Diabetes Action Now

Plans for providing guidance on the contents and implementation of national diabetes programmes

Consultation process

Part of the work of Diabetes Action Now is to produce guidance on the contents and implementation of interventions for improving diabetes care. A document outlining what this work might involve, and how it would relate to other initiatives currently going on, was circulated for comment in December 2004.

The results of this consultation exercise were discussed at the Diabetes Action Now Steering Group meeting on February 28th 2005. The main points from the consultation and the two main areas of work that were endorsed by the Steering Group are summarised below.

Feedback from the consultation

Although feedback was received from a relatively small number of people, they covered very important partners to Diabetes Action Now, including two WHO regional offices, the major donor for the programme, and people with direct experience of working at a policy level to improve diabetes care. Four main points came through from the feedback. These are:

1. The need for the proposed work to be clearly integrated with other WHO initiatives around the prevention and treatment of chronic, noncommunicable diseases. The argument was made that the promotion of national diabetes programmes may detract from seeking to promote and support integrated approaches to chronic disease control.

2. The need to take into account cultural, and other types of social and economic factors, in the development and implementation of interventions for the prevention of diabetes and its complications. The point was made that while the biological goals are very similar between populations the best way to achieve them is not. It was argued that an approach that supports the development of local solutions by local people is more likely to succeed in the long run than one that is imported from outside.

3. It was suggested that the proposed work on reviewing models of care for diabetes and other chronic conditions may go over ground that has been adequately covered by others. Related to this is the fact that there is guidance on the contents of, and on approaches to, the development and implementation of national diabetes programmes from elsewhere, and the work proposed should review and learn from this.
4. The comment was made that if the proposed web based resource for policy makers is to be fully used it will require publicizing, and that strategies to achieve this should be drawn up alongside its development.

**Planned work**

In the light of the feedback received and further discussions that have taken place, the Steering Group for Diabetes Action Now has approved the following two pieces of work.

1. **The provision of a web based resource for policy makers on the development and implementation of health care interventions for diabetes.**

In relation to the feedback received the following points are highlighted.

a. The Innovative Care for Chronic Conditions Framework, developed by WHO, will provide an overarching framework within which guidance is provided. Although the focus will be on diabetes it will emphasize the principles and approaches common to all chronic diseases, and indeed that diabetes can be used as a model for improving the health system for chronic disease care.

b. Guidance will be provided on what interventions to deliver for the prevention of diabetes related complications, with guidance on interventions appropriate to different resources settings. Essentially this will involve making available, with appropriate permissions and acknowledgements, other ongoing work in this area. This includes work by the International Diabetes Federation (IDF) to produce a hierarchy of guidance appropriate to different resource settings and the work for the Diabetes Chapter of the forthcoming Disease Control Priorities in Developing Countries.

c. Core to the design of the web based resource will be the recognition that the best approaches to deliver the interventions depend upon local circumstances. Thus the guidance on how to deliver the interventions will aim to provide suggestions on how to develop locally appropriate approaches alongside examples from different parts of the world that may be helpful in formulating ideas.

d. The whole process of developing the contents and approaches within the site will be guided by an internal (to WHO) and external advisory group. This group will contain potential users of the site, individuals with experience of developing and implementing interventions in low and middle income countries, and individuals with experience of developing comparable web based resources. The site will be pilot tested at key stages of its development.

e. A strategy for bringing the website to the attention of intended and potential users will be devised and implemented. It will include follow up to assess the use of the website.

At the time of writing more detailed proposals are being drawn up for contents and structure of the site and potential members of an advisory group will be approached.
within the next 2 to 3 months. The site will be developed over the coming 9 to 12 months, and will be launched in the first quarter of 2006.

2. The provision of practical help to ministries of health in low and middle income countries to improve diabetes care

This proposal has been developed jointly by the International Diabetes Federation, led by members of the education section, and the World Health Organization in Geneva, led by the Diabetes Group. The aim of the proposal is provide practical help and guidance to health care planners on the development, implementation and evaluation of interventions to improve diabetes care. This proposal requires new funding. Assuming funding is secured it is unlikely to begin before early 2006 and will run beyond the current end of Diabetes Action Now (which is October 2006). It is a natural progression of Diabetes Action Now, which is largely concerned with awareness raising and bringing together the evidence for the prevention and control of diabetes. This proposal moves into providing practical support to improve prevention and control.

The proposal is still undergoing development, but it is likely that it will pilot test the following approach:

- A workshop will take place within one of the WHO/IDF regions, and teams from 4 to 6 countries of similar economic development will be invited to participate.
- Each team of participants is likely to consist of a health care planner, from the ministry of health, and two health care professionals with an interest in diabetes. The key criterion is that the team will represent individuals who have the mandate and ability to institute changes in health care.
- Each team of participants will be assisted to develop specific, locally relevant, interventions to improve diabetes care. The choice of interventions will be informed by a needs assessment that the team will have conducted prior to attending the workshop.
- An expert faculty, covering a range of skills, such as guideline development, health services research, and patient and staff education, will assist each team in the development of the intervention. Plans for evaluation of the intervention will also be developed at this stage.
- Provision will be made for continuing support from relevant members of the faculty, and if required other experts who were not part of the workshop, to support the implementation and evaluation of the intervention. This may include, for example, site visits, help with running local workshops, and help with details of the intervention design.
- In order to provide a reasonable timeframe, all interventions will be evaluated by 18 months, or less, of the workshop.
A note on the joint International Diabetes Center - WHO proposal

A proposal had been made by the International Diabetes Center (a WHO collaborating center) in Minneapolis and WHO Geneva, to develop and implement guidance for the treatment of diabetes at primary health care level, starting with a small number of pilot sites in low and middle income countries. This proposal was also circulated in December 2004. The proposal included adapting the detailed clinical pathways developed by International Diabetes Center (key elements of its program "Staged Diabetes Management") for use in the pilot sites. This approach has been used by the IDC in several low and middle resource situations, and there are peer reviewed publications supporting its effectiveness in several different settings.

In the light of the feedback received, and of discussions within the project Steering Group, it has been decided to focus on the two initiatives outlined above. The web based resource, and the proposal for providing more practical support, both aim to offer a range of possibilities for improving diabetes care and to support countries to choose and develop solutions appropriate to their own circumstances. The approach of Staged Diabetes Management will be one of the examples presented in both of these initiatives.

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