

Perspectives on Diabetes Control in Latin America & the Caribbean

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PAHO

What is the situation of diabetes in Latin America and the Caribbean?

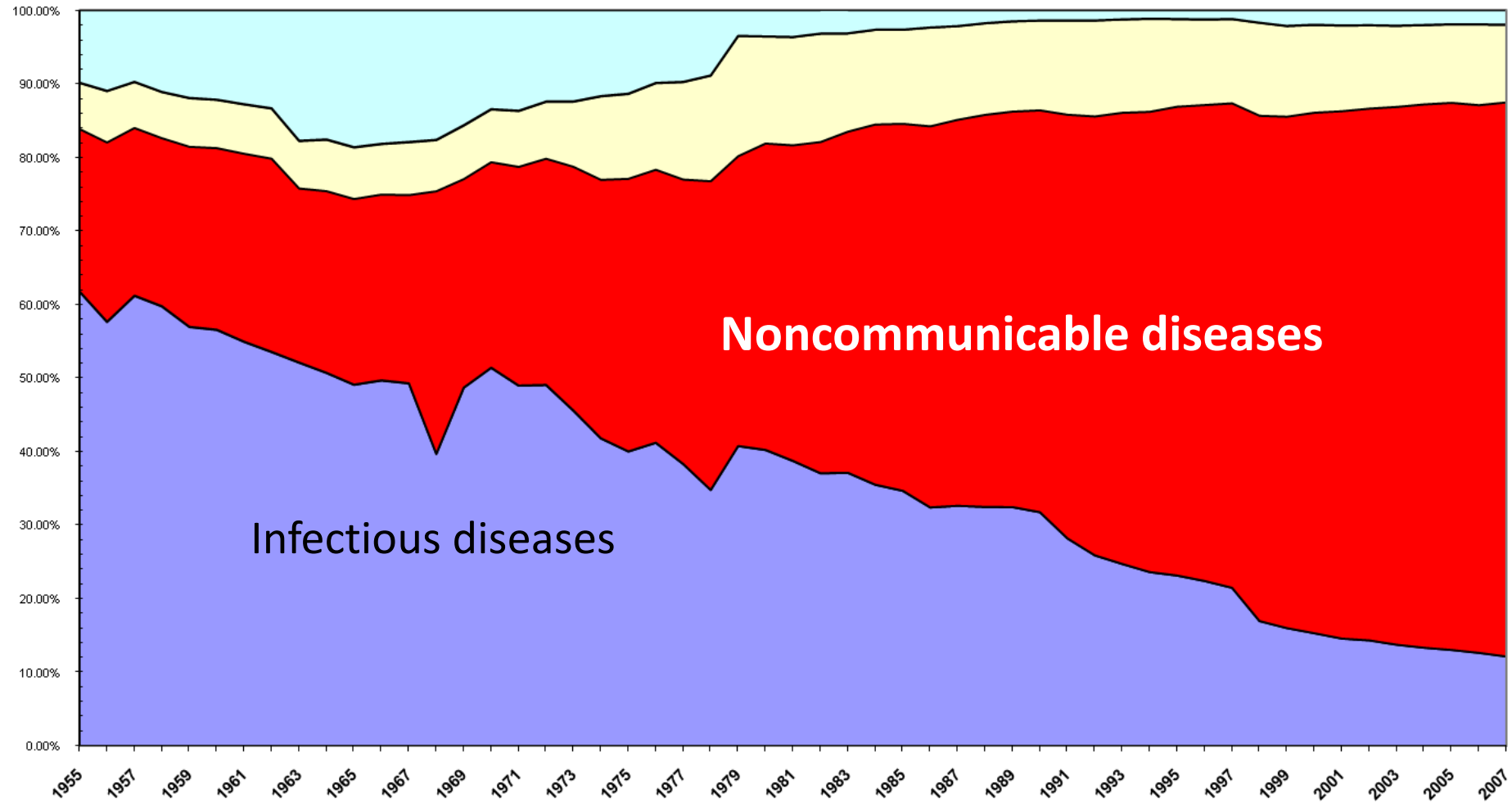


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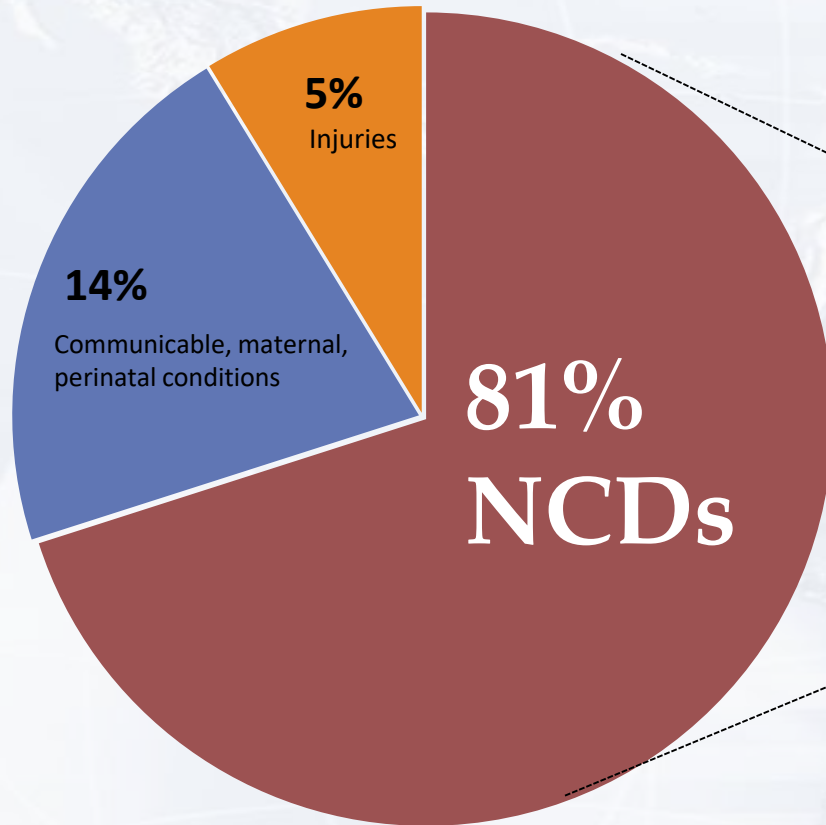
Epidemiological Transition in Latin America and the Caribbean



Source: PAHO mortality database, 2016

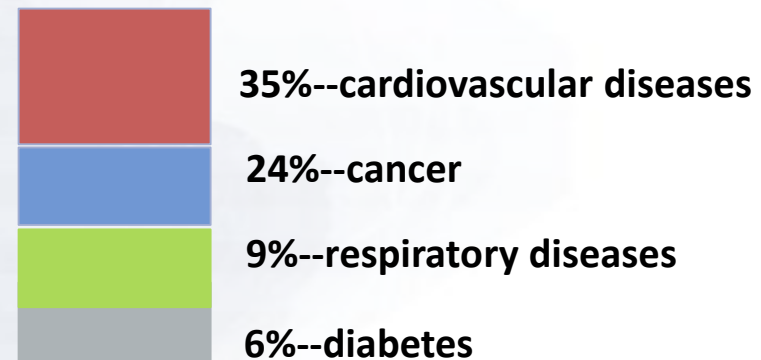
■ Group I Communicable ■ Group II Non communicable ■ Group III Injuries ■ Ill defined

NCDs: Leading Cause of Death



5.5 MILLION

People die each year from NCDs



35% in persons under 70 years



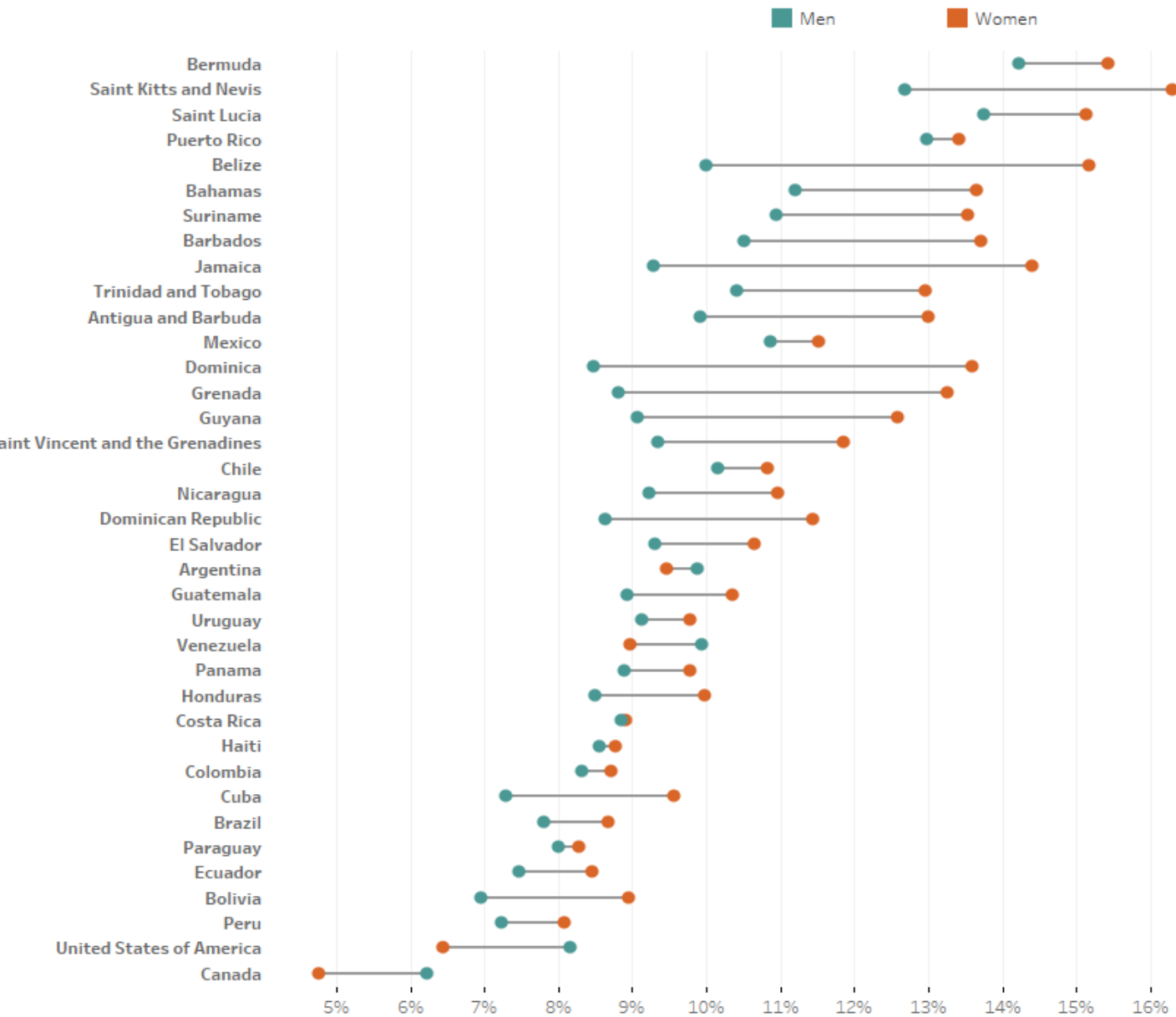
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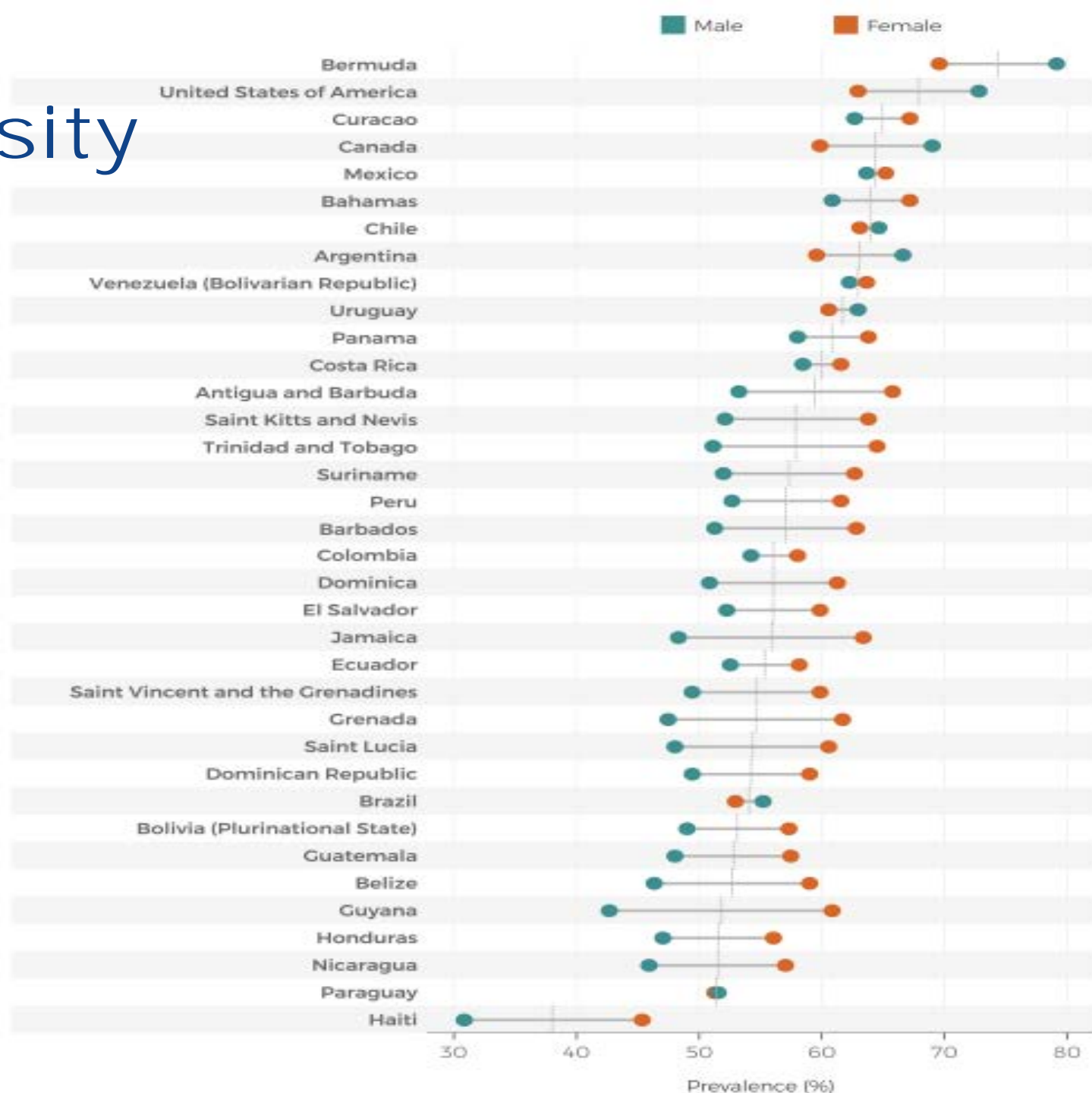
Diabetes Prevalence in the Americas



- 62 million people with diabetes
- 8.3% regional prevalence
- highest in **Caribbean countries** (11.8%)
- **women** more affected than men
- **indigenous populations** have higher rates eg. 2-3x higher in Native American than general US population

Overweight & Obesity

Region	Total (%)	Male (%)	Female (%)
Overweight & Obesity			
Global	38.9	38.5	39.2
Americas	62.5	64.1	60.9
Obesity			
Global	13.1	11.1	15.1
Americas	28.6	29.5	31.0





Global and regional calls to action for prevention and control of diabetes and other NCDs



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Strategies for NCD Prevention and Control

POLICIES

Legal, fiscal, trade and regulatory policies that promote health (eg. taxation, labelling, marketing, etc)

Advocacy and community mobilization

PREVENTION

Healthy living, education, counselling, health checks, self-management, etc.

CARE/ TREATMENT

Early detection, diagnosis and treatment, referrals, continuous care, monitoring, prevent complications



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Cost-effective Interventions for NCD Prevention



tax tobacco, smoke free environments, plain packaging, ban advertising



tax alcohol, restrict/ban advertising, restrict availability, drink driving laws



lower sodium, tax sugar sweetened beverages, ban trans fats, restrict marketing unhealthy foods and beverages to children



public education and awareness, physical spaces for recreation



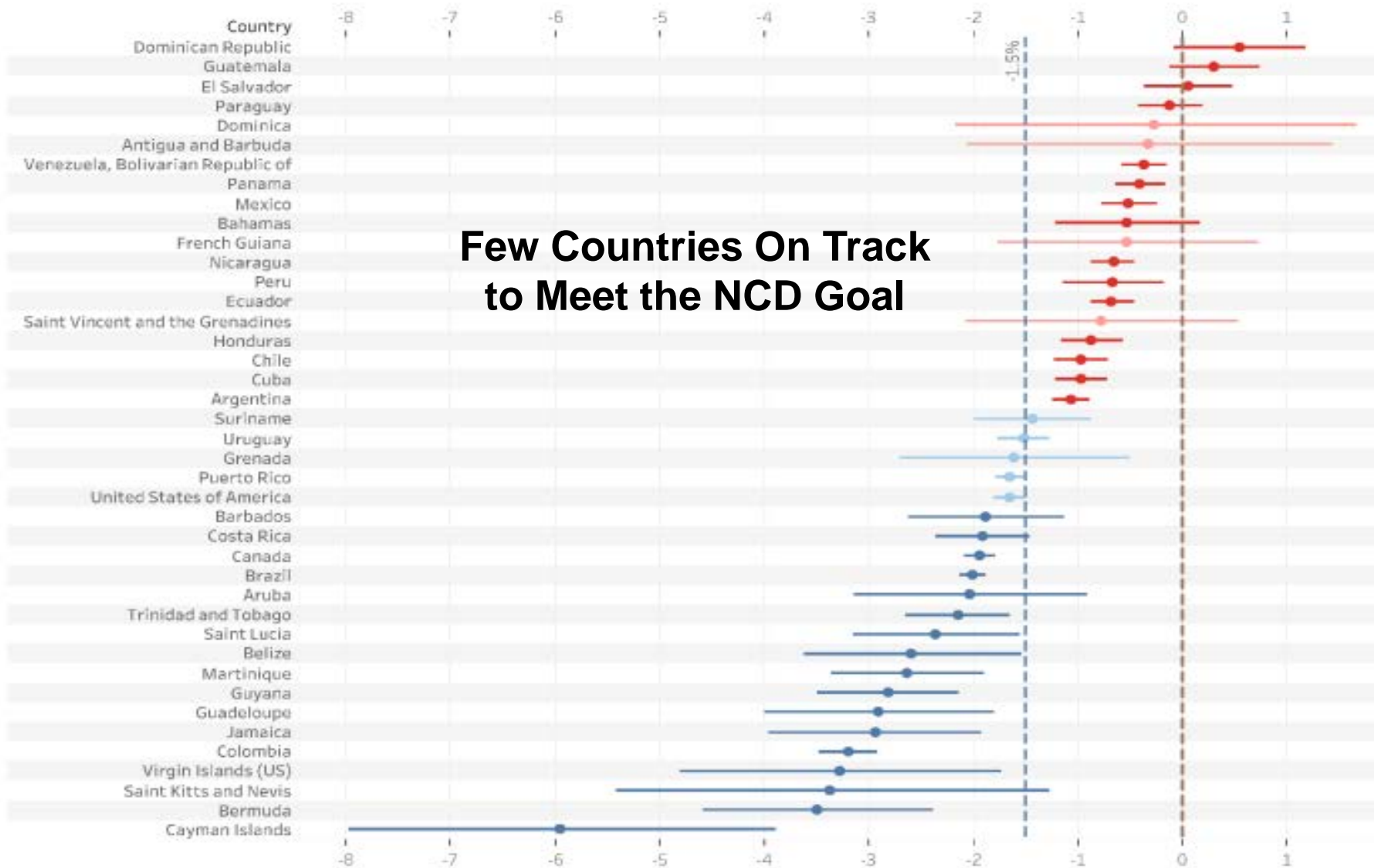
medication and counselling, long term continuous care

Global NCD Targets



Progress on NCD Premature Mortality

Average Annual Percent Change (AAPC) and 95% Confidence Interval of Noncommunicable Disease Premature Mortality, Countries of the Americas, 2000-2015



What are countries doing to halt the rise in diabetes?

1 in 2
People with Diabetes
Don't Know They Have It

Are you at risk?

Prevent Diabetes: Protect our Future

world diabetes day
14 November

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Country Capacity for Diabetes Control

operational diabetes action plan/strategy	9/35 countries (26%)
diabetes guidelines	21/35 countries (60%)
blood glucose measure	generally available everywhere
HbA1c:	17/35 countries (48%)
metformin, sulphonylurea, insulin	29/35 countries (83%)
diabetes prevalence data	29/35 countries (83%)



Large Treatment Gaps for People with Diabetes



Country	No. of study participants	Aware they have diabetes	Treated for diabetes	Diabetes controlled
Argentina	7,407	64%	50%	27%
Chile		81%	64%	47%
Uruguay		85%	52%	54%
Barbados	1,234	n/a	14%	33%



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Challenges

- Weak and underfunded health systems
- Fragmentation of care and poor referral mechanisms
- Gaps in capacity of care
- Gaps in quality of care
- Patients inadequately informed about managing their illness
- Poor disease control and outcomes
- Increasing costs of care



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Solution: Transform Health Systems



- Re-orient the health system so it is led by primary care
- Assure long-term care that is proactive, patient-centered, and community-based:
 - person focus across the lifespan rather than disease focus
 - continuous care rather than episodic care
 - accessible with no out-of-pocket payments
 - resources according to population needs rather than demand
 - broad range of services including preventive services and self management support
- Deliver better health outcomes, at lower cost

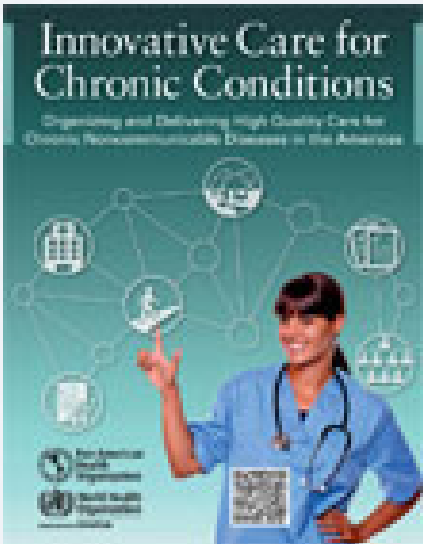


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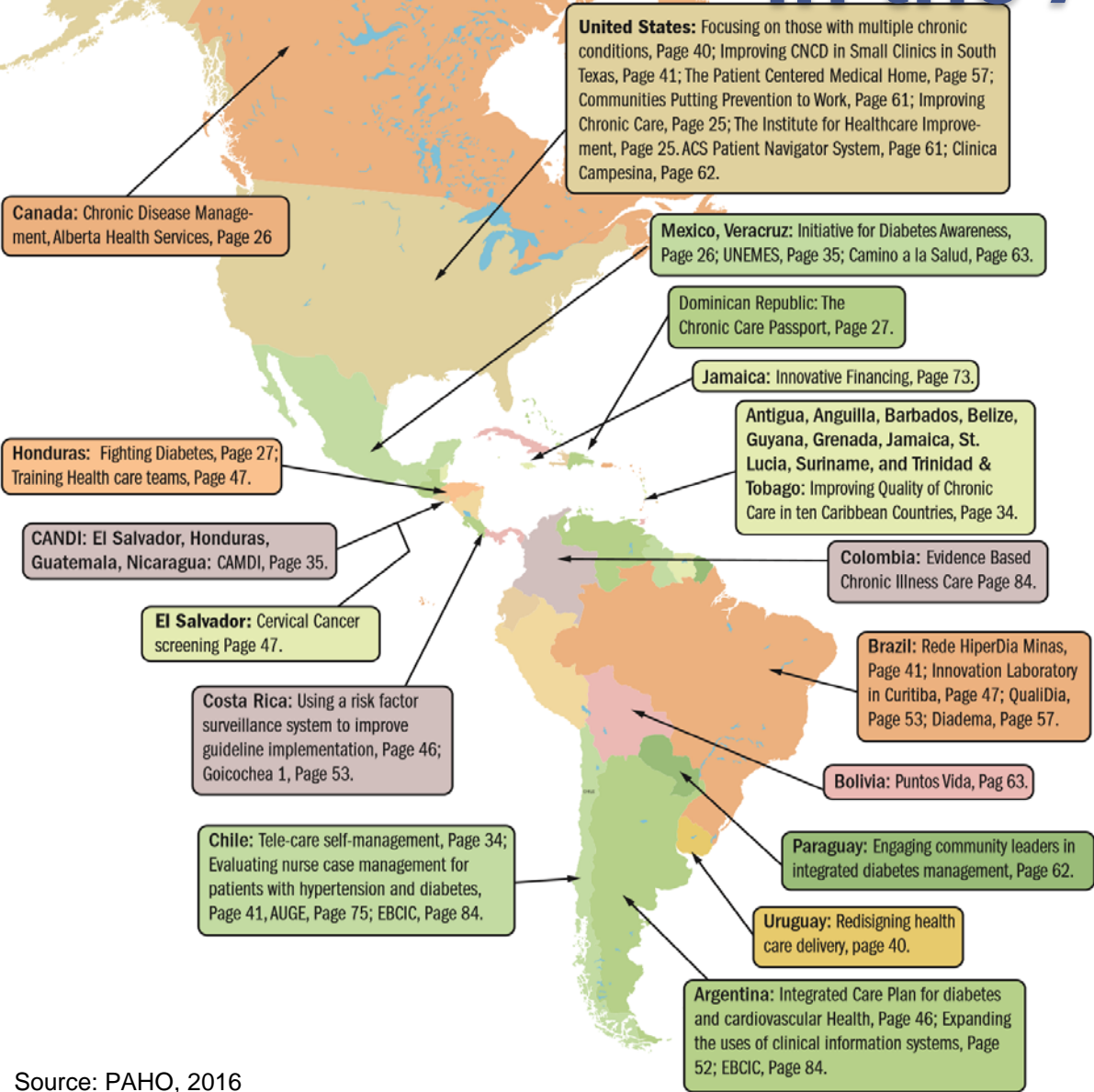
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Implementation of chronic care model to improve diabetes control



1. Assess and strengthen the capacities of primary health care for screening, diagnosis, treatment and control
2. Develop education, information, and counseling messages
3. Establish protocols and algorithms of care
4. Create and train multi-disciplinary health teams
5. Improve health information system
6. Supply medicines and technologies
7. Develop patient self management support strategies
8. Implement, evaluate and extend to national level

Diabetes Control Initiative in the Americas



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PAHO- WDF-Ministry of Health Diabetes Projects

Mexico

- promoting healthy environments in municipality of Calkini, Campeche State
- diabetes prevention, with a gender perspective in an urban community in Mexico City

Honduras

- improving quality of care for people with diabetes

Brazil

- integrated care for diabetes and hypertension in Ceara state
- health provider training and education in Bahia

Peru

- diabetes network action project (DIANA) to improve diabetes care in 6 cities

Paraguay

- chronic care model in Itapuá y Ñeembucú

Diabetes & Tuberculosis

- diabetes triples risk of developing tuberculosis
- >30,000 cases of TB related to diabetes in the Americas
- diabetes can worsen the clinical course of TB, and TB can worsen glycemic control in people with diabetes
- Mexico and Brazil projects: improve TB screening in people with diabetes, and integrate treatment and control



A. Establish mechanisms for collaboration

- A.1. Set up means of coordinating diabetes and TB activities
- A.2. Conduct surveillance of TB disease prevalence among people with diabetes in medium and high-TB burden settings
- A.3. Conduct surveillance of diabetes prevalence in TB patients in all countries
- A.4. Conduct monitoring and evaluation of collaborative diabetes and TB activities

B. Detect and manage TB in patients with diabetes

- B.1. Intensify detection of TB among people with diabetes
- B.2. Ensure TB infection control in health-care settings where diabetes is managed
- B.3. Ensure high quality TB treatment and management in people with diabetes

C. Detect and manage diabetes in patients with TB

- C.1. Screen TB patients for diabetes
- C.2. Ensure high-quality diabetes management among TB patients



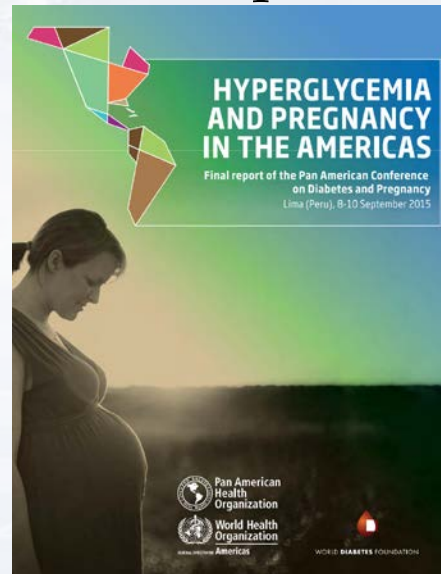
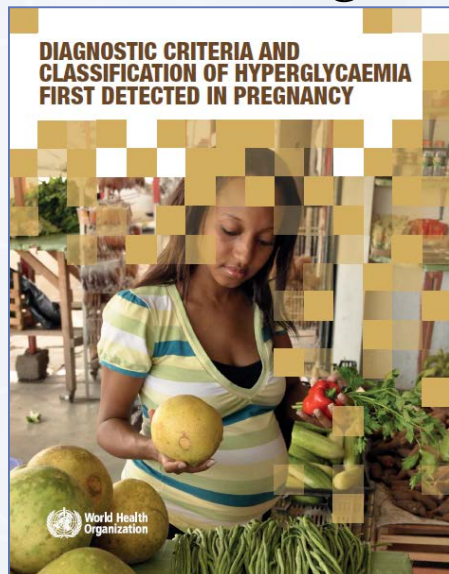
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Gestational Diabetes

- affects 10%–35% of pregnant women
- if undetected and untreated, complications for both mother and child
- screening and education for self-management is fundamental
- only 15 countries in the Americas report having policies for diabetes screening in pregnancy
- projects to screen, diagnose and improve care and perinatal outcomes



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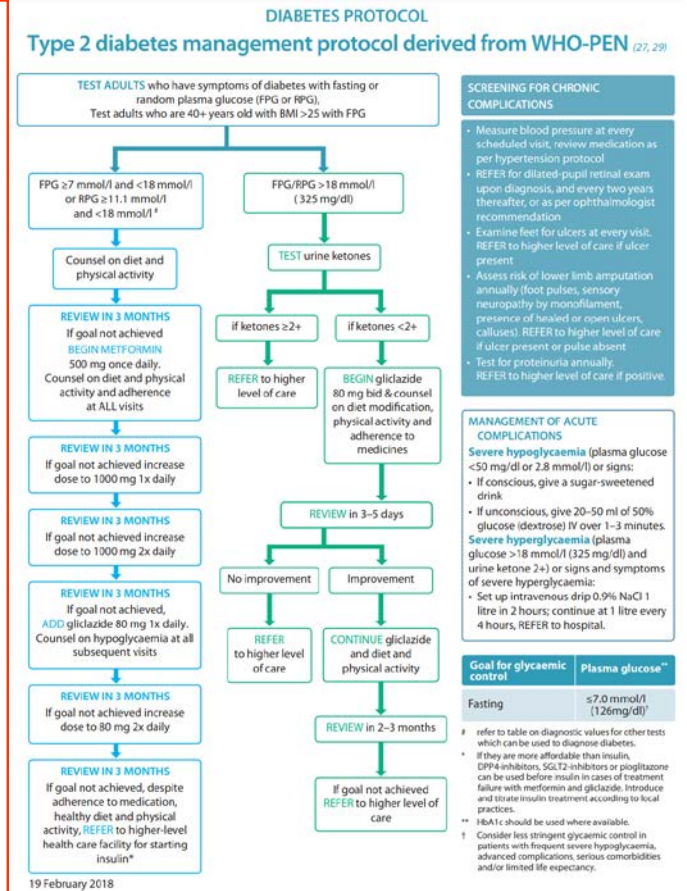
Integrated Management of Hypertension and Diabetes

HEARTS

Technical package for cardiovascular disease management in primary health care

- Healthy lifestyle**
Counsel on tobacco cessation, diet, harmful use of alcohol, physical activity and self-care
- Evidence-based treatment protocols**
Simple and standardized protocols
- Access to medicines and technologies**
Access to a core set of affordable medicine and basic technology
- Risk-based management**
Total cardiovascular risk assessment, treatment and referral
- Team-based care and task sharing**
Patient-centered care through a team approach and community participation
- Systems for monitoring**
Patient registries and program evaluation



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CONCLUSIONS

- Diabetes prevalence increasing rapidly
- Diabetes control rates need improvement
- ‘Systems thinking’ needed to improve diabetes control
- HEARTS is a practical approach for integrated management of diabetes and hypertension
- Tools, resources, and technical assistance available from PAHO/WHO and other partners



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