

Lessons from diabetes in sub-Saharan Africa: can they be applied to all countries?



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Background

- International Insulin Foundation
- Established in 2002 by international specialists in the field of diabetes
- Why an International Insulin Foundation?
 - Banting and Best
 - Leonard Thompson – the first patient to receive insulin in 1922
 - Before 1922 people with Type 1 diabetes faced wasting and death in a matter of months or even weeks



Background to the International Insulin Foundation

- Ideally what is needed to manage insulin-requiring diabetes in resource poor settings?
- Barriers to care exist
- How can these be clearly identified?
- Development of the Rapid Assessment Protocol for Insulin Access (RAPIA)

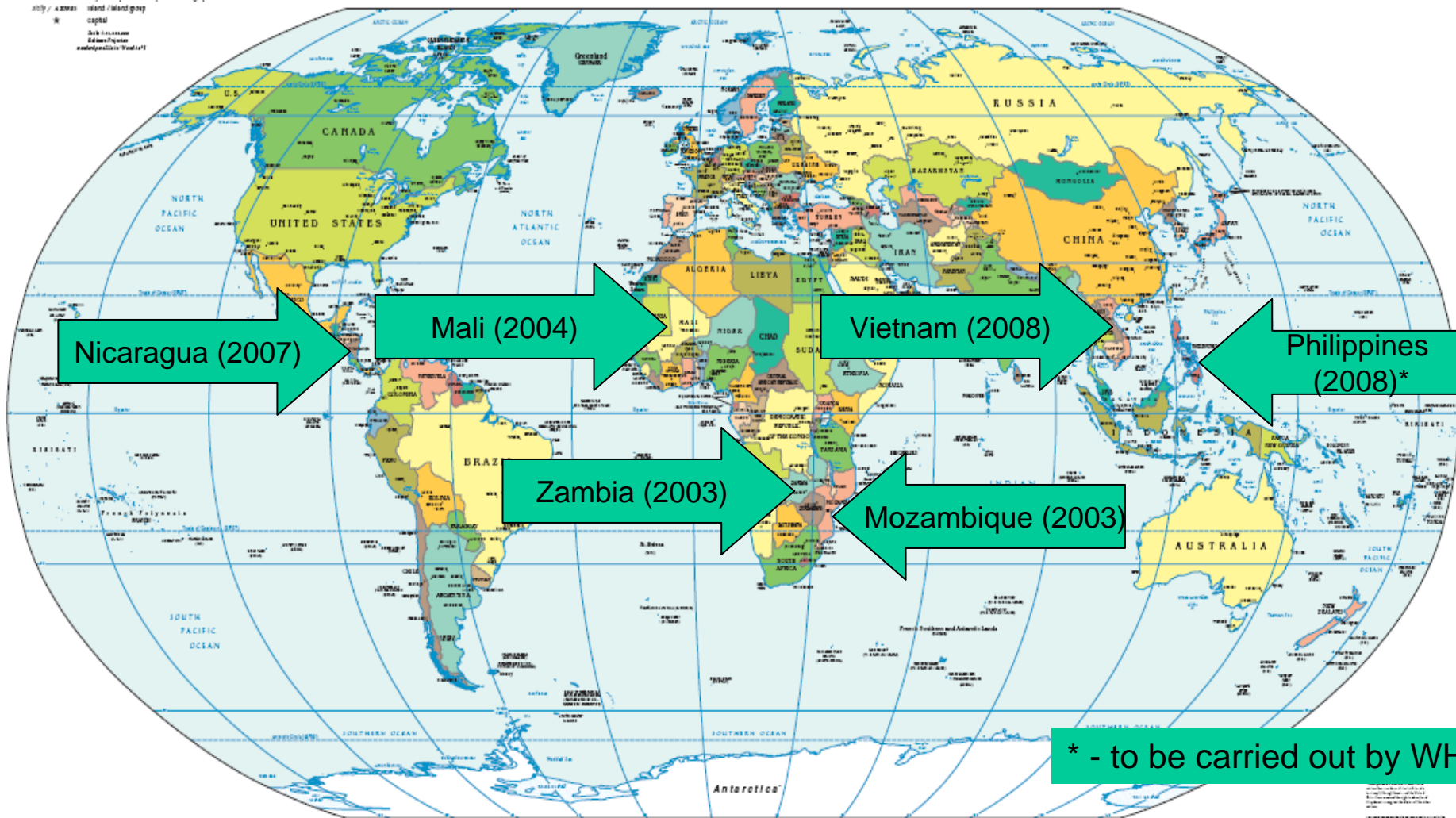
The RAPIA

- Multi-level assessment of Health System
 - Study the path of insulin from its arrival in the country
 - Study the path of care
 - Other Problems
- Information collected through
 - Interviews local interviewers
 - Discussions
 - Document reviews
 - Observations

The countries where the RAPIA has been implemented

Political Map of the World, April 2006

AUSTRALIA independent state
Guernsey dependency or area of special sovereignty
city / capital island / island group
*
Dark Green state
Light Green dependent territory
Yellowish Green island / island group
Yellowish Green capital
Dark Green state
Light Green dependent territory
Yellowish Green island / island group



* - to be carried out by WHO

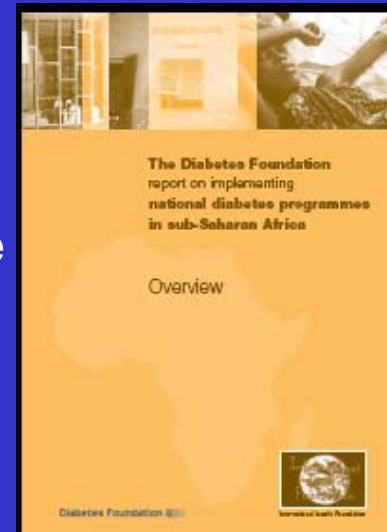
Results from the RAPIA

- Research for action
- In-country recommendations
 - Purchase and supply of insulin, medicines and other diabetes related supplies
 - Healthcare worker training
 - Development of diabetes association
 - Organisation of care
 - Data collection
 - Patient education
 - NCD policies
- Data on diabetes
 - Cost
 - Prevalence

Results from the RAPIA

– “Recipe” for implementing national diabetes programmes in sub-Saharan Africa

- Based on experience from Mali, Mozambique and Zambia
- 11 key elements
 1. Organisation of the Health System
 2. Data Collection
 3. Prevention
 4. Diagnostic tools and infrastructure
 5. Drug procurement and supply
 6. Accessibility and affordability of medicines and care
 7. Healthcare workers
 8. Adherence issues
 9. Patient education and empowerment
 10. Community involvement and diabetes associations
 11. Positive policy environment



Applicability in Nicaragua

Accessibility and affordability of Medicines

Data collection

Positive policy environment

Community involvement/
diabetes association

Strength

Prevention measures

Patient education and empowerment

Needs improvement

Diagnostic tools and infrastructure

Healthcare workers

Weakness

Adherence issues

Organised centres for care

Drug procurement and supply

Applicability in Bangkok, Thailand

Accessibility and
affordability of
Medicines

Data collection

Positive policy
environment

Community
involvement/
diabetes association

Strength

Prevention
measures

Patient education
and empowerment

Needs
improvement

Diagnostic tools and
infrastructure

Healthcare
workers

Weakness

Adherence issues

Organised centres
for care

Drug procurement
and supply

Applicability in United Kingdom

Accessibility and affordability of Medicines

Data collection

Positive policy environment

Community involvement/
diabetes association

Strength

Prevention measures

Patient education and empowerment

Needs improvement

Diagnostic tools and infrastructure

Healthcare workers

Weakness

Adherence issues

Organised centres for care

Drug procurement and supply

Conclusion

- A multi-level approach with different health system and non-health system elements are needed to tackle the epidemic of diabetes
- 11 points identified in sub-Saharan Africa can be applied to other settings
- Provide a framework for analysing health system
- Not only applicable to diabetes, but also all Non Communicable Diseases

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