



Engaging with the Communities to Improve Diabetes Care

Mapoko M. ILONDO

Novo Nordisk A/S, Denmark

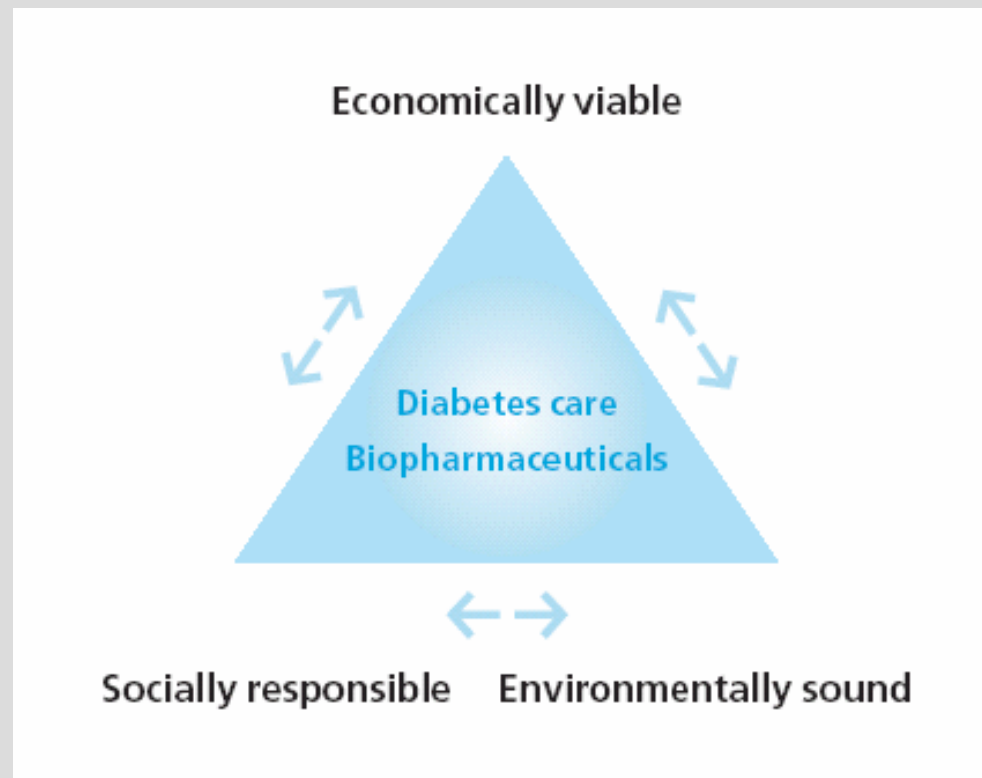
The Challenge of Chronic Diseases

- Chronic diseases have emerged as a major cause of morbidity and mortality worldwide
 - Diabetes is on the rise all over the world, including in the Least Developed Countries (LDC's)
 - Number of people with diabetes:
 - Currently: 246 millions (IDF Atlas, 2007)
 - Projections 2025: 330 millions (IDF & WHO estimates)
 - 2/3 of the increase will occur in developing countries.

The two faces of Diabetes

- Diabetes can be treated and/or prevented:
 - Easy to diagnose
 - Medicines are available and the treatment is effective
 - If diagnosed early and treated properly, normal life is possible
 - Type 2 diabetes can be prevented or its onset delayed
- If left undiagnosed or not treated properly, diabetes can lead to severe complications:
 - Amputations, blindness, cardiac complications, stroke.

Novo Nordisk Business Principle: The Triple Bottom Line



Novo Nordisk Community Initiatives

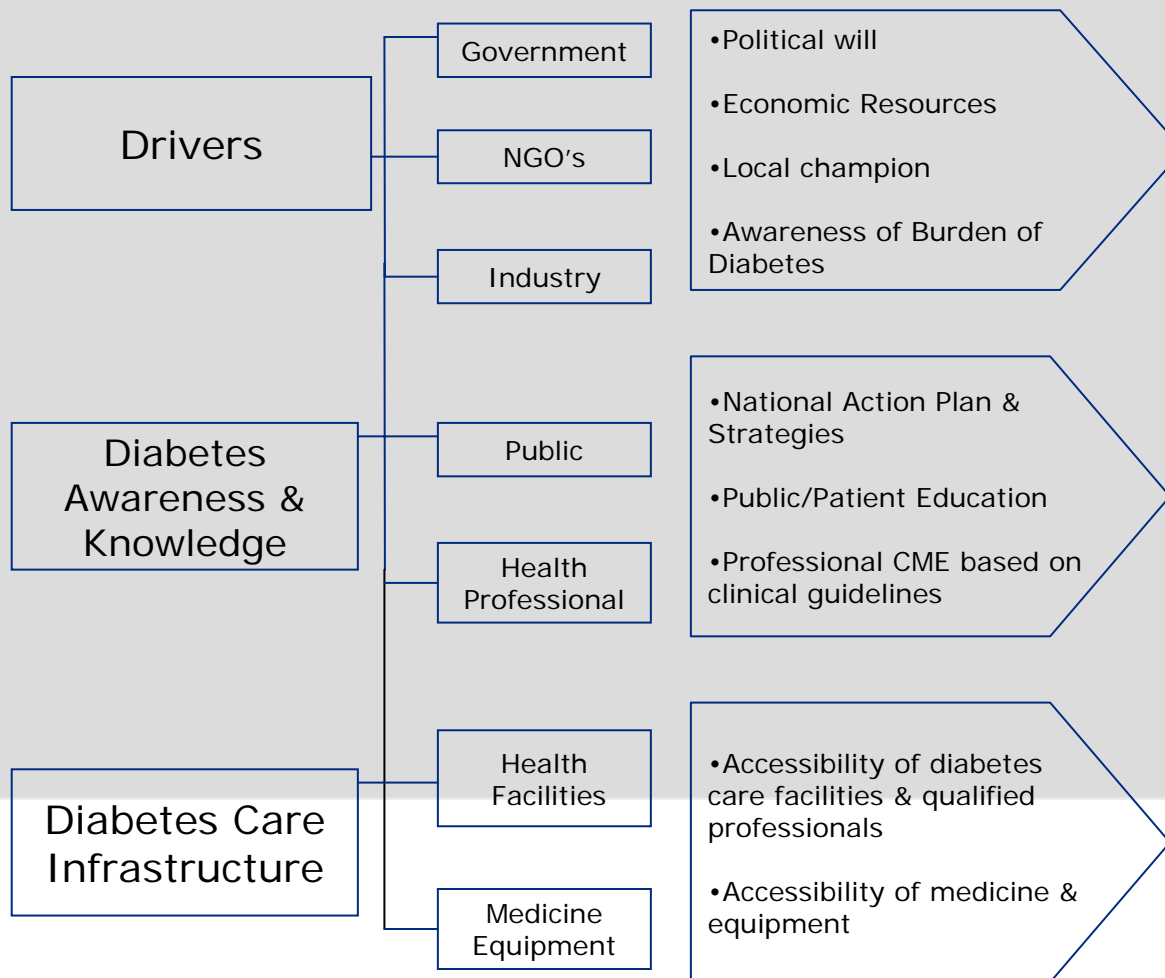
The LEAD Initiative (2001):

- National Diabetes Programmes (NDP)
- Diabetes Attitudes, Wishes and Needs (DAWN)
- World Partner Project
- Pricing policy for the LDC's
- World Diabetes Foundation

A Model of Diabetes Care

3 Cornerstones

10 Critical Success Factors



Challenges in the Least Developed Countries

- **Drivers**
 - Lack of political will
 - Financial resources not available
- **Diabetes Awareness & Knowledge**
 - Diabetes is not a public health priority
 - Low awareness of burden of diabetes among policy makers, healthcare professionals and the public
- **Diabetes care infrastructure**
 - Few qualified professionals
 - Lack of facilities & equipment for diabetes care
 - Inadequate access to essential medicines
 - Majority of population unable to afford health care because of poverty.

Case study: Tanzania

- Partnership with:
 - Ministry of Health
 - Tanzania Diabetes Association
- Activities organised within existing healthcare structures
 - In agreement with the priorities defined by the government
 - Local ownership of activities.

Activities in Tanzania

- Policy: high level meetings with policy makers to raise awareness of the burden of diabetes
- Infrastructure development
 - Setting-up diabetes clinics
 - Foot care programme
- Capacity building
 - Education and training of health care providers: doctors, nurses, podiatrists
 - Strengthening the national diabetes association
- Awareness activities:
 - Educational activities targeted at people with diabetes and their families
 - Screening of high risk populations
 - Awareness campaigns targeting the public at large
- Monitoring the quality of care
 - Introducing Hb_{A1c} measurements
 - Data collection.

Tanzania: Focus on Children

- Children with type 1 diabetes
 - Diabetes clinic for children at National Hospital
 - Training of doctors and nurses
 - Education of families
- Screening for diabetes in primary schools
 - Raising awareness
 - Symptoms of diabetes in children
 - Involving teachers

Cse Study: Bangladesh

- Partnership with Diabetes Association of Bangladesh

Activities in Bangladesh

- Distance learning programme for doctors
 - Ideal approach in developing countries with limited resources and where doctors are committed to heavy clinical workloads
 - Doctors from both public and private sectors
 - Completed: 185 doctors; ongoing: 190.
- Preventive foot clinic
 - Complement to existing foot care hospital (major surgery)
 - Total of 9,000 persons with diabetes and foot lesions have visited the clinic since 2003.
- Nurse education programme
 - Train-the-trainer
- Diabetes Health Camps
 - Health exhibitions in small towns (2-3 days)
 - Aim is to raise awareness of diabetes and increase the diagnosis rate.

Diabetes Declaration and Strategy for Africa

- 2003-2006
 - Active and sustained engagement with major stakeholders:
 - IDF Africa and national diabetes associations
 - WHO AFRO & Ministries of Health
 - KOL's
 - Diabetes Declaration and Strategy for Africa:
 - Launched in Cape Town in Dec 2006
- 2007-08
 - Implementation phase ongoing, facilitated by:
 - UN Resolution on Diabetes (Dec. 2006)
 - WHO AFRO Resolution on diabetes (Aug. 2007)
 - Lack of funding is the main limiting factor.

Conclusions

- Novo Nordisk aims to improve global access to diabetes care
- Based on our experience we advocate for:
 - Public-private partnerships involving the pharmaceutical industry, Ministries of Health and civil society
 - Active and sustained engagement with the communities is essential
 - Successful outcome is critically dependent on local champions willing to take ownership of activities
- Moving forward, we will:
 - Continue to work towards inclusive diabetes care for all
 - Focus on disadvantaged people with diabetes
 - Maintain a special focus on children with type 1 diabetes.