#### **WP7 Final Meeting**

Diabetes: a case study on strengthening health care for people with chronic diseases

October 20-21 2016 Istituto Superiore di Sanità, Rome

## **SWOT** analysis





## **Disclosures**

**Health Industry Interests Relevant to Presentation** 

#### **Angela Giusti**

1 – Patent holder/Shareholder or member or employee of a health industry	NO
2 – Consultant or member of a scientific council of a health industry	NO
3 – Paid speaker or author/editor of articles or documents for a health industry	NO
4 – Payment of travel expenses, lodging, or conference/event registration by a health industry	NO
5 – Principal Investigator of a research or clinical study for a health industry	NO
6 – Co-Investigator of a clinical study for a health industry	NO



## Rationale

**The challenge** facing decision-makers and leaders in health care

- how to strengthen chronic disease prevention and control efforts
- how to re-design health care system to better meet complex needs of persons with chronic diseases

In the frame of the JA-CHRODIS, diabetes is considered a case study on strengthening health care for people with chronic diseases.





## Objective

The aim of the WP7 SWOT analysis is

- to give a qualitative overview of the national policies and programs on prevention and management of diabetes across Europe
- to offer insights on what makes a policy/program

#### APPLICABLE SUSTAINABLE EFFECTIVE

from a public health and from the stakeholders perspectives

- the basic preconditions for its implementation
- the successful strategies and lesson learnt from the experience

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## Methods

#### The SWOT analysis

- Developed in the area of business and industry
- Extensively used in community development programs, health and education
- Participatory, simple, applicable
  to different contexts and levels of
  analysis, including policies and
  programs, implementation and
  evaluation

Used for

- → analysis of Strengths, Weaknesses, Opportunities, and Threats of a project, an intervention, a program or a policy
- → strategic planning, to outline the key internal and external factors that can influence the success



## SWOT analysis: the structure

#### Internal

They fall within the scope and control of the program



#### **External**

Conditions that are outside the direct control of the program



#### Strengths



Can be used to address W

#### **O**pportunities



May facilitate the policy/program implementation

#### Weaknesses



Need to be addressed

#### Threats



May stand in the way of the policy/program implementation



## **Data collection**

Select up to 5 relevant policies or programs per Country



Key responders
identified by
Task Leaders and
Chrodis-JA Partners



## Data collection

Select up to 5 relevant policies or programs per Country



Analyse according to relevant dimensions



- → Planning → Endorsement by policy makers and stakeholders → Implementation →
   Organizational changes → Partnerships → Multi, inter or transectorality → Management
- + Human resources → Technology and information systems → Coordination of care (i.e. multi or interdisciplinarity) → Funding → Integration with other policies/programs → Supported by laws or regulations → Leadership → Empowerment → Capacity building →
  - → Monitoring and evaluation → Internal and external communication →

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## Data collection

Select up to 5 relevant policies or programs per Country



Analyse according to relevant dimensions



One comprehensive **SWOT** per Country



**Data analysis** 

Coding, cathegorial analysis (Nvivo 10.0)



12 + 2 SWOT

reporting and analysing 44 policies



## Results

## **Countries contributing to the SWOT**

N. stakeholders involved 57

N. policies included 44

Methods of participation:
email, face-to-face meeting,
group video call, individual call



#### Policies&programs on diabetes across Europe: challenges and potentials

Growing prevalence of NCDs

European modern lifestyle

(sedentary, alcohol, tobacco)

Broad participatory approach and strong partnerships

General awareness on NCDs as a

health problem and a social issue

Bottom up and dynamic process, with constant input and feedback by stakeholders.

Advocacy by proactive citizens' associations

Structured and continued funding

Strenghtnening the leadership to improve sustainability

Reimbursement systems more keen on «preventive and meaningful care»

Evidence-Based, with sound scientific background

Comprehensive strategies on NCDs

Equity-oriented systems

Gender perspective on NCD's

Strong leadership, at national and subnational level

Programs' management

Stakeholders involvement, based on clear and shared aims

Organizational changes

University Curricula are still not dealing with the changing needs of the population

> In-service training of health professionals focused on people's empowerment

Integration of different policies and programs

> Political commitment to the «health in all policies paradigm,

> > Transectoral interaction and cooperation

> > > Corpus of established multisectoral policies and programs

Economic crisis induce a reform momentum, including costeffectiveness and ethical considerations

Strong federal systems might lead to fragmentation of activities and scarce ownership

Different care paradigms coexist and sometimes conflict with one another

The Policy/Program pathway

Effective educational models

People self-determination on treatment and healthy lifestyles

Clear definition of care pathways

caregivers

of collaborations and roles

**Exchanges of Good** Practices at European level, is acting as a motivator

Transferability of successful strategies is uncertain

External communication by communication experts

Media visibility and social media improve awareness and dissemination of policies and preventive strategies

Monitoring & Evaluation, data availability, record linkage, privacy concerns

Internal communication

ICT tools in everyday practice

Holistic approach, active involvement of families and

Muldisciplinarity, redefinition

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## Key messages



# When planning, implementing a policy or a program on NCD, let's keep in mind...

"Continuous
lobbying of
decision-makers
and politicians is
mandatory"

"The program reduces
its impact and
credibility when there
is no long term
budget linked to it"

"Health-care
professionals want to
do their best – give
them an opportunity to
improve and they will
grasp it"

"Proactive
professionals and
patients'
organizations may
lead the process"

"Most of the daily decisions in relation to treatment are made by the patients at home"

"Integration at local level will need many facilitators – NDP should develop its mobilizing power"

"Go out from healthcare system" "All changes take time and resources (more than anticipated)"

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## Conclusions

- The whole of these considerations, thoughts, experiences and insights draws an overall picture of the complexity, challenges and potentials when designing and implementing good policies and programs.
- These results may apply to any context across
   Europe, and may be used by decision makers,
   managers, professionals and other stakeholders to
   focus on key-issues, recognizing areas for
   attention.







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# The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)\*



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