Strengthening the health workforce and building its capacity to deliver high quality, integrated primary care services with a focus on the prevention, management, and treatment of noncommunicable diseases (NCDs) will require a collection of evidence-based political, collaborative, and tactical solutions. Read how Pfizer Upjohn, the American College of Cardiology, the World Heart Federation and NCD Alliance work together to achieve an optimal health workforce for NCDs.

Given that cardiovascular disease (CVD) remains the leading cause of morbidity and mortality worldwide, the American College of Cardiology (ACC) and Pfizer Upjohn have spent the last four years working to improve provider adherence to guideline recommendations and educate clinicians on new science for management of CVD and its related comorbidities. Through the Global Prevention Program, we have been proud to reach nearly 70,000 providers with webinars hosted by global and local thought leaders in 10 countries around the world.

Our partnership has evolved from targeting sub-specialists in cardiology to aiming education at general practitioners with the goal of facilitating efforts worldwide to vastly improve resources for primary care clinicians. Further changes are now underway. Given the shared risk factors and bidirectional impacts between CVD and other NCDs, holistic NCD education is becoming more and more of a necessity, and our goal is to move the Global Prevention Program in that direction.

This spring we will launch NCD Academy, a first-of-its-kind app with courses in disease prevention and screening that may be completed anytime, anywhere from a mobile device. While NCD Academy will premiere with a course in CVD, courses from other leading societies in clinical education will follow.

ACC and Pfizer Upjohn are not alone in leading this effort. Our goals for NCD Academy have been heavily influenced by advocacy at the World Heart Federation and NCD Alliance. With their support as global partners, our hope is to maximize the value of this program to clinicians across upper and lower-middle income countries (LMICs). In terms of both topics and audience, we are fully committed to taking a comprehensive approach with the
Global Prevention Program moving forward and to engaging the necessary partners in global health to achieve that vision.

**Today’s healthcare workforce: underutilized at a time when all stakeholders are essential**

The promise of health for all will ring hollow unless human resources needs for health are addressed. The growing burden of NCDs and population ageing will generate demand for 40 million additional health workers globally by 2030, requiring the global health workforce to effectively double in order to meet the global goal of reducing premature mortality due to NCDs by a third by 2030 enshrined in the Sustainable Development Goals (SDGs). According to the World Health Organization (WHO), this means the global community will need to address a shortfall of an estimated 18 million health workers by 2030.

The shortage is particularly dire for NCDs as most countries identified as experiencing a health workforce crisis are in LMICs, who are at the frontline of the NCD epidemic and where health workforce challenges are most acute.

The report “Protecting Populations, Preserving Futures: Optimising the health workforce to combat NCDs and achieve UHC [1]” developed by the NCD Alliance with the support of Pfizer Upjohn, highlighted that an optimal health workforce with a wide range of skills and expertise, across the health system and involving other sectors and segments of the community, can be a critical lever for health system change in the context of NCDs. Though recent years have witnessed a tremendous surge in investment and innovation to curb mortality and morbidity from NCDs, the global health community has yet to achieve the adequate recruitment, training, and retention of a health workforce capable of responding to the NCD burden.

The report identified a series of practical recommendations to turn these challenges into solutions, and highlighted specifically the crucial role that technology can play in achieving an optimal health workforce for NCDs.

Digital health solutions provide an avenue for enhancing the efficiency and reach of NCD care programs, by ensuring that human resources are focused primarily on those tasks in which human contact cannot be replaced.

NCD Academy was born out of the realization that novel strategies that place technology at their centre are needed to strengthen the ecosystem of education, deployment, management and rewards at the primary healthcare level for health workers.

**Our commitment to public-private partnership and multi-stakeholder action**

The ACC and Pfizer Upjohn have been longstanding partners of the NCD Alliance, but we are only now taking strides as a group, along with the World Heart Federation, to have a sustainable and meaningful impact on the global NCD crisis. While governments around the world have answered the UN’s call to develop roadmaps for realizing SDG targets, action plans have yet to be finalized in far too many countries with major gaps persisting regardless of geography and income status. Considering these realities, it’s time we fully leverage bodies such as the WHO Global Coordination Mechanism (GCM) to devise and implement cross-sectoral initiatives for closing gaps between NCD objectives and outcomes.

Broad-based solutions to upskill frontline health workers require an approach that’s high-quality and highly-accessible in both content and design. As the ACC builds a core suite of NCD Academy lessons around evidence-based guidelines for patient care, Upjohn’s Strategic Segmentation for NCD Country Action Plan [2] (SNAP) framework provides a focused strategic direction that bridges the gap and provides the maximum impact for NCD interventions. Among the four country categories that SNAP defines are those where clinical education is most needed based on poor NCD control despite robust government efforts. The ACC’s network of 54,000 members and 42 international chapters spanning 80+ countries offers a pool of experts to help tailor education for these geographies so
that lessons are sensitive to differences in practice and even more actionable for providers.

While webinars in the ACC Prevention Program achieved extensive reach and viewership, this format is inherently suited to providers who can attend in-person or virtually at the time of broadcast. Evolving toward a mobile-first program that embodies the interactive features expected in modern-day eLearning would not be possible at no cost to the end user without the combined expertise and resources of all NCD Academy partners.

The NCD Alliance-led research has challenged the ACC and Upjohn to think beyond traditional clinician education and invest in technology as we revamp efforts to train the primary care community.

As organizations sharing the same mission as others in global health, we intend to further demonstrate that transparent collaboration and development of innovative, impact-focused resources across our community is not only possible; it’s necessary to reign in NCDs long term.

About the authors

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