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WHO event addressing public health priorities

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1 This is a summary of the report on a webinar on improving access to diabetes medicine and care in the Eastern Mediterranean Region, available at: https://applications.emro.who.int/docs/WHOEMNCD150E-eng.pdf?ua=1

Introduction

Diabetes is a major public health challenge globally. It has reached epidemic proportions in the WHO Eastern Mediterranean Region (EMR), which has the highest diabetes prevalence, affecting 14% of the population aged 18 years and above (1-3). More than 50 million people aged 20–79 years in the region lived with diabetes in 2019, imposing a heavy burden on public health and socioeconomic development (2). Diabetes causes premature death and other health challenges such as increased risk of heart attack, stroke, diabetic retinopathy, blindness, kidney failure, and lower limb amputation (3).

People living with diabetes (PLWD) require continuous care and support, based on attaining and maintaining good glycaemic control, to manage their condition and avoid complications. However, less than 50% of patients with diabetes in most EMR countries achieve the target levels of glycaemic control, and the COVID-19 pandemic has caused partial or complete disruption of 42% of diabetes care in the region (3,4). This indicates the need to improve access to diabetes care and medicine in the region and accelerate implementation of the regional framework for action on diabetes prevention and control.

Major reasons for diabetes recurrence in EMR are related to unequal and limited access to medicines including insulin, limited access to quality care, complications associated with diabetes, limited data and research, and limited awareness of PLWD about the disease and its complications (3).

To mark the World Diabetes Day 2021 and the 100th year anniversary of the discovery of insulin, WHO/EMRO, in partnership with the International Diabetes Federation (IDF) Middle East and North Africa (MENA) Region, held a webinar on improving access to diabetes medicine and care in the EMR for officials of health ministries, IDF network members, diabetes care and research experts, primary healthcare workers, nurses, PLWD, and relevant institutions. The webinar presented diabetes prevention and control initiatives globally and in the EMR, identified barriers and facilitators to diabetes care and management, and made recommendations to optimize diabetes outcomes.

Summary of discussions

The estimated annual economic burden of diabetes in the EMR is US$ 60 billion, equivalent to an average loss of 1.7% GDP (3). Although international guidelines recommend the use of SGLT2 inhibitors or GLP-1 receptor agonists for the management of high-risk diabetes patients, only 15% of patients with chronic kidney disease and 16% with cardiovascular disease receive them (3).

Pakistan has been providing insulin free for type 1 diabetes patients through partner-funded initiatives in different provinces. However, insulin, glucometer, and glucose test strip distribution have decreased, especially in 2020, due to the COVID-19 travel restrictions.

Jordan has been promoting diabetes care through primary health centres. However, 18% (60 000) of PLWD in the country were reported not to take their medication for unknown reasons (5).

Diabetes cases increased in the Islamic Republic of Iran among individuals aged 25 years and above during the COVID-19 pandemic, from 10% in 2005 to 14% in 2021 (6). Insulin is manufactured locally, therefore, access to insulin is not a major problem, however, one-third of PLWD reported insufficient access to health care. The country has adapted national plans and guidelines for diabetes and complications and has been providing education and information on diabetes care and COVID-19 online, leading to an increase in PLWD registration.

Barriers to the implementation of preventive foot care among PLWD in Alexandria, Egypt, were reported to include lack of podiatry education; few qualified podiatrists; focus of physicians on controlling blood glucose; limited time for screening, early detection, and better care for complications in public and private facilities; non-involvement of nurses in patient care; lack of funding for preventive foot care; and lack of referral systems for complications (7).

In an online poll conducted for participants in the meeting, the majority (67%) recommended price reduction to increase access to medicines, followed by improving education for policymakers, procurers, health professionals, and PLWD (50%); health insurance (50%); investment in health systems (33%); and improving evidence to enhance evidence-based decision-making (17%). To increase access to quality of care, the majority (78%) recommended capacity development for primary healthcare workers, followed by integration of diabetes care and management into primary healthcare (56%); ensuring that care systems support team-based care, community involvement, patient registries, and decision support tools to meet patient needs (56%); facilitating engagement with the private sector, including capacity development (56%); and ensuring that health facilities implement patient-centred communication that incorporates patient preferences, assesses literacy and numeracy, and addresses cultural barriers to care (44%).

Key recommendations

Member States should promote access to medicines by reducing prices, improving education to increase resource-use efficiency and enhance policy- and decision-making, and implementing health insurance schemes. They should promote access to care by building the capacity of primary healthcare workers to make timely and evidence-based decisions; integrate diabetes care and management into primary healthcare during routine and emergency situations; ensuring that healthcare systems support team-based care, community involvement, patient registries, and decision-making; and facilitate engagement with the private sector. Member States should strengthen diabetes surveillance and research.

WHO should facilitate meaningfully involvement of PLWD at all levels of diabetes programming; support capacity-building for programme managers and primary healthcare workers, including nurses, to enhance team-based care; strengthen collaboration and cooperation by fostering existing regional partnerships and initiatives and initiating new partnerships; and support countries to apply new technologies to diabetes care.

References

1. World Health Organization. Number of deaths attributed to non-communicable diseases, by type of disease and sex. The Global Health Observatory, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/number-of-deaths-attributed-to-non-communicable-diseases-by-type-of-disease-and-sex.

2. Moradinazar M, Babakhani M, Rostami R, Shakiba M, Moradi A, Shakiba E. Epidemiological status of type 2 diabetes mellitus in the Middle East and North Africa, 1990–2019. East Mediterr Health J. 2022;28(7):478–488. DOI: https://doi.org/10.26719/emhj.22.050.

3. World Health Organization. Addressing diabetes as a public health challenge in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean, September 2021. https://applications.emro.who.int/docs/EMRC687-eng.pdf.

4. Abd-Elraouf MS. Factors Affecting Glycemic Control in Type II Diabetic Patients. Egyptian J Hosp Med 2020; (81)2:1457-1461. https://ejhm.journals.ekb.eg/article_114454_57df17cb9a67e17bc64ac44f1d622be3.pdf.

5. Joseph S. Iraqi refugees manage their diabetes in Jordan. Cairo: WHO Regional Office for the Eastern Mediterranean. https://www.emro.who.int/jor/jordan-infocus/iraqi-refugees-diabetes-jordan.html.

6. Khodakarami R, Abdi Z, Ahmadnezhad E, Asadi-Lar M. Prevalence, awareness, treatment and control of diabetes among Iranian population: results of four national cross-sectional STEPwise approach to surveillance surveys. BMC Public Health 2022;22:1216. https://doi.org/10.1186/s12889-022-13627-6.

7. Kassab HS, Ismaeal MT, Elfattah TA, Elaaty A. Diabetic foot care knowledge and practice in type 2 diabetes and relation to microvascular complications in Alexandria (Egypt). Endocr Regul. 2022;56(2):95-103. DOI: 10.2478/enr-2022-0011.

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