

Diabetes policies and management

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Noncommunicable diseases (NCDs) Integrated Prevention and Control Division of
NCDs and Promoting health through the Life-course

Access to Insulin – ACCISS Regional Meeting
Bishkek, 15 October 2019



Universal health coverage - Service Coverage Index

Effective coverage of diabetes:
elevated blood glucose
management – proxied using
the fraction of individuals with
elevated blood sugar reaching
the treatment target of fasting
plasma glucose levels less than
126 mg/dL. [SDG 3.4.1]



The background image shows a brick school building with a white door and windows. In the foreground, there is a green metal playground structure. Two people are seen from behind: a person with dark hair on the left and a person wearing a white chef's hat on the right. They are standing on a paved area, looking towards the school building.

Cooperation of the member
states of the Commonwealth of
Independent States for the

**Prevention and
treatment of diabetes
2021–2025**

National Diabetes Plans

<http://chrodis.eu/our-work/07-type-2-diabetes/wp07-activities/national-plans/>



ABOUT USOUR WORKNEWS & EVENTSIJA-CHRODIS RESULTS

JOINT ACTION CHRODIS (2014-2017) - NATIONAL DIABETES PLANS



National Plans

Mapping and overview of national policy documents related to diabetes across Europe. Development of National Diabetes Plan (NDP) guidelines including the essential elements of any diabetes plan, with enough room for adaptation to local implementation conditions in any kind of social, economic and cultural context.

Leadership: NIJZ, Slovenia ▶



Report on Contents of National Diabetes Plans

This report compiles the responses to the questionnaire designed to bring out the country experiences on NDPs and EFTA member states. The responses analyses the content of NDPs in relation to the following fields:

1. From health promotion to clinical care
2. Important aspects of NDPs
3. Core standards of NDPs

Download the report ▶



Policy Brief

Download the Policy Brief

JA-CHRODIS has produced a Policy Brief on National Diabetes Plans in collaboration with the European Observatory on Health Systems and Policies. The policy brief was reviewed after an initial consultation phase (cover page currently not available).



Annali Paper

National Diabetes Plans: Can they support changes in healthcare systems to strengthen diabetes prevention and control?

HEALTH SYSTEMS AND POLICY ANALYSIS

POLICY BRIEF

National Diabetes Plans in Europe

What lessons are there for the prevention and control of chronic diseases in Europe?

Erica Richardson
Jelka Zaletel
Ellen Nolte
On behalf of Joint Action CHRODIS

JA-CHRODIS

WP 7

WP 7: a case study on strengthening health care for people with chronic diseases

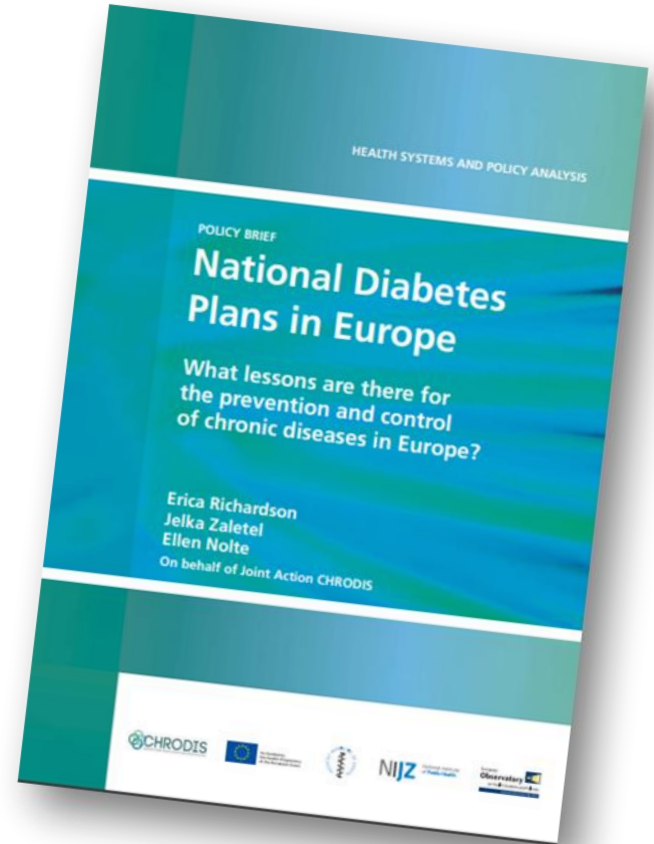
Task 5
National Diabetes Plans in EU and EFTA member states
Report on Contents of National Diabetes Plans
Data in Tables approved by respondents in January 2015





Sustainable diabetes policies

- Leadership
- Multiple stakeholder involvement
- Patient representation
- Resourcing
- Flexibility
- Balance “central vs regional”
- Learning (monitoring and evaluation), also transnational



How do we get there?

HEARTS

Technical package for cardiovascular disease management in primary health care



Evidence-treatment p



Implementation tools

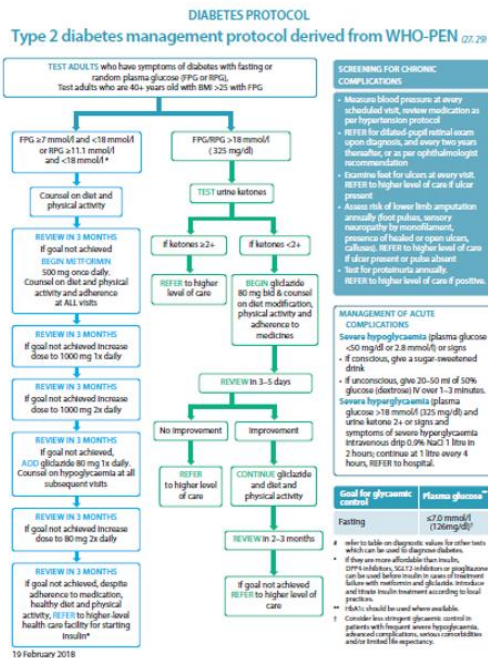
Package of Essential Noncommunicable (PEN) disease interventions for primary health care in low-resource settings

CLASSIFICATION OF DIABETES MELLITUS 2019

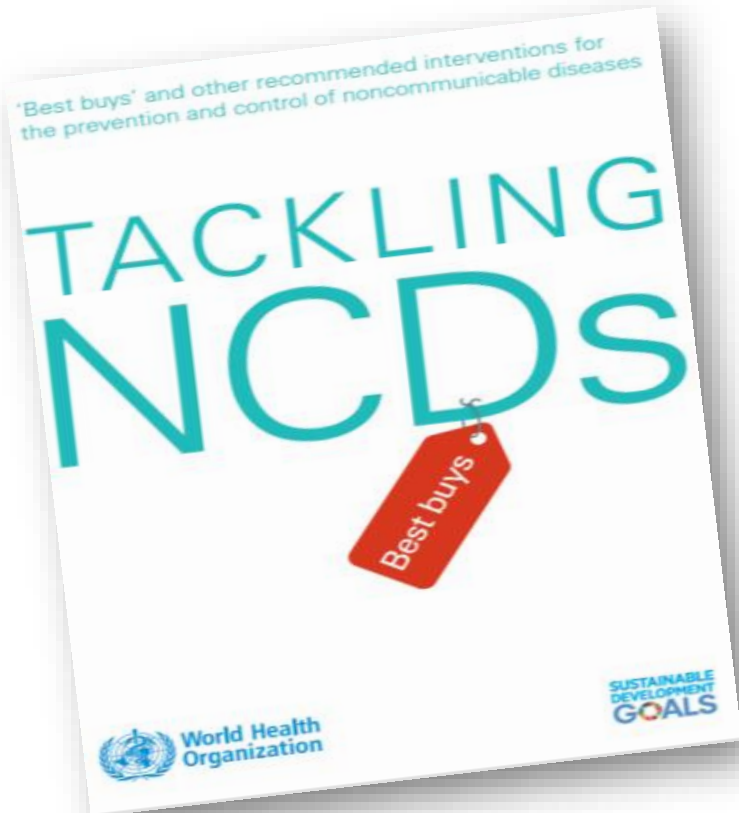


Guidelines on second-and third-line medicines and type of insulin for the control of blood glucose levels in non-pregnant adults with diabetes mellitus

GLOBAL REPORT ON DIABETES



Clarity of vision on what works best



88
Solutions



16
Best-buys



Best-buys: Effective interventions with cost effectiveness analysis \leq I\$ 100 per DALY averted in LMICs



Effective interventions with cost effectiveness analysis \geq I\$ 100 per DALY averted in LMICs



Other recommended interventions from WHO guidance (cost effective analysis not available)

Cardiovascular diseases and diabetes solutions

Best buys*

CARDIOVASCULAR RISK

Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with:

- high risk ($\geq 30\%$) of a fatal and non-fatal cardiovascular event in the next 10 years
- moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years

Effective interventions*

DIABETES

Preventive foot care for people with diabetes (including educational programmes, access to appropriate footwear, multidisciplinary clinics)

Diabetic retinopathy screening for all diabetes patients and laser photocoagulation for prevention of blindness

Effective glycaemic control for people with diabetes, along with standard home glucose monitoring for people treated with insulin to reduce diabetes complications

* WHO CHOICE analysis available

Other recommendations**

DIABETES

Lifestyle interventions for preventing type 2 diabetes

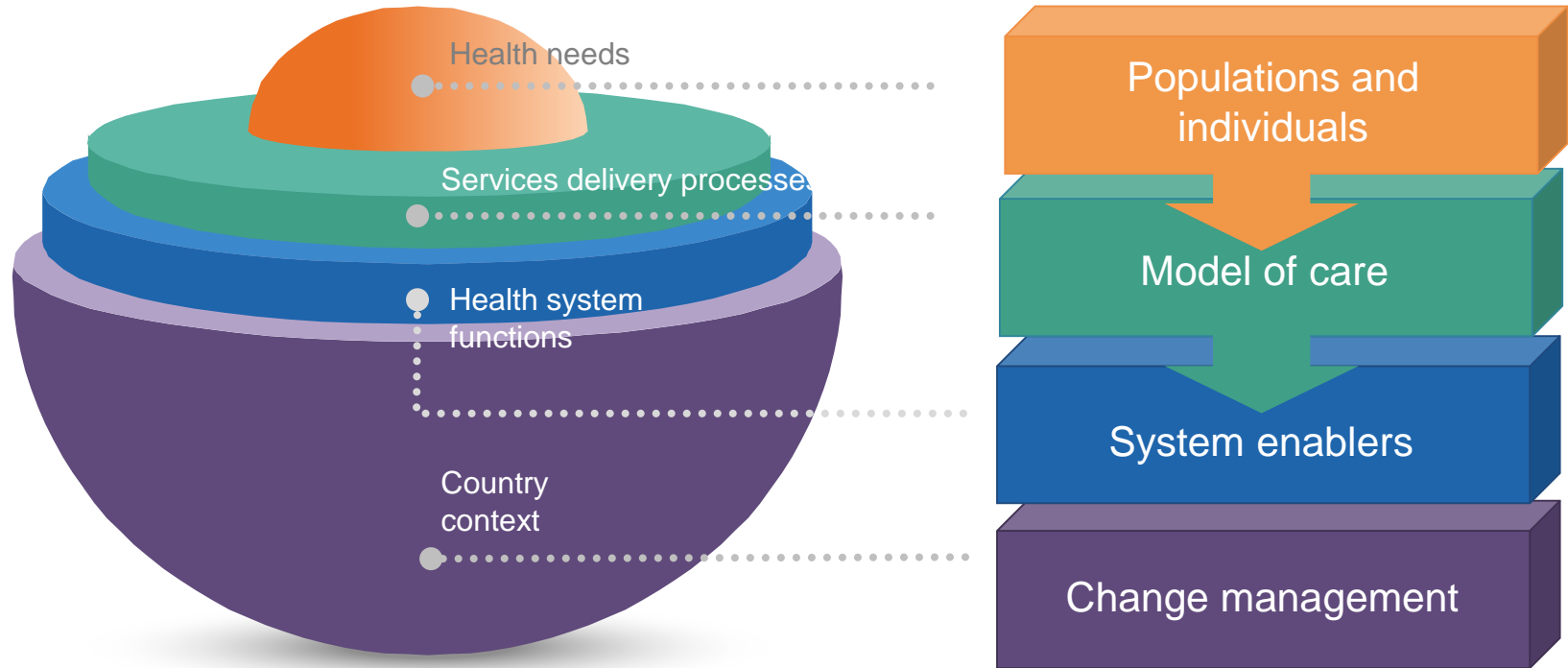
Influenza vaccination for patients with diabetes

Preconception care among women of reproductive age who have diabetes including patient education and intensive glucose management

Screening of people with diabetes for proteinuria and treatment with angiotensin-converting-enzyme inhibitor for the prevention and delay of renal disease

** WHO CHOICE analysis NOT available

Putting people first means a model of care that is designed based on needs





Establish
feedback loops
for learning and
improvement



Align
accountability
and incentives



Establish
multi-profile
teams

Adopt a
population health
management
approach



Ten primary health care policy accelerators



Invest in the
competencies
of doctors
and nurses



Upgrade
primary
health care
facilities



Integrate
health
and social
care

Support
patients to take
responsibility
for their health



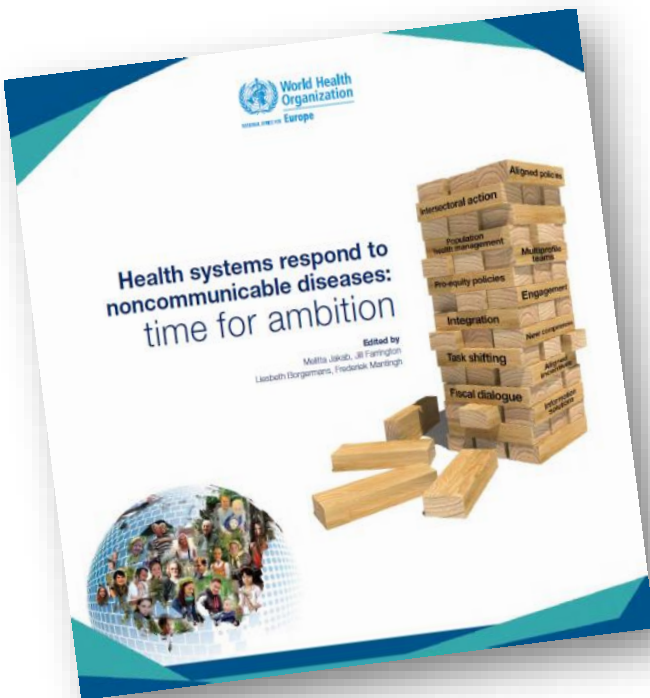
Make health
care accessible
across the
life-course



Empower
health
managers



Nine cornerstones of a health system response to NCDs



Strengthened governance

ensures coherent policy frameworks & sustainable intersectoral action for NCDs connecting national, regional and local levels

Well-resourced public health services

lead health promotion & prevention, applying universal proportionalism to drive the equity focus in public health action

Multi-profile integrated primary health care

proactively manages community health and wellbeing

Adequately regionalized specialist services

provide efficient and timely care for acute conditions

People-centredness

is reflected in all health system functions

Fit-for-purpose health workforce

delivers people-centred interventions and services based on evidence

Adequate & prioritized health financing

enables coverage of important services and aligns incentives with service delivery goals

Access to quality medicines

is ensured through comprehensive coverage, pricing policies and promotion of generics

Information solutions

serve population health management, condition management in primary care, coordination across providers for seamless care, & self-management

Health systems assessments for better NCDs



		ARM	BLR	KAZ	MDA	TJK	KGZ	TKM
CVD and diabetes	Risk stratification in primary health care	M	M	M	M	L	M	M
	Effective detection and management of hypertension	M	L	L-M	L	L	L	M
	Effective primary prevention in high-risk groups	M	L	M	L	L	L	M
	Effective secondary prevention after AMI including acetylsalicylic acid	M	L-M	L-M	M	E	L	M
	Rapid response and secondary care after AMI and stroke	M	M-E	M	L	L	L	M
Diabetes	Effective detection and follow-up	M	M	L-M	L	N/A	N/A	L-M
	Patient education [nutrition; physical activity; glucose management]	L	M	M	M	N/A	N/A	M
	Hypertension management among diabetes patients	L	N/A	L	N/A	N/A	N/A	L-M
	Prevention complications	L	N/A	L-M	N/A	N/A	N/A	M

Source:

<http://www.euro.who.int/en/health-topics/Health-systems/health-systems-response-to-ncds/publications/country-assessments>

Key: L = Limited; M = Moderate; E = Extensive; N/A = Not assessed

How would we measure success?

Quality indicators for diabetes care

Incidence, prevalence, mortality

Age-standardized mortality for diabetes mellitus (all ages)

Premature mortality (30-69 yrs) from diabetes mellitus

Percentage with raised fasting blood glucose (plasma venous value ≥ 7.0 mmol/L) or currently on medication for raised blood glucose

Prevalence of diabetes (detected in clinical practice)

Incidence of diabetes (detected in clinical practice)

Process of care measures

Percentage of patients with one or more HbA1c tests annually

Percentage of patients with at least one LDL cholesterol test annually

Percentage of patients with at least one test for microalbuminuria during the measurement year; or who had evidence of medical attention for existing nephropathy;

Percentage of patients who received a dilated eye exam or evaluation of retinal photography by an ophthalmologist or optometrist during the current year or during the prior year if the patient is at low risk for retinopathy

Percentage of patients registered with type 2 diabetes > 40 yrs. of age on statin

Proximal Outcome measures

Percentage of patients with most recent HbA1c level $>9.0\%$ (reflecting poor control)

Percentage of diabetes patients with blood glucose controlled at last visit in last quarter (clinical audit)

Percentage of all people currently on medications for diabetes OR have been diagnosed with diabetes AND who have glycaemic control (survey)

Percentage of patients with most recent LDL <130 mg/dl

Percentage of patients with most recent blood pressure $<140/90$ mmHg

Distal outcome measures

Lower extremity amputation rates

Kidney disease in persons with diabetes

Cardiovascular mortality in patients with diabetes

Blindness

Other

Diabetes admissions per 1000 patients with diabetes [Number of hospital discharges for diabetes per 1000 diabetics]

Retinopathy treatment

NCD Progress monitor indicators

Development and implementation of national multisectoral NCD policies and action plans, which include diabetes

Country has conducted surveys of risk factors (may be a single risk factor or multiple) for either or both raised blood glucose or diabetes in the last five years.

Unhealthy diet reduction measures - Marketing of foods and non-alcoholic beverages to children

Public education and awareness campaign on physical activity

Guidelines for management of diabetes and CVD

Provision of drug therapy, including glycaemic control, and counselling for eligible people at high risk to prevent heart attacks and strokes, with an emphasis on the primary care level

Measurable by WHO Country Capacity Survey

Risk factors and mortality

Proportion of population with insufficient levels of physical activity (less than 150 min per week)

Age-standardized prevalence of overweight (defined as body mass index $>25 \text{ kg/m}^2$) in persons aged 18+ years

Prevalence of overweight in children

Age-standardized prevalence of obesity (defined as body mass index $>30 \text{ kg/m}^2$) in persons aged 18+ years

Prevalence of obesity in children

Age-standardized prevalence of obesity (defined as body mass index $>30 \text{ kg/m}^2$) in persons aged 18+ years

Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration $> 7.0 \text{ mmol/l}$ or on medication for raised blood glucose)

Unconditional probability of dying from diabetes between ages 30 and 69 years

Measurable by NCD risk factor surveys, National information Systems or estimated by Global Health Observatory



Spotlight on countries

<http://www.euro.who.int/ru/about-us/whd/world-health-day-2016-beat-diabetes>

Acknowledgements

- Jill Farrington
- Juan Tello
- Ivo Rakovac
- Yelena Tarasenko
- Jose Filipe Raposo
- OECD
- CHRODIS

Thank you!



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