



HEALTH POLICY  
ANALYSIS  
CENTER



## **Multi-Stakeholder Meeting**

# **Advancing access to care in Kyrgyzstan: implementation of guidelines on diabetes**

**AMSTERDAM**

**4 December, 2023**

# Background

**RAPIA  
(2010,2017)**

- Lack of holistic approaches in management of patients with T1 diabetes
- Lack of guidelines specifying management of patients with T1 diabetes
- Family doctors were not involved in management of T1 diabetes
- Low awareness of the population on diabetes and its complications, poor adherence to treatment by patients
- High level of unnecessary hospitalizations for T1 diabetes
- Ineffective use of insulins, problems with distribution, storage and distribution
- Procurement and demand for insulin were not based on data from the Diabetes Registry
- Over 40% of patients with T2 diabetes used insulin due to Metformin unaffordability

# Activities – Stage 1



Planning development of CGs/CPs on T1 diabetes management, standards and indicators for the implementation (establishment of the WG, broad discussion, external and internal expert reviews)



Implementation of the CG/CP – training, ToT, integration in the educational process, refreshment training



Carrying-out of an analysis – monitoring of the implementation results based on standards and indicators (check lists)



Discussion of findings, identifying positive and negative aspects, discussion with key stakeholders, making amendments to further implementation plans

# Monitoring of the CGs/CPs and SOPs implementation for doctors and nurses

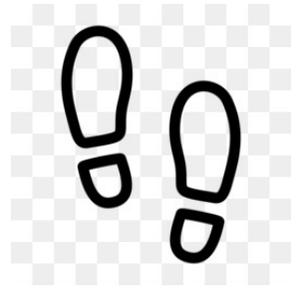
**Monitoring  
based on the  
developed  
standards  
and  
indicators**

- Resource provision indicators: facility infrastructure (diagnostic and laboratory equipment, drug supply, digitalization of processes), availability of human resources
- Process and outcome indicators: skills of health professionals (knowledge, skills and practice), assessment of compliance with the developed standards

# Lessons Learnt – implementation of the CGs/CPs for doctors

- Despite training, family doctors were not ready and did not start managing patients with T1 diabetes, including insulin-dependent patients with T2 diabetes
- Hospitalization rates remain high, especially for type 1 diabetes
- The implementation of clinical protocols is poor due to lack of health personnel in regions
- Lack of routing for patients with diabetes makes the patient pathways very complicated
- Laboratory and diagnostic equipment of health facilities does not enable to deliver the full scope of required services in accordance with the CGs/CPs
- Insulin is available at the level of raion FMC only
- Insulins are not sold in the pharmacy network of the country
- Inclusion of Metformin in beneficial subsidized programs improved the availability of insulins for patients with T1 Diabetes (39% of coverage with the SBGP)
- Limited availability of test strips within beneficial drugs programs (500 test strips per year for adults and 2000 test strips for children)

# Next steps



The implementation process should be ongoing training (PRG/PDG) and regular monitoring (within a HO)

Training of trainers at the local level: leaders of physicians and nurses who can act as mentors

Revision of the CGs and standards considering lessons learnt and development of clear algorithms for family doctors

Implementation of insulin tracking through digital labeling

Digitalization of guidelines, integration with an outpatient card

Introduction of incentive payments for family doctors based on the results of managing T1 diabetes

# Activities – Stage 2



**Involvement of nurses in diabetes management – development of the CGs and SOPs on nursing for diabetes**



**Implementation of the CGs for nurses: training with focus on practical skills, ToT, PRG, integration in the educational process at the undergraduate and postgraduate levels**



**Monitoring and observation of practical skills in accordance with SOPs using a checklist**



**Discussion of findings with key stakeholders and making changes to the further plan**



# Lessons Learnt – implementation of the CGs for nurses

Implementation of the nursing process in diabetes management:

- ✓ Observation of patients with diabetes by nurses has begun in regions at the level of FGPs, FAPs, where doctors are not available
- ✓ Expanding the functions of nurses in management of patients with diabetes (early detection, management and education of patients)
- ✓ Increasing trust in nurses amongst patients, increasing awareness of patients with diabetes
- ✓ Better practical skills and increasing responsibility for the management of patients with diabetes - (methods for examining the diabetic foot and visual acuity)
- ✓ Insufficient work on early detection of diabetes; most often only patients who self-refer to health facilities are observed
- ✓ Insufficient equipment for nurses (lack of glucometers, test strips in health facilities)
- ✓ Low staffing of family nurses, only 4845 family nurses in the Kyrgyz Republic
- ✓ Excessive workload (more than 1500 enrolled population)

# Next Steps



Organization of a family nurse's work in accordance with the established stages of the nursing process

Reorientation and focus on early detection of diabetes and patient education

Creating conditions for nurses to perform their work in terms of equipment

Further scale-up of the diabetes SOP implementation in other regions

Regular monitoring of the family nurses' performance in accordance with the developed and approved CGs and SOPs

Introduction of incentive payments based on performance