- New diabetes/hypertension association
- Sustained 2 years by Federal Government
- Disseminate best practices
- Adaption of the model





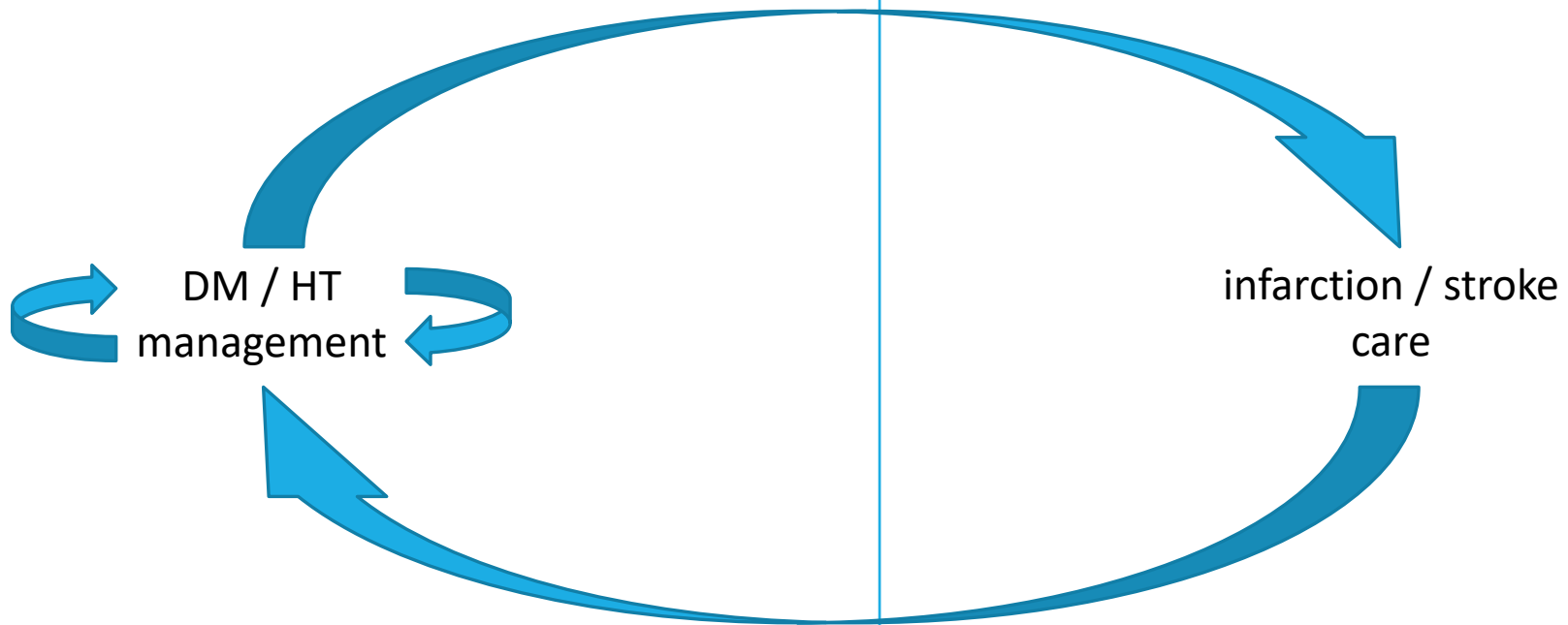
# The continuum of care for chronic-acute condition



# The continuum of care for chronic-acute condition

HealthRise 

 HeartRescue  
GLOBAL





Thank you!

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[www.health-rise.org](http://www.health-rise.org)

[www.heartrescueproject.com](http://www.heartrescueproject.com)