

#### FACTS:

- In RESist-NCD partner countries NCDs cause 55%-86% of deaths.
- Multiple factors drive the significant NCD mortality rate in these countries, including high exposure to risk factors, lack of community awareness, poor access to prevention, screening and management services, and limited resources for diagnosis and treatment.
- Integrating NCD services within primary health care provides an effective strategy to ensure timely screening, diagnosis, treatment and ongoing support for NCD prevention and control.

# **PROJECT CYCLE:**

2024 - 2028

#### **PARTNERS:**

The RESist-NCD consortium includes:

- The George Institute for Global Health (Lead Organisation)
- UNSW Sydney
- Clinton Health Access Initiative

#### FUNDERS:

Australian Government Partnerships for a Healthy Region Initiative.

## **PRINCIPAL INVESTIGATOR:**

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# **BACKGROUND:**

- Up to 80 per cent of deaths in Southeast Asia and the Pacific region are caused by non-communicable diseases (NCDs) like diabetes and cardiovascular disease, with hypertension being one of the key risk factors.
- Poor access to adequate, affordable and acceptable diabetes and hypertension prevention, screening and management services drive the region's NCD burden.
- While many countries in the region have strong national NCD policy frameworks, there are critical gaps between policy and implementation, and implementation and impact.

## AIM:

- To support governments in Fiji, Papua New Guinea, the Philippines, Vietnam and Cambodia to adapt and test evidence-based integrated models of diabetes and hypertension prevention and management within primary health care.
- To strengthen key health system components critical to maintaining diabetes and hypertension service provision, including medicine availability, workforce training and support, and data-driven decision making.
- To facilitate community-led solutions to address the root causes of chronic disease, including food and water insecurity and unhealthy diets.

# **METHODS:**

- RESist-NCD will strengthen primary health care for diabetes and hypertension by assessing health systems, adapting care delivery models to context, and enhancing referral networks.
- The program will build resilient health systems by enhancing data collection and interpretation, essential medicines forecasting and workforce support, and by creating an investment case for integrated diabetes and hypertension services.
- The program will support community-led solutions to achieve food and water security and will implement measures to switch salt supply away from sodium-chloride to potassium-enriched salt.
- RESist-NCD embeds principles of genuine engagement and partnership in the design, delivery and evaluation of diabetes and hypertension prevention and management initiatives.

# **IMPACT**

- Strengthened prevention, screening, early detection and management of diabetes and hypertension at the primary health care level in RESist-NCD partner countries.
- Quality improvement across various health system building blocks, particularly access to essential medicines, workforce development and use of health data for decision making.
- Communities are mobilised and empowered to drive environmentally and culturally sensitive initiatives for diabetes and hypertension prevention and management.

### **CONTACT:**

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