

# A policy needle in the chronic disease haystack: Pacific Islands

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**The Diabetes Unit**

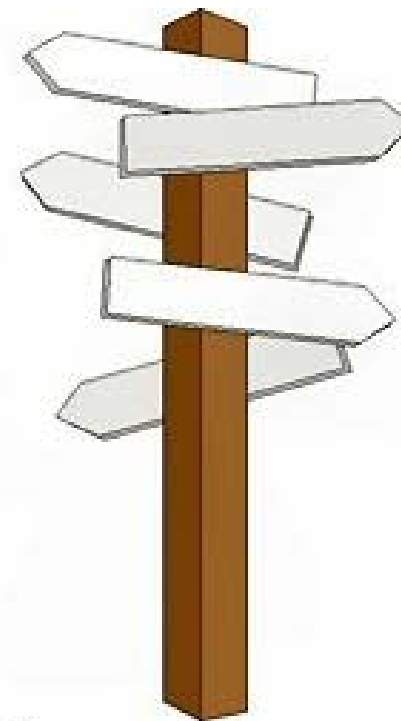


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- Symptoms of fragile development process
- Poverty and increasing lifestyle related diseases
- Urbanisation and westernisation
- Limited resources and inadequate population mass to support specialist health services



- Archipelago of more than 80 relatively small islands
- Population – 209,000
- Chronic disease – 65% of all deaths
- Conservative estimate of diabetes prevalence – 12%
- Serious shortage of doctors - ‘brain drain’

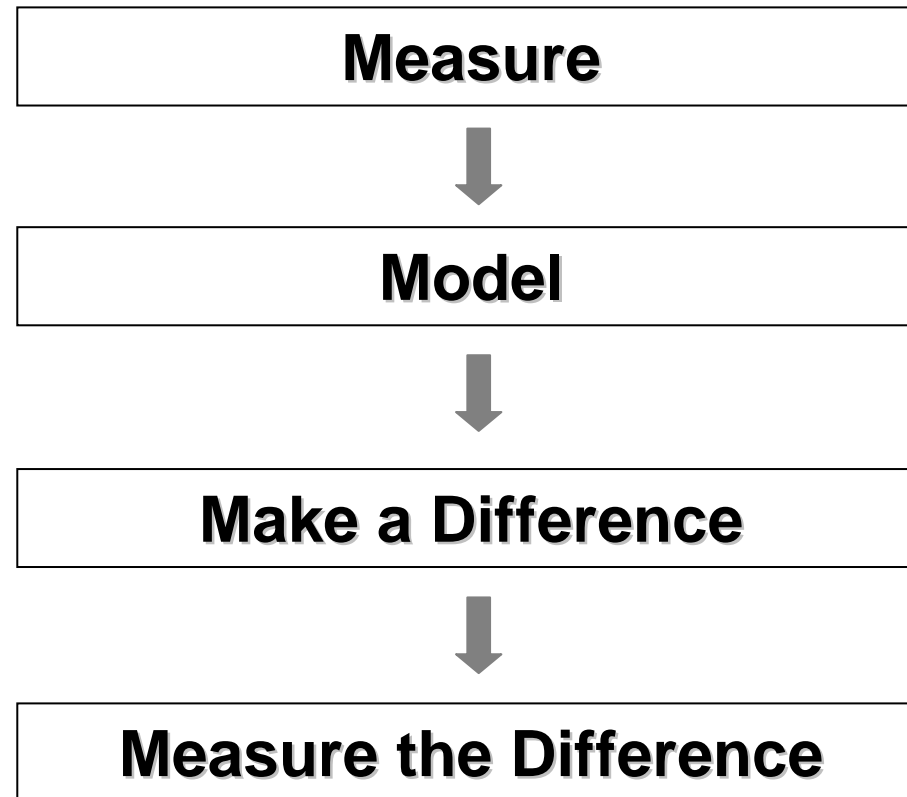


- Archipelago of more than 80 relatively small islands
- Population – 209,000
- Chronic disease – 65% of all deaths
- Conservative estimate of diabetes prevalence – 12%
- Serious shortage of doctors - ‘brain drain’

- Small single coral island – 6km long and 4km wide
- Population - 11,000
- Rise and fall of economic wealth
- Import necessities
- Diabetes prevalence – 60%
- Advanced organisation of care

# Capacity Building through Diabetes Care

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# Measure

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- Diabetes status
  - Prevalence data
- Systems of care and service organisation
  - Situation analysis
  - Admissions and amputations
  - Amputation root cause analysis
- Impact of diabetes
  - Cost of illness
  - Complication screening visit

# Developing the Model

## NAURU



## VANUATU



# Priority Recommendations

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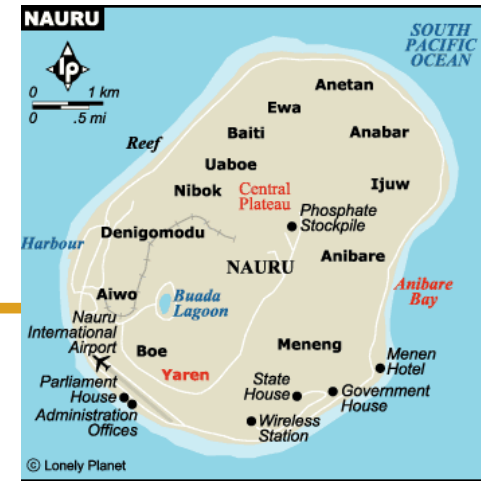
**List diabetes as a formal National Priority Area**

**Develop a National Diabetes Plan**

**Strengthen health workforce**

**Strengthen health services**

**Strengthen health policy**



- Decentralised Model of Diabetes Care
  - Build up Port Vila – clinical leadership
  - Support health workers in Provinces – training, diabetes kits
  - Increase clinical capability

- Centralised Model of Diabetes Care
  - One-stop shop
  - Doctor now available; medications dispensed; foot care provided; increased clinical capability; patient education provided
  - Outreach – education and clinical care

# Make a Difference

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- Initial Implementation
  - National implementation of agreed model
  - Equipping services
  - Introduction of systems of care
  - Staff training staff
- Maintenance Phase
  - Reinforcement through training, mentoring and support
  - Monitoring and review of outcomes; adjustment based on feedback

# Measure the Difference

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- Baseline assessments repeated
- Too early for clinical indicators
- Significant changes in priorities and policies and the available resources for managing diabetes

Situation Analysis: Summary and Comparison

	VANUATU		NAURU	
	Baseline June 2005	Post-Project February 2009	Baseline August 2007	Post-Project March 2009
<b>Priorities, policies and programs:</b>				
Is diabetes formally listed as a national health priority?	No	Yes	Yes	Yes
Is diabetes informally listed as a national health priority?	Yes	-	-	-
Is there a national diabetes plan/program (NDP)?	No	Yes <i>Integrated with National NCD Program</i>	No	Yes
Is there an NDP being developed?	No	-	No	-
What stage is the development of the NDP at?	N/A	- Implementation	N/A	- Key stakeholders involved - Developed and documented - Implementation underway
What does the NDP cover?	N/A	- Type 2 diabetes - Gestational diabetes - Primary prevention - Clinical care, services and supplies	N/A	- Type 2 diabetes - Primary prevention - Clinical care, services and supplies
What does the NDP address?	N/A	- Community awareness - Screening/early diagnosis - Foot problems/ampu- tations - Diabetic renal disease - Prevention of vision impairment	N/A	- Community awareness - Screening/early diagnosis - Foot problems/ampu- tations - Diabetic renal disease - Prevention of vision impairment
Are clinical management guidelines routinely used?	No	Yes <i>Health Workers Manual</i>	No	Yes <i>St George Hospital Guideline</i>
Are any other guidelines for other aspects of diabetes care in use?	No	Yes <i>PIP Management Guideline</i>	No	Yes <i>WHO and SPC</i>
Are any other disease related guidelines available?	No	Yes <i>Health Workers Manual</i>	No	No
Is there a national policy on food and/or nutrition?	No	Yes	No	No
Is there a national program on food and/or nutrition?	No	Yes <i>National NCD Program</i>	No	Yes <i>NCD Nutrition Program led by Public Health Department</i>
Is there a national prevention policy?	Yes	Yes	No	No
Is there a national prevention program?	Yes	Yes	No	Yes <i>NCD Program and National Weight Reduction Program led by Public Health Department</i>
Is there a National Diabetes Association?	No	Yes <i>A member of the IDF although not very active at this stage</i>	No	Yes <i>Active but not yet a member of IDF</i>
Is there a Diabetes Centre?	No	No <i>New NCD Centre has approved, construction due for completion mid-2010</i>	Yes	Yes
<b>Current status of diabetes:</b>				
<i>Is the incidence and/or prevalence known for:</i>				
• Type 1 diabetes	No	No	Prevalence ~1%	Prevalence <1%
• Type 2 diabetes	No	No	Prevalence 16.2%	Prevalence 16.2%

# Impacts

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- Community ownership and engagement
  - Support from the Ministries of Health
  - Improved quality and organisation of care in both countries
  - Increased local knowledge and understanding
  - Increased capacity to manage and maintain the diabetes care system
- Impact
  - Policy
  - Resources
  - Diabetes outcomes



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# Policy Implications

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- Building skills locally to influence broader policy issues that impact on health



# Acknowledgements

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- Ms Renee Slade

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- Mr John Tasserei

## **Nauru Ministry of Health**

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- Ms Eva Gadabu

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- A/Professor John Kelly

## **International Centre for Eyecare Education**

- Professor Brian Layland

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