Re-imagining the care delivery system for chronic conditions

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Recent modelling estimates predict that India's population has already exceeded that of China's to become the world's most populous country and that there will be nearly 100 million persons older than 75 in India by 2039.[1] Needless to say, this growth, which is a testament to the success of the country in building a healthier society, will also be accompanied by a staggering increase in the number of persons living with chronic, often disabling, conditions associated with ageing, such as diabetes, cardiovascular diseases and dementia. Thus, a hugely important and urgent question in the light of these population projections is the country's preparedness for the exponentially increasing needs for care for people with chronic conditions.

It is important to recognize that the most important components of care, at least from the perspective of the person and their caregiver, typically extends well beyond the narrowly defined clinical treatment of specific diseases and encompasses a range of impairments which are associated with these conditions. The evidence-based interventions for these impairments (such as mobility problems, cognitive decline or depression), have been synthesized in the WHO's ICOPE guidelines which cover assessing health and social care needs to develop a personalised care plan, and the provision of multiple interventions to address specific impairments, provide social care and support, support self-management and caregivers.[2]

The delivery of these interventions is typically done through community-based providers linked to primary health centres, but such a model of care is not available anywhere in the country and families have to make their own arrangements through out-of-pocket payments for each service which is needed and which, of course, they can afford. There is a solution which is in plain sight. One of India's most celebrated contributions to population health has been its deployment of Accredited Social Health Activists (ASHAs) who have been credited not only for the dramatic reductions in maternal and infant mortality contributing to our increased life expectancy, but also to achieving our impressive COVID vaccination coverage. They were deservedly awarded the WHO Director-General's Global Health Leaders Award in 2022. The ASHA program offers a template for building a community-based workforce, anchored in the large and growing network of Health and Wellness Centres across the country, to support the diverse health and social care needs for elders.

There are a growing number of pilot initiatives and programs which are reimagining the role of the front-line worker in supporting people with chronic conditions or disabilities. As one example, the NGO Sangath has pioneered the deployment of ASHA towards the task of detecting and treating depression (with an evidence-based brief psychological treatment) in Madhya Pradesh or delivering an evidence-based parent-mediated intervention for autism in New Delhi.[3,4] While these examples demonstrate the feasibility, acceptability and effectiveness of these approaches, it is imperative for the Government to launch a national initiative to expand this community-based workforce to address the needs of persons with chronic conditions or disabilities. The incorporation of ASHA in a range of initiatives aimed at health promotion, prevention, early detection and referrals for chronic conditions and the launch of the Community Based Inclusive Development (CBID) programme to create a pool of grass-root rehabilitation workers at the community level, who can work alongside the ASHA to handle cross-disability issues and facilitate the inclusion of the persons with disabilities in the society, are welcome steps in that direction.[5,6]

India is rich with human resources who are young and looking for work and we could simultaneously address two demographic challenges by empowering young adults who are jobless into the service of persons with chronic conditions or disabilities. This is one of the key missions of the Lancet Commission on Re-imagining India's health care system.[7] However, I must end with a note of caution: we cannot simply dump more responsibilities on the humble ASHA or other front-line workers without recognizing their critical contributions and addressing the burden of work-stress.[8] We need not only to increase the community-based workforce, but also to empower and embrace them as full members of the multi-disciplinary health workforce with all the rights and entitlements as any other member. Only then will we achieve the goal of building a resilient, evidence-based and person-centred community-based chronic care system for our people.

Contributors

VP conceptualized and wrote the article.

Declaration of interests

The author is Commissioner on the Lancet Citizens Commission on Reimagining India's health care system. The author declares no conflict of interest.

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