Primary prevention programmes in health care

The Danish-Mexican Collaboration

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Disclaimer

Consultancy fees from Novo Nordisk A/S

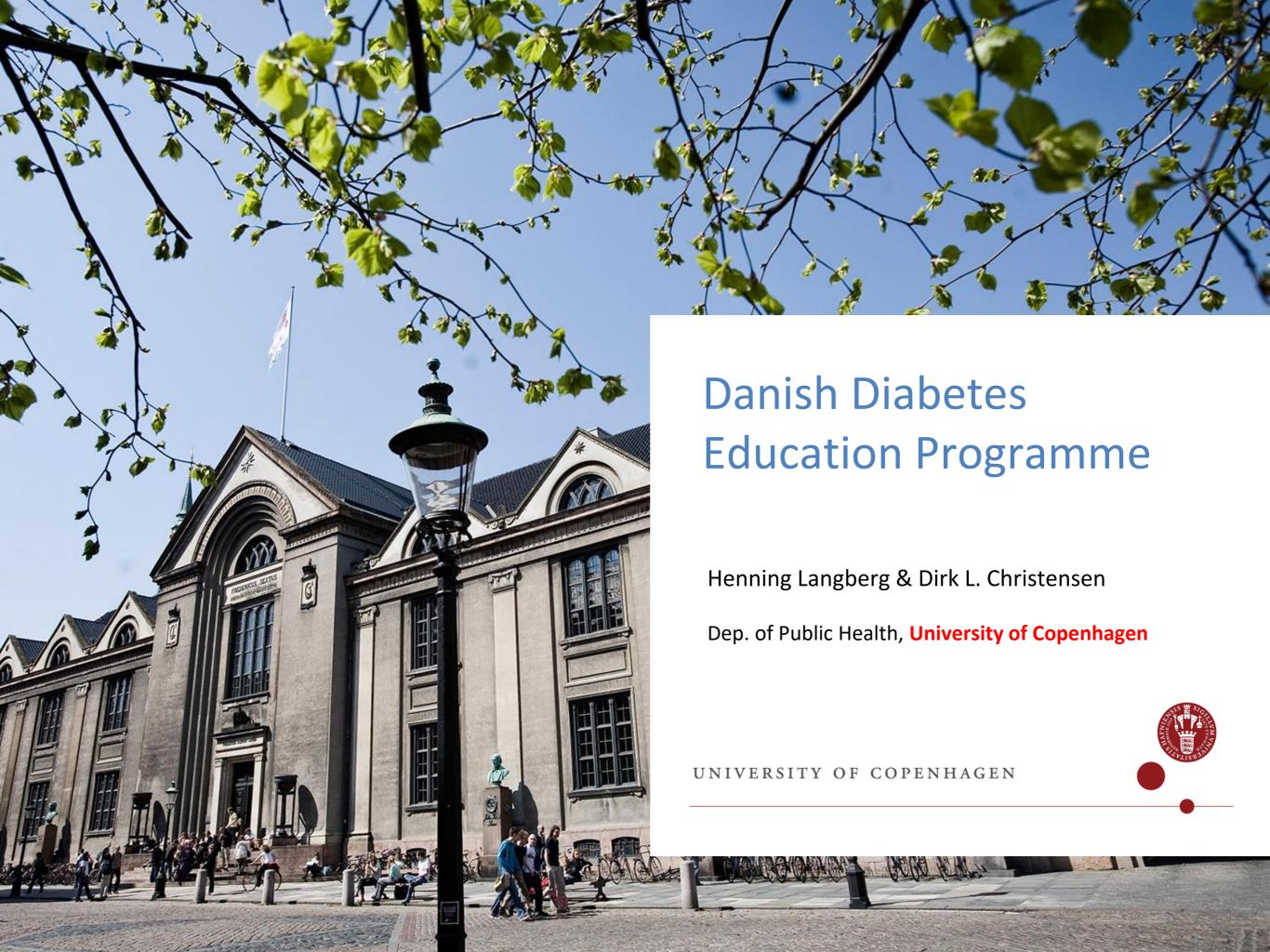












Goals - Teach the teachers



Capacity building & knowledge transfer a four step model

Diabetes - a Global Challenge

Diabetes – clinical education

Diabetes – the Essential Facts

Diabetes – what can I do





Capacity building & knowledge transfer a four step model

Diabetes - a Global Challenge

Diabetes – the Essential Facts





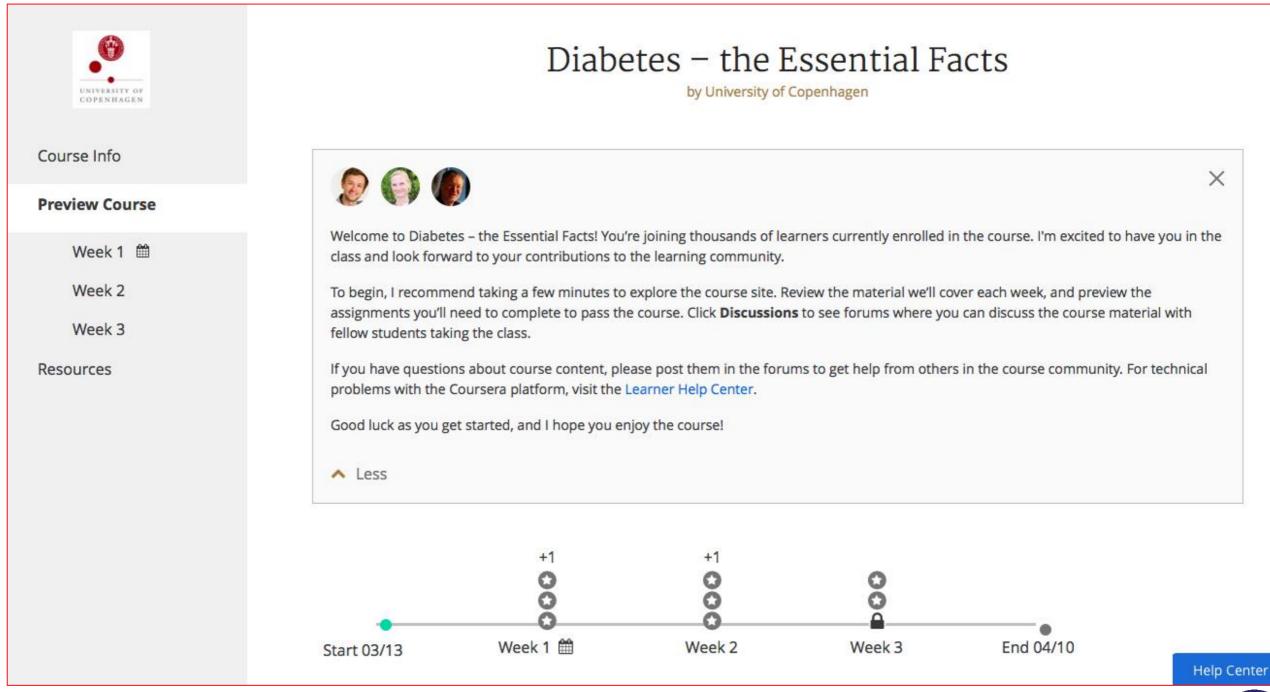
MOOC - level 2 - Diabetes the essential facts







MOOC - level 2 - Diabetes the essential facts

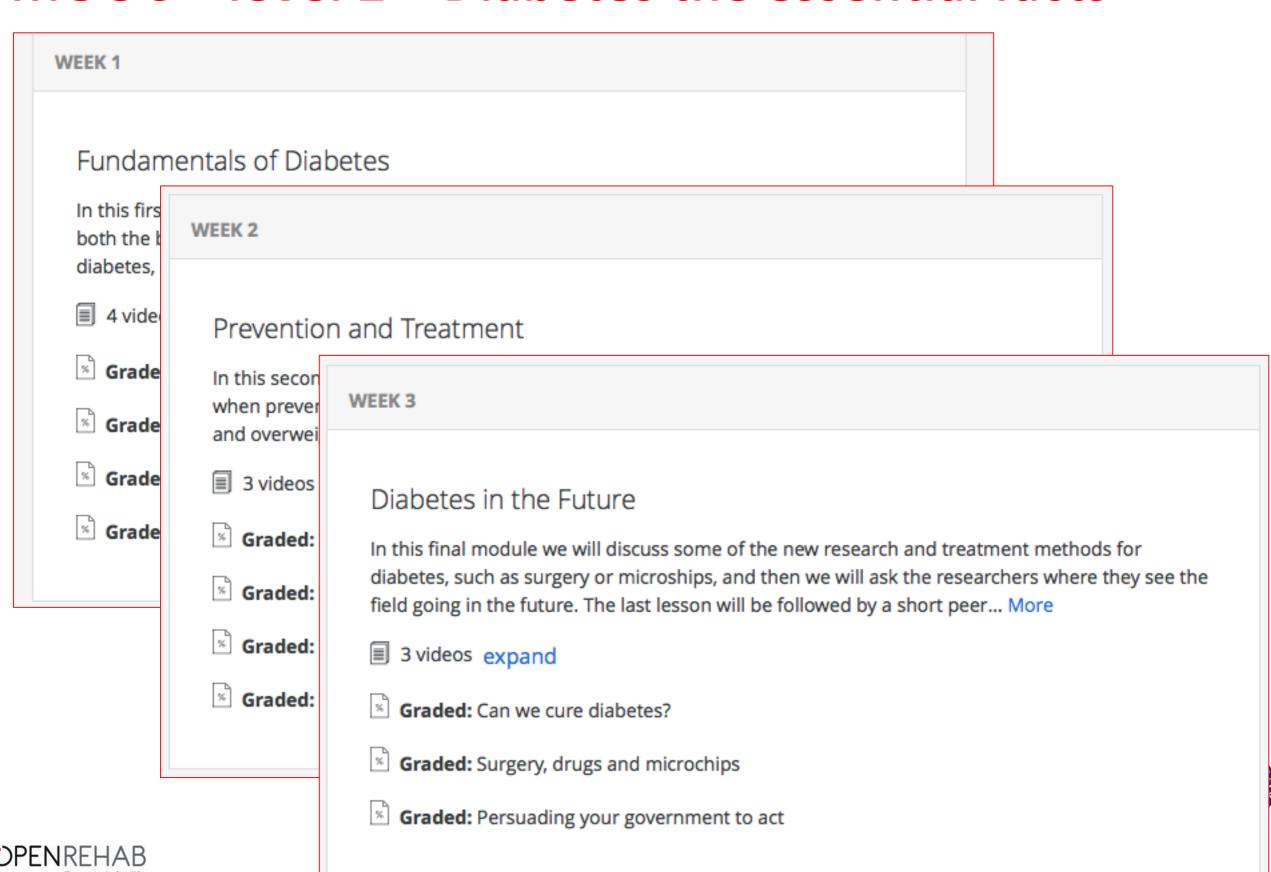


'Diabetes – the Essential Facts' is live on the Coursera online platform since the 16th December 2016.

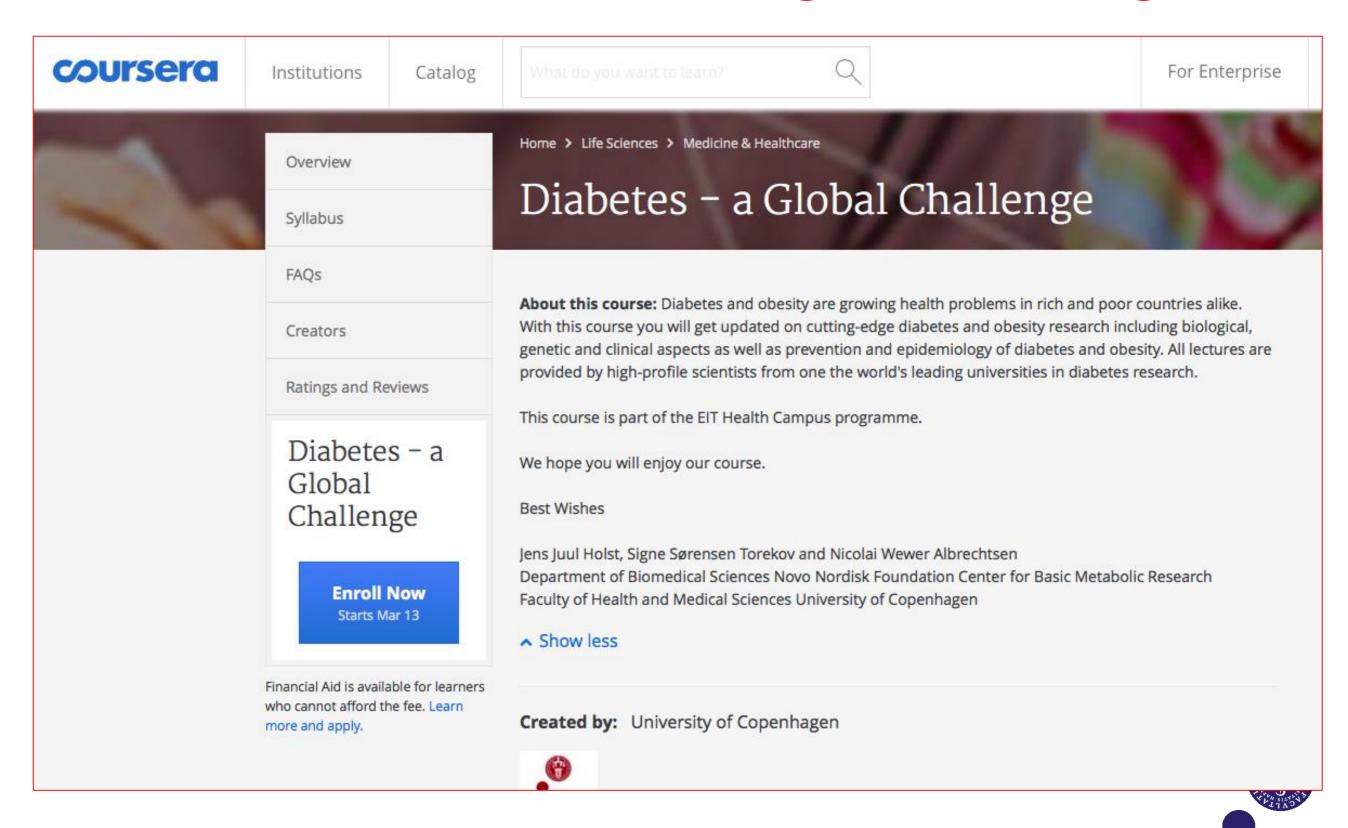




MOOC - level 2 - Diabetes the essential facts



MOOC – level 4 – Diabetes – a global challenge





MOOC – level 4 – Diabetes – a global challenge

With this course you will get updated on cutting-edge diabetes research including biological, genetic and clinical aspects as well as prevention and epidemiology of diabetes. All provided by high-profile scientists from one the world's leading universities in diabetes research.

During this the course we will go through the following topics:

Module	Торіс	Assignment	Workload
1	Epidemiology of Diabetes	Quiz	3-5 hrs
2	Obesity and Prevention of Diabetes	Quiz	3-5 hrs
3	Physiological regulation of plasma glucose	Quiz	3-5 hrs
4	The Incretins	Quiz	3-5 hrs
5	Clinical manifestation of Diabetes and Treatment & Treatment of Hyperglycemia with Oral Anti-diabetic Agents in Patients with Type 2 diabetes	Quiz	5-7 hrs
6	Inflammatory beta-cell destruction in diabetes	Quiz	3-5 hrs
7	Genetic aspects of Diabetes	Quiz	3-5 hrs
8	Translational aspects	Quiz	3-5 hrs
9	Development of Anti-diabetic Agents	Quiz	3-5 hrs
10	Stem cell based therapy of Diabetes	Quiz	3-5 hrs

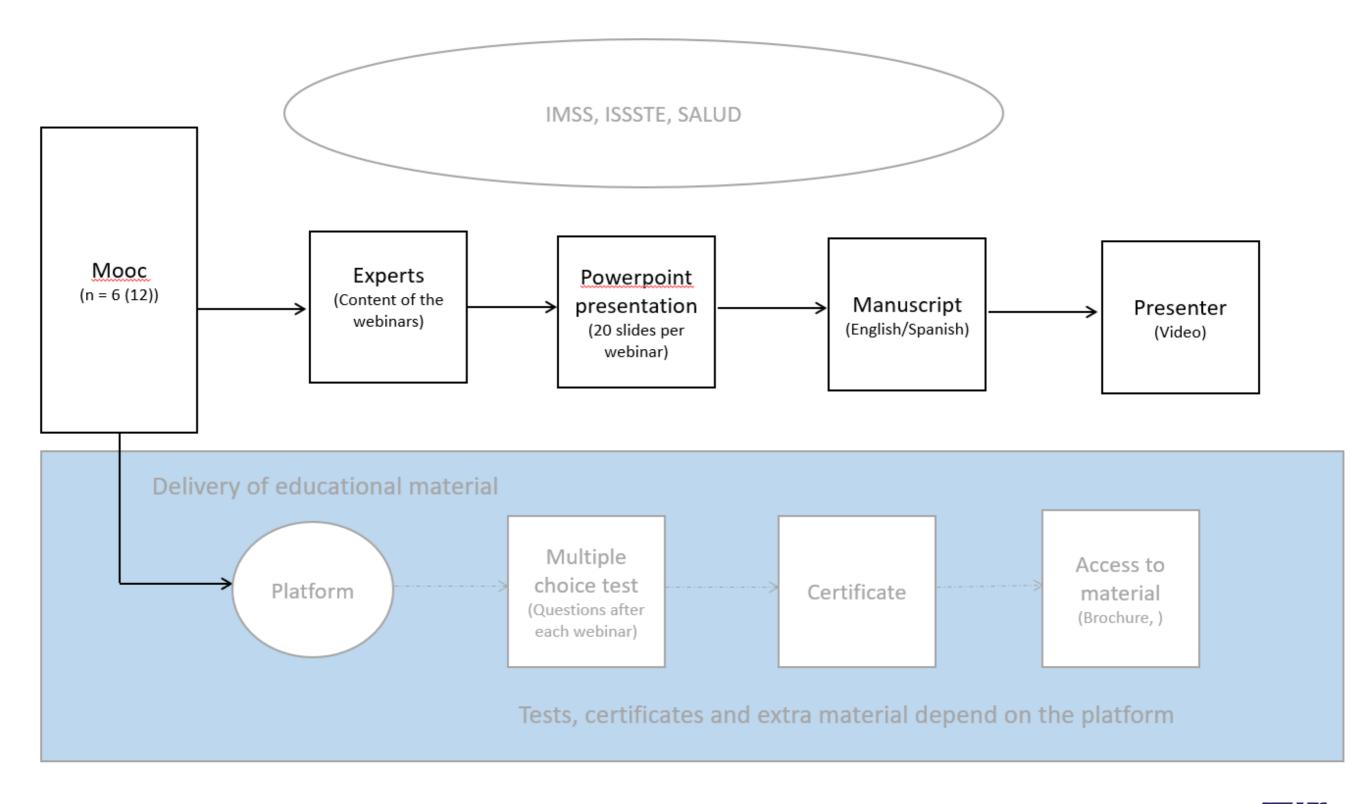


MOOC - level 1 - Diabetes - what can I do

- Content
 - Knowledge and help to transfer of knowledge
- Improving easy access to material
 - brochures, templates, hand-outs
- Life-long learning
 - Annual updates
- Tests and certification
 - On wall (annual certificates)
- Branding
 - National home-page
 - Local stickers







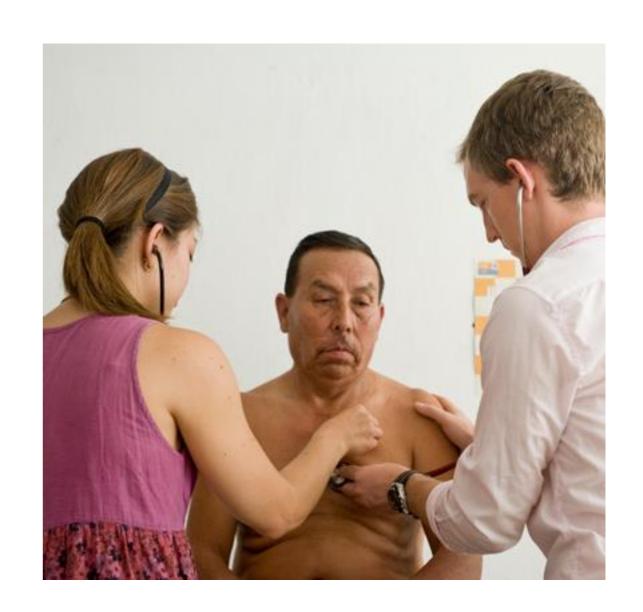




MOOC - level 1 - Diabetes - what can I do

Challenges

- Penetration and distribution
 - Sharing
 - HCP
 - Patients to patients
 - Family, community
- What's in it for me?
 - Prestige, branding
 - Logo for wall,
 - Certificates
 - Participate in research projects?
 - More customers?
 - Better product
 - New role in prevention?







Our objectives

ARTICLE III

Modalities of Cooperation

Joint cooperation activities under this Memorandum may be conducted in the following modalities, subject to the technical feasibility and common interest of the Parties:

- exchange of information in health matters including technical one;
- promote the participation of health professionals from both countries;
- participation in medical congresses, conferences, symposia, meetings and scientific workshops organized by either Party;
- promote joint scientific research;
- promote collaboration with non-governmental groups, including but not limited to academic institutions and philanthropic organizations, and
- any other modality of cooperation defined by mutual agreement of the Parties.









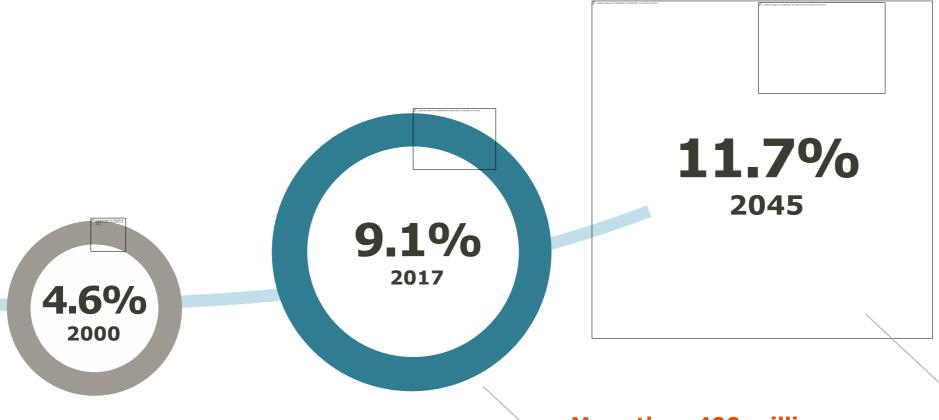






DIABETES

Rising at an alarming rate worldwide



More than 700 million PEOPLE HAVE DIABETES if no action is taken²

More than 400 million PEOPLE HAVE DIABETES^{1,2}

References

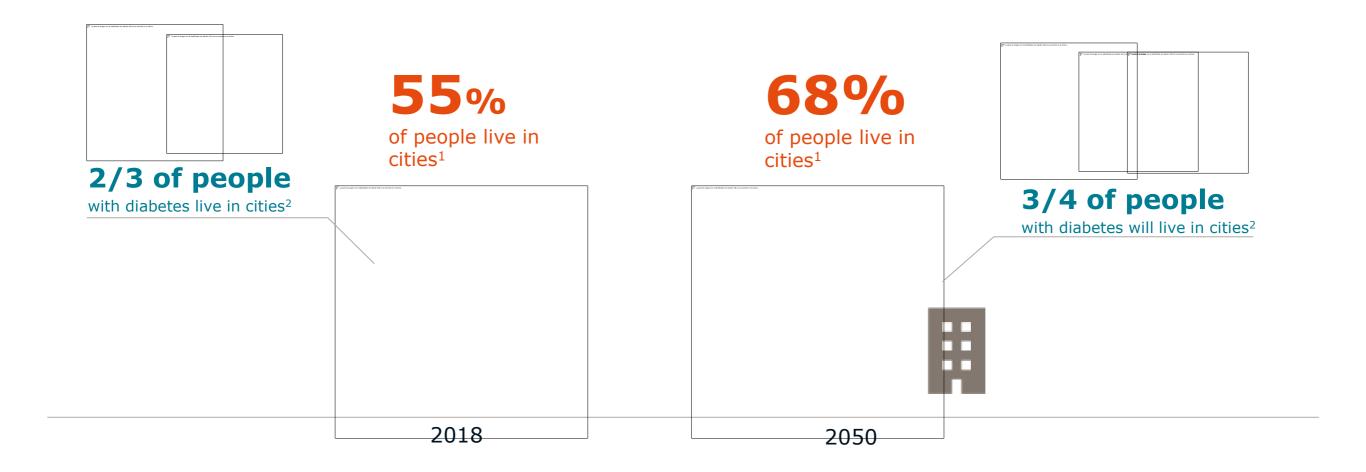
- 1. International Diabetes Federation. IDF Diabetes Atlas. 8th edn. Brussels, Belgium: International Diabetes Federation. 2017.
- 2. Cities Changing Diabetes. Diabetes Projection Model, Global. Data on file. Novo Nordisk. Incentive, ed. Holte, Denmark 2017.





BANISATE ON BUILDING

- one of the most significant demographic shifts



- 1. United Nations Department of Economic and Social Affairs (UNDESA). World Urbanization Prospects, the 2018 Revision.
- 2. International Diabetes Federation. IDF Diabetes Atlas. 8th edn. Brussels, Belgium: International Diabetes Federation. 2017.



Cities influence how people live, work and eat, which all have an impact on obesity and diabetes1

















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Global research framework

Quantitative research

SETTING THE GOAL MAPPING THE CHALLENGE

Identify *major gaps* in relation to diagnosis, treatment, targets, and outcome.

Qualitative research

UNDERSTANDING RISK AND VULNERABILITY

Explore what makes certain people vulnerable to diabetes and its complications. Identify specific local populations with shared priorities, needs, and capabilities

Actions

INFORM LOCAL INTERVENTIONS AND POLICIES

Highlight research insights and inspirational cases for building city-level action plans.

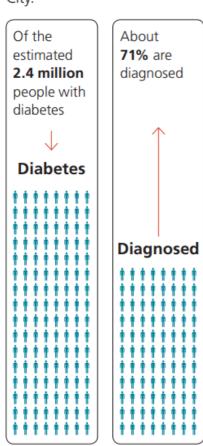


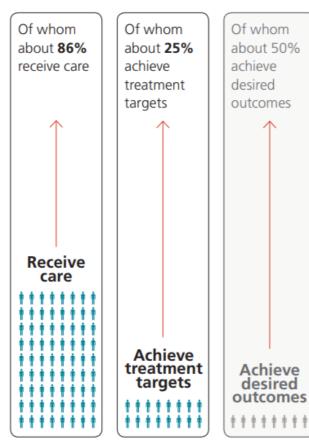




Finding the gaps

The Rule of Halves for Mexico City is based on new research performed among people with type 2 diabetes between the ages of 20 and 69, living in Mexico City.⁷⁵







13.9% of the adult population has diabetes in Mexico City



17.1% of the population have Prediabetes. Almost 3 in 10 adults in Mexico City have abnormal glucose levels



Overweight and obesity exceeded 70% in both men (72%) and women (76%)

Achievements and Advances

Diabetes Mellitus in Mexico City. Representative Survey (INSP, 2015)

13.9% of the adult population has diabetes

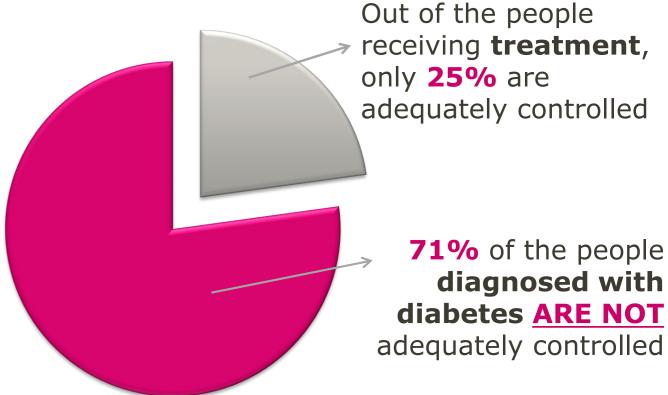
17.1% of the population is prediabetic



3 out of 10 adults in Mexico City have abnormal glucose levels



+70% are overweight and obese



Only 6.7% of the patients diagnosed monitor their disease with HbA1c measurements.









MEXICO CITY

is pushing back on obesity to bend the curve on type 2 diabetes

Two scenarios illustrate that inaction is not an option and that to hold back the rise of type 2 diabetes requires taking action on obesity.¹



The Diabetes Projection Model plots the trajectory of diabetes prevalence over time and illustrates how reducing the prevalence of obesity by 25% would reduce the burden of diabetes.¹

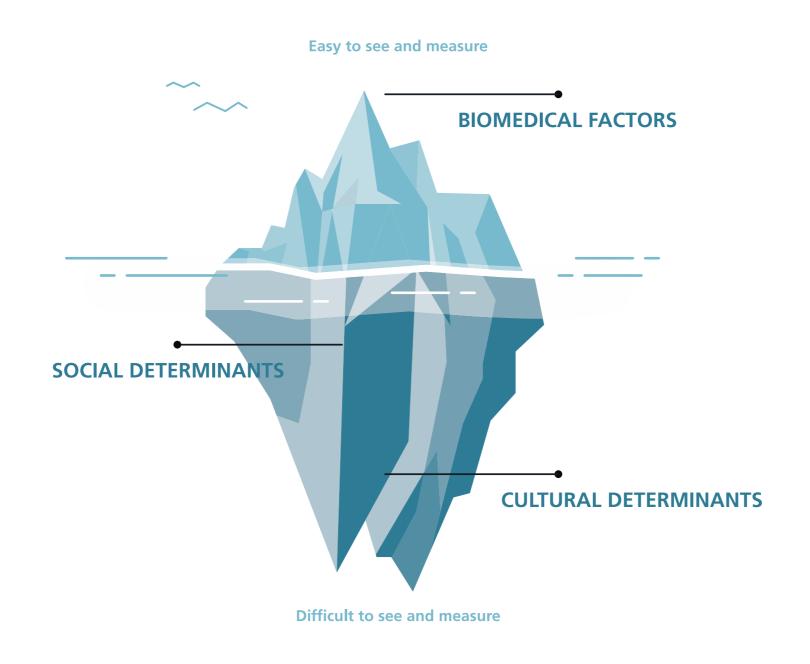
Reducing obesity by 25% by 2045, could:

prevent
700,000
CASES OF TYPE 2
DIABETES.1

3.3 BILLION
US DOLLARS IN HEALTHCARE EXPENDITURE.1



Understanding the complexity of vulnerability







The Diabetes Vulnerability Assessment



What are the **social risk factors and cultural determinants** for urban diabetes?

Who is most vulnerable to the negative effects of these risk factors and determinants, and how can those individuals and groups become less vulnerable?



Social factors

Financial Time Geographical Resource constraints constraints constraints constraints Spending money on exercise classes I just don't have the I think that where I I often feel lonely time to buy and cook or the gym is live, it's not very safe something I find healthy food to be out alone difficult to do



Cultural determinants

Traditions and conventions

When I eat out together with friends, I usually end up eating unhealthy foods

View of health and illness



I think that diabetes is a death sentence

Self and others



Everybody just seems to be a bit bigger nowadays

Change and transition



Living in the city is stressful and harmful to my health and wellbeing





Understanding vulnerability in Mexico City



Physical factors that reduce or heighten vulnerability.

Locally shared.

SOCIAL FACTORS

Structural and formal elements that reduce or heighten vulnerability.

Complex and locally diverse.

CULTURAL DETERMINANTS

Shared conventions and understandings that reduce or heighten vulnerability.

Varied, complex and locally very diverse.





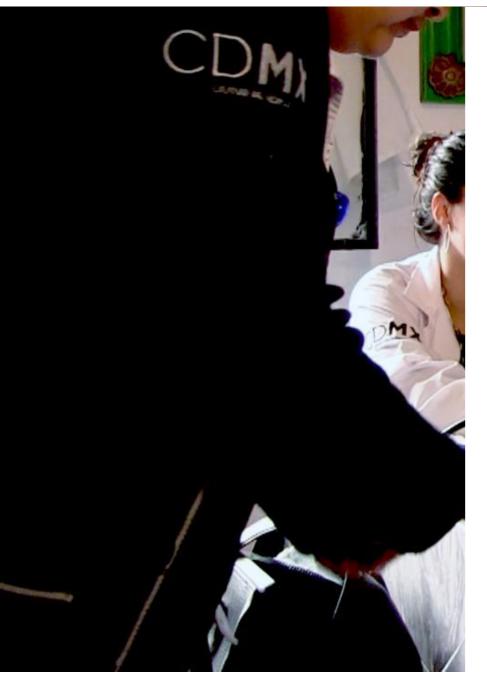








cities changing



Healthcare system strengthening

Accessible, affordable and quality healthcare is central in both the prevention and care of diabetes.

Cities Changing Diabetes research shows that vulnerable citizens sometime struggle to access a city's formal health systems or get the support they need to live a healthy life with diabetes. This can happen despite living in relatively close proximity to healthcare facilities.

We aim to build capacity in local healthcare systems and ensure that both people at risk and people with diabetes can achieve better health outcomes.





SUMMARY

In the fall of 2016, a specialised diabetes centre in Iztapalapa was inaugurated.

The diabetes centre is the second of its kind in Mexico City and will offer consultations in internal medicine, psychology, nephrology, cardiology, dentistry, ophthalmology, podology, diabetes education, nutrition and clinical laboratory, among others and will benefit eight thousand patients annually as well as the families of those patients.

The centre will have an electronic patient record system and education for healthcare professionals in 26 health centres and the general population

PARTNERS

- Mexico City Ministry of Health
- World Diabetes Foundation

SPECIALISED DIABETES CLINIC IN IZTAPALAPA



OBJECTIVES

To improve diabetes care for the citizens of Iztapalapa through an integrated care model

INSIGHTS

Iztapalapa is the most vulnerable and most populated area in Mexico City.

The healthcare resources are distrusted in society due to the quality level of care among doctors Insufficient insurance or the absence of insurance often is the motivator for not going to the health institutions

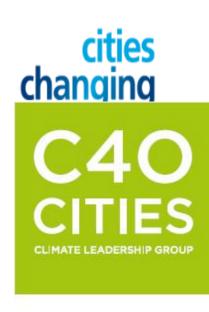
OUTCOME

- At least 2,000 known cases of diabetes to have received improved diabetes care
- At least 14,000 new cases of diabetes registered or detected through screening and awareness activities, and through referrals, and provided care
- At least 120 doctors trained at specialised centre and least 500 home visits conducted by mobile unit

On average patients have had a reduced level of HBa1C (from 9.3 to 6.7%) over a period of five months when engaged with ongoing contact with the Clinic

Urban planning

Research supporting the evaluation of economy, health and climate benefits of bike and pedestrian initiatives in Mexico City





" SHOWING THE BENEFIT OF CLIMATE ACTION,



HOW IT IMPACTS THE LIVES OF OUR CITIZENS AND SUPPORTS THE LOCAL, IMMEDIATE PRIORITIES FOR MEXICO CITY IS CRITICAL. THIS RESEARCH DEMONSTRATES THIS, SHOWING A WIDE RANGE OF BENEFITS FROM BIKEABILITY AND WALKABILITY ACTIONS, AND HOW THEY IMPROVE THE HEALTH, WEALTH AND LOCAL **ENVIRONMENT FOR US.**'







Cycling prevents an estimated 10 deaths per year due to the protective benefits of increased physical activity







THE POTENTIAL NET PRESENT BENEFITS OF **MEXICO CITY'S BIKE LANES TOTALS MORE** THAN US \$65 MILLION, **ALMOST 6 TIMES MORE** THAN THE COSTS



The diabetes challenge: sustainable and integrated responses

- turning global commitments into national actions

World Diabetes Foundation (WDF) since 2002



WORLD DIABETES FOUNDATION: ORIGEN - OBJECTIVES - METHODOLOGY

- Objective: Finance diabetes prevention and control projects in low or middle income countries to strengthen training, medical care, awareness and prioritization. Established in 2002 by the company Novo Nordisk S.A. (Denmark).
- Support low income populations and communities most affected by diabetes (assistance projects)
- Headquarters in Copenhagen, Denmark
- Separate organization (Danish regulation: statute, own directors committee, secretariat; external audit supervision)
- Mandate and financing confirmed by the donor and approved by the Danish authorities until 2024 (with possible extension)



WDF: INTEGRATION OF DIABETES/NCD CARE AND PREVENTION INTO HEALTH SYSTEMS IN LMICs (NATIONAL NCD RESPONSES)

Palestine territories

DIRECT OR INDIRECT AGREEMENT WITH HEALTH AUTHORITIES (MoH)

Tanzania Mozambique

Rwanda Malawi

Kenya Burkina Faso

Sri Lanka Belize

Colombia

Paraguay Cameroon Gambia

Guyana Peru UNRWA

Mexico (state level) Brazil (state level) Fiji

Dominican Republic Argentina (state level) Philippines (state level)

India (state level) Mali Myanmar

Angola Vietnam Kyrgyzstan

Bangladesh Honduras Laos

Uzbekistan Swaziland Comores

UPCOMING

Cambodia

Brazil (state level)

Nepal

Ivory Coast

Nigeria

Tonga

Ethiopia

India (state level)

Guatemala

Thailand

Jordan

WORLD DIABETES FOUNDATION: ORIGEN - OBJECTIVES - METHODOLOGY



- INTEGRATED NATIONAL PROGRAMMES DIABETES / NCDs
- Primary, secondary care
- Awareness (multi-sectoral)
- Prevention (multi-sectoral)
- Complications: Diabetic foot Diabetic retinopathy
- Diabetes hypertension / CVD
- Gestational diabetes / NCDs and pregnancy
- Co-morbidity diabetes tuberculosis



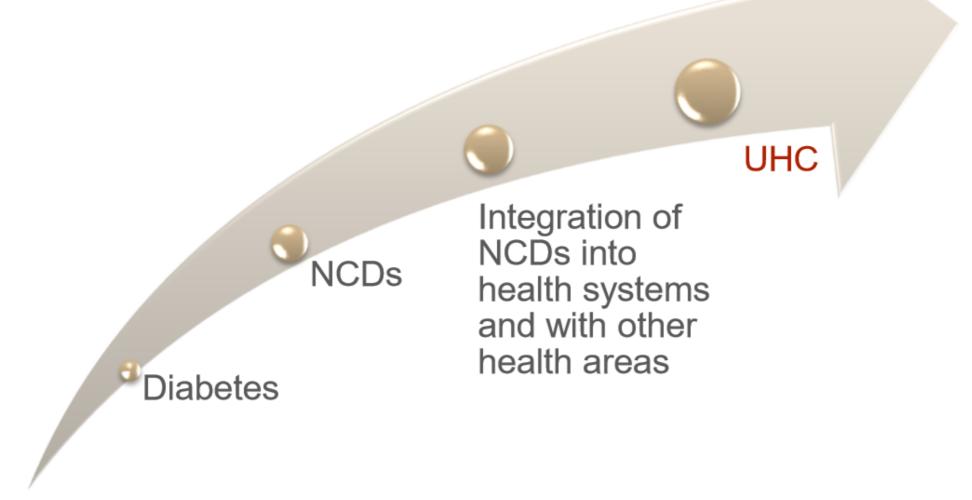
WORLD DIABETES FOUNDATION: ORIGEN - OBJECTIVES - METHODOLOGY

- Sustainability → the imperative to collaborate directly with Ministries of Health and national and international health authorities and organizations (PAHO / WHO, NGOs, patient organizations, professional societies)
- Integration → diabetes / related NCDs; other health areas;
 comprehensive primary care



WDF: PROGRAMME APPROACH AND EXTERNAL IMPULSES

ADAPTATION AND REFINEMENT 2002→2019→...





FUNDACIÓN MUNDIAL de DIABETES EN MEXICO



Proyectos principales y actuales:

- Secretaria de Salud D.F: Clinica especializada/atencion primaria (Iztapalapa)
- OPS Mexico/Secretaria de Salud Edo.Mexico: Promotoras de salud (Nezahualcoyotl)
- OPS Mexico/Secretaria de Salud Campeche: Prevención comunitaria
- INSP/Secretaria de Salud Morelos: Retinopatía-servicio movil
- INSP/Secretaria de Salud Morelos: Diabetes y embarazo
- INSP/Secretaria de Salud Morelos: Diabetes y poblaciones indígenas
- INSP/Secretaria de Salud Campeche, Edo. Mexico: atencion prim. integral
- Salud Gobierno Federal (DGPS, CENAPRECE) / Secretarias de Salud de Hidalgo, Edo.Mexico, Tlaxcala/ Microclinics (EEUU): Atención primaria
- IMIFAP/DIF/Secretaria de Educacion Chihuahua: Salud escolar
- REMEDI/Secretaria de Salud Hidalgo/Tamaulipas: Atención primaria
- Salauno D.F./Edo. de Mexico: Retinopatia
- Federacion Mexicana de Diabetes: Educacion del paciente, concientizacion

Inversion agregada WDF→Mexico 2008-2018 : USD 4.2 miliones

WORLD DIABETES FOUNDACION IN MEXICO



Learning and observations

- Committed and aware health professionals
- Primary care community link
- Open environment for international collaboration
- Some fragmentation of the health system
- Political prioritization









WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control

Copenhagen, Denmark

9-11 April 2018













Gracias por su atención

Preguntas