

JA-CHRODIS

WP 7

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

Task 5

National Diabetes Plans in EU and EFTA member states
Report on Contents of National Diabetes Plans
Data in Tables approved by respondents in January 2015



Acknowledgements

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Austria	GOEG – Austrian Public Health Institute
Belgium	Diabetes League, Belgian Diabetes Association
Bulgaria	National Center of Public Health and Analyses
Croatia	Andrija Stampar Teaching Institute of Public Health
Denmark	Danish Diabetes Association
Finland	National Institute for Health and Welfare (THL)
France	Ministry of Health
Germany	Heinrich Heine University Düsseldorf
Greece	1st Regional Health Authority of Attica
Iceland	Directorate of Health - Ministry of Welfare
Ireland	The Health Service Executive (HSE), Diabetes Ireland
Italy	Ministry of Health
Latvia	Latvian Diabetes Association
Lithuania	Vilnius University Hospital Santariskiu Klinikos
Netherlands	Netherlands Institute for Health Services Research (NIVEL)
Norway	The Norwegian Directorate of Health
Portugal	The Directorate-General of Health, APDP – Diabetes Portugal
Slovakia	DIADOR (Diabetic Youth), Slovakian Diabetes Society
Slovenia	National Institute of Public Health
Spain	Agency for Health Technology Assessment, Institute of Health Carlos III
Sweden	Swedish National Board of Health and Welfare
United Kingdom (England)	National Health Service (NHS) England

The European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) aims to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multimorbidity and diabetes.

In line with the overall aim of the work package 7 (WP7) on type 2 diabetes, the questionnaire was designed to bring out the country experiences on National Diabetes Plans (NDP) of EU and EFTA member states. It was piloted in September 2014, using Italy, Slovenia, Finland, Germany and Norway (countries of task leaders) as case studies to test the appropriateness of the questions specified and the effort needed to fill in the data. After the responses from this test phase, some questions were rephrased to improve clarity.

The respondents were informed that the participation in this project will result in innovative and ground-breaking experiences and solutions at policy level with diabetes serving as the exemplar of most complex chronic and preventable disease. We explained that the focus of the questionnaire is on the period of preparation of the NDP, and mainly on its implementation, sustainability and ability to spread good (local) results system-wide.

Respondents were informed that **the responses to this questionnaire would not be used to examine the performance of policies or programmes in any given country, to rank countries according to their policies and programmes or as a benchmarking tool.**

In order to assure common understanding of the terms used in the questionnaire, the International Diabetes Guide (International Diabetes Federation: “A Guide to National Diabetes Programmes”) was used as a reference and could be consulted by respondents for further clarification of the questions, if needed.

The term “National Diabetes Plan” is used as defined by the Guide and is as follows:

- Any formal strategy for improving diabetes policy, services and outcomes that encompasses structured and integrated or linked activities, which are planned and coordinated nationally and conducted at the national, state or district, and local level.
- A systematic and coordinated approach to improving the organisation, accessibility and quality of diabetes prevention and care, which is usually manifested as a comprehensive policy, advocacy and action plan.

The questionnaire was then sent by e-mail to WP7 partners. For countries, not represented in WP7, partners from other JA-CHRODIS work packages were contacted. If countries had no partner in the JA-CHRODIS consortium, the contacts were sought by the help of European Patient Forum and the International Diabetes Federation – European Region. 35 institutions were contacted in 31 countries, of which 24 institutions from 22 countries responded.

Completion of the questionnaire generally took 45 to 60 minutes. The respondents were given four weeks with two reminders; for some respondents further extension was required. Data collection started in September 2014 and ended in December 2014. Each respondent had the opportunity to hold a teleconference call with the lead researcher of this task to

clarify points that were potentially unclear or to gather additional information if not given in full in the primary response. 14 teleconferences were held.

After the data was collected, the responses of Austria, Croatia, Denmark, Finland, France, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Slovakia, Slovenia, Spain, Sweden and United Kingdom/England were represented in the tables, accompanied by the comments at the discretion of the respondents. Denmark and Finland had concluded the NDP and not developed a follow up and reported on the concluded NDPs. Austria claimed that they have no formal NDP, but reported on “DMP Therapie Aktiv”, since it was seen as being congruent with NDP definition as used in this work. The data presented in this report was collected to show the status as of August 31st, 2014. Meanwhile, Austria started to develop a National Diabetes Plan. Therefore, responding to their request, we removed the data of “DMP Therapie Aktiv” from this report. The final data set as represented in this report was approved by the respondents in January 2015.

This report includes responses to the questions, related to the contents of the NDPs, associated to the following three fields:

Part 1. From health promotion to clinical care

Part 2. Important aspects of National Diabetes Plans

Part 3: Core standards of National Diabetes Plans

These tables were also used as the core evidence for developing the Policy Brief “National Diabetes Plans in Europe: What lessons are there for the prevention and control of chronic diseases in Europe?”.

Part 1. From health promotion to clinical care

Table 1.1. Health promotion/prevention of type 2 diabetes

The impact of low nutrient and high calorie foods, sedentary work and leisure time has resulted in explosion of several chronic diseases. The important facts are: a large proportion of diabetes and heart disease cases can be prevented; the diseases are generated in the societies and not in healthcare systems and can be resolved by comprehensive, community and societal approaches; and diabetes shares the same risk factors with many other chronic diseases, which all negatively impact national productivity.

Healthy urbanisation is of vital importance to ensure that cities promote rather than inhibit healthy behaviour (support everyday physical activity, socialising, employment opportunities, renewable energy use, walking distance to public facilities etc.). Access to healthy food in relation to cost as well as actual availability is of paramount importance, promoting shorter distribution chains and increasing seasonal fresh food availability and encouraging food manufacturers to reduce the salt, sugar and fat content, as well as workplace health programmes should focus on reducing stress, smoking and physical inactivity and the availability of healthy food choices. The impact of commercial business on society and environment through marketing can significantly influence an individual's behaviour. Public health policy includes considering changes to socio-political elements, such as taxation, food retailing regulations and involving stakeholders including the food industry and governing sectors such as agriculture, education, infrastructure, finance and local government. The Ministries of Health are the institutions to take the lead and responsibility for health policies. However, there is no reason why other stakeholders, such as national diabetes associations, professional societies and other NGOs could not take the lead in advocating for an approach that includes environmental factors, with the aim that the government consider further this concept.

	<div>Yes ✓</div> <div>No ✗</div> <div>Not applicable /</div> <div>No response</div> <div>Discordant responses</div>	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
16		NDP addresses environmental interventions aimed at reducing and minimising risk factors for diabetes. It includes:	✓	✓	✓	✓ ₀₁	✓	✓	✓	✓	✓	✓	✓	✓	✓ ₀₁	/	✓
		16.1 healthy urbanisation	✗	✓	✓	✓ ₀₁	✗	✗	✓	✓ ₀₁	✗	✗	✓	✓ ₀₁	✗	/	✗
		16.2 healthy food	✓	✓ ₀₁	✓	✓ ₀₁	✓	✓	✓	✓ ₀₂	✓ ₀₁	✓	✓	✓	✓	✓	✓
		16.3 healthy business	✓	✓ ₀₂	✓	✗	✗	✗		✓ ₀₃	✗	✗	✓	✓ ₀₂	✗	/	✗
		16.4 healthy public policy	✓	✓ ₀₃	✓	✓ ₀₁	✗	✓	✓	✓ ₀₄	✓	✓	✓	✓	✓	/	✓

Denmark 01, 02, 03	Yes and no as the plan does not address the issues as such with plans, but refers to other projects and programmes.
France 01	Components of the nutrition and health programme.
Ireland	Two Irish organisations (Diabetes Ireland and Health Service Executive) gave equal answers about this topic, the third one did not answer this question.
Netherlands 01, 02, 03, 04	<p>01: In NDP, we collected community interventions for overweight and obesity and increasing physical activity.</p> <p>02: In NDP, we collected interventions for healthy food, but no attention to healthy food environment. In other programmes, we work on the quality labels for healthy food and reduction of saturated fats.</p> <p>03: A lot of attention for diabetes on the workplace.</p> <p>04: We have several comprehensive programmes about healthy public policy directed to vulnerable groups. They are mentioned in the NDP, but not part of it because they cover much more than diabetes, such as all the risk factors for CVD and diabetes. There is</p>

	much attention in the Netherlands for healthy public policy.
Norway 01	Just mentioned, but not specified.
Slovakia 01, 02	Both Slovakian organisations (DIADOR and Slovakian diabetes Society) gave identical answers about this topic.
Slovenia 01, 02	Just mentioned.
Spain 01	Inside the document, there are some links to other national strategies related to the diabetes which work on these topics, like nutrition and exercise (NAOS strategy for nutrition, physical activity and obesity prevention), chronic diseases (strategy to address chronic diseases in the national health system), and the prevention and health promotion strategy of the Spanish NHS.

Table 1.2. High-risk identification and minimisation approach

Onset of type 2 diabetes can be prevented or delayed up to a certain degree in people with impaired glucose tolerance. If the intervention is successful in promoting good nutrition, increased physical activity and weight reduction through individual and group programmes, the impact is meaningful and lasts for years after the intervention has ended. Diabetes and cardiovascular diseases share many common risk factors, and thus it is advisable to create integrated prevention activities focused on individuals or groups. Identification of people (individuals or groups) at high risk should be joined with prevention programmes and procedures for early diagnosis of type 2 diabetes should be assured in the healthcare system. Workplaces, again, represent excellent settings for risk reduction programmes, since they may serve as a vector that cause or exacerbate chronic disease risks.

	Yes	✓															
	No	✗															
	Not applicable	/															
	No response																
	Discordant responses																
Country			Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
17	NDP includes approaches to identify high-risk individuals/groups and interventions aimed at reducing and minimising risk among them. There is a strategy (-ies):		✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓ 01	✓	✓

17.1 to identify high-risk individuals	✓	✓	✓	✗	✓	✓ ✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17.2 to prevent/delay diabetes among high-risk individuals	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17.3 to identify high-risk community groups	✓	✓	✗	✗	✗	✓ ✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓
17.4 to prevent/delay diabetes in high-risk community groups	✓	✓	✗	✗	✓	✓ ✗	✓	✓	✗	✓	✓	✗	✓	/	✓	✓
17.5 to identify high-risk individuals/groups at workplaces	✗	✓ 01	✓	✗	✗	✓ ✗	✓	✓	✗	✗	✓	✗	✗	/	✓	✓
17.6. to prevent/delay diabetes at workplaces	✗	✓ 02	✓	✗	✗	✗	✓	✓	✗	✗	✓	✗	✗	/	✓	✓

Denmark 01, 02	Yes and no as the plan does not address the issues as such with plans, but refers to other projects and programmes.
Ireland	Two Irish organisations answered “Yes” on questions 17. - 17.3 and both answered “No” on question 17.6., while they put “Yes” and “No” on questions 17.4 and 17.5. The third Irish organisation answered on 17.1 and 17.3 – 17.6 with “No”, on question 17.1 “Yes”, and didn’t answer on the first question.
Slovakia	Both Slovakian organisations gave the same answers.
Spain 01	It is not included in the text of the strategy. But a Clinical Practice Guideline exists in Spain that addresses these issues.

Table 1.3. Special emphasis on community awareness campaigns

Type 2 diabetes may develop over a number of years and may be asymptomatic. Community awareness is needed for informing, educating and motivating people, who may be at risk to recognise diabetes risk status and adopt preventive actions. Awareness will also lead to people at risk to seek an appropriate contact with healthcare services, including for diagnostic testing and treatment, and providing the general population with reliable information on diabetes prevention, diagnosis and treatment in order to reduce the stigma of the risk factors and the disease itself.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
18	NDP involves a community awareness campaign.			✓	✓ 01	✓	✗	✓	✗	✗ 01	✗	✗	✓	✓	✓	✓ 01	✗	✓

Denmark 01	Yes and no as the plan does not address the issues as such with plans, but referrers to other projects and programmes.
Ireland	All three Irish institutions answered “No” on this question.
Italy 01	Developing community awareness is not a specific objective of the Plan but it is indicated as one of strategies for the prevention of diabetes.
Slovakia	Both Slovakian institutions answered “Yes” on this question.
Spain 01	Inside the document, there are some links to other national strategies related to the diabetes which works on these topics, like nutrition and exercise (NAOS strategy for nutrition, physical activity and obesity prevention), chronic diseases (strategy to address chronic diseases in the national health system), and the prevention and health promotion strategy of the Spanish NHS.

Table 1.4. Early diagnosis of type 2 diabetes

Since a patient may have type 2 diabetes long before it is diagnosed, micro- and macrovascular complications can already be present at the time it is diagnosed. Type 2 diabetes, however, can be reliably detected before the onset of the symptoms by identifying people at risk and performing diagnostic testing. If early multifactorial treatment (focusing on hyperglycaemia, blood pressure and blood lipids) is started, it can significantly reduce the incidence of complications and reduce mortality. The healthcare system should therefore have in place nationwide mechanisms for early detection of type 2 diabetes for people at risk.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
19	NDP has a strategy for early diagnosis of type 2 diabetes .		✓	✓ ₀₁	✓	✓ ₀₁	✓	✓	✓	✓	✗*	✓	✓	✓	✓	✓	✓	

Denmark 01	Yes and no, as the plan foresaw initiatives related to that, and some initiatives and guidelines were developed.
France 01	Guidelines of opportunistic screening among patients over 45 or economically deprived groups.
Ireland	All three Irish institutions answered “Yes” on this question.
Norway	*The data as presented above was the source data, representing the status as of August 2014 and was used to produce Policy Brief on National Diabetes Plan, delivered on April 7 th 2016. As of October 10 th 2016 the representative of Norway complemented the data presented stating that the newly published national guidelines for diabetes covers early diagnosis of type 2 diabetes.
Slovakia	Both Slovakian institutions answered “Yes” on this question.

Table 1.5. Clinical care with special emphasis on education and psychosocial care

Diabetes requires a comprehensive and systematic approach to assure multifactorial care focusing on hyperglycaemia, blood pressure and blood lipids, and screening for chronic complications, providing treatment, when appropriate. By definition, a patient with any type of diabetes is a patient with multimorbidity. As the function of beta cells in type 2 diabetes declines over time, advice on food, physical activity and choices of drugs change. The use of medical devices becomes a prerequisite for safe daily management when the use of insulin is needed. People often have other chronic diseases, and as they age, the approach to the treatment and care has to be adapted. Diabetes therefore has different patterns of influence on daily life. Therefore, patients’ education with the aim of empowering them to act on the issues they themselves identify as important is thus a prerequisite for the patient to lower the psychological and sociological burden of the disease as much as possible. In type 1 diabetes, patients have to understand how the healthy beta cell would react and the support of sometimes high tech medical devices may be of great benefit. Other types of diabetes generally need the same support, with the exception of gestational diabetes,

where the care focuses on the pregnant women, but also on the unborn baby. Living with a lifelong, progressive disease with potentially fatal complications can be less frightening, if the environment in the healthcare team also focuses on psychosocial issues.

	Country	Yes	✓	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
		No	✗															
		Not applicable	/															
		No response																
		Discordant responses																
20	Routine care of diabetes is addressed. It includes	✓	✓ ₀₁	✓	✓ ₀₁	✓	✓ ₀₁	✓	✓	✓	✓	✓ ₀₁	✓	✓	✓	✓ ₀₁	✓	✓
	20.1 dietary modification	✓	✓	✓	✓ ₀₁	✓	✓	✓	✓	✓	✓	✗*	✓	✓	✓	✓ ₀₁	✓	✓
	20.2 physical activity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗*	✓	✓	✓	✓	✓	✓
	20.3 complications screening at diagnosis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗*	✓	✓	✓	✓	✓	✓
	20.4 medications and medical devices	✓	✗ ₀₂	✓	✓ ₀₂	✓	✓	✓	✓	✓	✓	✗*	✓	✓	✓	✓	✓	✓
	20.5 regular clinical monitoring of multifactorial treatment (glycaemia, blood pressure, blood lipids) and for the early detection of diabetes complications	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗*	✓	✓	✓	✓	✓	✓
	20.6 setting and disseminating standards of care	✓	✓	✓	✓	✓	✓	✓	✓ _x	✓	✓	✓	✓	✓	✓ ₀₁	✓	✓	✓
	20.7 healthcare services, appropriately staffed and equipped	✓	✗ ₀₃	✓	✗ ₀₁	✓	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓
	20.8 monitoring the processes and outcomes of care	✓	✓	✓	✓ ₀₁	✓	✓	✓	✓	✓	✓	✓ ₀₂	✓	✓	✓	✓	✓	✓

	20.9 self-care education	✓	✓ 04	✓	✓ 01	✓	✓	✓	✓	✓ 03	✓	✓	✓	✓	✓	✓
21	The patients' education is part of NDP.	✓	✓ 05	✓	✓	✓ 01	✓	✓	✓	✓ 04	✓	✓	✓	✓	✓	✓
22	Psychological issues are addressed in NDP.	✓	✗ 06	✓	✗	✓	✓ ✗	✗ 01	✓	✗ ✗*	✓	✓	✓	✓	✓	✓

Denmark 01, 02, 03, 04, 05, 06	01: Yes and no as this is dealt with outside the actual plan. 02: They are dealt with in the guidelines outside the plan. 03: It is foreseen that organisation of the care should be described in other documents and to a certain extent this has been dealt with. 04 + 05: Yes and no as the plan does not address the issues as such with plans, but referrers to other projects and programmes. 06: No, see answers before related to this issue. Now there is further focus on diabetes stress in guidelines and general approach.
France 01, 02	01: Guidelines exist; some education programmes exist at the regional level. 02: Not specifically addressed for diabetes but included in other strategies or planification.
Greece 01	The patients' education despite the fact that it is not part of the NDP as a whole is part of the activities of the Diabetes centres and outpatient clinics.
Ireland	All three Irish organisations answered »Yes« on questions 20. – 20.5 and 20.8, and answered »Yes« and »No« on questions 20.6 and 22.
Italy 01	Psychological issue is considered and the presence of psychologists in the care team is recommended, but there is not a specific objective on this point.
Norway 01, 02, 03, 04	01 (20.1-20.5): Routine care is addressed in the national clinical guidelines for diabetes. 02 – 04: 02: The system for monitoring quality of care are described in the national guidelines. 03/04: There is an indepentant clinical guideline for patients.
Slovakia	Both Slovakian institutions answered "Yes" on this question.
Slovenia 01	Standards of care are written, but not incorporated into the care delivery.
Spain 01	It is not included in the text of the strategy. But a Clinical Practice Guideline exists in Spain that addresses these issues.

Table 1.6. Guidelines for diabetes prevention and care

Developing guidelines for diabetes prevention and care has the aim of maximising effectiveness and minimising harm by identifying safe, effective treatments and to manage resource allocation. Evidence-based guidelines, however, do have limitations; and the process of their

development varies strongly among the States. The implementation is also partly dependent on validity of their development and on the role to which they fit in the respective healthcare system.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
23	Guidelines for diabetes care and prevention. They include:		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	23.1 prevention at whole population level		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓ 01	✓	✓
	23.2 prevention for children and adolescents		✓	✓	✗	✓ 01	✓	✓	✗ 01	✓	✗	✓	✓	✓	✗	✓ 02	/	✓
	23.3 prevention before and during pregnancy		✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓ 01	✓	✓	✓
	23.4 high-risk individuals/groups at whole population		✓	✓	✓	✗ 02	✓	✓ ✗	✓	✓	✗	✓	✓	✓	✓ 02	✓	✓	✓
	23.5 high-risk individuals/groups for children and adolescents		✓	✓ 01	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	/	✓
	23.6. high-risk pregnant women		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ 03	✓	✓	✓
	23.7 type 1 for children and adolescents		✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓ 03	/	✓	✓
	23.8 type 2 for children and adolescents		✓	✓ 02	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓	✓	/	✓	✓

23.9 gestational diabetes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23.10 type 1 for adults	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓
23.11 type 2 for adults	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

France 01, 02	01: National nutrition and health programme, not specific. 02: Obesity control plan for overseas territories.
Denmark 01, 02	01: Yes and no as the plan does not address the issues as such with plans, but referrers to other guidelines and programmes. 02: Yes and no as the plan does not address the issues as such with plans, but referrers to other projects and programmes that should address the issues.
Slovakia	Both Slovakian institutions answered “Yes” on this question.
Slovenia 01, 02, 03	01: Prevention before pregnancy NO, during pregnancy YES. 02: High-risk individuals YES; whole population NO. 03: All pregnant women are tested and not only those with high-risk pregnancy.
Spain 01, 02, 03	01: Inside the document, there are some links to other national strategies related to the diabetes which works on these topics, like nutrition and exercise (NAOS strategy for nutrition, physical activity and obesity prevention) and chronic diseases (strategy to address chronic diseases in the national health system) and the prevention and health promotion strategy of the Spanish NHS. 02: Inside the document, there are some links to other national strategies related to the diabetes which works on these topics, like nutrition and exercise (NAOS strategy for nutrition, physical activity and obesity prevention) and chronic diseases (strategy to address chronic diseases in the national health system) and the prevention and health promotion strategy of the Spanish NHS. 03: There is no screening for Type 1 diabetes, but awareness for early diagnosis is recommended.
Ireland	3 – 01: Yes, but not as part of NDP Two of the Irish organisations answered “Yes” on all the questions under 23. Third organisation answered Yes on questions 23 – 23.3 and 23.10 – 23.11, answered “No” on question 23.4, and did not answer on questions 23.5 – 23.9.
Italy 01	ISPAD Clinical Practice Consensus Guidelines 2009

Table 1.7. Development of healthcare professionals and service design

Increasing need and expectations from patients and technological advances mean that having an effective healthcare system is a necessity, while at the same time managing the healthcare cost is a financial reality and a balancing act. In addition to applying the principles of evidence-based medicine, the healthcare professionals have to be trained and focused on knowing what their job is, how to do it well and knowing when

and where a patient should be referred to. The healthcare services for diabetes have to be adequately distributed, equipped and follow established referral pathways and networks designated to deliver the required levels of care.

	Yes	✓	Country															
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
	Croatia	Denmark	Finland	France	Greece	Ireland 1	Ireland 2	Ireland 3	Italy	Netherlands	Norway	Portugal	Slovakia 1	Slovakia 2	Slovenia	Spain	Sweden	UK/England
24	The issues related to developing diabetes healthcare professionals and services are addressed in NDP.	✓	✓ 01	✓	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓ 01	✓	✗ 01

Denmark 01	Yes and no as professional education of healthcare professionals is not addressed, but the acknowledgement of a cross sectorial and cross professional approach is stated. The whole plan aims to address development of the services.
Ireland	All three Irish institutions answered “No” on this question.
Slovakia	Both Slovakian institutions answered “Yes” on this question.
Spain 01	It is not included in the text of the strategy. But a Clinical Practice Guideline exists in Spain that addresses these issues.
UK/England 01	The NDPs focus more on what best and good practice care provision looks like and less on who delivers the care, in terms of what professionals they are and also less on how to develop the services.

Part 2. Important aspects of National Diabetes Plans

Table 2.1. Involvement of core stakeholders

Diabetes affects all, directly or indirectly, and if we agree that it is everybody's business, everyone should be involved in the actions to reduce its impact on life of individual patients, their families, workplaces, local communities and the society in general.

		Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
		No	✗																
		Not applica ble	/																
		No respon se																	
		Discor dant respon ses																	
		C. Contents and scopes of NDP																	
11	NDP involves certain core stakeholders. They are:																		
	11.1 Ministry of health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗*	✓	✓	✓	✓	✓	✓	✓
	11.2 Health insurance companies/payer	✓	/01	/	✓	✗	✗/		✓	✗	✗	/	✓	✗		✓			✓
	11.3. National institute of public health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	/	✓	✗	✓	✓	✓
	11.4. National patients’ organisation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	11.5 National association of family medicine/general practitioners	✓	✓	✓	✗	✓	✓✗01	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	11.6 National association of diabetes specialists	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓

11.7 National association of nurses	✓	✓	✓	✗	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
11.8 National association of pharmacists	✓	✓	✓	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗		✗
11.9 Others – please specify	✓ 01	✓ 02				✓ 01		✓ 01		✓ 01		✓ 01	✓ 01		✓ 01

Croatia 01	Andrija Stampar Institute of Public Health, Zagreb.
Denmark 01, 02	01: Not applicable, as the Danish Welfare model provides funding. In that respect, the ministry and the board of health represented the payer. 02: Regional and municipal authorities.
Ireland 1 -01	1-01: Podiatry ophthalmology. 2-01: Podiatry representative. 3-01: Researchers, inf. technology. 3-01: Was but withdrew All three Irish organisations answered “Yes” on questions 11.1, 11.3 – 11.4 and 11.6.-11.9. They answered with “No” and “NA” on question 11.2, and “Yes” and “No” on question 11.5.
Netherlands 01	Scientists in the prevention and treatment of diabetes.
Norway	*The data as presented above was the source data, representing the status as of August 2014 and was used to produce Policy Brief on National Diabetes Plan, delivered on April 7 th 2016. As of October 10 th 2016 the representative of Norway complemented the data presented stating that the Norwegian ministry of health published the NCD strategy.
Portugal 01	Dietitians and physical activity promoters.
Slovakia	Both Slovakian organisations answered with “Yes” on questions 11.1 and 11.4-11.8., they answered “Not applicable” on questions 11.3 and 11.2 (one of them didn’t answer on this question). Both organisations didn’t answer on question 11.9.
Slovenia 1	Department of endocrinology, diabetes and metabolic diseases at University Medical Centre Ljubljana and Department of endocrinology, diabetes and metabolic diseases at Division of Paediatrics, University Medical Centre Ljubljana
Spain 01	National association of Endocrinology and Nutrition; National association of Paediatric Endocrinology; National association of Epidemiology; National association of General Practitioners; National association of Geriatric; National association of Internal Medicine; National association of Public Health.
UK/England 01	National body responsible for diabetes data and information, and the national body with focus on innovation and improvement in healthcare.

Table 2.2. Advocating for diabetes prevention and care

Arguments in favour of dealing with diabetes should be prepared and presented in a concise, compelling way and provide tips on how to do that effectively. The message should be short, clear and easily understood. The evidence should present the problem and also offer a solution and the solutions should be cost-effective and relatively simple. Bad news should match good news. It should be targeted to the audience. The stakeholders should speak with one voice. The emphasis on return of investment has to be clearly stated.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
12	The advocacy case, i.e presenting clear arguments in favour of dealing with diabetes prevention and care, is clearly stated.			✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Ireland	All three Irish institutions answered “Yes” on this question.
Slovakia	Both Slovakian institutions answered “Yes” on this question.

Table 2.3. Scope of National Diabetes Plans

To cover all areas of focus that are important to diabetes prevention and care, the National Diabetes Plan has to have a robust framework. Defining the focus, mission and vision, the structure to identify priorities and guide efforts to operationalise the goals in order to achieve the desired results, all support the successful implementation of the National Diabetes Plan. The components of the National Diabetes plan are interconnected to a substantial degree and also related to other strategies and plans in the State. A detailed strategic action plan, committed and flexible organisational structure and a monitoring and reporting framework should give the timely feedback of the effectiveness of its implementation.

	Yes	✓	Country														
	No	✗															
	Not applicable	/															
	No response																
	Discordant responses																
			Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
13	The scopes of NDP are defined. They are:					01											
	13.1 community awareness		✓	✓	✓	✗	✓	✓ ✗	✓	✗	✗	✓	✓	✓	✓	✓	✗
	13.2 prevention, i.e. interventions aimed at reducing and minimising risk factors for diabetes development		✓	✓	✓	✓ 01	✓	✓ ✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
	13.3 early diagnosis of diabetes		✓	✓	✓	✓	✓	✓	✓	✓	✓ 01	✓	✓	✓	✓	✓	✓
	13.4 routine care and services		✓	✓	✓	✓ 02	✓	✓	✓	✓	✓ 02	✓	✓	✓	✓	✓	✓
	13.5 patient education		✓	✓	✓	✓ 02	✓	✓	✓	✓	✓ 03	✓	✓	✓	✓	✓	✓
	13.6 psychological issues in diabetes		✓	✗ 01	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
	13.7 cultural diversity		✓	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓
	13.8 healthcare professionals issues		✓	✓ 02	✓	✓ 02	✓	✓ ✗	✓	✓	✗	✓	✓	✓	✓ 01	✓	✓
	13.9 guidelines, protocols for standards of care		✓	✓ 03	✓	✓	✓	✓ ✗	✓ 01	✓	✓	✓	✓	✓	✓ 02	✓	✓
	13.10 information systems		✓	✓	✓	✗	✗	✓ ✗	✓	✓	✗	✓	✓	✓	✓		✓
	13.11 medications and equipment		✓	✗	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓ 03	✓	✓

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
	13.12 research			✓	✗ 04	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓		✓
	13.13* others – please specify:			✓ 01							✓ 01					✓ 04		

France 01, 02	01: No aggregate document. 02: More or less, addressed in more comprehensive strategy.
Croatia 01	National Reference Center, four regional centres (Zagreb, Split, Rijeka and Osijek) and 22 counties local centres.
Denmark 01, 02, 03, 04	01: Was not addressed in the plan from 2003. The issue of diabetes stress has been an issue afterwards and set on the agenda both politically and touched upon in guidelines related both to type 1 and 2 diabetes. 02 + 03: Yes and no as the plan does not address the issues as such but they may be addressed in other publications (guidelines, programmes etc.). 04: Research as such was not addressed in the plan. The Danish diabetes registry and the importance of monitoring and quality assurance was mentioned and has been a key to knowledge about treatment of people living with diabetes in Denmark.
Ireland	All Irish organisations answered with “Yes” on questions 13.3. – 13.6 and 13.11 – 13.11. They answered with “Yes” and “No” on questions 13.1 – 13.2 and 13.8 – 13.10. They put “No” at 13.7.
Italy 01	It is not within the scope of the NDP because Guidelines already exist in Italy addressing standards of care and models of care delivery.
Netherlands 01	-Improvement of patient / client position, self-management and therapy adherence -Identification of barriers in laws and regulation
Norway 01, 02, 03	01 – 03: Mentioned, but not specified.
Slovakia	Both Slovakian organisations answered “Yes” on this question.
Spain 01, 02, 03, 04	01 – 03: It is not included in the text of the strategy. But a Clinical Practice Guideline exists in Spain that addresses these issues. 04: There is a specific strategic line in Gestational Diabetes, and another one in innovation.

Table 2.4. Establishment of National Diabetes Organisations

A collective voice of patients with diabetes and diabetes healthcare professionals is needed to express the needs of the patients and to lobby for, initiate, support and also conduct many aspects of a National Diabetes Plan. An EU-wide umbrella organisation, such as IDF Europe, can facilitate establishing and support that role at national levels and keep the National Diabetes Organisations in the communication loop on important initiatives and actions important to diabetes at regional, EU and international level.

	Yes	✓	Country														
	No	✗															
	Not applicable	/															
	No response																
	Discordant responses																
14	National Diabetes Organisation is established.		Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia 1	Slovenia	Spain	Sweden	UK/England
			✓	✓	✓	✗ 01	✗	✓	✓	✓	✓	✓	✓	✓	✓ 01	✓	✓

France 01	2 national associations are well recognised: patient associations federation and health professional organisation, both independent and connected. No common committee.
Ireland	All three Irish organisations answered “Yes” on this question.
Slovakia	Both Slovakian organisations answered “Yes” on this question.
Spain 01	The Spanish Federation of Diabetics (FEDE in its Spanish acronym) is also represented in the technical committee of the diabetes strategy.

Table 2.5. Description of the extent of the problem of diabetes prevention and care.

Analysing what is happening now and establishing what needs to happen in order to improve diabetes prevention and care helps develop national profiles on the current status and identification of deficiencies in order to provide a rationale for establishing priorities for action. A baseline prevalence survey of risk factors and diagnosed diabetes can determine the extent of the problem, predict the magnitude of future problems, estimate the need for services and is a baseline for future comparisons. There are also abundant references related to calculating cost of diabetes and may be to an extent adapted to the resources that are available. The »baseline« community awareness can drive targeted awareness campaigns.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applica ble	/																
	No respon se																	
	Discor dant respon ses																	
15	Extent of the problem in diabetes is described. It includes:																	
	15.1 situation and needs analysis (i.e. analysis what is happening now and establishing what needs to happen in order to improve diabetes prevention and care)			✓	✓ ₀₁	✓	✓ ₀₁	✗	✓ _x	✓	✓	✓	✓	✓	✗	✓	✓	✓
	15.2 the baseline prevalence survey			✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓
	15.3 the cost of diabetes			✓	✗ ₀₂	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓
	15.4 assessment of community awareness			✓	✗ ₀₃	✓	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗		✗

Denmark 01, 02, 03	01: The plan from 2003 did state the burning platform as it was known in 2003 with a few statistical and economic information and mapped some activities in 2003, thus intended to further develop those and further activities. 02: The cost as such was not mentioned, but estimated savings from eye screening was addressed. 03: An estimation of unknown cases was addressed.
France 01	Different reports available, chronic disease care model under discussion.
Ireland	Irish institutions answered with “Yes” on question 15.2. and 15.3. They answered with “Yes” and “No” on question 15.1 and with “No” on question 15.4.
Slovakia	Both Slovakian organisations answered “Yes” on this question.

Table 2.6. Data collection

Collection, use and dissemination of process and clinical outcomes data is needed to measure the burden of diabetes, monitor changes to health status of patients with diabetes as a subpopulation, generate information about the quality of care, assess the effectiveness of interventions, estimates the economic cost of diabetes to the government, community, family and individual and provide a basis for planning diabetes services and predict future needs.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
25	Diabetes data is collected.			✓	✓	✗	✓	✗	01 ✗	✓	✗ 01	✗	✓	✓	✓ 01	✓	✓	✓ 01

Ireland 3 - 01	3 – 01: Not nationally on each outcome Two Irish organisations answered with “Yes”, and one with “No”.
Netherlands 01	A set of indicators is developed but there is no structural collection of these data

Slovenia 01	To some extent only due to limited sharing of available resources
Slovakia	Both Slovakian organisations answered “Yes” on this question.
UK/England 01	Yes, there is hospital activity data (outpatient visits, activity like amputations) as well as primary care data (process data, prescribing, and clinical indicators like HbA1c levels). Finally, there are national audits for both adults and children that are run every year across the country.

Table 2.7. Evaluation of National Diabetes Plans

National diabetes plans will require an investment of resources. In many countries, they are not just about diabetes, but serve as an experiment in a comprehensive, outcome-focused approach to health problems more generally. They are a case study for demonstration that improving policy, governance, access, quality of care and reducing risk factors for diabetes brings a good return on investment. Whether they work at all or how well they work must be assessed case by case and determine if the interventions and strategies used are effective or if they need to be re-thought and modified. Evaluation mechanisms should include qualitative as well as quantitative measures.

		Country																									
		Yes	✓	No	✗	Not applicable	/	No response		Discordant responses		Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia 1	Slovakia 2	Slovenia	Spain	Sweden	UK/England
26	There is an evaluation strategy.	✓		✗		✓		✗		✗		✓	✗	✓	✗	✗	✗	✓	01	✗	✓	✓	✓	✓	✓	✓	✗

Greece 01	This (the absence of specific measures, indicators or outcomes to be evaluated) is the most common issue of any health programme or intervention worldwide and moreover of our policy, which is still planned.
Ireland	Two Irish organisations answered with “No”, and one with “Yes”.
Netherlands 01	This was a process evaluation.
Slovakia	Both Slovakian organisations answered “Yes” on this question.

Part 3: Core Standards of National Diabetes Plans

Table 3.1. Adherence to International Diabetes Federation Core Standards

This set of standards was developed by IDF Task Force on Diabetes and NCD Prevention, Policy and Practice in order to develop a common understanding and language around National Diabetes Plans.

	Yes	✓	Country	Croatia	Denmark	Finland	France	Greece	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	UK/England
	No	✗																
	Not applicable	/																
	No response																	
	Discordant responses																	
D. Adherence to International Diabetes Federation Core Standards																		
27	A NDP exists and is publicly available.		✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	The goals and objectives of the NDP are clearly documented.		✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	The NDP is endorsed and led or auspiced by the Ministry of Health.		✓	✓ 01	✗	✗	✓ 01	✓ ✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	The NDP has been allocated dedicated funding by the Government.		✓	✓ 02	✗	✗	✗	✓ 01 ✗		✓	✗	✓	✓	✗	✗	✓	✗ 01	
31	The NDP focuses on at least one population of the following																	
	31.1 type 1 diabetes		✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓
	31.2 type 2 diabetes		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	31.3 gestational diabetes		✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓
	31.4 diabetes in children and adolescent		✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓			✓
	31.5 people at risk for diabetes		✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	31.6 whole population of the State	x	✓	✓	x	✓	✓	✓	x	✓	✓	✓	✓	✓		✓
32	The NDP covers at least one of the specified areas															
	32.1 ensuring equitable access to prevention and care services for all who need them	✓	✓ 03	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	32.2 human resource strategy for healthcare sector	✓	x 04	x	✓ 01	x	✓ x	✓	✓	x	x	✓	✓	✓	x	✓
	32.3 the provision of adequate services, equipment and supplies	✓	x	✓	x	x	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
	32.4 information systems	✓	✓	✓	x	x	x	✓	✓	x	✓	✓	✓	✓	x	✓
	32.5 clinical governance/ guidelines and protocols	✓	✓ 05	✓	✓	✓	✓	✓	✓	x*	✓	✓	✓	✓	✓	✓
33	There is a documented implementation/ action plan for the NDP.	✓	x	✓	x	x	x	✓	✓	x	✓	✓	✓	✓	✓	✓
34	An appropriately constituted steering committee or task group (i.e involving government authorities, patients' representatives, specialists and primary care healthcare professionals, other relevant national health organisations) oversees the implementation of the NDP.	✓	✓ 06	x	x	x	✓ x	✓	✓	x	x	✓	✓	✓	✓	✓
35	The NDP takes a patient centred approach	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	35.1 people with diabetes are consulted about their needs	✓	✓	✓	✓ 02	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
	35.2 people with diabetes are members in the committee responsible for the NDP implementation	✓	✓ 07	✓	✓ 01	x	✓ x	✓	✓	✓	✓	✓	✓	✓	x	x
	35.3 the NDP takes account of individual differences and preferences and cultural diversity	x	✓ 08	✓	x	x	✓	✓	✓	✓	x	✓	x	x	✓	✓
	35.4 the NDP includes a focus on ensuring equal access to health care regardless of geographic location, socio-economic status, language, culture or ethnicity	✓	x	✓	✓ 01	✓	✓	✓	✓	✓	✓	✓	✓ 01	✓	✓	✓

36	The NDP involves monitoring and surveillance of at least one of the following	✓	✓	✓	✓	✓	✓ x	✓	✓	x	✓	✓	✓ 02	✓	✓	✓
	36.1 prevalence and incidence	✓	✓	x	✓	✓	✓ x	✓	✓	x	✓	✓	✓	✓	✓	✓
	36.2 access to and outcomes of routine clinical care and services	✓	✓ 09	✓	✓	✓	✓ x		✓	x	✓	✓	✓	✓	✓	✓
	36.3 availability of essential medications and supplies	✓	x	✓	✓ 01	x	✓ x		✓	x	✓	✓	✓	x	✓	✓
	36.4 cost of diabetes to the health system/government	✓	x	x	x	x	x		✓	x	✓	✓	✓	x	✓	✓
	36.5 cost of diabetes to individuals/families or carers	✓	x	x	x	x	x		✓	x	x	✓	✓	x	✓	✓
	36.6 community awareness	✓	x	✓	x	x	x		✓	x	x	✓	✓	✓	x	✓
	36.7 healthcare professionals: distribution, skills, numbers	✓	x 10	x	x	x	x	✓	✓	x	x	✓	✓	x	✓	✓

Denmark 01, 02, 03, 04, 05, 06, 07, 08, 09, 10	<p>01: The national diabetes steering group was established to follow the implementation and advice the NHB. This included a ministerial representative.</p> <p>02: A sum was set aside for projects.</p> <p>03: Regional differences are addressed to a certain extent.</p> <p>04: Organisational matters were addressed.</p> <p>05: They are addressed but developed outside the plan.</p> <p>06 + 08: Yes, when the plan was decided but now the national diabetes steering group is closed down.</p> <p>07: Both and – patient education is mentioned as key.</p> <p>09: It is mentioned as a factor, but only a few initiatives have been initiated.</p> <p>10: It is mentioned that there might be regional differences and that it and knowledge sharing might lead to better outcomes and services.</p>
France 01	<p>01: No specific measure for diabetes but referred to more comprehensive strategy and planifications.</p> <p>02: Patients federation is associated to significant policy or programme projects.</p>
Greece 01	The creation of the NDP is endorsed, funded by and under the auspices of the Greek Ministry of Health but this is not the case for the implementation of the NDP in every day clinical practice.
Ireland 3 - 1	<p>3 – 1: Partly</p> <p>All three Irish organisations answered with “Yes” on questions 31.1-32.1, 32.3,032.5, 35, 35.1, 35.3, 35.4. All three Irish organisations</p>

	answered with “No” on questions 27, 32.4, 33. All other answers were mixed.
Norway 01	<p>(The strategy emphasises the need for developing quality indicators (QI) – at present there is only one QI in diabetes in Norway (prevalence of foot/low leg amputations). Primary care does not have any QI)</p> <p>*The data as presented above was the source data , representing the status as of August 2014 and was used to produce Policy Brief on National Diabetes Plan, delivered on April 7th 2016. As of October 10th 2016 the representative of Norway complemented the data presented stating that the Norwegian national diabetes plan emphasise the importance of keeping the national guidelines on diabetes up to date. The correct answer is yes.</p>
Slovakia	Both Slovakian organisations answered “Yes” on this question.
Slovenia 01, 02	<p>01: The field of culture is not addressed.</p> <p>02: Described as a strategy.</p>
UK/England 01	No, but the ministry does check how much money is spent on cardiovascular disease overall and tracks trends.