Summary report on the

Webinar on improving access to diabetes medicine and care in the Eastern Mediterranean Region

WHO-EM/NCD/150/E

Virtual meeting
25 November 2021

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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Contents

1. Introduction

Diabetes is one of the major public health challenges of the twenty-first century and has reached epidemic proportions in the World Health Organization (WHO) Eastern Mediterranean Region, which has the highest prevalence worldwide, affecting 14% of the population aged 18 and above, according to the estimates of the WHO Global Health Observatory. Six of the 10 countries with the highest diabetes prevalence globally are located in the Region. Indeed, in 2019, there were more than 50 million people living with diabetes (PLWD) in the Region in the age group 20–79 years, imposing a heavy burden on public health and socioeconomic development. If no action is taken, there will be a more than doubling of diabetes cases in the Region by 2045, according to the International Diabetes Federation (IDF) Diabetes Atlas 2019.

Diabetes is a cause of premature death and has serious health consequences, such as increased risk of heart attack and stroke, diabetic retinopathy and blindness, kidney failure and amputation. The year 2021 marks the 100th anniversary of the discovery of insulin, yet millions of people with diabetes around the world cannot access the care they need. People with diabetes require ongoing care and support to manage their condition and avoid complications.

The COVID-19 pandemic has highlighted the vulnerability of PLWD, with evidence of higher risks for worse outcomes from COVID-19 infection, and revealed the weaknesses of health systems, underlining the need to restore, maintain and strengthen noncommunicable disease (NCD) services as part of the range of essential health services. In a regional rapid assessment carried out during the pandemic, the countries surveyed reported that 42% of diabetes care was partially or completely disrupted.

World Diabetes Day is the world's largest diabetes awareness campaign. It is an opportunity to raise awareness of the escalating health threat posed by diabetes at regional and country levels and an occasion to link the efforts of international agencies, nongovernmental organizations, governments and communities globally. The theme for World Diabetes Day 2021 was access to diabetes care and it coincided with great momentum for diabetes prevention and control globally and regionally. In April, the WHO Global Diabetes Compact was launched during the Global Diabetes Summit, aiming to reduce the risk of diabetes and ensure that all people who are diagnosed with the condition have access to equitable, comprehensive, affordable and quality treatment and care. In May, the World Health Assembly endorsed resolution WHA74.4 on reducing the burden of NCDs through strengthening prevention and control of diabetes, and in October, a resolution and regional framework for diabetes prevention and control were endorsed by the 68th session of the WHO Regional Committee for the Eastern Mediterranean.

To mark World Diabetes Day 2021, the WHO Regional Office for the Eastern Mediterranean Region and the IDF Middle East and North Africa (MENA) Region held a webinar on 25 November 2021 on improving access to diabetes medicine and care in the Region for officials from ministries of health, IDF network members, health professionals involved in diabetes care and research, primary health care workers, nurses, PLWD, patient organizations and academics.

The objective of the webinar were to:

- present diabetes prevention and control initiatives globally and in the Eastern Mediterranean Region;
- identify barriers and facilitators to accessing care and managing diabetes; and
- provide recommendations to optimize diabetes outcomes.

During the opening session, a video message by Dr Ahmad Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, was presented, in which he observed that diabetes was a major public health challenge in the Region, and that World Diabetes Day and the 100th anniversary of the discovery of insulin were opportunities for WHO and its partners to highlight the huge gap in access to insulin and essential treatment and care, and to advocate for the implementation of the strategic and cost-effective interventions outlined the regional framework for action on diabetes prevention and control. He called on countries to transform their commitments into action for healthier communities with better access to diabetes medicines and care.

Dr Hicham El Berri, Medical Officer, NCD Management, on behalf of Dr Asmus Hammerich, Director of the NCDs and Mental Health Department at the WHO Regional Office, highlighted that PLWD needed long-term care that was personalized, proactive, holistic, preventive and patient-centred, based on attaining and maintaining good glycaemic control. Despite efforts over the years, under 50% of patients with diabetes achieve target levels of glycaemic control in most countries in the Region, indicating a need to improve access to diabetes care and medicine. Complete or partial disruption to diabetes and diabetic complication management services due to the COVID-19 pandemic had further exacerbated the situation. To achieve global NCD and SDG targets and build back better from COVID-19, Member States needed to accelerate implementation of the regional framework for action on diabetes prevention and control.

Professor Jamal Belkhadir, Chair of IDF MENA, noting the focus of World Diabetes Day 2021 on access to diabetes care and medicines, and the centenary of insulin, thanked the members of IDF for their efforts in the fight to end diabetes in the Region.

2. Summary of discussions

Technical presentations

Participants were given an overview of World Health Assembly resolution WHA74.4, the WHO Global Diabetes Compact, and the regional framework for diabetes prevention and control. The four main areas of work in the framework (governance; prevention; management and surveillance and research) were described, including the strategic interventions and indicators for each area of work. The findings of a WHO study on the economic burden of type 2 diabetes mellitus in the Eastern Mediterranean Region were presented, which found the estimated annual economic burden of diabetes to be US$ 60 billion (1.7% of GDP lost on average). Regional initiatives on diabetes care and management were outlined, including on NCD integration into primary health care using WHO packages to improve access to diabetes treatment and care.

A presentation on type 2 diabetes highlighted that the condition is strongly linked with cardiovascular disease, is a risk factor for heart failure and that the presence of renal disease is linked with high mortality in type 2 diabetes patients. Although international guidelines recommend SGLT2 inhibitors or GLP-1 receptors agonists for the management of high-risk diabetes patients, according to a Diabetes and Ramadan Alliance 2020 study, only 15% of patients with chronic kidney disease and 16% with cardiovascular disease had received either despite their high-risk status.

Another presentation on access to insulin for type 1 diabetes patients in Pakistan noted the limited data available on type 1 diabetes and high out-of-pocket health expenditure (> 80%) and other challenges to insulin access. Insulin was provided for free through initiatives in different provinces supported by organizations such as the World

Diabetes Foundation and Life for a Child. However, there had been a dip in insulin, glucometer and glucose test strip distribution in 2020 due to travel restrictions during the COVID-19 pandemic.

Panel discussion on different perspectives on access to diabetes medicines and care

A PLWD shared her views on what are the major barriers in access to diabetes care/medicines in the Region.

Another panellist described the experiences of promoting diabetes care through primary health care in Jordan. According to latest STEPS survey, 18% (60 000) of PLWDs in the country do not take medication for unknown reasons, whether due to the inaccessibility of care or medicines or a lack of understanding of the importance of diabetes control given the silent nature of most symptoms. Further research is necessary to understand why diabetic patients do not take medication despite knowing their diabetic status.

The challenges and lessons learnt in diabetes control during the COVID-19 pandemic in the Islamic Republic of Iran were described by another panellist. Diabetes increased in the country from 10% in 2005 to 14% in 2021 among those aged 25 years and over. Although access to insulin was not a major problem due to local manufacture, one third of PLWDs reported insufficient access to health care. National plans and guidelines for diabetes and complications were adapted and education and information on diabetes care and COVID-19 was provided online, leading to an increase in the registration of PLWD.

Barriers to the implementation of preventive foot care among diabetic patients in Egypt were described by another panellist, who noted: a lack of podiatry education and insufficient qualified podiatrists; the focus of

physicians on controlling blood glucose and the lack of time for screening, early detection and better care for complications in hospitals and private clinics; the lack of nurse involvement in patient care; an absence of funding for preventive foot care such as therapeutic footwear; and the lack of referral systems for complications such as foot care.

Poll questions

Participants were asked to vote (online) on the following two questions (percentage of votes received provided in brackets).

1. Many PLWD do not have access to the medicines they need for managing their diabetes. Could you please select three priorities among the interventions/actions below that could have a significant impact on access to diabetes medicines?

- Reducing price (pooled procurement mechanism/aggregated demand of diabetes products). (67%)
- Improving education for policy-makers, procurers, health professionals and people with diabetes for more efficient use of resources and policy-making decisions. (50%)
- Improving evidence to enhance evidence-based decisions. (17%).
- Improving physical availability of essential medicines to all users at the community level in all areas. (42%)
- Investment in health systems, improving public health services. (33%)
- Health insurance schemes (guarantee of the availability of health services free of cost or based on low co-payments). (50%)

2. In your opinion, what are the three agendas that should be prioritized to achieve the goal that PLWDs have access to quality care in the Eastern Mediterranean Region?

- Integration of diabetes care and management in primary health care for emergency and stable conditions using WHO packages and tools, including development of protocols/guidelines, assessing facilities, supplying them with required medicines and equipment. (56%)
- Capacity development for primary health care workers to be able to make timely treatment decisions based on evidence-based simplified guidelines that are tailored to individual patient preferences, prognoses and comorbidities. (78%)
- Ensure that care systems support team-based care, community involvement, patient registries and decision support tools to meet patient needs. (56%)
- Ensure that health facilities implement a patient-centred communication style that incorporates patient preferences, assesses literacy and numeracy and addresses cultural barriers to care. (44%)
- Facilitate engagement with the private sector and invite the private sector for capacity development activities to ensure the delivery of quality diabetes care. (56%)

3. Conclusion

Diabetes is a huge problem globally and in the Eastern Mediterranean Region, causing an enormous health and economic burden. Existing barriers to accessing quality care and treatment by PLWD were compounded during the COVID-19 pandemic. Despite the efforts of governments, WHO and partners such as IDF and other nongovernmental organizations, the prevalence of diabetes is increasing in the countries of the Region and access to medicines, including insulin, and quality care remains a major challenge.

The major reasons for this include the following (by area):

Access to medicines

- unequal geographic access to medicines and difficulties for cold chain for insulin in hard-to-reach areas;
- insulin monopolies by a few international companies rather than local production, and other commodities such as glucometers being expensive; and
- high out-of-pocket expenditures creating huge economic burden on PLWDs.

Access to quality care

- no standardization of diabetes care, guidelines and protocols and fragmented and weak primary health care systems leading to PLWDs having to access diabetes care at the secondary level or private clinics for better quality of health care;
- weak implementation of national plans on diabetes;
- limited capacity of health care professionals and qualified human resources for quality care despite the high burden of diabetes; and
- the cost of quality care.

Diabetes complications

- physician hesitancy concerning comprehensive management with newly-recommended drugs;
- lack of formal specialist skills training, such as podiatry education;
- time constraints preventing a comprehensive assessment of PLWD during clinical visits;
- limited task-sharing with nurses in patient care;
- nurses not formally recognized to deliver diabetes care;

- no formalized referral systems in countries for complications; and
- limited budget allocation for preventive commodities such as therapeutic footwear.

Other reasons

- disruption of essential NCD services during the COVID-19 pandemic and travel restrictions;
- a lack of data and research on access to care and medicines despite the high coverage of services and medicines through insurance schemes in some countries;
- stigma regarding PLWD;
- low awareness of PLWD about the disease and its complications due to its silent nature; and
- the use of herbal medicines.

4. Recommendations

The following recommendations were selected by participants through online voting.

Promoting access to medicines

1. Reduce prices (pooled procurement mechanism/aggregated demand of diabetes products).
2. Improve education for policy-makers, those involved in procurement, health professionals and PLWD for more efficient use of resources and policy-making decisions.
3. Implement health insurance schemes (to guarantee availability of health services free of charge or based on low co-payments).

Promoting access to care

4. Conduct capacity-development for primary health care workers to be able to make timely treatment decisions and based on evidence-based simplified guidelines that are tailored to individual patient preferences, prognoses and comorbidities.
5. Integrate diabetes care and management in primary health care for emergency and stable conditions using WHO packages and tools, including development of protocols/guidelines and assessing facilities and supplying them with medicines and equipment.
6. Ensure care systems support team-based care, community involvement, patient registries and decision support tools to meet patient needs.
7. Facilitate engagement with the private sector and invite private sector staff to capacity-building activities to ensure the delivery of quality diabetes care.

Surveillance and research

8. Gather information and data on access to diabetes quality care in the countries of the Eastern Mediterranean Region.
9. Gather data and information on the accessibility and affordability of diabetes medicines in the Region.
10. Increase understanding of the reasons behind poor access to diabetes medicines and quality care in the Region.
11. Conduct studies on the socioeconomic burden of diabetes in the Region.

Advocacy and technical support for ministries of health

12. Meaningfully involve PLWDs at all levels (policy, planning, implementation and evaluation) of diabetes programmes.

13. Integrate NCDs into primary health care using WHO packages.
14. Integrate NCDs in essential benefit packages through universal health coverage.
15. Ensure task-shifting and team-based care for diabetes and its complications.
16. Strengthen the capacity of health care staff such as nurses and formalize their involvement in providing diabetes care.
17. Provide commodities for the prevention of complications.
18. Strengthen referral systems and ensure clear pathways for referrals for diabetes complications.

Capacity-building

19. Strengthen the capacity of managers for the planning, implementation, evaluation and scale up of integration of NCDs into primary health care by applying WHO packages such as HEARTS.
20. Strengthen the capacity of primary health care workers, including nurses, for the promotion of team-based care in diabetes care.

Collaboration and cooperation

21. Synergize the support of all three levels of WHO to countries.
22. Strengthen existing regional partnerships and initiatives and initiate new partnerships among WHO, nongovernmental organizations, academia, institutions, networks and PLWDs to provide effective support to countries.

Technologies

23. Support countries to apply technologies for the delivery of quality care, especially in the context of the COVID-19 pandemic.

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