

# WHAT LESSONS ARE THERE FOR THE PREVENTION AND CONTROL OF CHRONIC DISEASES IN EUROPE?

## National Diabetes Plan in Europe – Policy Brief



### ? What is it about?

The Policy Brief identifies a range of factors that appear to facilitate the development, implementation and sustainability of national diabetes plans (NDPs). Download the Policy Brief here: <http://www.chrodis.eu/our-work/07-type-2-diabetes/wp07-activities/national-plans/>

### 📌 What are the key messages?

- Countries in Europe have made progress towards developing a systematic policy response to the diabetes burden but overall the investment in and implementation of comprehensive strategies for the prevention and treatment of diabetes has varied.
- The following factors may facilitate the development, implementation and sustainability of NDPs:
  - national (or regional) leadership,
  - multiple stakeholder involvement,
  - patient representation in plan development and implementation,
  - adequate resourcing for implementation of the NDP,
  - flexibility in NDPs,
  - a balance between centrally defined requirements and regional autonomy,
  - learning from experience through monitoring and evaluation as well as through transnational learning.
- Patient empowerment and involvement are key to all successful strategies.
- The success of a programme depends on professionals' motivation. Healthcare professionals want to do their best – they will seize opportunities for self-improvement.
- Multi- and interdisciplinary approaches lead to successful strategies through the integration of skills and knowledge at all levels in the health sector.
- The key challenge for the future is ensuring that NDPs can be monitored and evaluated by building up capacity in information systems, so that the health outcomes of such interventions can be adequately measured.

## How can the Policy Brief be used?

This policy brief identifies the key enablers and barriers to the development, implementation and sustainability of NDPs in European countries and informs countries' efforts to build a successful and comprehensive strategy through the exchange of good practices.

## Who needs to be involved?

The evidence shows that in the development of NDPs, the stakeholders involved were often **ministry of health staff, diabetes specialists, diabetes organisations and patient groups**.

Hearing the voice of the **service users**, who will be directly affected by changes, is important in delivering high-quality services to people with chronic conditions.

The **staff providing the new services** (usually in primary care or the community) are also key stakeholders and their concerns and ideas need to be heard at an early stage.

Capacity building may be required to ensure that **primary care staff** have the necessary skills to meet complex care needs and enable people to live better with diabetes and other chronic conditions, taking into account individual differences, preferences and cultural diversity in developing the plan.

**Diabetes organisations and patient groups** play a central role in developing NDPs and were key to the successful adoption and even implementation of the plans. Potentially, this single-disease focus made these groups more effective in advocating for change, thereby facilitating greater influence over the policy process.

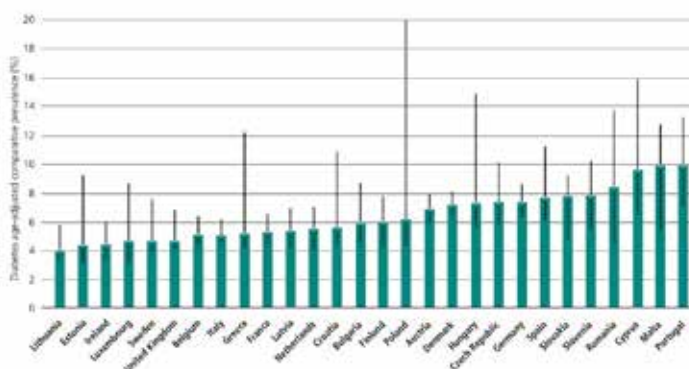
## What is required?

Providing adequate resourcing for the implementation of the NDP means investing in **infrastructure**, particularly information systems, but **principally in the health workforce**.

Building capacity in the health workforce does not necessarily mean hiring new staff or developing new posts, but could entail specific training for existing staff. Shortages of adequately trained staff are a barrier to implementation of the NDP in some contexts. However, the evidence shows that the investment in the training of health workers does not necessarily have to focus on a single disease, but could be part of wider changes to the way primary care is organised to better serve the needs of people with long-term conditions.

Building technological capacity is needed in some countries to develop tools such as diabetes registers. Those are highlighted as important levers for successful NDPs as a means to enable systematic monitoring and evaluation that can then inform further policy development. In addition,, the use of open data plays a key role in pushing change forward in some contexts.

Estimated adult (aged 20-79 years) diabetes comparative prevalence (%) in 28 EU Member States (with uncertainty range), 2015



SOURCE: INTERNATIONAL DIABETES FEDERATION (2015)

## Background information

Data on national diabetes plans in 22 European countries that was collected as part of JA-CHRODIS formed the basis for the policy brief. The majority (13 out of 22) of countries surveyed currently have a formal national diabetes plan in place. Of those that did not, two had concluded a previous NDP and had not yet developed a follow-up and three referred to diabetes disease management programmes and other measures in place.

