National Diabetes Programmes: History and Current Status

Ruth Colagiuri[1], Robyn Short[2], Alexandra Buckley[3]

[1] The Diabetes Unit – Menzies Centre for Health Policy
School of Public Health
The University of Sydney

[2] The Diabetes Unit – Menzies Centre for Health Policy
School of Public Health
The University of Sydney

[3]The Diabetes Unit – Menzies Centre for Health Policy
School of Public Health
The University of Sydney

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NATIONAL DIABETES PROGRAMMES: HISTORY AND CURRENT STATUS

Introduction

Twenty years ago, at its May 1989 meeting in Geneva, Switzerland the 42nd World Health Assembly passed a global call to action on the prevention and control of diabetes in the form of Resolution WHA42.36 [1]. Resolution WHA42.36 recognized the huge and growing personal and societal cost of diabetes complications and set out a framework which urged for a cohesive worldwide effort to combat diabetes and:

1. Invited Member States to:
    i. assess the national importance of diabetes;
    ii. implement population-based measures, appropriate to the local situation, to prevent and control diabetes;
    iii. share with other Member States opportunities for training and further education in the clinical and public health aspects of diabetes;
    iv. establish a model for the integrated approach to the prevention and control of diabetes at community level; and

2. Requested the Director-General to strengthen WHO activities to prevent and control diabetes, in order to:
    i. provide support for the activities of Member States with respect to the prevention and community control of diabetes and its complications;
    ii. foster relations with the International Diabetes Federation and other similar bodies with a view to expanding the scope of joint activities for the prevention and control of diabetes; and
    iii. mobilize the collective resources of the WHO collaborating centres on diabetes.

Since then, six of the seven Regions of the International Diabetes Federation (IDF)—Europe, North America and Caribbean, South and Central America, the Western Pacific, Africa and South-East Asia—have initiated diabetes declarations. However, anecdotal reports indicate that there is also considerable activity around NDPs in the Middle East and North African Region (MENA).

Europe was the first to respond to WHO Resolution WHA42.36 and in October 1989 in the town of St Vincent, Italy, the St Vincent Declaration was born [2]. The St. Vincent Declaration (SVD) brought together diabetes representatives from the World Health Organization (WHO) and International Diabetes Federation with delegates from patient organizations and ministries of health to design and plan a pan-European action programme to combat diabetes. The St. Vincent Declaration has been criticized for not meeting its numerical targets for reducing diabetes complications. However, globally, it brought immeasurable benefits by providing leadership, inspiration, motivation, and a role model on advocacy and action for diabetes which had a worldwide influence. Its spirit and intent were adopted by many countries within and outside Europe as a basis for developing national diabetes programmes (NDPs). While the initial impetus of the St. Vincent Declaration has long since passed, a new iteration is planned for November 2009 to reinvigorate the SVD programme in Europe.

Five years after WHO Resolution WHA42.36 and inspired by the SVD, the Declaration of the Americas on Diabetes (DOTA) was established jointly by the IDF South and Central American Region (SACA) and North American Region (NA), the Pan American Health Organization and industry partners. DOTA sought to advocate for diabetes control and prevention at country and regional levels through diabetes programmes, education and cross-discipline partnerships [3]. While DOTA made impressive advances in its early years, it appears to have become dormant and no website/information on website could be located to describe its progress or current status.

In Kuala Lumpur, Malaysia, in 2000 the heads of the IDF Western Pacific Region (IDF-WPR), the WHO-Western Pacific Regional Office (WPRO) and the Secretariat of the Pacific Community (SPC) signed the WPR Diabetes Declaration and formed a strategic alliance dedicated to addressing the growing threat of diabetes in the Western Pacific [4]. The Western Pacific Diabetes Declaration was the first of the regional declarations to be accompanied by a plan of action [5] which set out goals, objectives and specified desired outcomes targeting all levels of society from government through to business to not-for-profit organizations in the effort to stem the tide of diabetes. Strongly supported by the pharmaceutical industry, the Declaration and Plan of Action was highly active in encouraging NDPs, educational and advocacy programmes, and also supported initiatives for improving and monitoring the quality of diabetes care. Overshadowed for a few years by the Asian SARS epidemic, the Declaration has been re-invigorated by an updated advocacy plan [6] and is becoming increasingly active and regaining its former momentum.

Initiated by the IDF African Region, the African Diabetes Declaration and supporting strategy document were launched in 2006. The intent of the Declaration is set out in the vision, goals, recommendations and strategies proposed in the Diabetes Strategy for Sub-Saharan Africa Strategy. These span the continuum of care from pre-diabetes through diagnosis, routine monitoring and care, to the onset of complications and palliation [7]. The Declaration and Strategy targets politicians, healthcare funders, planners, policy makers and providers, all public sectors, non-government organizations, all relevant industry sectors and private business, and the community generally to act to reduce the public and personal cost of diabetes. It is being actively implemented by the IDF African Region.

On December 20, 2006, shortly after the launch of the African diabetes declaration and strategy at the 19th World Diabetes Congress in Cape Town, South Africa, another landmark diabetes resolution was passed. UN Resolution 61/225 [8] contained three core messages, the third of which called for:

"…Member States to develop national policies for the prevention, treatment and care of diabetes in line with the sustainable development of their health care systems, taking into account the internationally agreed development goals including the Millennium Development Goals"

To operationalize this clause of UN Resolution 61/225, the IDF established a Task Force on National Diabetes Policy and Action (NDPA) to promote and support the development and implementation of NDPs globally (Appendix 1).

On October 17, 2008, the Kathmandu Declaration was unanimously adopted by participants of a workshop, one of seven regional workshops organized by IDF to encourage the implementation of UN Resolution 61/225. At the invitation of the IDF South-East Asian Region, representatives of the IDF-WPR and MENA Region met in Kathmandu to formulate this collaborative declaration. The Kathmandu Declaration is an action plan, and provides guidelines and a framework for the prevention and care of diabetes.

Today's national diabetes programmes are rooted in Resolution WHA42.36 and UN Resolution 61/225. However, although there have been diabetes care audits under the SVD and more recently the EU, and attempts in some IDF Regions to monitor and assess progress of NDPs, the number of countries with NDPs and the nature and extent of in-country activity around NDPs had not been assessed globally. The first requirement for the NDPA Task Force was to identify the current status of NDPs. The purpose of this was twofold:

a) to gain insights to guide the work of the Task Force in designing resource material and support; and

b) to develop a global baseline profile of NDPs against which future progress could be measured.

Methods

A cross sectional survey of IDF member associations was conducted between May and August 2008. The survey tool was a semi-structured questionnaire composed of 16 open-ended and closed questions (Appendix 3) designed to seek information on:

a) the existence and endorsement of an NDP
b) nature, scope and funding
c) implementation, target population and topics addressed by the NDP
d) goals and objectives
e) evaluation/outcomes of the NDP

A specific open-ended question addressing future plans for developing and implementing an NDP was included for countries without an NDP.

The draft questionnaire was circulated to the Task Force members for review and amended accordingly before being piloted by one developed and one developing country.

The finalized questionnaire was translated from English into Spanish and French by staff of the IDF Executive Office in Brussels. The completed questionnaire was subsequently circulated electronically with an explanatory letter and request for response to all 202 IDF member associations through the seven IDF Regional Offices by the IDF Executive Office in Brussels. In circulating the questionnaire, particular attention was given to matching the dominant language of the Region with the appropriate questionnaire. Member associations were given approximately one month to complete and return the survey via fax or email. At least two follow-up communications were conducted by email (one by the authors and one by the IDF Executive Office) to optimize the response rate.

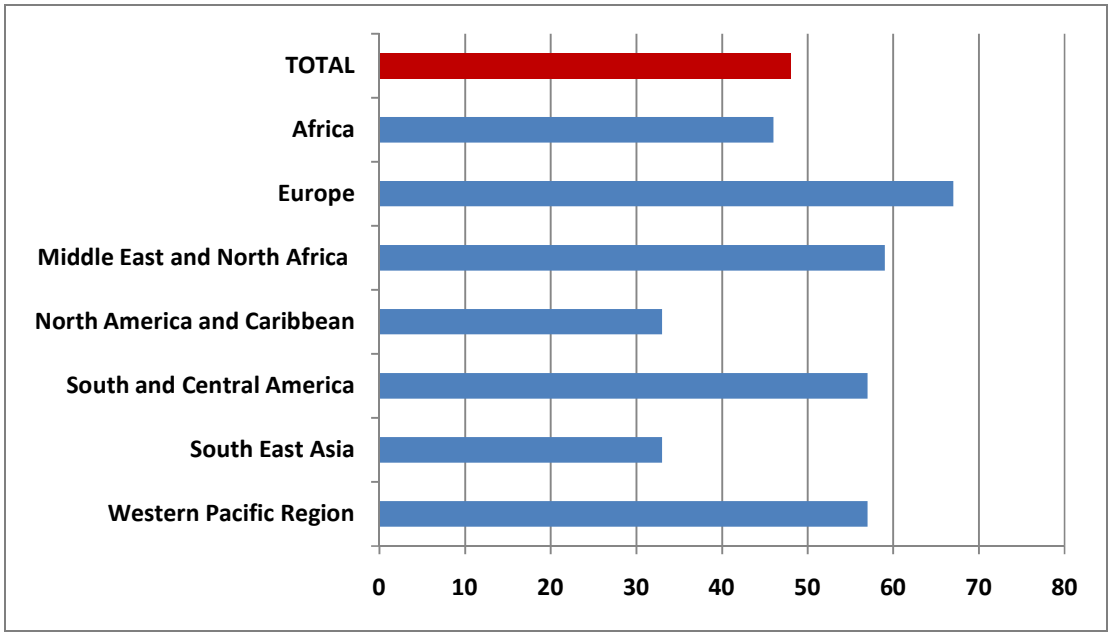
The dichotomous (yes/no) data and other quantitative information were analysed for frequencies using Excel. Qualitative information was analysed for synergies and recurrences in the themes occurring in the responses.

RESULTS

Response rate

Of the 190 countries surveyed a total of 89 countries replied, giving an overall response rate of 47%. Figure 1 shows the percent of respondents by Region which varied from 33% in North America to 67% in Europe.

Figure 1 Survey response rate by IDF Region (%)



Confirmation of the existence and endorsement of an NDP

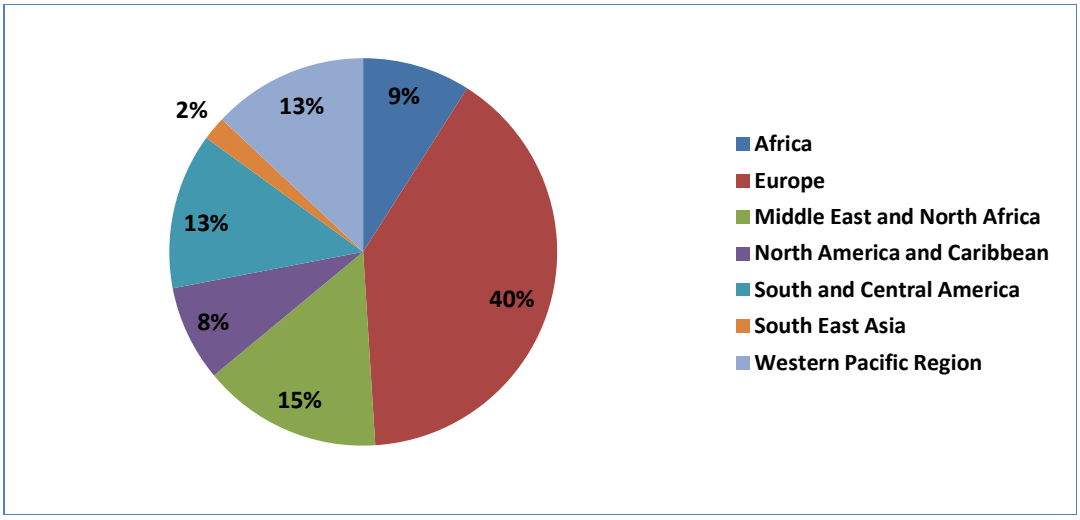
Fifty-four (61%) of the 89 countries that responded reported having an NDP. Of the 54 countries with an NDP, 50 (93%) reported that there was official documentation of the NDP, but only 48 (89%) had Government endorsement. The NDP was recognized as formally documented and publicly available in 36 countries (67%). A regional breakdown of current NDPs is presented in Figure 2.

Of the 35 countries (39%) who reported not having an NDP, 26 (74%) confirmed plans of implementing and developing an NDP. These plans included:

- formal diabetes training workshops for all health workers;
- development of a national diabetes registry;
- funding for diabetes research;
- improvement of access to care, self-care education, therapeutics and devices for people with diabetes and their carers;
- development of national diabetes standards/clinical guidelines; and
- implementation of an active screening plan for diabetes, pre-diabetes and co-morbidities.

Seven of the 26 countries (27%) did not provide an outline of their development plans.

Figure 2 Current National Diabetes Programmes by IDF Region



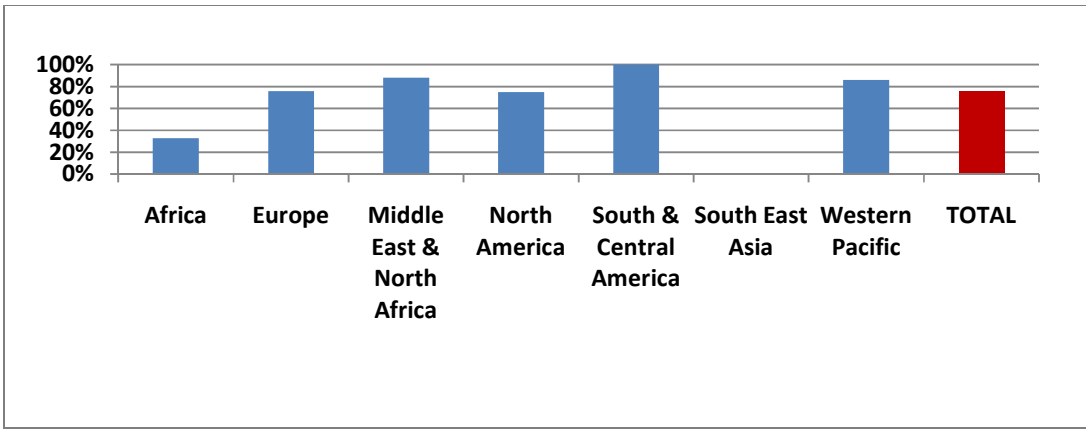
NDP scope and funding

In stating who was actively involved in the development of the NDP, 51 of 54 (94%) countries reported government officials as primary contributors followed by healthcare workers (93%) and national diabetes association/action groups (91%). For 65% of countries with an NDP, the NDP function as an integrated component of a national non-communicable disease strategy. Only 24 of the 54 countries (44%) reported their NDP operating as a stand-alone strategy. Dedicated funding for the NDP was reported in 34 (63%) of the 54 countries that responded.

NDP implementation, target population and topics addressed

Overall 76% of countries reported their NDP had been implemented, ranging from 100% in some countries in South and Central America to no countries in South-East Asia (Figure 3). In these countries, the key figures responsible for implementing the NDP were healthcare workers (85%), government officials (78%) and non-government/private organizations (65%). Thirty five (65%) of countries reported that people with diabetes were involved in implementation. One country that reported 'yes' to implementation did not report the process by which this occurred.

Figure 3 NDPs implemented, by IDF Region



In 52 (96%) of the 54 countries the primary target of the NDP was people with type 2 diabetes. People with type 1 diabetes and people at risk of developing diabetes were targeted in 89% and 85% of NDPs respectively and gestational diabetes was a target in 83%, with 72% of the NDPs targeting the whole population.

The majority of respondents reported that the NDP covered the topics listed. As shown in Table 1, the most commonly reported focus of NDPs was on routine clinical care and secondary prevention of complications (both 91%) with psychological and behavioural issues being the least commonly reported focus (59%). Results clustered in the 80-90% range for all other topics.

Table 1 Topics addressed by National Diabetes Programmes

NDP Topic field	Total Countries with an NDP*
Community awareness	46 (85%)
Primary prevention	45 (83%)
Screening/ Early diagnosis	46 (85%)
Routine clinical care and services	49 (91%)
Essential medications and supplies	45 (83%)
Secondary prevention of complications	49 (91%)
Vascular disease complications	48 (89%)
Psychological and behavioural issues	32 (59%)

***Number of responses followed by percentage in brackets**

Health worker training programmes, clinical guideline development and implementation, strengthening health services/resources, and use of information systems were the leading activities reported (87%, 83%, 85%, and 80% respectively). Fifty-two percent of countries reported that a national diabetes registry was part of their NDP. With regard to a patient-centred approach, 80% of countries reported that patients with diabetes were consulted about their needs, and 76% focused on ensuring equal access to healthcare. Sixty-five percent of countries stated that their NDP takes account of individual differences, preferences and cultural diversity. Fifty-seven percent of countries reported that people with diabetes were represented on the committee responsible for implementing the NDP in their country.

Monitoring and surveillance

National monitoring and surveillance of the diabetes burden was reported in 45 (83%) of the NDPs. Table 2 presents which aspects of the disease burden are monitored and shows that the overall cost of essential medications and diabetes prevalence are the most frequently monitored aspects, closely followed by clinical services, with cost to individuals and families being the least monitored aspect.

Table 2 Aspects of the diabetes burden monitored by National Diabetes Programmes

Aspects monitored	Total Countries with an NDP *
Prevalence and incidence	40 (74%)
Details of old cases/ total cases on treatment	27 (50%)
Routine clinical care and services	39 (72%)
Essential medications and supplies	40 (74%)
Cost to the health system/ government	27 (50%)
Cost to the individual/ family	18 (33%)
Community awareness	32 (59%)

***Number of responses followed by percentage in brackets**

NDP goals and objectives

The following themes consistently appeared in the respondents' specification of their country's NDP goals:

- raising public awareness: national promotion, information and education
- prevention: primary (reduce diabetes incidence), secondary (early diagnosis and behaviour change), tertiary (reduce complications, mortality, minimize impact)
- improve quality of diabetes treatment and care: accessible, community-based, multi-disciplinary teams, patient-centred approach
- ongoing professional development/training for diabetes care personnel (health workers)
- development of national clinical guidelines for diabetes
- support for research into diabetes
- establish a diabetes register (type 1 diabetes)

NDP evaluation and outcomes

Thirty percent of all countries with an NDP reported that their NDP had been evaluated and reported the process by which this occurred. The main evaluation processes were:

- prevalence of diabetes
- biochemical indicators and physical assessment: HbA1c levels, BMI
- diabetes patient education: knowledge of disease, success of self-management techniques and behaviour modification
- complications: referrals and treatment
- collaboration between health care services and diabetes associations
- working national diabetes registry

For those 38 countries whose NDP was not currently being formally evaluated, seven countries reported having no formal process planned whilst several were undertaking discussion to determine means of evaluation.

Discussion

The NDP survey received a credible response rate of 47% with over half of all countries reporting that they have active NDPs. The majority of countries identifying as not having an NDP reported that action is being taken at a national government level to rectify this but most of these were unable to provide any definite timeframes for the development and implementation of an NDP. However, the recurrence of common themes in responses about planning for the development and implementation of future NDPs in countries without NDPs showed encouraging synergies with the stated goals and objectives of countries with active NDPs.

This survey appears to be the first of its kind on a global scale and provides a foundation on which futures surveys can build. However, it is important to note that the survey provides information from an IDF member association perspective only and, as such, is neither exhaustive nor comprehensive. For example it does not include information from government sources, WHO STEPS surveys or regional surveys and audits which may have been conducted by government and non-government organizations which may centre on or be relevant to NDP. While the survey yielded useful insights into where national diabetes programmes exist and where they are absent, it was not capable of providing sufficient detail to assess the effectiveness of existing programmes. Further, the survey questionnaires were distributed in English, French and Spanish and it was not possible within the resources for the project to translate the questionnaires into individual national languages. Consequently, language may have posed a barrier to the understanding of some questions and the accuracy of responses and, in some cases, may have deterred national diabetes associations from responding at all.

A little over half (59%) of countries identifying as having an NDP responded to the specific question which asked about the inclusion of psychological and behavioural issues in NDPs. It is difficult to interpret this finding. One the one hand it is pleasing that so many respondents report that this is being addressed in NDP. On the other, it demonstrates that much work needs to be done globally to raise awareness of the importance of this issue. The level of consumer/patient involvement in NDP implementations evokes a similar response. Perhaps, both could be addressed by the development of standards requiring the inclusion of consumer perspectives and a patient-centred approach to health policy and the organization and delivery of healthcare to people with diabetes in the design and implementation of NDPs.

Observing the evolution of regional diabetes declarations over time, it is clear that their scope has broadened considerably and the gap between concentration on the care of the diagnosed and prevention of the development of diabetes is gradually closing. Nonetheless, if the tide of diabetes is to be turned, more effort needs to be directed to primary prevention and this focus needs to include an environmental, whole-population approach in addition to the identification and reduction of risk factors in susceptible people.

Conclusion

The survey demonstrated that there is a strong core of cohesive national activity on diabetes around the world. However, it also illustrates the need for a concerted effort to encourage and support those countries without NDPs, and those whose NDPs are inactive, to develop and implement comprehensive prevention and care plans aimed at reducing the personal, family and societal burden of diabetes. Specifically, there is a need to mobilize government support and dedicated funding. Future diabetes programmes will also need to engage the private corporate sector, and to work closely with ministries of health to engage other government sectors.

Insights into the current status of the NDPs both globally and regionally are critical to designing and shaping directions and needs-based strategies for combating diabetes. The results of this survey help to establish a global and regional baseline profile of NDPs on which future evaluations of NDPs can be based, and highlight areas of deficiency for attention.

Inevitably the success or otherwise of broad public health policy and advocacy interventions such as NDPs ultimately centre on the question of whether or not they are sustainable. It is now clear that the movement that started 20 years ago with WHO Resolution WHA42.36, and is currently being re-invigorated by UN Resolution 61/225 is durable and has the capacity to mount a robust, sustained and successful battle against diabetes.

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Appendix 1

IDF Task Force on National Diabetes Policy and Action

A/Professor Ruth Colagiuri -	Western Pacific Region (Chair)
Dr. Abdullah Ben Nakhi -	Middle East and North Africa
Professor Ambady Ramachandran -	South-East Asia
Professor Gayle E Reiber -	North America and Caribbean
Dr Gojka Roglic -	World Health Organization (WHO)
Professor Juan Jose Gagliardino -	South and Central America
Dr Kaushik Ramaiya -	Africa
Mr Lex Herrebrugh -	Europe

Appendix 2

NDP Survey Results by Region

The Status of National Diabetes Programmes in the African Region

Using the results gathered from the surveys completed and returned by the IDF member associations in Sub-Saharan Africa, this document presents a summary of the NDP status in countries of the African Region.

Responses

Of the IDF member associations in the African Region, 13 countries responded to the survey (48% regional response rate):

Burundi
Congo
Democratic Republic of Congo
Eritrea
Ethiopia
Gambia
Ivory Coast
Mali
Rwanda
Seychelles
South Africa
Tanzania
Togo

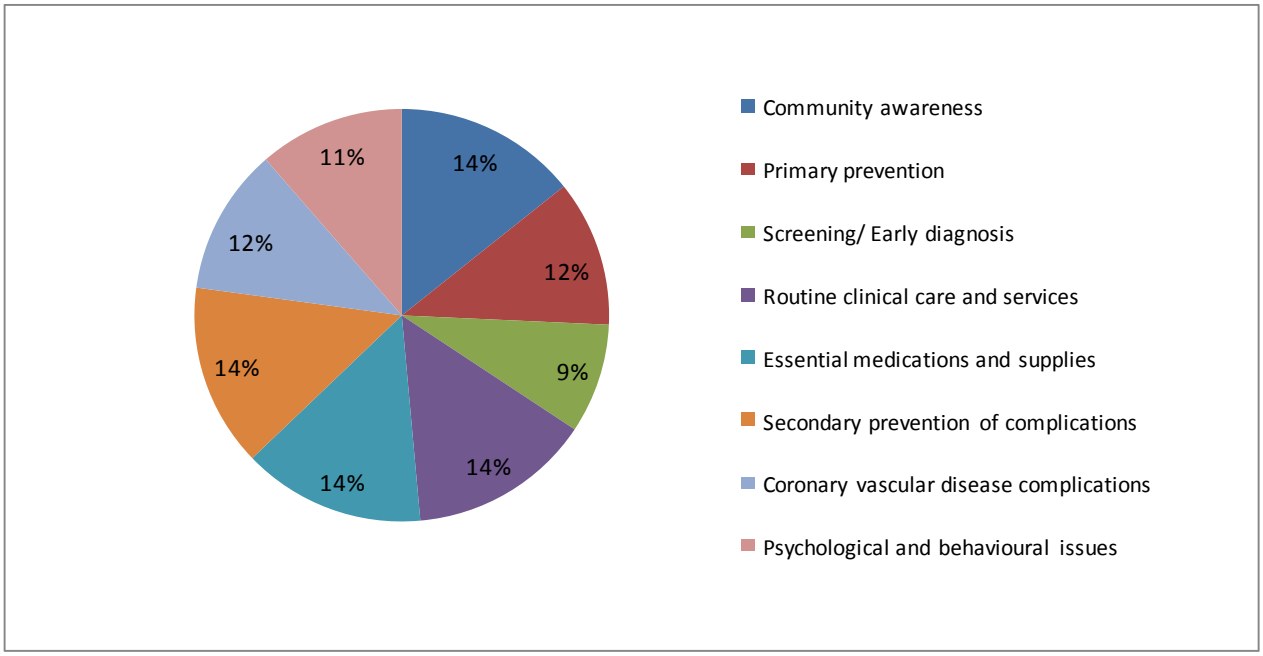
NDP Status

Of the 13 countries, 6 (46%) report having an NDP:

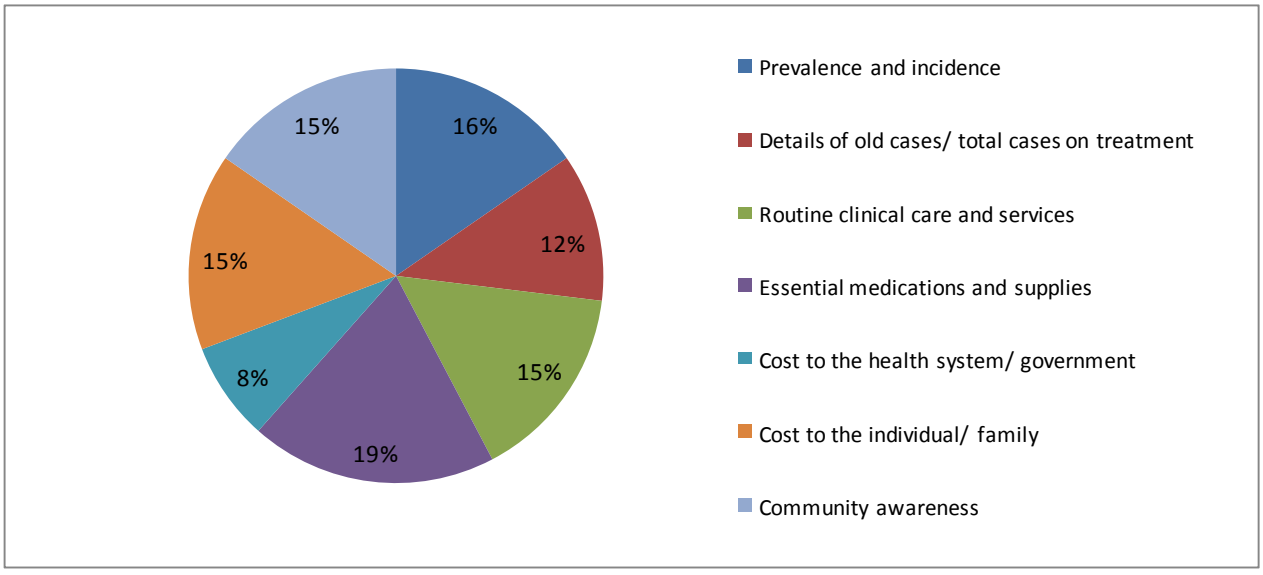
Congo
Democratic Republic of Congo
Eritrea
Ivory Coast
Mali
Togo

All 7 of the countries without an NDP report that the development of a NDP is planned.

Topics addressed by National Diabetes Programmes by IDF Region - Africa



Aspects of the diabetes burden monitored by National Diabetes Programmes - Africa



The Status of National Diabetes Programmes in the European Region

Using the results gathered from the surveys completed and returned by the IDF member associations in Europe, this document presents a summary of the NDP status in countries of the European Region.

Responses

Of the IDF member associations in the European Region, 33 countries/territories responded to the survey (67% regional response rate):

Austria
Belarus
Belgium
Cyprus
Czech Republic
Denmark
England
Finland
France
Greece
Hungary
Iceland
Ireland
Italy
Kyrgyzstan
Latvia
Luxembourg
Netherlands
Northern Ireland
Norway
Poland
Portugal
Romania
Russia
Scotland
Slovenia
Spain
Sweden
Switzerland
Turkey
Ukraine
Uzbekistan
Wales

NDP Status

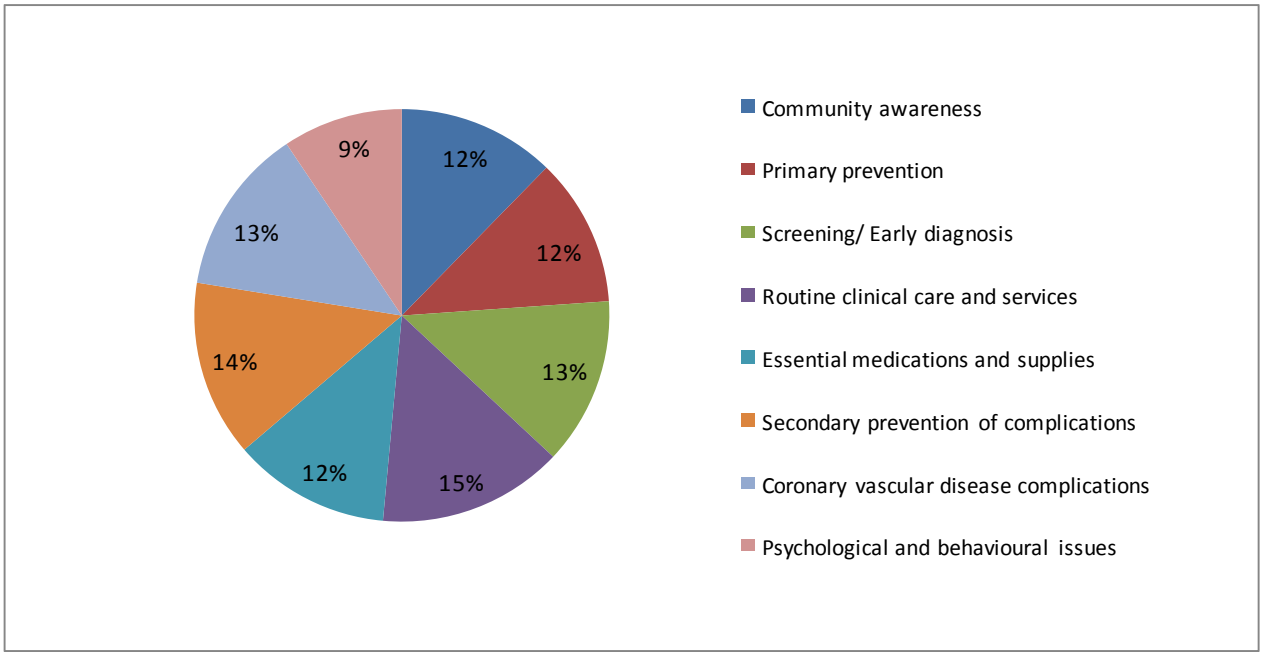
Of the 33 countries/territories, 21 (64%) report having an NDP:

Austria
Belarus
Cyprus
Denmark
England
Finland
France
Greece
Italy
Netherlands
Norway
Portugal
Romania
Russia
Scotland
Spain
Sweden
Turkey
Ukraine
Uzbekistan
Wales

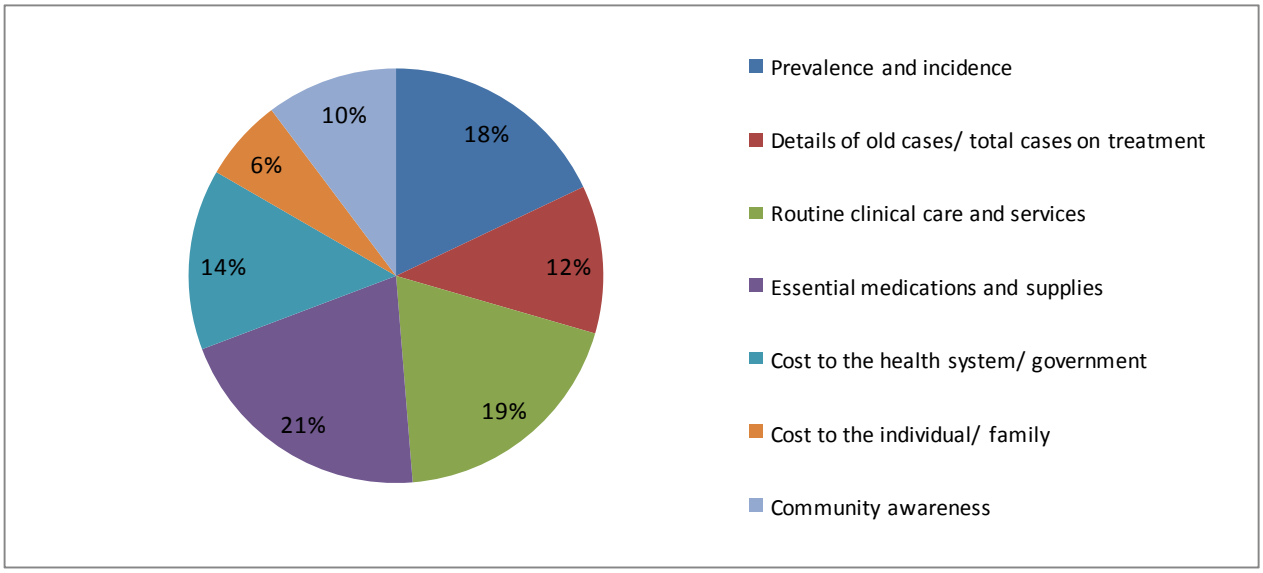
Of the 12 countries/territories without an NDP, 8 state that the development of an NDP is planned:

Czech Republic
Hungary
Ireland
Kyrgyzstan
Latvia
Northern Ireland
Poland
Slovenia

Topics addressed by National Diabetes Programmes by IDF Region – Europe



Aspects of the diabetes burden monitored by National Diabetes Programmes – Europe



The Status of National Diabetes Programmes in the MENA Region

Using the results gathered from the surveys completed and returned by the IDF member associations in the Middle East and North Africa, this document presents a summary of the NDP status in countries of the MENA Region.

Responses

Of the IDF member associations in the MENA Region, 10 countries responded to the survey (59% regional response rate):

Afghanistan	Lebanon
Bahrain	Libyan Arab Jamahiriya
Pakistan	Morocco
Egypt	Oman
Kuwait	Qatar

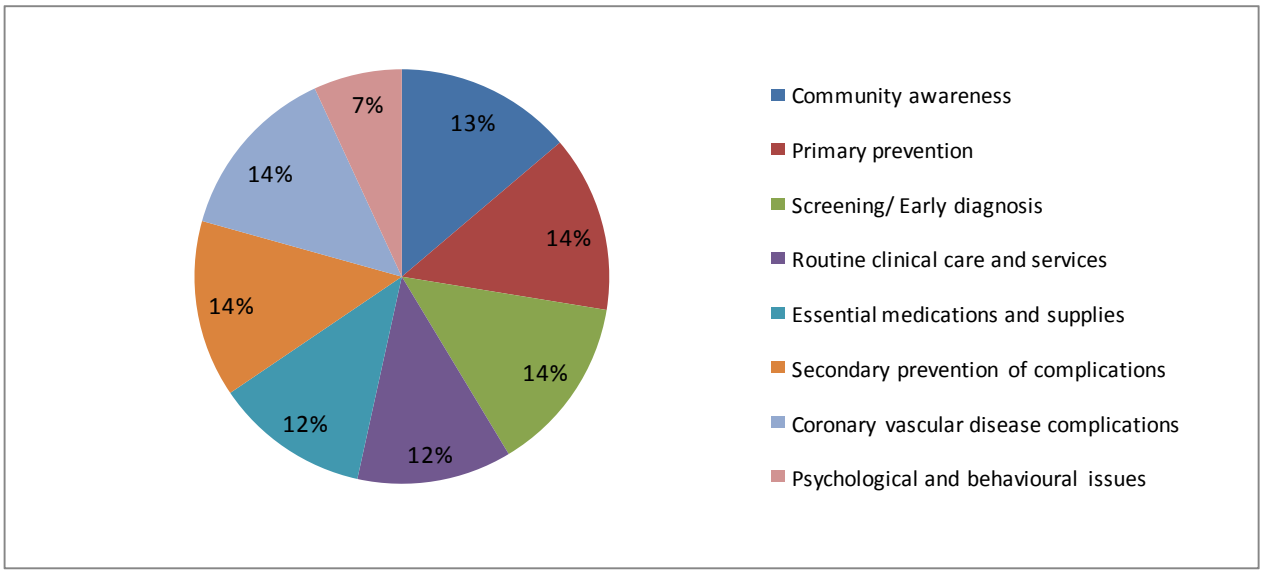
NDP Status

Of the 10 countries, 8 (80%) report having an NDP:

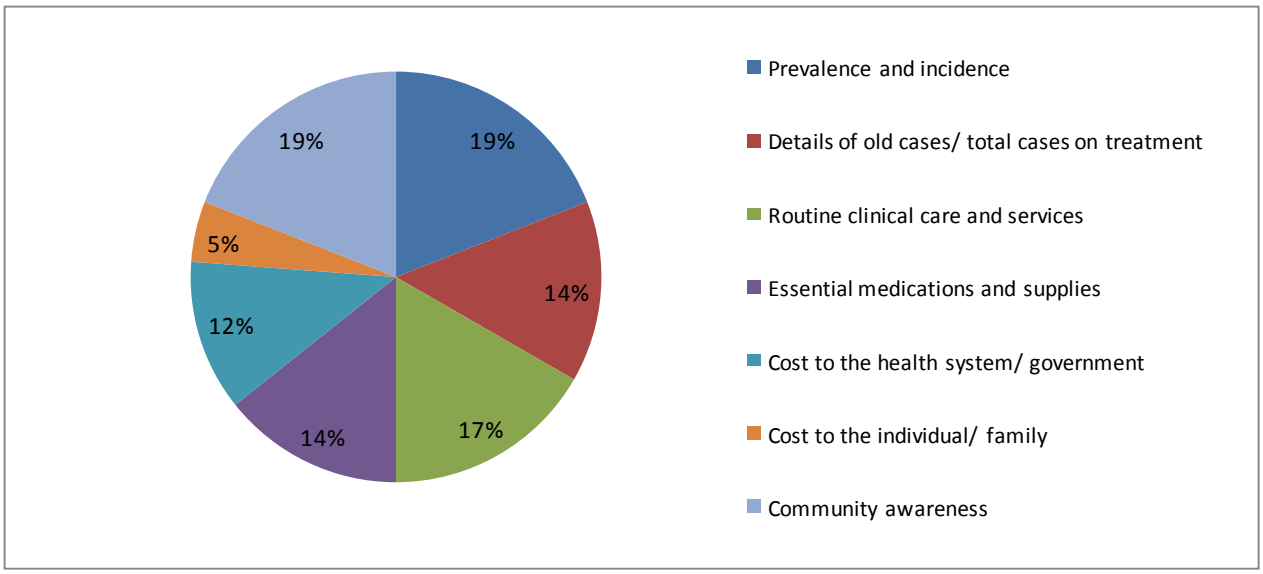
Afghanistan	Lebanon
Bahrain	Libya
Pakistan	Morocco
Kuwait	Oman

Both the Egyptian Diabetes Association and the Qatar Diabetes Association report that the development of an NDP is planned.

Topics addressed by National Diabetes Programmes by IDF Region – MENA



Aspects of the diabetes burden monitored by National Diabetes Programmes – MENA



The Status of National Diabetes Programmes in the North America and Caribbean Region

Using the results gathered from the surveys completed and returned by the IDF member associations in North America and the Caribbean, this document presents a summary of the NDP status in countries in the NAC Region.

Responses

Of the IDF member associations in the NAC Region, 7 countries responded to the survey (33% regional response rate):

America
Antigua and Barbuda
Bermuda
Canada
Haiti
Jamaica
Mexico

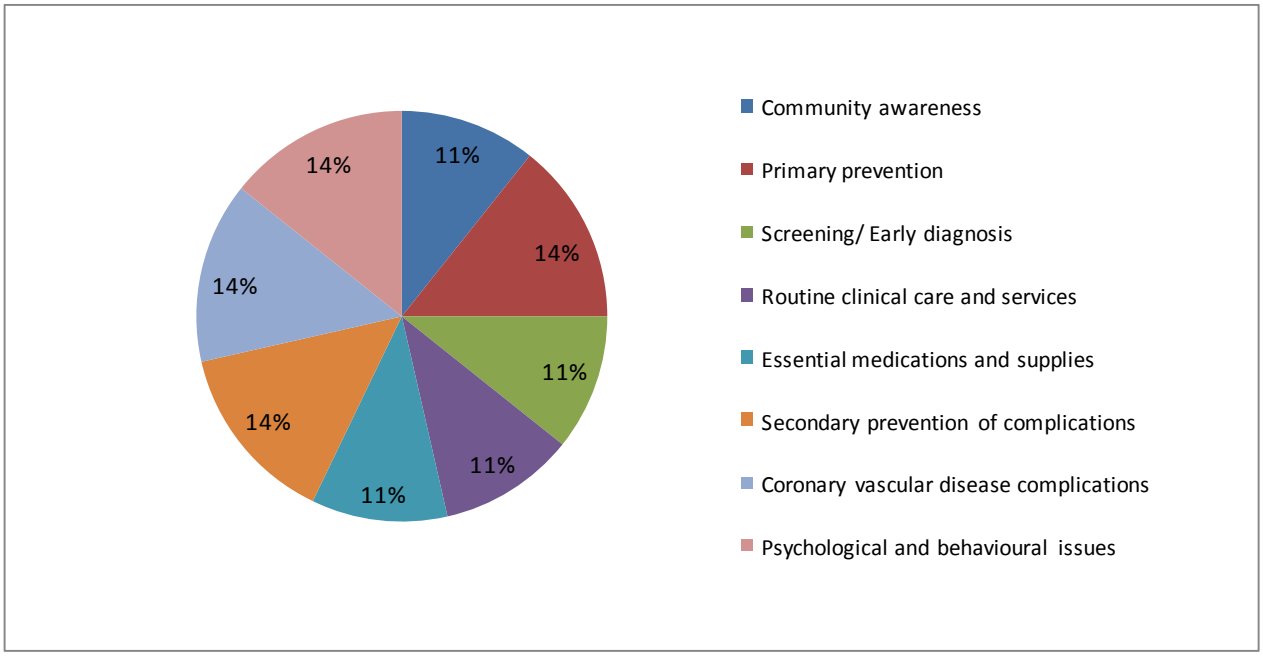
NDP Status

Of the 7 countries, 4 (57%) report having an NDP:

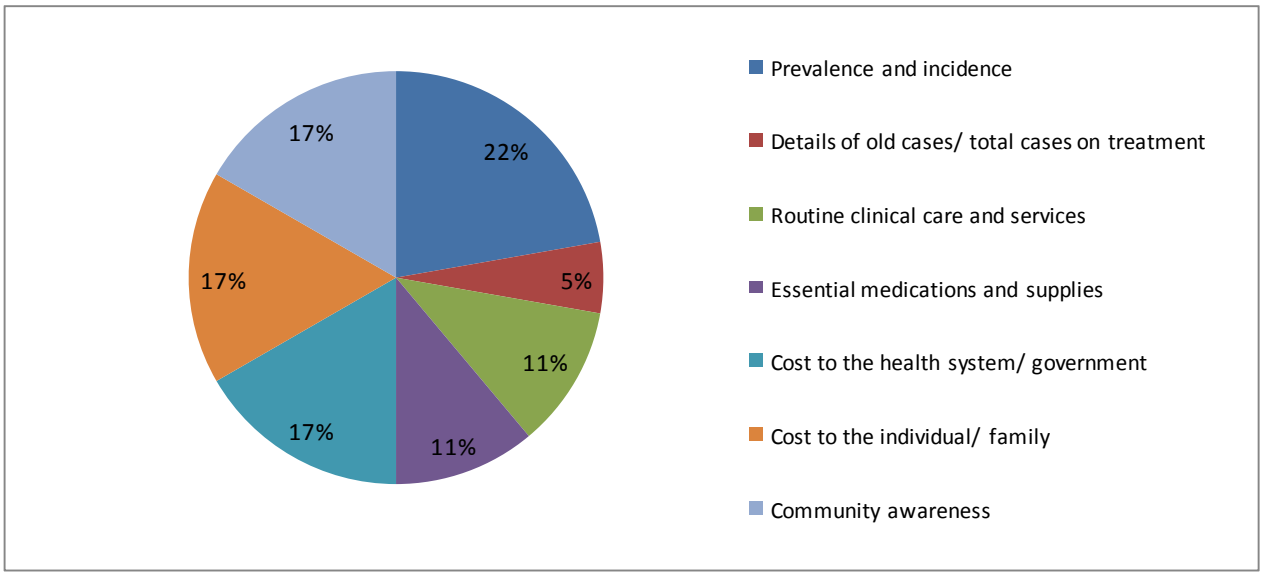
America
Canada
Jamaica
Mexico

Of the 3 countries without an NDP, the Antigua and Barbuda Diabetes Association states that the development of an NDP is planned.

Topics addressed by National Diabetes Programmes by IDF Region – North America and Caribbean



Aspects of the diabetes burden monitored by National Diabetes Programmes – North America and Caribbean



The Status of National Diabetes Programmes in the SACA Region

Using the results gathered from the surveys completed and returned by the IDF member associations in South and Central America, this document presents a summary of the NDP status in countries of the SACA region.

Responses

Of the IDF member associations in the SACA Region, 12 countries responded to the survey (57% regional response rate):

Argentina
Bolivia
Brazil
Chile
Cuba
El Salvador
Ecuador
Nicaragua
Paraguay
Peru
Uruguay
Venezuela

NDP Status

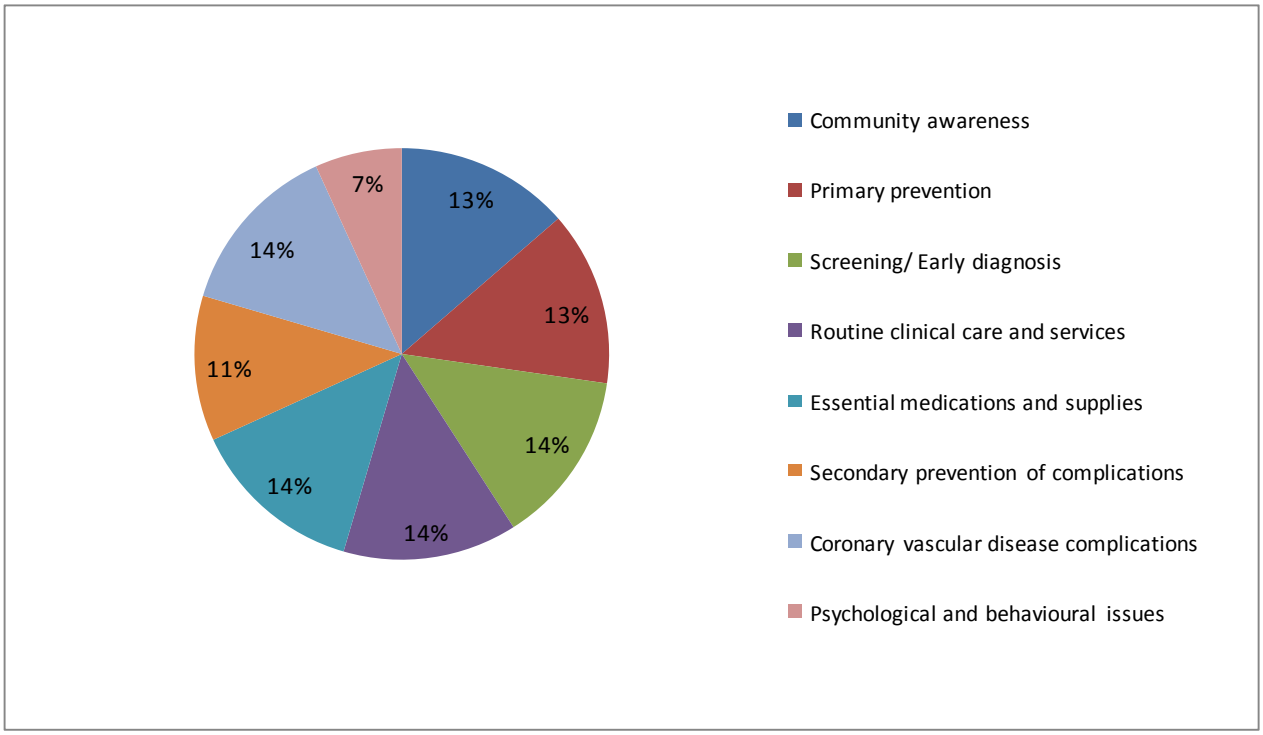
Of the 12 countries, 7 (58%) report having an NDP:

Argentina
Brazil
Chile
Cuba
Ecuador
Paraguay
Venezuela

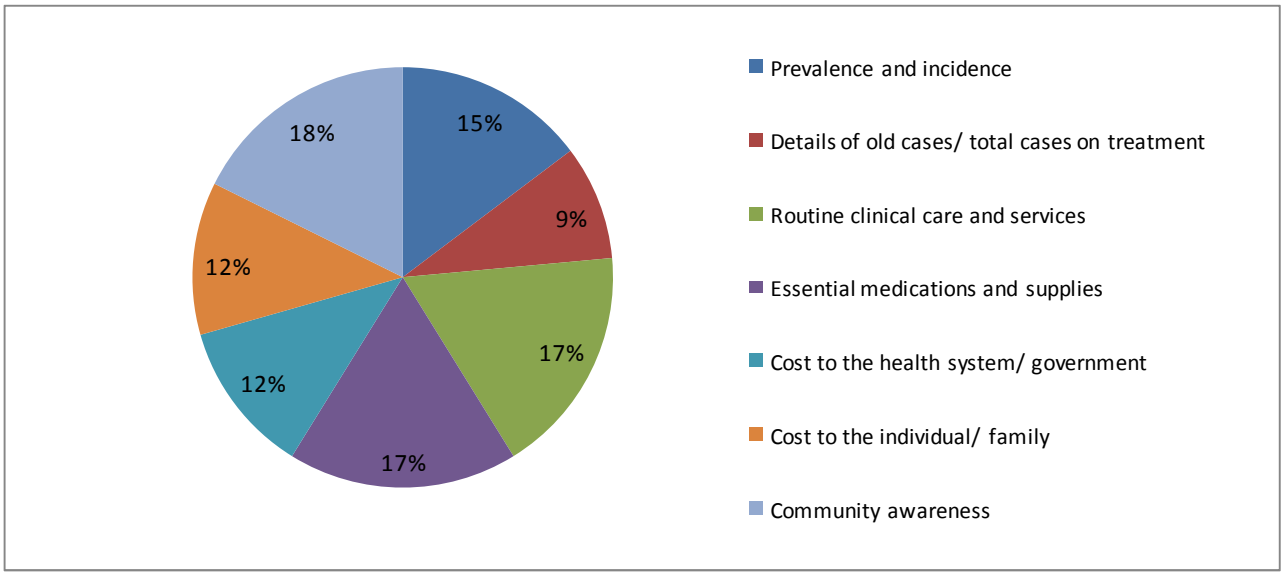
Of the 5 countries without an NDP, 2 state that the development of an NDP is planned:

Peru
Uruguay

Topics addressed by National Diabetes Programmes by IDF Region – SACA



Aspects of the diabetes burden monitored by National Diabetes Programmes – SACA



The Status of National Diabetes Programmes in the South-East Asian Region

Using the results gathered from the surveys completed and returned by the IDF member associations in South-East Asia, this document presents a summary of the NDP status in countries of the South East-Asian Region.

Responses

Of the IDF member associations in the South-East Asian Region, 2 responded to the survey (33% regional response rate):

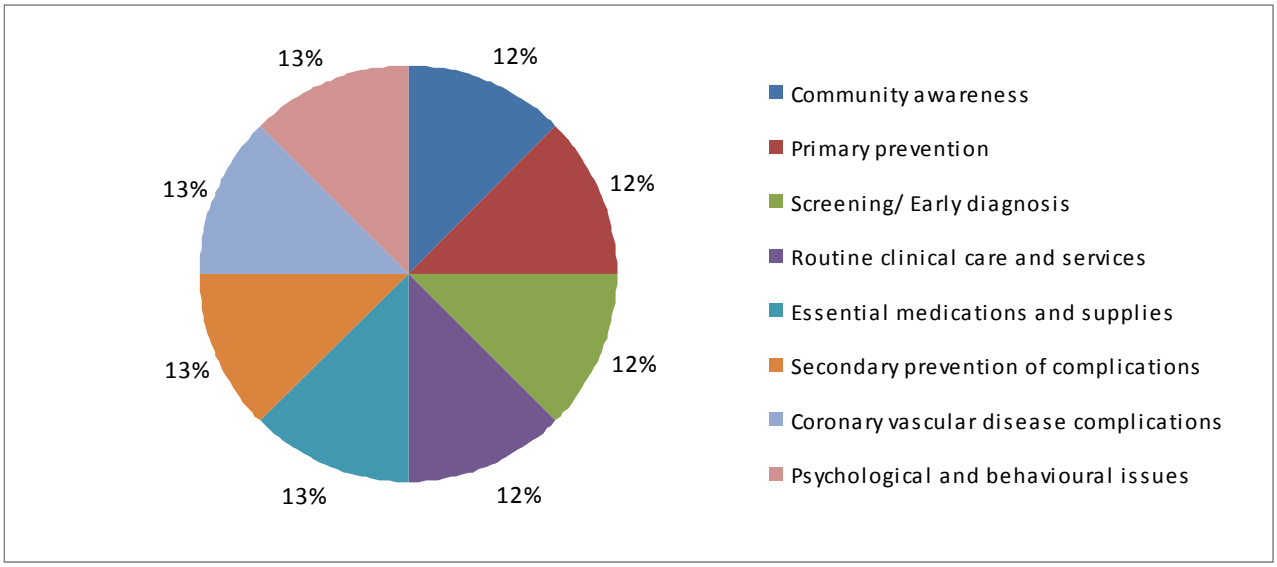
Sri Lanka	Nepal

NDP Status

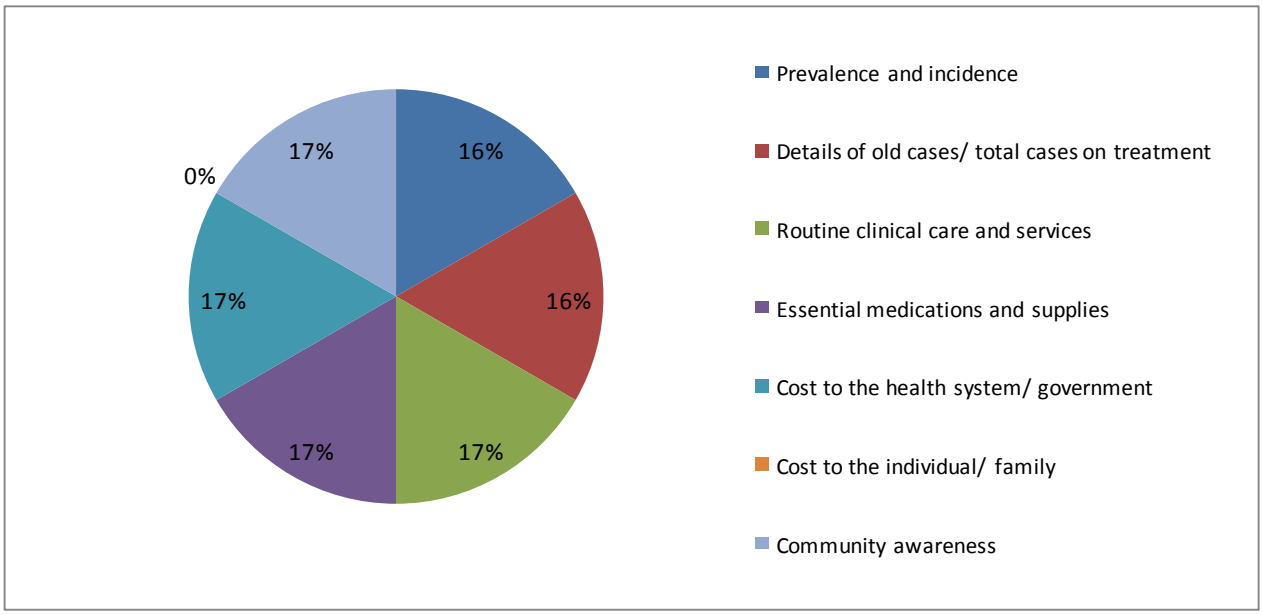
Of the 2 countries, the Diabetes Association of Sri Lanka reports having an NDP.

The Nepal Diabetes Association reports that the development of an NDP is planned.

Topics addressed by National Diabetes Programmes by IDF Region – South-East Asia



Aspects of the diabetes burden monitored by National Diabetes Programmes – South-East Asia



The Status of National Diabetes Programmes in the Western Pacific Region

Using the results gathered from the surveys completed and returned by the IDF member associations in the Western Pacific, this document presents a summary of the NDP status in countries of the Western Pacific Region.

Responses

Of the IDF Member Associations in the Western Pacific Region, 12 responded to the survey (57% regional response rate):

Australia
China
Japan
Korea
Malaysia
Mongolia
New Zealand
Papua New Guinea
Philippines
Taiwan
Thailand
Vanuatu

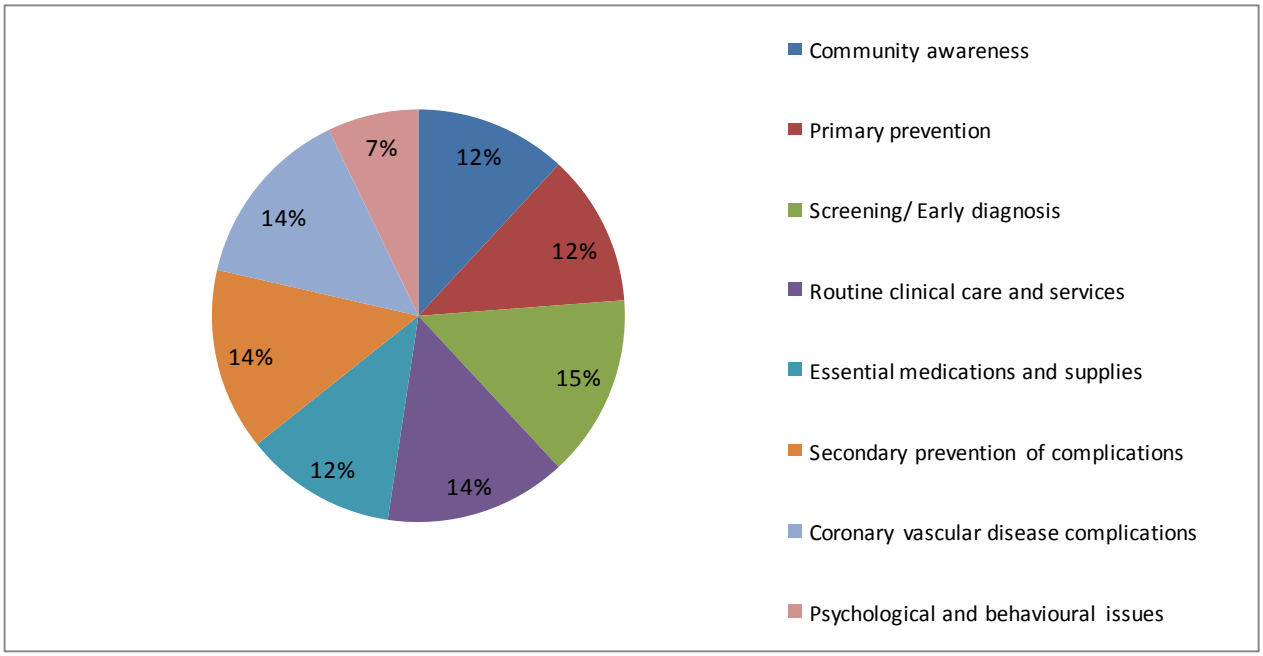
NDP Status

Of the 12 countries, 7 (58%) report having an NDP:

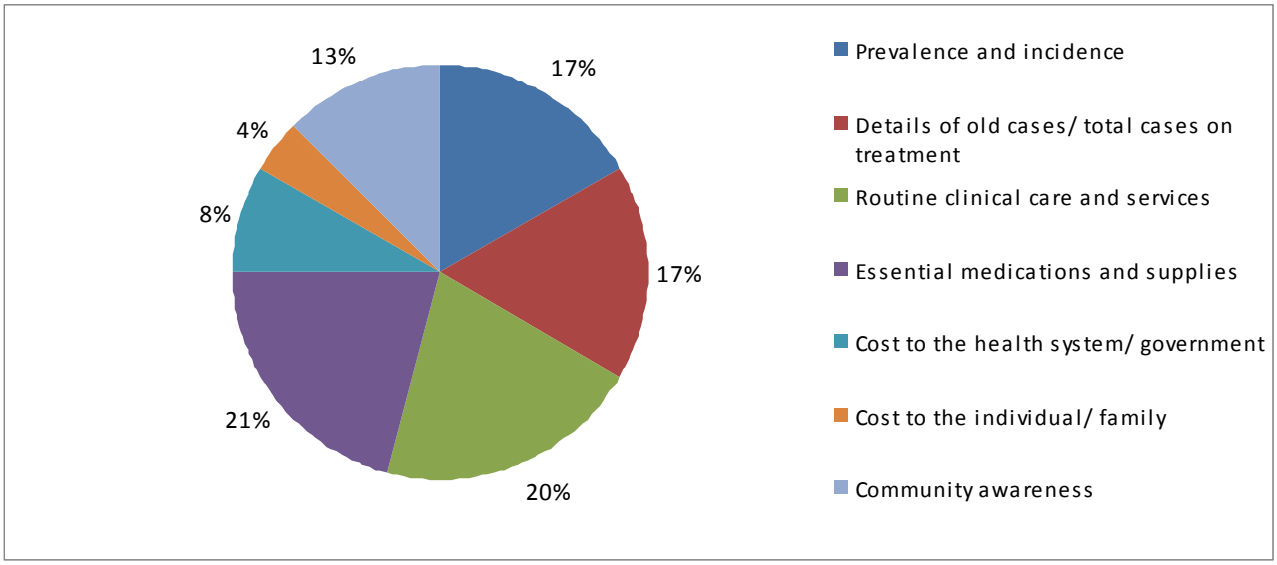
Australia
China
Japan
New Zealand
Mongolia
Malaysia
Taiwan

All 5 of the countries without an NDP report that the development of a NDP is planned.

Topics addressed by National Diabetes Programmes by IDF Region – Western Pacific



Aspects of the diabetes burden monitored by National Diabetes Programmes – Western Pacific



Appendix 3

Baseline Survey of IDF Member Associations on the status of National Diabetes Programmes

1. Please state the name of your IDF Member Association:

2. Please state your position / role in your IDF Member Association:

3. Does your country have a formal National Diabetes Programme / Plan (NDP)?
   Yes☐
   No☐

   If NO , please go to Question 16.

   If YES:

   a. What year was the NDP developed?

   b. Is the NDP documented? Yes☐ No☐

   c. Is the NDP endorsed by your Government? Yes☐
   No☐

   d. Is the NDP publically available? Yes☐ No☐

   If yes, please provide a copy or state how a copy can be obtained

4. Who was / is actively involved in the development of the NDP?

   a. Government Officials Yes☐
   No☐

   b. Health Care Workers Yes☐
   No☐

   c. Business Leaders Yes☐ No☐

   d. Community Leaders Yes☐ No☐

   e. General Public Yes☐
   No☐

   f. Diabetes Association / Federation and/or Action Groups Yes☐
   No☐

   g. National / International Health Organizations / Agencies Yes☐
   No☐

h. Other (please specify) Yes☐ No☐

5. What are the specific goals of the NDP?

6. How does the NDP function?

   a. As a stand-alone strategy? Yes☐ No☐

   b. Integrated into an overall chronic / NCD strategy? Yes☐ No☐

   If 6b is YES, please name the plan / strategy that the NDP is embedded in:

7. Does the NDP have dedicated funding? Yes☐ No☐

   If YES:

   a. Who provides the funding?

   b. For how long is funding allocated?

   c. How much is the funding?

8. Has the NDP been implemented? Yes☐ No☐

   If YES:

   a. What year/s was it implemented?

   b. Is there any national level committee responsible for the NDP implementation? Yes☐ No☐

   Please tick who is actively involved in implementing the NDP

   a. Government Officials Yes☐ No☐

   b. Health Care Workers Yes☐ No☐

   c. Non Government / Private Organizations Yes☐ No☐

d. National / International Agencies Yes☐ No☐

e. Community Leaders Yes☐ No☐

f. People with diabetes Yes☐ No☐

g. General Public Yes☐ No☐

h. Other (please specify) Yes☐ No☐

9. Please describe the plans / milestones for the specific objectives being implemented?

10. Who does the NDP target?

a. Whole population Yes☐ No☐

b. People with Type 1 diabetes Yes☐ No☐

c. People with type 2 diabetes Yes☐ No☐

d. Women with gestational diabetes Yes☐ No☐

e. People at risk of developing diabetes Yes☐ No☐

f. Other (please specify) Yes☐ No☐

11. What does the NDP explicitly cover / address?

a. Community awareness Yes☐ No☐

b. Primary prevention Yes☐ No☐

c. Screening / early diagnosis Yes☐ No☐

d. Routine clinical care and services Yes☐ No☐

e. Essential medications and supplies Yes☐ No☐

f. Secondary prevention of complications Yes☐ No☐

i. Diabetic foot problems / amputations Yes☐ No☐

ii. Diabetic renal disease Yes☐ No☐

iii. Diabetic eye disease Yes☐ No☐

g. Coronary Vascular Disease complications Yes☐ No☐

h. Psychological and behavioural issues Yes☐ No☐

i. Other (please specify) Yes☐ No☐

12. What does the NDP involve?

a. Clinical guideline development / implementation Yes☐ No☐

b. Health worker training programs Yes☐ No☐

c. Strengthening health services / resources Yes☐ No☐

d. A national diabetes registry Yes☐ No☐

e. Use of information systems Yes☐ No☐

f. Other (please specify) Yes☐ No☐

13. Does the NDP have a "Patient Centred Approach"?

a. Are people with diabetes consulted about their needs? Yes☐ No☐

b. Are people with diabetes represented on the committee responsible for the NDP implementation? Yes☐ No☐

c. Does the NDP take account of individual differences and preferences, cultural diversity? Yes☐ No☐

d. Does the NDP focus on ensuring equal access

to health care regardless of geographic location, socio-economic status, language, culture or indigenous status? Yes☐ No☐

14. Does the NDP involve monitoring and surveillance of the diabetes burden?

Yes☐
No☐

If YES, what is monitored?

a. Prevalence and Incidence Yes ☐ No☐

b. Details of old cases / total cases on treatment Yes☐ No☐

c. Routine clinical care and services Yes☐ No☐

d. Essential medications and supplies Yes☐ No☐

e. Cost to the health system / government Yes☐ No☐

f. Cost to the individual / family Yes☐ No☐

g. Community awareness Yes☐ No☐

h. Other (please specify) Yes☐ No☐

15. Has the NDP been evaluated? Yes☐ No☐

If YES, please provide details of the indicators and outcomes

If NO, please describe the formal process planned for following up on the NDP objectives

16. If your answer to Question 3 was NO, are there any plans of developing and implementing an NDP? Yes☐ No☐

If YES, please provide details of these plans

Thank you for your assistance