Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region



	Strategic interventions	Indicators
In the area of governance	• Establish a national subcommittee for diabetes prevention and control under the national committee for noncommunicable diseases with consideration to include non-state actors from the private sector and civil society, and meaningful engagement from people living with diabetes (PLWD)	 A national action plan encompassing all areas of diabetes prevention and control is costed, funded and operational as part of a national NCD multisectoral strategy/policy/action plan Timebound national targets and indicators for diabetes and obesity prevention and control adapted to national circumstances are set
	 Develop an action plan for the prevention and control of diabetes, as part of a national NCD multisectoral strategy/policy/action plan 	
	 Strengthen/establish diabetes programmes with sufficient infrastructure and capacity to effectively run the programme 	
	 Identify and define an essential set of integrated interventions (population- and individual-based interventions) for the prevention and control of diabetes as part of a universal health coverage benefit package based on WHO/national guidance 	
	 Ensure sufficient national budgetary allocation for diabetes prevention and control and identify financing mechanisms to reduce out-of-pocket expenditure 	
	 Periodically assess national capacity for the prevention and control of diabetes and develop a monitoring mechanism for national diabetes plan implementation with the engagement of non-health sectors 	
	 Ensure that PLWD share the same human and social rights as people who do not have diabetes, regardless of their race, ethnicity, gender and age 	
In the area of	• Control the obesity pandemic, with particular attention to prevention of childhood obesity	• Four demand-reduction measures of the WHO FCTC (such as taxation, smoke-free policies, warning labels, advertising bans or smoking cessation programmes) are in place
prevention	 Increase the availability of and demand for healthier food and reduce the availability of and demand for unhealthy food, including through continued implementation of targeted education, such as front-of-pack labelling, and reducing the intake of unhealthy food rich in sugar and sweetened beverages, trans fatty acids and saturated fatty acids through food reformulation, sin taxes and other regulatory measures 	
	• Create supportive environments for the promotion of healthy lifestyles, including in schools, universities and supportive workplaces	 Four measures to reduce unhealthy diet (such as promotion of weight loss, low salt diet and increased consumption of fruits, vegetables and whole grains) are in place At least one national public awareness campaign on diabetes prevention and control and/or healthy behaviour is carried out each year
	 Reduce the exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense, nutrient-poor foods and beverages (e.g., through voluntary or compulsory advertising codes of conduct), and enhance early life and growth patterns, including promotion of breast feeding 	
	 Accelerate the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify the Protocol to Eliminate the Illicit Trade of Tobacco Products 	
	 Raise diabetes awareness and motivate behavioural change through education and social media campaigns to encourage people to maintain healthy weight, and increase their levels of physical activity, and healthy eating campaigns (national education and/or social marketing campaigns) 	
	• Implement the best buys to reduce the harmful use of alcohol	

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In the area of management	 Integrate prevention, early detection and treatment of diabetes mellitus and related risk factors for cardiovascular disease into primary health care guided by existing national/WHO packages 	• Diabetes is fully integrated as part of universal health coverage benefits packages, with documented evidence of integration at primary health care level
	 Identify individuals at high risk for type 2 diabetes eligible for primary prevention, using risk conditions and scores, as well as data from screening programmes and population-based surveillance systems 	
	 Implement and assess the efficacy of structured lifestyle interventions (diet, physical activity), +/- medication, for primary prevention of type 2 diabetes 	 Evidence-based national guidelines/ protocols/standards for the early detection and management of diabetes in primary health care are recognized/ approved by the government or competent authority Availability and affordability of insulin, oral hypoglycaemic agents and diagnostic supplies are periodically assessed and reported (using WHO/ Health Action International methodology or other standardized assessment tool) Percentage of 18 years and above adult population with raised blood glucose above 7.0 mmol/L
	 Implement health care best buys for diabetes management and prevention of complications through primary care teams 	
	 Develop human and institutional capacity to early detect, prevent and manage diabetes-related complications (diabetic foot, retinopathy, chronic kidney disease) 	
	 Establish multidisciplinary specialized diabetes centres/clinics for the management of complex cases (such as type 1 diabetes, young-onset diabetes, multiple morbidities), with appropriate referrals and counter- referrals from/to the primary health care level 	
	• Develop/strengthen human resources and institutional capacity to ensure minimum standards of diabetes service provision across the continuum of care, including access to psychosocial support and self-care and for the early detection, prevention and management of diabetes-related complications, palliative care and rehabilitation	
	• Ensure the availability, affordability and quality of insulin, glucose-lowering agents and diagnostic supplies	
	• Ensure the continuity of diabetes care during humanitarian emergencies, using the WHO NCD emergency kit and other tools to support safe and effective provision of diabetes care, with improved access to quality and affordable insulin, glucose-lowering agents and diagnostic supplies	
	Meaningfully engage people living with diabetes	
In the area of surveillance and research	 Strengthen/implement NCD risk factor surveillance to assess the population at risk (prevalence), coverage and control of diabetes, using appropriate diagnostic techniques among target populations 	 STEPS survey implemented at national representative level among adult population every 3–5 years to include coverage and control indicators using appropriate diagnostic techniques
	 Establish a monitoring and evaluation system to assess the effectiveness of diabetes management and control, including regular monitoring of biochemical parameters and occurrence of complications due to diabetes 	
	 Develop/scale up electronic patient medical records for the systematic collection of routine clinical diabetes care and related risk factor data using unique national identification mechanisms 	 Set of standardized facility-level indicators in place at primary health care (public and private sector) level for diabetes treatment, coverage and contro to monitor and evaluate treatment gaps and clinical outcomes as part of the NCD surveillance system
	 Develop diabetes registries to monitor and improve quality of diabetes care 	
	 Link diabetes registries with mortality and other disease registries 	
	 Promote research to assess effectiveness of individual- and population-wide interventions to prevent and control diabetes and obesity 	