

General practitioners tackling burden of non-communicable diseases in primary care setting of Nepal: way forward

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ABSTRACT

Non-communicable Diseases (NCDs) are the major causes of morbidity and mortality globally. The increasing trends of NCDs and their risk factors such as physical inactivity, tobacco, alcohol use, unhealthy diet, high blood pressure and obesity has put enormous pressure on the fragile and challenged health system of Nepal. General Practitioners (GPs) are leading most of the district level hospitals in Nepal providing holistic primary health care. Primary health care led by GPs offers an effective platform to address NCDs through preventive and curative interventions in Nepal. We discuss some challenges and some strategic solutions to tackle NCD burden via primary care approach in Nepal.

Keywords: general practitioners (GPs), Nepal, non-communicable disease (NCD), primary health care.

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INTRODUCTION

Non-communicable Diseases (NCDs) are the leading causes of morbidity and mortality globally with cardiovascular diseases (CVDs) accounting the most NCD related deaths (17.9 million) followed by cancers (9.3 million), respiratory (4.1 million) deaths and diabetes (2 million).¹

Various data reported that 12% of Nepal's adult population has Chronic Obstructive Pulmonary Diseases (COPD)², 5% has cancer³, 30% has hypertension⁴, 8.4% has diabetes⁵, and 6% has chronic kidney disease.² The risk factors attributing to NCDs deaths are behavioral, environmental and socioeconomic determinants such as physical inactivity, tobacco, alcohol use, unhealthy diet, high blood pressure and obesity.⁶

In this article, we will review existing healthcare system and specific challenges in addressing NCDs in Nepal and how general practitioners add value in tackling common NCDs in Nepal.

Existing primary care in Nepal

Existing health care system of Nepal is not meeting the quality of health care.⁷ After 2017, there has been shift in unitary health system to federal state with three tiers of government, one tier at central level, another at provincial and another at local level.⁸ Local government is taking leads in providing basic health care conducting health promotion programs with prevention, control and treatment of diseases.⁹

Health care workers like doctors, nurses and paramedics are available at primary health centers and paramedics are available at health posts. Female community health volunteers (FCHVs) are the major driver to deliver basic essential maternal and child health services, family planning, antenatal care, immunization and nutrition services at ward level.⁷

The Ministry of Health and Population (MoHP) has launched the package of essential non-communicable diseases (PEN) developed by WHO in 2016 for early detection and management of common NCDs like cardiovascular disease, diabetes, COPD and cancer.¹⁰ The government has developed a multi-sectoral action plan to reduce the burden of NCDs and to decrease the premature mortality and government also announced limited free essential medicines for NCDs.

Nepal lacks required human resource in quality and quantity. A lot of public hospitals of Nepal lack

appropriate infrastructures, financial resources, and qualified human resources to manage NCDs properly. Interrupted supply to address NCDs, lack of facility for screening NCDs, lack of early diagnosis and management strategies for NCDs and lack of community level interventions are the major challenges in existing health care system.

General Practitioners (GPs) managing Non-Communicable Diseases (NCDs)

General Practitioners (MDGPs) are leading most of the district level hospitals in Nepal providing holistic primary health care.¹¹ Primary health care led by GPs offers an effective platform to address NCDs through preventive and curative interventions in Nepal. GPs are leading NCD awareness campaigns by initiating continue medical educations (CMEs) at hospital level, running quality improvement projects for Chronic Obstructive Pulmonary Diseases (COPD) to reduce acute exacerbations, and creating guideline based protocols for medical problems.¹¹

As a leader of healthcare system, GPs are managing NCDs in health care facility by history taking, examining, investigating, treating and referring complicated NCDs to respective specialty. GPs are specifically focusing on early diagnosis of COPD, CVDs, assessing Chronic Kidney Diseases (CKDs), screening diabetes, lipid disorders, performing VIA (Visual Inspection with acetic acid) for cervical cancers, managing acute presentations of CVDs, managing acute exacerbations of COPD and asthma, treating hypertension, treating mental health disorders mainly depression, anxiety, psychosis, epilepsy and substance use disorders, diagnosing various conditions with the use of point of care ultrasound, educating staff at worksite and communities, advocating for essential drugs, coordinating for effective implementation of social health insurance program and referring complicated cases.

Way forward

NCDs are putting a serious threat to the public health and need to address various determinants of health. The WHO has recognized primary health care as an essential part health with the implementation of Alma Ata Declaration in 1978¹² and Astana declaration in 2018.¹³

Nepal is falling severely short of making primary health care accessible and effective particularly in remotes.⁷ To better address NCDs, our healthcare needs to be redesigned with the strong emphasis on GP led Primary Health Care (PHC). We are

proposing some specific strategies to address NCDs to reduce complications and burden:

- Innovating interventions to address high risk behaviors such as unhealthy diet, physical inactivity, tobacco and alcohol use.
- A life-course health education approach to be taught in schools as a part of curriculum.
- Starting programs to encourage our children to exercise and avoid unhealthy diet as a part of primordial prevention.
- Regularly motivating FCHVs to lead health promotion activities, screening of blood pressure and blood glucose levels, and referring when people have complications.
- Making policies on high taxation on alcohol and tobacco usage.
- Initiating early NCDs detection programs at ward levels.
- Establishing strategic information management system
- Strengthening health care financing increasing overall health budget.
- Regularly maintaining and managing health insurance system throughout the country.
- Utilizing task shifting approach from GPs to medical officers, paramedics and FCHVs to manage NCDs.
- Addressing health inequalities with strengthened PHC services and required health policies.
- Government ensuring sustainability and quality use of essential NCDs medicines regularly.
- Government strengthening hospitals with adequate and qualified human resources and infrastructures even at remote setting.
- Initiating surveys, monitoring & evaluation and research in NCDs
- Initiating facility for screening NCDs.
- Initiating personalized nutrition programs to address diet related NCDs.
- Implementation of physical activity exercise campaign for elderly population.

CONCLUSION

Non-communicable diseases are the leading causes of morbidity and mortality globally. Interrupted supply to address NCDs, poor infrastructure, lack of facility for screening NCDs and availability of proper human resource to address NCDs are the major challenge in existing health care system of Nepal. Health care led by general practitioners (GPs) offers an effective platform to address NCDs through preventive and curative interventions in Nepal.

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