Scaling up interventions to improve the control of hypertension and diabetes in partnership with the governments of Kerala and Tamil Nadu: *Leveraging India’s national NCD program*

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Collaborating Institutions

The University of Melbourne (Lead International Institution)

Sree Chitra Tirunal Institute for Medical Sciences and Technology (Trivandrum, India)

National Institute of Epidemiology (Chennai, India)

Government of Kerala

Government of Tamil Nadu

Global Alliance for Chronic Diseases (Funding agency - NHMRC)
Outline

- Project aims, objectives and study design
- Project update
- Successes and early wins
- Anticipated challenges
Adaptation, research and evaluation of a model for delivering structured LS change in LMIC related to cardiometabolic disease

4. Scale-up/Scalability trial in Kerala and Tamil Nadu (2019-23)

3.5 Rollout trial in Kerala State to 25,000 communities (2016-18)

3. Real world cluster randomized trial (2012-16)

1. Implementation Gaps/Challenges in Kerala, India? With Whom? How etc (2009-10)

2. Piloting and refining a program delivery model and its evaluation in Kerala (2011-12)
Program Aims

1. To evaluate the implementation outcomes of a peer support program and community mobilization strategy to improve the prevention and control of diabetes and hypertension.

2. To identify and address contextual factors within the community and health system that act as enablers and barriers to (future) scale up – scalability?

3. To determine the value and return on investment of program by assessing program cost and cost-effectiveness.
Project design

Existing NPCDCS Activities in Kerala & Tamil Nadu

- Community wide campaigns on NCDs and risk factors
- Opportunistic Screening at Public Health Facilities/Health Centres (STAGE 3)
- Patient education

People with Hypertension/ Diabetes
Proposal design

Train the trainer model

SCTIMST/NIE Team in each state → Community Health Workers (CHW) → Peer leader

Training activities:
- Two-day training for CHW by State Project Manager.
- Online resources and “community” for CHWs.
- CHW trains and provides ongoing mentoring/support to peer leaders.

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Other family/community members

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Implementation

Structured lifestyle modification program:

- 10 small group sessions led by trained peer-leader, covering:
  - Physical inactivity
  - Nutrition & Diet
  - Medication adherence
  - Tobacco and alcohol cessation
- “Virtual support” via personal device with existing, available Apps e.g. WhatsApp group, text msg.
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Evaluation:
- R: Reach
- E: Effectiveness
- A: Adoption
- I: Implementation
- M: Maintenance
  - Normalization into routine practice, health system and NPCDCS
  - Acceptability by program users and participants
  - System/workforce strengthening

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- Activities by peer groups in their community
- Engagement of key community agents

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Population-based screening of people “at risk” + “patients” (STAGE 4)
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NPCDCS Integration

Scale-up

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Peer leader

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Acceptability by program users and participants

System/workforce strengthening
Progress

Stage 1: Engaging Stakeholders

• In July 2018, an inaugural stakeholders’ workshop was conducted in Kerala following which the letters of support for the project was obtained from the Governments of Kerala and Tamil Nadu.
Stage 2: Intervention adaptation and implementation design

• In July 2019, workshop was conducted in SCTIMST, Kerala with the participation of NCD Nodal Officers of both the States and focal points of the collaborating institutes.

• The project design, implementation and publications were discussed during the workshop.

• In August 2019, meeting with the DG ICMR was held. All the collaborators joined the meeting. The DG agreed to Chair the Advisory board of the project.

• The DG has sent letters to the Health Secretaries of Kerala and Tamil Nadu to join the Advisory Board.
Progress

Stage 2: Intervention adaptation and implementation design

• 1st Newsletter of the project was developed in September and shared with all collaborators.

• State level workshops are currently occurring in Kerala and Chennai to design interventions and develop state specific implementation models.

Next steps

• Advisory Board and Team Meetings in early February, 2020

• Finalise sampling, program delivery and study design for pragmatic trial…

• Other funding???
Successes and early wins

- Strong support and ownership from the state governments
- DG, ICMR agreed to Chair the Advisory board
- Availability of the list of already identified Hypertensive and Diabetes patients from current screening
- Well established governing structure for the project
  - Advisory Board
  - Steering Committee
  - Project Co-Design and Implementation Committee
Anticipated Challenges

• How to achieve **REAL** engagement, co-design and integration with National NCD Prevention and Control Plan in these 2 states at multiple levels of system?
• What might wider rollout of this model look like in the future – other India states, other LMIC?
Acknowledgements

Tilahun Haregu

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THANK YOU!