

APPROACH

Assess the present status at state, district and subdistrict levels

- Infrastructure
- Manpower
- Drugs and logistics
- Information system (National NCD Portal)

Setting up of state / district specific targets

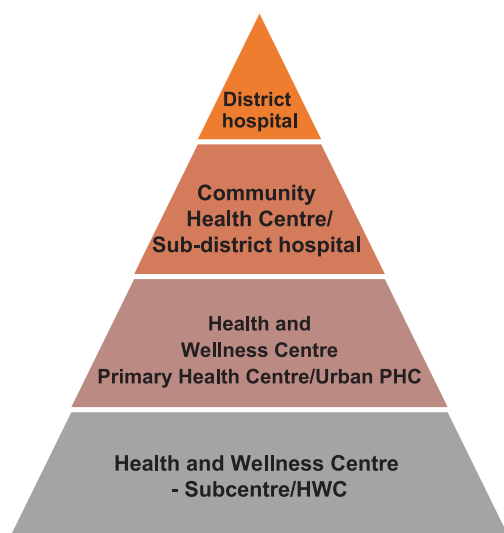
- Estimate the load, as per prevalence
- Total patients on treatment with longitudinal records
- Number of patients to be put on treatment by 2025 (80% of total estimated)
- Number of patients with blood pressure/blood sugar under control

Scale up plan to achieve the targets

- Sustain the IHCI strategies
- List the new interventions required to accelerate the coverage and follow up
- Continuous cohort monitoring
- Adequate budgetary requirement in the state PIP

Regular facility-based monitoring and supportive supervision

- Review progress at all levels on monthly basis
 - Patients on treatment
 - Patients with at-least one follow up in last three months
 - Patients with blood pressure/blood sugar under control
 - Number of facilities with adequate drugs and logistics



Secondary healthcare level : (DH/SDH/CHC)

Opportunistic screening, back referral of stabilized patients to HWC using CPHC NCD solution, teleconsultation services, management of complicated cases, annual screening for complications, supportive supervision, motivating patients to utilize services at HWC.

HWC PHC/UPHC :

Opportunistic screening, team-based care, timely diagnosis and protocol based management, ensure availability of drugs and diagnostics, decentralized care, timely disbursement of incentives, supportive supervision of Subcentre HWC, use CPHC NCD data for monthly review meeting and patient tracking

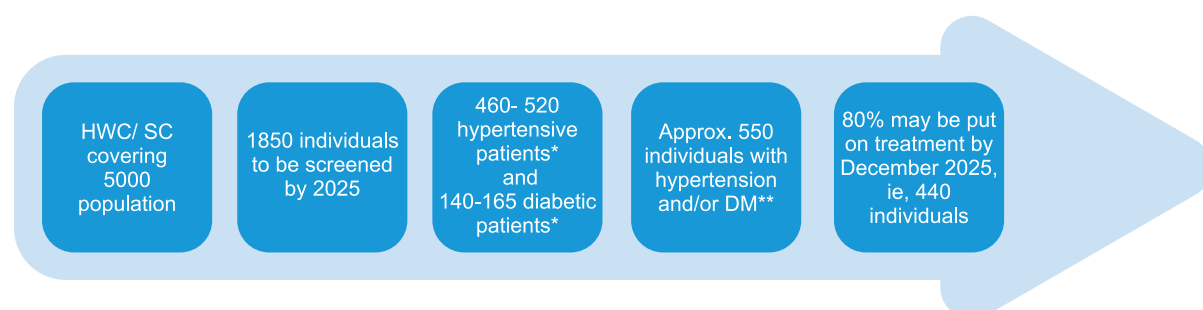
Subcentre/HWC:

Complete screening of all individuals aged 30 years and above. All suspected individuals will be facilitated for timely diagnosis and initiation of treatment through teleconsultation, monthly follow up of diagnosed cases, referral of uncontrolled cases and patient tracking.

HWC PHC/UPHC along with Subcentre HWC can manage nearly 90% of all diagnosed hypertension and diabetes patients

Nearly 70% - 75% of all diagnosed patients can be managed at HWC Sub centres (Patients with blood pressure and/or blood sugar under control, without complications/other comorbidities).

Contribution of health and wellness centres to achieve 75 by 25 target



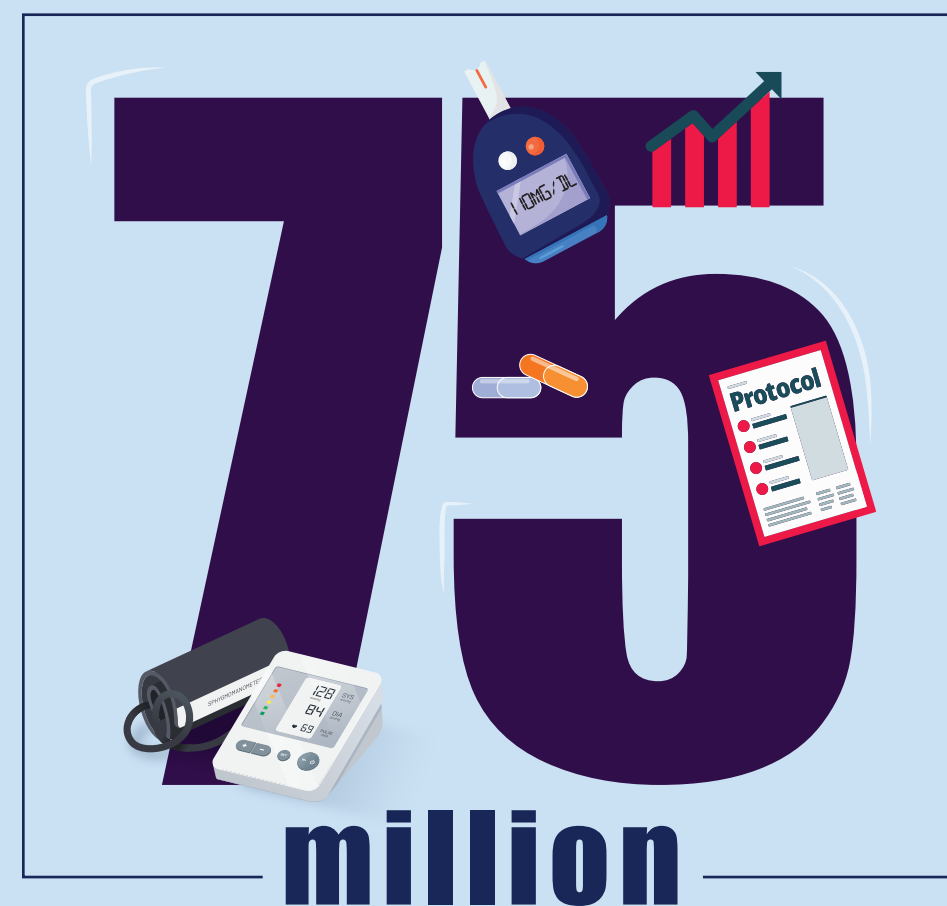
* Considering hypertension prevalence (25% - 28%) and diabetes prevalence (7% - 9%)

** Considering combined prevalence of both the diseases

Further, most of the targeted patients are already on treatment, however longitudinal follow up mechanisms have to be put in place.



Ayushman Ka Amrit Mahotsav




people with
hypertension or diabetes
on standard care by
2025


Roadmap to scale up hypertension and diabetes services in primary health care

75 million people with hypertension and diabetes on treatment by 2025 (75*25)

Largest expansion of noncommunicable diseases (NCDs) care under primary health care globally

 **200 Million**
hypertensive patients
One in four adults are hypertensive

Uncontrolled hypertension and diabetes can lead to heart attack, stroke, renal failure and blindness, eventually leading to high premature mortality.

 **62 Million**
diabetic patients
One in ten adults are diabetic

NCDs contribute to 63% of the deaths in India.

A renewed focus is appropriate and timely to cover 75 million people with hypertension or diabetes by 2025 for standard care

ENABLERS



National Health Policy, 2017



Ayushman Bharat Health and Wellness Centre (AB HWC)



National Programme for the Prevention and Control of Non-Communicable Diseases



Free Drugs Service initiative and Free Diagnostics Service



Ayushman Bharat Digital Mission



Indian Public Health Standards (IPHS), 2022



National NCD Portal



e-sanjeevani (Teleconsultation)

TOOLS



Scale up hypertension control

- Incorporate key programmatic strategies in HWCs
- Digital system to ensure people identified through PBS are managed adequately
- Robust monitoring and supervision, and review

Reduce end organ damage

- Examine fundus, kidney function, heart function and feet to detect and prevent complications,
- Referral care without delay.
- Digital solutions and linkages

75 million people with hypertension and/or diabetes on protocol-based treatment with improved control.

Hypertension

Scale up diabetes control

- To define parameters, IHCI strategies for DM
- Equip HWCs and PHCs with protocols, medicines and technology for diabetes care, TB and diabetes, HIV and DM/HTN

Prevent and detect complications

Reduce premature mortality from CVDs

- Target for National Health Policy, 2017 80% of known hypertensive and diabetic individuals at household level maintain controlled disease status by 2025.

Operational Health and Wellness Centres as on March 2023: 1,59,542
District NCD Clinics: 714
Community Health Centres NCD Clinics: 6068

National NCD Portal (as on March 2023)
Patients on treatment:-
• Diabetes: 26,42,038
• Hypertension: 62,30,155