Health workforce for better nutrition

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• Objective 3 – Reinforce health systems to promote healthy diets

Improve capacity and training for primary health care professionals, including guidance on appropriate nutrition counselling and weight monitoring and management
Implement **nutrition education and counselling** in **different settings** (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables.
Role of primary health care

Primary care is an **ideal setting for chronic disease prevention** and obesity management, yet it is **underutilized**.

Challenges?
Challenges

- Lack of dedicated clinical guidelines and protocols
- Context specific evidence and approach
- Inadequate implementation of existing strategies
- Resources (time and staff)
- Lack of defined scope of practice
- Poor patient health literacy, beliefs and attitudes
Role of primary health care

• Only 63.6% of GPs in the European Region considered the BMI as an important measurement tool and only 41.6% actually provided the service.*

• Treating the consequences is readily accepted by clinicians; **but confidence in addressing risk factors and treating obesity itself is low**, yet there is evidence that primary care interventions can be effective.

Payment mechanisms for services

- Lack of reimbursement
- Perception among professionals: delivery of preventive services as consuming more resources
- How can WHO support?
Guidelines and protocols
Interventions in community settings were more likely to report positive change in physical activity and nutrition compared to PHC settings. Opposite for smoking.
This systematic review of RCTs suggest that moderately sustained but small effects on diet can be achieved through interventions in primary care (fruit, vegetables, fibre and fat over 12 months).
Strategies to improve implementation?

Weak and inconsistent evidence of the effects of these strategies on improving the implementation of policies, practices and programmes, childcare service staff knowledge or attitudes, or child diet, physical activity or weight status.
New work based on existing approaches in countries will:

- Examine which *professionals* are involved in childhood obesity management and their role within this system;
- Try to understand the *co-ordination* of the childhood obesity management system in countries (provision, settings, funding, access and pathways);
- Assess whether the access, uptake, and process of screening, diagnosis, and treatment is the *same for all* children with obesity, and the extent to which this system addresses health inequalities;
- Explore stakeholder views on the perceived functioning of the childhood obesity management system
People-centredness is key in prevention and care

Base interventions on people: health services should enable people to receive a continuum of different levels of services according to their needs.
Role of primary health care

• Ensure that **all health care settings** highlight nutrition, healthy eating and physical activities within people-centred health systems.

• Establish **brief interventions**, and target nutritional and physical activity assessment for different age groups, especially children and the elderly; **both primary care and home care services** should be included.

• Firm **interdisciplinary** clinic relationships and **deliberate communication strategies** are the foundation of interdisciplinary care (e.g. long-term weight management).
5 As of Obesity Management

- **Ask** for permission to discuss weight.
- **Assess** obesity-related risk and potential “root causes” of weight gain.
- **Advise** on obesity risks, discuss benefits and options.
- **Agree** on realistic weight management expectations and on a SMART plan to achieve behavioural goals.
- **Assist** in addressing drivers and barriers, offer education and resources, refer to provider, and arrange follow-up.
Toolkit for delivering the 5A’s and 5R’s brief tobacco interventions in primary care

WHO alcohol brief intervention training manual for primary care

ACTIVE
A technical package for increasing physical activity
An integrated brief interventions for NCD risk factors?

- Core-competencies of PHC workers
- Availability of time and resources
- Job descriptions and task management
- Referral systems and follow up
Current and future workforce

Professional development

Future workforce

• Outcomes defined,
• Curriculum of competencies
• Demonstrable
• Assessment
• Learner-centred and societal needs
Implementation research to support the rapid uptake and expansion of selected interventions
Implementation research is important in global health because it addresses the challenges of the know-do gap in real-world settings and the practicalities of achieving national and global health goals. Implementation research is an integrated concept that links research and practice to accelerate the development and delivery of public health approaches. Implementation research involves the creation and application of knowledge to improve the implementation of health policies, programmes, and practices. This type of research uses multiple disciplines and methods and emphasises partnerships between community members, implementers, researchers, and policy makers. Implementation research focuses on practical approaches to improve implementation and to enhance equity, efficiency, scale-up, and sustainability, and ultimately to improve people’s health. There is growing interest in the principles of implementation research and a range of perspectives on its purposes and appropriate methods. However, limited efforts have been made to systematically document and review learning from the practice of implementation research across different countries and technical areas. Drawing on an expert review process, this Health Policy paper presents purposefully selected case studies to illustrate the essential characteristics of implementation research and its application in low-income and middle-income countries. The case studies are organised into four categories related to the purposes of using implementation research, including improving people’s health, informing policy design and implementation, strengthening health service delivery, and empowering communities and beneficiaries. Each of the case studies addresses implementation problems, involves partnerships to co-create solutions, uses tacit knowledge and research, and is based on a shared commitment towards improving health outcomes. The case studies reveal the complex adaptive nature of health systems, emphasise the importance of understanding context, and highlight the role of multidisciplinary, rigorous, and adaptive processes that allow for course correction to ensure interventions have an impact. This Health Policy paper is part of a call to action to increase the use of implementation research in health policy.

Some key trade-offs to consider:

- Rigour vs usefulness
- Fidelity vs adaptation of an implementation component
- Generalisable knowledge vs context-specific problem solving
- Incentives vs disincentives for researchers
Characteristics of implementation research

- Context specific
- Relevant and agenda-setting purpose
- Methods fit for purpose
- Demand driven
- Real world
- Real time
- Multidisciplinary
- Focuses on processes and outcomes

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