What can be done for people who may be or already are diabetic?

Being diagnosed with diabetes should not be a reason to live in despair. So long as cost-effective interventions to control blood glucose levels are accessible and affordable, the risks for cardiovascular disease and other complications may be sufficiently lowered – allowing for long and healthy lives. These interventions are best provided through a well-structured, responsive and people-centered health system that can provide essential, high-quality medicines and services at minimal cost to individuals and their families.

Early detection and diagnosis

The earlier an individual with diabetes can find out about the diagnosis, the sooner it will be possible to initiate management so that complications and premature death may be avoided. The symptoms of excessive thirst, weight loss and increased urination often presents in type 1 diabetes. Meanwhile, type 2 diabetes may not show any symptoms until complications such as vision loss, heart attack or stroke, or non-healing wounds

Essential medicines

People with type 1 diabetes depend on insulin for their survival. Many of those with type 2 diabetes either require insulin or other oral medicines to control their blood glucose. The WHO has a model list of essential medicines that contains effective, established and cost-effective therapeutic options not just for low- and middle-income but also high-income settings. The affordability of medicines for diabetes depends mainly on the provision and use of generics that are quality-
Basic principles of diabetes management

Once a diagnosis is made, some basic principles of diabetes management should be observed. They include: promotion of and support for healthy lifestyle choices (healthy diet, physical activity, avoidance of tobacco and reduction of harmful use of alcohol); medications to control blood glucose level and cardiovascular disease risk, as may be required; regular check-ups to detect complications at their early stages (e.g. eye examination, urine protein tests, assessment of feet); established criteria to refer patients from primary to higher levels of care, and back; and the integration of diabetes management with other diseases (e.g. other major noncommunicable diseases, tuberculosis, and HIV/AIDS). It is thus necessary to have a well-designed health system that accounts for these principles of management through effective and holistic models of care according to local context.

Successful diabetes management will ultimately depend on the adherence of patients to recommendations and treatment. This highlights the importance of patient education, especially for self- and family/community-assisted care.

Country Focus: CAMBODIA

A model for diabetes care in Cambodia

More than half of all deaths in Cambodia (52%) are due to noncommunicable diseases (NCDs) and this is expected to rise in the coming years. Over half a million people have high blood pressure and around 200,000 are living with diabetes.

To respond to this growing public health crisis, the Ministry of Health of Cambodia in partnership with the Cambodian Diabetes Association and the World Health Organization, and supported by the World Diabetes Foundation, started developing a model for diabetes care in the country in 2007. The project aimed to develop a model for quality and affordable health care within the public health system integrating preventive strategies at the provincial and health center level.
It started with five diabetes clinics in provincial referral hospitals established by the Department of Preventive Medicine of the Ministry of Health. Each clinic is staffed by two nurses and two medical doctors. Clinical practice guidelines for Type 2 Diabetes and information materials on NCDs were also developed. The project was gradually expanded over time and today there are 25 diabetes clinics across the country.

Health workers in these clinics and relevant health centers are trained on diabetes management and NCD prevention. This model of care emphasizes early diagnosis and reduction of risk factors through education and lifestyle modification. Data shows that within six months over 15% of diabetic patients achieved optimal targets of glycemic control through this model.

Sustainability through integration into the public health system was a key lesson from the project. This played a crucial role in the strategic referral system within the package of essential NCD interventions for primary care, focusing on cardiovascular risk prevention in Cambodia. Future challenges include establishing more diabetes clinics across the country in order to reach areas where resources are scarce.

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Related Publications

- Screening for type 2 diabetes: Report of a WHO and IDF meeting
- Use of glycated haemoglobin (HbA1c) in the diagnosis of diabetes mellitus
Implementation tools: Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings

More Links:

- Diabetes Action Online: Working to ensure quality care for persons with diabetes [Click here]
- Package of essential NCD interventions for primary health care: cancer, diabetes, heart disease and stroke, chronic respiratory disease [Click here]
- WHO Model List of Essential Medicines [Click Here]

Next issue:

The economic impact of diabetes, and a public health agenda to respond

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