WP7 Final Meeting
Diabetes: a case study on strengthening health care for people with chronic diseases

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SWOT analysis

Angela Giusti
National Institute of Health, Italy
**Disclosures**

Health Industry Interests Relevant to Presentation

**Angela Giusti**

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<td>1 – Patent holder/Shareholder or member or employee of a health industry</td>
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<td>2 – Consultant or member of a scientific council of a health industry</td>
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<td>3 – Paid speaker or author/editor of articles or documents for a health industry</td>
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<td>5 – Principal Investigator of a research or clinical study for a health industry</td>
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<td>6 – Co-Investigator of a clinical study for a health industry</td>
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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
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

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<th>Strengths</th>
<th>Weaknesses</th>
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<td>Can be used to address W</td>
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<th>Opportunities</th>
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<td>May facilitate the policy/program implementation</td>
<td>May stand in the way of the policy/program implementation</td>
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Data collection

Select up to 5 relevant policies or programs per Country

Key responders identified by Task Leaders and Chrodis-JA Partners

WWW.CHRODIS.EU
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
Data collection

Select up to 5 relevant policies or programs per Country

Analyse according to relevant dimensions

Output

One comprehensive SWOT per Country

Data analysis

Coding, categorical analysis (Nvivo 10.0)

12 + 2 SWOT reporting and analysing 44 policies

WWW.CHRODIS.EU
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

Integration of different policies and programs

- Advocacy by proactive citizens' associations
- Structured and continued funding
- Strengthening 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 NCDs

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

Political commitment to the "health in all policies paradigm"

- Transectral interaction and cooperation
- Corpus of established multisectoral policies and programs

Growing prevalence of NCDs

- General awareness on NCDs as a health problem and a social issue
- European modern lifestyle (sedentary, alcohol, tobacco)
- Different care paradigms coexist and sometimes conflict with one another

Economic crisis induce a reform momentum, including cost-effectiveness and ethical considerations

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

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

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

Transferability of successful strategies is uncertain

External communication by communication experts

Internal communication

ICT tools in everyday practice

Effective educational models

Stakeholders involvement, based on clear and shared aims

Programs' management

- Broad participatory approach and strong partnerships
- People self-determination on treatment and healthy lifestyles

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

Holistic approach, active involvement of families and caregivers

Multidisciplinary, redefinition of collaborations and roles

Clear definition of care pathways

- Holistic approach, active involvement of families and caregivers

- Multidisciplinary, redefinition of collaborations and roles
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)”
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.
Thanks to our partners and experts

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

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