I. Chronic Care Integration to cut the "Long Tail" of Non-Communicable Disease

Over the past five years, Rwanda has cut infant mortality in half by preventing and treating the top infectious killers—malaria, tuberculosis, HIV/AIDS, respiratory infections, and diarrheal diseases. But life expectancy has only risen to about 54 years: two decades less than in the U.S.. The problem is that infections are only part of the country's disease burden. Non-communicable diseases (NCDs) like cardiovascular disease, cancer, epilepsy, pulmonary disease, mental illness, and diabetes probably account for about one-quarter of all illnesses.

Now, PIH/IMB is helping Rwanda to write its first national strategic action plan for non-communicable diseases. In close collaboration with the Rwandan Ministry of Health, PIH is planning the roll out of service integration for NCDs in district hospitals and health centers throughout the country. Service integration is an innovative approach that trains or augments existing health care resources (for example HIV/AIDS accompagnateurs) to deliver NCD interventions. Other strategic delivery platforms for NCDs include gynecologic care or general medicine at district hospitals; histopathology; cancer care; cancer surgery; and cardiac surgery.

Beyond saving the lives of patients with heart disease, cancer and diabetes, the PIH NCD program in Rwanda is a model for how to consolidate gains from the struggle against HIV/AIDS in the broader health sector. Not only is "chronic care integration" the next frontier for accompaniment strategies pioneered by PIH, it is the most obvious opportunity to leverage them for the further capacitation of key public-sector institutions. By connecting the dots between chronic diseases, PIH can help fill in the gaps in countries' health systems.

II. Transformative Opportunity

Status Quo: Governments in wealthy and middle-income countries are feeling the budgetary effects of aging populations and urbanization, inspiring a High Level Meeting at the U.N. General Assembly in New York this September—the first such gathering since UNGASS. The problem is that priorities of wealthy and middle-income countries do not offer much guidance for poor ones. In middle- and high-income countries, risk factors for NCDs include diet, inactivity, and alcohol or tobacco use: sometimes called 'lifestyle choices.' But in Rwanda and other poor countries, the same NCDs are instead linked to malnutrition, infection, congenital abnormalities, and toxic environments worsened by rapid urbanization. Even when the world's poorest nations are considered, the implicit epidemiological model is clearly based on experience in more affluent settings. The World Health Organization's NCDNet, for example, includes tobacco use and physical inactivity in its list of four key risk factors for NCD-related illness—behaviors that are rare in settings of high absolute poverty.

Global Opportunity: PIH has an opportunity to shift the conversation about NCDs to focus on the problems of the "bottom billion," rather than those of middle- and upper-income countries. PIH/IMB can help demonstrate the viability of chronic care integration at a national level. We have already shown that NCD services can be scaled up in districts. Early next year, Rwanda will finalize its health sector strategic plan— including an action plan for NCDs that will make it the first country of its size and level of development to complete the exercise mandated at the High Level Meeting. Given its previously demonstrated competence in health and development projects, this will allow the Rwanda collaboration to serve as a hub for scaling up NCD interventions designed and planned in low-income countries to serve the needs of the "bottom billion."

III. Project Milestones

March 31, 2012	Completion of an NCD strategic action plan in Rwanda NCD Nurse and Chronic Care Nurse curriculum completed in Rwanda
December 31, 2012	Completion and piloting of an NCD community health worker curriculum
June 30, 2013	Beginning of National implementation of Chronic Care Integration Strategy in Rwanda
September 2013	NCD synergies conference at PIH
October 2018	at least $1 billion annually in new Official Development Assistance available globally for health system strengthening via NCDs for very low income countries