

APPENDIX 1 - DATA AND NOTES BY COUNTRY

Legend:

Yes
 No/data not available

P Public
R On Request

Table A1. Diabetes Prevention Strategies (section A1, questions 1-7)

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
1. National diabetes policies with specific prevention targets exists:																			
a. it's a stand-alone national program																			
b. it's included in a more comprehensive national plan																			
c. no national policy but program at sub-national/local government level																			
5. Vulnerables groups are taken into consideration																			
6. Prevention is a part of the curricula of professionals																			
7. Available data:																			
a. prevalence of diabetes	P	P	P		P	R	R	R	P		P	P	P		P	P	P	P	P
b. physical activity	P	R			P	R			P		P		P	P			P	P	P
c. overweight and obesity	P	P	P		P	R	R		P		P		P	P	P	P	P	P	P
d. persons that follow recommendations on nutrition	P				R	R			P		P		P	P			P	P	P
e. healthcare cost	P		P						PR		R	R	P	R		P	R		P

8. Screening protocols:

- available
- evaluated at population level

9. Validated risk assessment tools

10. Information technology systems

11. Defined care pathways

12. Multidisciplinary approach

13. Available data:

- a. screened population
- b. remitted to diagnostic procedure
- c. remitted to lifestyle intervention
- d. dropping out of interventions
- e. clinically changes achieved
- f. incidence of diabetes among people in interventions

14. Intervention entails:

- a.risk factors assessment
- b.individual's motivation for behaviour changes
- c.structure and contents of interventions
- d.individualized targets for preventions
- e. plan for follow-up

15. Individual data recorded:

- a.planned visits completed
- b.weight changes
- c.change in waist circumference
- d.change in glucose level
- e.change in nutrition

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK	
8. Screening protocols:																				
available																				
evaluated at population level																				
9. Validated risk assessment tools																				
10. Information technology systems																				
11. Defined care pathways																				
12. Multidisciplinary approach																				
13. Available data:																				
a. screened population			P						R						R		R		R	
b. remitted to diagnostic procedure									R										R	
c. remitted to lifestyle intervention									R										R	
d. dropping out of interventions									R										R	
e. clinically changes achieved			P						R										R	
f. incidence of diabetes among people in interventions			P						R										R	
14. Intervention entails:																				
a.risk factors assessment																				
b.individual's motivation for behaviour changes																				
c.structure and contents of interventions																				
d.individualized targets for preventions																				
e. plan for follow-up																				
15. Individual data recorded:																				
a.planned visits completed																				
b.weight changes																				
c.change in waist circumference																				
d.change in glucose level																				
e.change in nutrition																				

Comments to Section A

Austria: there is no specific diabetes prevention plan or nationwide diabetes prevention program implemented. The answers refer to standard care and preventive medical check up's and are not referred to on a nationwide program. Data (question 13) is available for a limited number of people who participate in the preventive medical check up. Mentioned interventions are available, but not standardised and structured on a national level (question 14 and 15).

Germany: the CheckUpPlus program (AOKplus) in Saxony supports the recording of data (question 15) only every 2 years; App "Gesund ohne Diabetes" of the DDS ([link](#)); and a National Prevention Law is in the planning phase ([link](#)).



Greece : in 2012, a council of specialists of the ND Centre and the Hellenic Diabetes Association planned a National Program of action, which was adopted from the Ministry of Health but not yet implemented.

Italy : Risk assessment tools and information technology systems, as well as data/statistics are available at local level, or selected groups of professionals, but not at national level (questions 9,10,13).

Norway: doesn't have a screening protocol for identifying persons with high risk, but only for identifying diabetes; they have a national program of in public education of risk factors for non-communicable diseases.

Slovenia: National program for people at risk for cardiovascular diseases exists since 2002, it includes most of the measures needed for people at risk for type 2 diabetes, and delivers primary prevention programs (weight, physical activity, healthy eating); in 2014 and 2015 it is being further developed to deliver integrated prevention and care of chronic diseases at primary care (piloting phase); National diabetes plan (2010-2020) as a strategic document supports all changes that are delivered at system level; since 2011, restructuring of family medicine is under way, at this point more than half of the practices are financed and organised in a new way (most prominent is the introduction of registered nurses as care coordinators for prevention and chronic diseases).

Table B1. Diabetes Management Program (section B1, questions 1-18)

Legend:
 Yes
 No/data not available

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
1. A diabetes management program:																			
a.exists in a stand-alone national program																			
b.it's included in a more comprehensive national plan																			
c.exists at sub-national/local government level																			
5. Vulnerables groups are taken into consideration																			
6. The DMP involves:																			
a. general practitioners																			
b. diabetes specialists in own practice																			
c. diabetes specialists in hospital																			
d. nurses																			
e. specialists for diabetic complications																			
7. The main objectives of the MP are:																			
a. preventing or reducing inappropriate health care																			
b. improving integration of different organizations																			
c. increasing multi-disciplinary/ professional collaboration																			
d. improving patient involvement/centeredness																			
e. improving quality of care for persons with diabetes																			
f. improving early detection of co-morbidities																			
g. decreasing/delaying complications																			
h. decreasing morbidity																			
i. decreasing mortality																			
j. reducing hospitalizations																			
k. reducing inequalities in access to care																			
l. reducing (public) costs																			

Table B1 (continued)

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
8. Key components are:																			
a. self-management support																			
b. delivery system design																			
c. decision support tools																			
d. clinical information system																			
9. Implementation level																			
a. local																			
b. regional																			
c. national																			
10. Spread																			
a. rural																			
b. urban																			
11. The management program was initiated by:																			
a. governmental body																			
b. hospitals																			
c. primary care organization/scientific associations																			
d. diabetologist-endocrinologist/scientific associations																			
e. home care organization																			
f. patient organization/association																			
g. insurer																			
12. Person with diabetes involved in a DMP (%)	10	60	95	90	29	67	20	90				95			75	50		90	
13. Implementation (year):	'07	'72	'15	'00	'08	'02	'92			'08	'09		'07	'14	'11	'08	'04		
14. The management program is currently running																			

Table B1. (continued)

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
15. The management program finished:																			
a. as planned																			
b. not enough patients																			
c. not enough healthcare professionals																			
d. insufficient management support																			
e. financial reasons																			
16. The specific indicators used for monitoring:																			
a. process indicators																			
b. intermediate outcome indicators																			
c. long-term effect indicators																			
17. The management program is/was funded by:																			
a. the statutory system for health financing																			
b. public insurers																			
c. private insurers																			
d. co-payment by the patient																			
e. trade unions																			
f. EU structural funds																			
18. Incentive payment to caregivers:																			
a. pay for performance																			
b. pay for outcome																			
c. no incentive																			

Table B2. Management of diabetes (section B2, questions 19-25)

19. The diabetes management is part of the curricula/guidelines of medical professionals

20. Screening protocols/guidelines for early identification of diabetes available

21. Data/statistics available* on:

- a. proportion of persons with diabetes involved in DMP
- b. diabetic foot syndrome
- c. lower limb amputations
- d. diabetic retinopathy
- e. diabetic nephropathy
- f. myocardial infarction
- g. stroke
- h. hypertension
- i. lipid disorders (dyslipidaemia)
- j. metabolic syndrome

22. The individual patient records and data sources include information on:

- a. proportion of planned visits completed
- b. change in blood pressure
- c. change in lipid disorders
- d. change in the presence of the metabolic syndrome
- e. weight change
- f. change in waist circumference
- g. change in HbA1c level

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
19. The diabetes management is part of the curricula/guidelines of medical professionals																			
20. Screening protocols/guidelines for early identification of diabetes available																			
21. Data/statistics available* on:																			
a. proportion of persons with diabetes involved in DMP	R		P			R	R	R	R		R		P		P	R	R		P
b. diabetic foot syndrome		R	R	P	R		R	R	R			R			P	R			P
c. lower limb amputations		R	R	P	R	R	R	R	R		P			P	P	R		P	P
d. diabetic retinopathy		R	P		R	R	R	R	R		R	R		R	P	R		P	P
e. diabetic nephropathy		R	P		R	R	R	R	R		R	R		R	P	R		P	P
f. myocardial infarction	R		P	R	R	R	R	R	R		R	R			P	R		P	P
g. stroke	R		P	R	R	R	R	R	R		R	R			P	R		P	P
h. hypertension	R		P	R	R	R	R	R	R		R	R			P	R		P	P
i. lipid disorders (dyslipidaemia)	R		P		R	R	R	R	R		R	R			P	R		P	P
j. metabolic syndrome			P	R	R		R	R	R		R					R			P
22. The individual patient records and data sources include information on:																			
a. proportion of planned visits completed																			
b. change in blood pressure																			
c. change in lipid disorders																			
d. change in the presence of the metabolic syndrome																			
e. weight change																			
f. change in waist circumference																			
g. change in HbA1c level																			

*Legend:
P Public
R On request

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
23. Cardiovascular risk assessment tools available to healthcare providers	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
24. Prognostic factor profile assessed	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
25. Defined care pathways exist	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
26. Multidisciplinary approach for interventions against the metabolic syndrome is supported	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

Remarks/comments to Section B

Austria. Question 12: there is no exact data for the prevalence of DM type 2 available. The calculation is based on an estimation of the prevalence of people who are diagnosed with diabetes, regardless whether is type 1 or type 2 (based on consolidated study or survey data) and the number of people who participate in the DMP Therapie Aktiv by 1.1.2015 (is currently increasing). Question 21: Some information can be provided upon request from routine billing data. For patients who receive care within the DMP Therapie Aktiv more data is available. Please note, that billing data have certain limitations, e.g. only data of people who receive treatment are documented or data have been collected for billing purposes not for statistical reasons. Regarding the conditions hypertension and lipid disorders only data on patients who receive medication are available

Germany. The Saxonian Diabetes Model was a population based innovative approach to chronic care management model with an high effectiveness and efficiency without any bureaucracy and included 90% of all diabetic patients in Saxony (in resume much better than the following DMPs). The monitored data are not always valid and comparable, respectively (in the DMPs) (question 16).

Greece. There is a framework of 13 Diabetes Centres in various hospitals in Greece and outpatients clinics in almost hospitals of Greece. The main organization which supervises all that is the National Centre of Diabetes and its complications. These centres are responsible for the management of diabetic patients.

Italy. Question 22: Information are available for selected groups of diabetologists, and general practitioners.

Lithuania. Since the questionnaires were filled has moved forward with the Ministry of Health in building up National Diabetes Programme (which is much more comprehensive) and currently revising Diabetes treatment guidelines reimbursed by statutory system of health financing.

Norway. Non-communicable disease strategy, 2013-2017 - Started in 2014-ongoing. (The action plan for implementation was formed in April 2014 by The Directorate of Health, but are not yet set in action by the Ministry of Health and Care Services). Question 21: Based on ICD-10 data on MI, stroke and HT (options f, g and h) may be available on general population; data on patients with diabetes require a record linkage procedure (only on request from governmental bodies or research institutions with special permission) and this is associated with major sources of error due to underreporting of diabetes as a diagnose when “a more serious” diagnose incur. Question 22: The EPR might contain data on option b, c, f and g, but are not reported consistently.

Portugal. National data on Diabetes and indicators of Diabetes Management are gathered from numerous sources and compiled in an annual report by the National Observatorium of Diabetes, an initiative of SPD (Portuguese Society of Diabetology, <http://www.spd.pt/index.php/observatrio-mainmenu-330>).

Slovenia. Question 22: During process of restructuring primary care, data on point b- g are being collected, but not total of Slovenian population is currently covered

UK. Question 20: Lots of local guidelines exist, which have been adapted from national guidelines.

Table C1. Education Programs for persons with diabetes (section C1, questions 1-16)

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain
1. A program that covers education activities:																		
a.exists in a stand-alone national program				Yes										Yes				Yes
b.it's included in a more comprehensive national plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes											
c.exists at sub-national/local government level			Yes	Yes	Yes			Yes		Yes	Yes	Yes			Yes	Yes	Yes	Yes
5. The education program includes:																		
a. health promotion interventions	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes	Yes	Yes
b. self-management education	Yes		Yes	Yes	Yes	Yes	Yes			Yes	Yes			Yes	Yes	Yes	Yes	Yes
c. diabetes knowledge	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes	Yes	Yes
d. prevention of diabetes complications	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes	Yes	Yes
e. management of stress	Yes			Yes			Yes				Yes			Yes		Yes		Yes
g. change in HbA1c level	Yes			Yes			Yes	Yes		Yes	Yes				Yes	Yes	Yes	Yes
6. Target groups:																		
a. all the persons with diabetes			Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes			Yes	Yes	Yes	Yes	Yes
b. persons with diabetes with co-morbidities				Yes	Yes	Yes	Yes	Yes						Yes		Yes		Yes
c. persons with a new diagnosis of diabetes				Yes	Yes	Yes	Yes	Yes						Yes	Yes	Yes	Yes	Yes
d. relatives, caregivers				Yes			Yes				Yes			Yes		Yes	Yes	
7. Defined criteria																		
a. goals	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes	Yes		Yes
b. rationale	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes	Yes		Yes
c. target group (inclusion and exclusion criteria)	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes				Yes	Yes		Yes
d.setting (e.g. primary care)	Yes		Yes			Yes	Yes			Yes	Yes			Yes	Yes			Yes
e. scheduling of the education sessions	Yes		Yes			Yes	Yes	Yes		Yes	Yes			Yes	Yes			Yes
f. number of participants	Yes		Yes			Yes	Yes	Yes		Yes	Yes			Yes	Yes			Yes
g. environmental requirements	Yes		Yes			Yes	Yes	Yes		Yes	Yes			Yes	Yes			Yes

Legend:
 Yes
 No/data not available

- h. qualification of the trainers/educators
- i. core components of the educator/trainer's role
- j. monitoring of the effectiveness and quality
- k. source of funding

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
h.	█			█		█	█			█	█				█			█	█
i.	█			█		█	█	█		█	█				█			█	█
j.	█			█		█	█			█	█				█			█	
k.	█			█		█	█			█	█				█			█	

8. The education program contains:

- a. an evaluated curriculum
- b. a theory driven curriculum
- c. an evidence based curriculum
- d. specific education methods
- e. specific education didactics

a.			█			█	█			█	█				█	█		█	█
b.						█	█			█	█				█	█		█	
c.	█				█	█	█			█	█			█	█	█		█	█
d.	█		█		█	█	█	█		█	█				█			█	█
e.	█				█	█	█	█		█	█				█			█	█

9. Implementation level

- a. local
- b. regional
- c. national

a.			█			█		█		█				█	█	█	█		█
b.	█		█		█	█			█	█				█	█	█		█	
c.			█	█	█		█			█				█					

10. Spread

- a. rural
- b. urban

a.	█		█	█	█		█	█		█	█			█	█	█	█	█	█
b.	█		█	█	█	█	█	█		█	█			█	█	█	█	█	█

11. The education program was initiated by:

- a. governmental body
- b. hospitals
- c. primary care organization/scientific associations
- d. diabetologist-endocrinologist/scientific associations
- e. home care organization
- f. patient organization/association
- g. insurer

a.			█	█		█	█			█									█
b.						█	█	█			█			█					
c.	█		█	█				█		█									
d.	█		█	█	█		█	█								█	█		█
e.																			
f.	█		█	█		█	█								█				
g.	█					█	█												

12. Implementation (year):

'07																			
'72																			
'05																			
'10																			
'02																			
'92																			
'96																			
'00																			
'10																			
'78																			
'10																			
'04																			

Table C1 (continued)

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
13. The program is currently running	█		█	█	█	█	█	█		█				█	█	█	█	█	█
14. The program finished:																			
a. as planned																			
b. not enough patients																			
c. not enough healthcare professionals																			
d. insufficient management support																			
e. financial reasons																			
15. The specific indicators used for monitoring:																			
a. structure indicators	█					█	█			█	█				█	█		█	
b. process indicators	█		█			█	█			█	█				█			█	
c. intermediate outcome indicators					█	█	█	█		█	█				█				
d. long-term effect indicator					█					█	█								
16. Source of funding:																			
a. the statutory system for health financing			█	█	█	█		█		█				█				█	█
b. public insurers	█					█	█				█							█	
c. private insurers						█													
d. co-payment by the patient					█														
e. trade unions																			
f. EU structural funds			█																

Table C2. Training Programs for professional (section C2, questions 17-31)

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
17. A program that covers health professional training:																			
a.exists in a stand-alone national program																			
b.it's included in a more comprehensive national plan																			
c.exists at sub-national/local government level																			
21. Defined criteria:																			
a. goals																			
b. rationale																			
c. target group																			
d. setting																			
e. scheduling of the training sessions																			
f. number of participants																			
g. environmental requirements																			
h. qualification of the trainers/educators																			
i. core components of the educator/trainer's role																			
j. monitoring of the effectiveness and quality																			
k. source of funding																			
22. The training program contains:																			
a. an evaluated curriculum																			
b. a theory driven curriculum																			
c. an evidence based curriculum																			
d. specific training methods																			
e. specific training didactics																			

Table C2 (continued)

23. Implementation level

- a. local
- b. regional
- c. national

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
a. local			■	■				■			■			■	■	■			■
b. regional			■	■	■		■				■							■	
c. national	■		■	■			■				■							■	

24. Spread

- a. rural
- b. urban

a. rural	■		■	■	■		■	■			■				■		■	■	■
b. urban	■		■	■	■		■	■			■			■	■	■	■	■	■

25. The training program was initiated by:

- a. governmental body
- b. hospitals
- c. primary care organization/scientific associations
- d. diabetologist-endocrinologist/scientific associations
- e. home care organization
- f. patient organization/association
- g. insurer

a. governmental body			■	■				■			■								■
b. hospitals				■			■	■											
c. primary care organization/scientific associations				■			■	■											
d. diabetologist-endocrinologist/scientific associations			■				■	■						■				■	
e. home care organization				■															
f. patient organization/association				■											■				
g. insurer							■												

26. Implementation (year):

	'14	'94	'05	'85		'02				'07					'12	'90	'97	'12	
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27. The program is currently running

	■		■	■	■	■				■				■	■		■	■	■
--	---	--	---	---	---	---	--	--	--	---	--	--	--	---	---	--	---	---	---

28. The program finished:

- a. as planned
- b. not enough healthcare professionals
- c. insufficient management support
- d. financial reasons

a. as planned																			
b. not enough healthcare professionals																			
c. insufficient management support																			
d. financial reasons																			

	Austria	Belgium	Croatia	Cyprus	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Lithuania	Netherlands	Norway	Portugal	Romania	Slovenia	Spain	UK
29. The specific indicators used for monitoring:																			
a. structure indicators	█		█	█	█		█								█			█	█
b. process indicators	█			█	█			█			█				█			█	█
c. intermediate outcome indicators	█										█				█			█	
30. Source of funding:																			
a. the statutory system for health financing			█					█			█			█		█		█	█
b. public insurers							█										█		
c. private insurers																			
d. co-payment by the professional															█				
e. trade unions																			
f. EU structural funds																			
31. Incentive payment:																			
a. pay for performance							█												
b. pay for outcome																			
c. no incentive	█			█	█			█			█			█		█		█	█

Comments to Section C

Germany. There is no National Plan to be listed in detail. Germany has many different educational programs for people with type 2 diabetes, most of them have been evaluated.

Greece. There is not an official education program as it is described in the survey. The education of persons with diabetes depends on the diabetic clinics, the diabetes specialists or the GPs' responsible for their diabetes management and care. In diabetes clinics there are educational programs in which nurses, psychologists and dieticians are involved, but not a specific program or leading organization can be described.

France. National guidelines exist for patient' education programs at large. Specific targets for diabetes are defined for each program, licensed at the regional level.

Netherlands. There is no national program for the education of diabetes patients. However, there is a 'patient version' of the description of the care pathway for diabetes patients, which covers many aspects that are mentioned in the questionnaire. However, this is not really a 'program'.

Romania. As the profession of therapeutic educator is not officially recognized, the education programmes are delivered in different locations with different consistencies and frequency. There is no system of follow up or monitoring the impact of the education programmes. Different clinics use different curricula for these programmes. There is no official funding for such activities.

Slovenia. Training for professional, at national level, to a certain degree qualification is defined for diabetologists, registered nurses educators and pharmacists.

APPENDIX 2 – PROGRAMS/EXPERIENCES REPORTED IN THE QUESTIONNAIRES

Section 2A- List of the programs/experiences on diabetes prevention

Country	Name of the plan/program/experience for prevention	Reference/Website
Austria	Health Targets for Austria (at the local government level: regional health targets)	website
Austria	Nationaler Aktionsplan Ernährung (National Actionplan on Nutrition)	website1 , website2
Austria	"Nationaler Aktionsplan Bewegung" (National Actionplan on Physical Activity)	Website1 , website2
Austria	"Vorsorgeuntersuchung" (preventive medical check up)	website
Belgium	Flemish Prevention Programme	
Croatia	Croatian Model Organization of Health Care of Persons with Diabetes in Croatia	pdf
Croatia	Adherence to medication in diabetes patients	website
Finland	Diabetes Programme DEHKO	website
Finland	GOAL (Good Ageing in Lahti region)	website
Finland	Screening and prevention of diabetes in occupational health care of an airline	pdf (English website)
Finland	Terveystalo occupational health care services for employees	website
France	National program for nutrition and health	-

Country	Name of the plan/program/experience for prevention	Reference/Website
Germany	aha!-program	website
Germany	CheckUpPlus	website
Germany	PREDIAS	website
Hungary	National Diabetes Program 2011	Pdf
Hungary	Changing Diabetes	website
Italy	National Plan for diabetes	website
Italy	Regional plan for prevention 2010-2012. Prevention project of Type 2 Diabetes and cardiovascular Diseases in the high-risk population	pdf
Italy	Diabetes Screening Palermo	-
Lithuania	The Lithuanian High Cardiovascular Risk (LitHiR) primary prevention programme	-
Norway	Non-communicable disease strategy, 2013-2017	pdf
Norway	Frisklivssentraler (Healthy Life Centers)	pdf
Norway	Nasjonale Retningslinjer for individuell primærforebygging av hjerteog karsykdommer	pdf
Portugal	Portugal without Diabetes	will be available in March 2015
Portugal	Diabetes Screening and Prevention in Vulnerable Communities of the Greater Metropolitan Lisbon Area	website

Country	Name of the plan/program/experience for prevention	Reference/Website
Slovenia	Part of the Diabetes Prevention and Care Development Programme 2010 - 2020, Slovenia as well as part of the National programme of primary prevention of cardiovascular diseases	
Spain	Estrategia en Diabetes del Sistema Nacional de Salud. Actualización 2012 (Diabetes Strategy in the National Health System. Updated 2012)	Pdf
Spain	Delaying progression to type 2 diabetes among high-risk Spanish individuals is feasible in real-life primary healthcare settings using intensive lifestyle intervention.	pdf
The Netherlands	NDF Masterplan diabetes	website
UK	NHS Health Check Programme	website
UK	National service framework for diabetes, December 2001.	website
UK	Diabetes in adults quality standard, March 2011.	website
UK	Action on Diabetes, January 2014	pdf
UK	Type 2 diabetes prevention programme	website

Section 2B - List of diabetes management programs/experiences

Country	Name of the plan/program/experience for management	Reference/Website
Austria	Disease Management Programm "Therapie Aktiv - Diabetes im Griff" (DMP Therapie Aktiv)	website
Austria	Diabetes-Typ-II Schulungen	website
Austria	Diabetes Modell Burgenland	-
Croatia	Croatian Model Organization of Health Care of Persons with Diabetes in Croatia	pdf
Croatia	National Diabetes Programme	website
Finland	Diabetes Programme DEHKO	website
Finland	Current Care Guideline for diabetes	website
Finland	"Groundbreaking diabetes management models in Espoo"	-
Finland	Regional Diabetes Care Network in North Karelia	-
France	Sophia	website
Germany	Disease Management Program (DMP) Diabetes Mellitus type 2 (and type 1)	website

Country	Name of the plan/program/experience for management	Reference/Website
Germany	Saxonian Diabetes Model (between 2000-2002)	Rothe et al. Diabetes Care 2008;31:863-868 and Rothe U 2010 Effectiveness and efficiency of integrated care, Shaker Verlag
Hungary	Hungarian Diabetes Guideline	-
Italy	Progetto IGEA	website
Italy	ATTUAZIONE DELLA GESTIONE INTEGRATA DEL DIABETE NELLA REGIONE PIEMONTE (Integrated care for persons with diabetes in the Piedmont Region)	website
Italy	SINERGIA - Gestione integrata del percorso di cura. Il modello diabete (SINERGIA chronic care model for the management of diabetes)	website , pdf
Italy	Percorso diagnostico-terapeutico cardio-metabolico per la prevenzione e il trattamento delle complicanze croniche del diabete (Care pathway for the prevention and management of diabetes)	website
Norway	Non-communicable disease strategy, 2013-2017	pdf
Norway	National guideline for diabetes	website
Norway	Fra handling til samhandling 2014–2019; Helse Nords diabetesplan (From action to joint action 2014-2019; Region North's plan for diabetes)	pdf (original language)
Portugal	National Programme for Diabetes	website
Portugal	Always walk on two feet	-
Portugal	Diabetic Retinopathy Screening Programme	website
Portugal	APDP Outpatient Diabetes Clinic	website
Romania	The National Programme for Diabetes Mellitus	website

Country	Name of the plan/program/experience for management	Reference/Website
Spain	Guía de Práctica Clínica sobre diabetes tipo 2 (Clinical Practice Guideline for type 2 diabetes)	website
The Netherlands	Zorgstandaard Diabetes	website
UK	See the programs in table1	as in table A

Section 2C1- List of the education programs/interventions for persons with diabetes

Country	Name of the plan/program/experience for education	Reference/Website
Austria	Disease Management Programm "Therapie Aktiv - Diabetes im Griff" (DMP Therapie Aktiv)	website
Austria	Modell Burgenland	The Austrian Diabetes Report 2013 (no link reported)
Austria	Aktivtreff Diabetes (Salzburg)	n.a.
Austria	Austrian Diabetic Association (ÖDV) offers various training programs and courses	website
Croatia	National Diabetes Programme	website
Finland	Implementation of Current Care Guideline for diabetes: Both versions for clinicians and patients	website
France	Therapeutic education for patients (TEP) resources for patients with DT2 in health check up centers	-
France	Therapeutic education for patients (national frame for chronic disease)	-
Germany	More Diabetes Selfmanagement (MEDIAS) is one of many other DMP approved education programs	pdf , website
Germany	Patient education as part of the Disease Management Program (DMP) DMT2	website
Germany	Nationale Versorgungsleitlinie "Struktuierte Schulungsprogramms"	website
Italy	Group Care - Education programme	pdf
Italy	C.U.R.I.A.M.O.(Multidisciplinary lifestyle intervention for type 2 diabetic patients)	website

Country	Name of the plan/program/experience for education	Reference/Website
Ireland	XPERT Programme	website
UK	DAFNE (type 1)	website
UK	DESMOND (type 2)	website
UK	X-PERT (type 2)	website
Norway	Lærings og mestringsenheter at hospitals (Norwegian National Advisory Unit on Learning and Mastery in Health)	website
Portugal	Together is easier	website
Portugal	Education Courses for People with Diabetes and Informal Carers	website
Romania	Program de educatie in diabet	-
Romania	Diabetes Conversation maps	-
Romania	Stanford Programme for Self Management of Diabetes	-
Spain	Diabetes Education School	website
Spain	Expert Patient Diabetes	Program documentation within Galician Health Service
Spain	Active patient in the Basque Country	website

Section 2C2 - List of the training programs/interventions for professionals

Country	Name of the plan/program/experience for training	Reference/Website
Austria	University training program: Diabetes Care	website
Austria	Fortbildung Diabetesberatung (diabetes counselling)	website
Austria	Diabetesschulung//Diabetesberatung für Diätologen (diabetes counselling for dieticians)	pdf (error)
Austria	Weiterbildung Diabetesberatung (diabetes counselling)	website
Croatia	National Diabetes Programme	website
Finland	Implementation of Current Care Guideline for diabetes: version for clinicians	website
Finland	Continuing training for professionals in diabetes care	website
Germany	MEDIAS2 basic training program as well as MEDIAS2 ICT training program as one example of other DMP approved training programs	website , pdf
Germany	DMP Diabetes Typ 2, Disease-Management-Programm Diabetes mellitus Typ 2	pdf (error)
Germany	Strukturierte Therapie- und Schulungsprogramme (Disease-Management-Programme, DMP)	website
Germany	Diabetologe DDG, Diabetesberaterin DDG, Diabetesassistentin DDG, Diabetes Pflegefachkraft etc.	website
Greece	Hellenic Association of Diabetes Specialists (Professionals' training, 2 days seminar, 50 participants, 10 cities every year)	website

Country	Name of the plan/program/experience for training	Reference/Website
Greece	Two years postgraduate master program for all health care professionals since 2012	website
Greece	Six months educational program for GPs, provided by registered diabetic centers since 1992	-
Greece	One year educational program for internists, provided by registered diabetic centers since 1992	-
Italy	IGEA Project (Progetto IGEA)	website
Italy	Management del diabete tipo 1 e tipo 2 mediante Group Care (Master on Diabetes management using Group Care)	n.a.
Italy	Master di 1° livello in Endocrinologia, Diabetologia e Malattie del Metabolismo (Postgraduate course)	website
Italy	Permanent School of Continuing Education	pdf
Norway	Diabetes for primary care physicians	pdf
Norway	Diabetes nursing speciality	website
Norway	Foot therapist with diabetes specific education	website
Portugal	Post-Graduation in Diabetes	website
Portugal	Education Courses for Professionals	website
Slovenia	Training for RNS in Family medicine on type 2 diabetes	-
Spain	Net of Diabetes Education Program	website

Country	Name of the plan/program/experience for training	Reference/Website
Spain	Formación en Teleretinografías: técnica e interpretación (Retinography Training: technique and interpretation)	website (error)
Spain	Active Patient in the Basque Country	website
UK	University courses for healthcare professionals, at Warwick and Bradford Universities	website