The growing burden of non-communicable diseases is widely recognized as a threat to both public health and economic development. Globally, 63 percent of all deaths are attributable to noncommunicable diseases, and these diseases are responsible for a disproportionate number of premature deaths in low- and middle-income countries.

Project HOPE has created an innovative approach to address the non-communicable disease burden at the community level. Since 2012 we have operated the HOPE Centre in Zandspruit, South Africa, an urban community challenged by poverty, unemployment, poor access to basic health care services, and a high burden of disease.

As we began our work in Zandspruit in 2012, we observed that more than a third of residents surveyed would be diagnosed with hypertension and had elevated blood glucose values indicating possible diabetes. Residents showed limited knowledge about these diseases and the healthy behaviors necessary to living well with either disease. We asked residents already in treatment for diabetes or hypertension if they felt “in control” of their disease. All responded negatively.

Project HOPE’s work through the HOPE Centre focuses on addressing these issues by combining health promotion and screenings, delivering high-quality primary health care, and bringing patient support programs into a holistic model aimed to address the total needs of the patient. To date, we have screened more than 10,000 community residents for diabetes and hypertension, providing health education as part of the screening, and have diagnosed more than 1,000 people with diabetes or hypertension for the first time.

The care patients receive at the HOPE Centre integrates high-quality treatment with support activities. Activities include community gardens and a support group called 5 Steps to Self-Care in which patients learn about their disease and receive counseling and practical advice on sticking to a healthy diet and exercise routine. These interventions address elements of the World Health Organization’s “Best Buys,” or most cost-effective interventions for noncommunicable diseases, putting them into practice.

Today, HOPE Centre patients report feeling empowered to manage their disease, evidenced by good clinical control of both diabetes and hypertension. At the HOPE Centre, 65 percent of patients with diabetes have clinical values within the target range for HbA1c (indicating how well diabetes is managed or controlled), and 42 percent of patients with hypertension have clinical values within the target range for blood pressure—both of which are higher than national and international comparisons.

“The difference I notice between the HOPE Centre and other health facilities is that Project HOPE staff care for people. There are no long queues that you find at other clinics. They don’t just give medication, but they educate patients as well,” said Tshuma, a HOPE Centre patient.

Project HOPE attributes the success of the HOPE Centre to an innovative public-private partnership. Key contributors include Project HOPE, Eli Lilly and Company, the City of Johannesburg, University of Pretoria, local and international volunteers, and the community of Zandspruit. The program strikes an ideal balance between leveraging the expertise of partners and building local capacity. Most Project HOPE staff live and work in Zandspruit, making them effective change agents within the community.

Julie Brink ([jbrink@projecthope.org] is Project HOPE country director for South Africa, in Millwood, Virginia.)