



World Health
Organization



NCD HARD TALKS

COMPREHENSIVE DIABETES MANAGEMENT

Tuesday, 23 November | 13:00–14:30 CET

**The sector is failing
people with diabetes,
why does access to
rehabilitation and
assistive technology
remain an
illusion?**



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NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • JUNE 11, 2020 • 13-14:30 CEST

COVID-19 and NCD: *Deadly Interplay and Continuity Response*

ABOUT

Health systems around the world face surging demand for care of people with COVID-19, with critical challenges disrupting the delivery of health services.

People living with NCDs are at heightened risk of becoming severely ill or dying from COVID-19, and the latest data shows massive disruptions in access to NCD services worldwide, which threatens a long-term upsurge in deaths from NCDs.

This webinar explores the latest data and operational guidance, with key insights from experts and country perspectives on how to balance the demands of the health system during the pandemic, and how to execute an adaptive, forward-looking strategy inclusive of NCDs to build back better.

AGENDA

- Introduction and overview
- Double Trouble: Results of Global survey on disruption of NCD services during COVID-19
- Guiding Solution: WHO guidance on maintaining essential health services with focus on NCD
- Realities of addressing the Deadly Interplay: Hard Talk Panel
- Discussion
- Never Again: Next Steps in Building Back Better

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NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • SEPTEMBER 16, 2020 • 13-15:00 CEST

Biggest Burden, Where's the Money?

ABOUT

NCDs are the world's number one killer, yet health systems are chronically underfunded to tackle this biggest burden. NCD services in least developed countries remain patchy and sporadic, with a need for sustainable financing mechanisms to guarantee NCD entitlements for all through appropriate planning, defining of essential health service packages, prioritizing a guaranteed benefit package, ensuring access to medicines and technology, a skilled workforce and robust data to support clinical care and counselling.

This webinar session will convene health and finance experts to unpack the design and politics of financing NCD and health services, share country realities, and explore how to leverage domestic and international funding to cover catastrophic health expenditures posed by NCDs, answering the hard questions of how to finance resilient health systems of tomorrow.

AGENDA

- Introduction and overview
- NCDs: Out of sight, Out of mind...and Out of pocket: Catastrophic diseases that are breaking the bank
- All can benefit, but who dare pay for NCD services? Key to financing of NCD and health services in country
- Funding an NCD Future: High stakes, big payouts Financing resilient health systems of tomorrow
- Biggest Burden, Where's the Money? Hard Talk Panel Experts deconstruct the pathway to financing NCD services
- Q&A

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NCD HARD TALKS

MAKING HEALTH SYSTEMS DELIVER

WEBINAR • OCTOBER 21, 2020 • 13-14:30 CEST

TO TREAT OR NOT TO TREAT

DRIVING EQUITABLE ACCESS TO NCD MEDICINES

ABOUT

Most noncommunicable diseases (NCDs) can be treated with essential medicines, yet millions of people with NCDs in low- and middle-income countries (LMICs) cannot access these drugs and devices. Poor domestic funding, lack of resources, inadequate selection mechanisms, inefficient procurement and distribution continue to force patients to pay 2-5 times more for medicines purchased from different sources and put at risk the quality of products in the market. How to unblock the bottlenecks?

This NCD Hard Talk unveils global and national efforts needed to shape NCD medicines markets and improve equitable access for all. Experts unpack the latest on 'how to' drive rational selection and assured quality of medicines, devices and diagnostics and ensure affordable pricing by partnering with different sectors and stakeholders.

Speakers from WHO, industry associations and partners explore key lessons on building sustainable and reliable supply chains and procurement mechanisms to deliver NCD medicines to all.

AGENDA

- Patients and Profits: Co-writing a new social contract with key stakeholders
- Magic Bullets for sustainable access to NCD medicines and health products
- Country Models: Key lessons and bottlenecks
- To Treat or Not to Treat: NCD Hard Talk Panel
- Q&A

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NCD HARD TALKS

COMPREHENSIVE DIABETES MANAGEMENT

WEBINAR • 23 SEPTEMBER • 13:30-14:30 CEST

THE SECTOR IS FAILING: people with diabetes, who often access no rehabilitation and/or a few insulin bags, are at a high risk of death

Insulin is a life-saving medicine, but its availability is often limited. This webinar explores the latest data and operational guidance, with key insights from experts and country perspectives on how to balance the demands of the health system during the pandemic, and how to execute an adaptive, forward-looking strategy inclusive of NCDs to build back better.

AGENDA

- Introduction and overview
- Diabetes: A global burden with a high risk of death
- Insulin: A life-saving medicine, but its availability is often limited
- Country Models: Key lessons and bottlenecks
- To Treat or Not to Treat: NCD Hard Talk Panel
- Q&A

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Thank you for joining us

- This webinar will be **recorded**.
- **Links to the recording** and all slides will be shared after the session.
- **Interpretation is available** in French, Spanish, Chinese, Russian and Arabic.
- **Captioning is available in English** and can be accessed through the Zoom function bar at the bottom of your screen.
- We invite you to participate in the discussion by sharing your **questions in the Q&A box**.
- Experts are invited to type their answers throughout the session.
- General comments can be shared in the **chat box**.
- **Please be respectful** - we are here to learn and exchange ideas.

Opening Remarks from Dr Ren Minghui

Assistant Director General
UHC/Communicable and
Noncommunicable Diseases, WHO HQ



Agenda

Time	Topic	Speaker
13:00-13:05	Introduction from the moderator	Dr Shelly Chadha, Technical Officer, Sensory Functions, Disability and Rehabilitation, NCD Department, WHO HQ
13:05-13:10	Opening remarks	Dr Ren Minghui, Assistant Director-General, UHC/Communicable and Noncommunicable Diseases WHO HQ
13:10-13:20	Patient Experience	Mr Salih Hendricks
13:20-13:30	What is the standard of care for early detection and management of foot complications as part of comprehensive management of diabetes in primary health care?	Dr Chapal Khasnabis, Unit Head (a.i), Access to Assistive Technology and Medical Devices, Health Product Policy and Standards Department, WHO HQ

Agenda

Time	Topic	Speaker
13:30 - 14:00	Roundtable: What are the challenges in integrating rehabilitation and assistive technology in the management of diabetes at primary health care? Moderator: Dr Slim Slama , Unit Head, NCD Management-Screening, Diagnosis and Treatment, NCD Department, WHO HQ	<ol style="list-style-type: none">1. Dr Nana Kofi Edu Affare, St Patrick's Hospital, Ghana2. Dr Rune Nielsen, Sophies Minde Ortopedi, Norway3. Dr Priscilla Nad, Technical Office, WHO WPRO4. Professor Abdul Basit, Baga Institute of Diabetology & Endocrinology, Pakistan
14:00-14:20	Approaches for integrating rehabilitation and assistive technology for diabetic management in primary health care	Louise Pull , Consultant, Access to Assistive Technology Team, WHO HQ
13:10-13:20	Next steps for the NCD team Closing remarks	Dr Bente Mikkelsen , Director, NCD Department, WHO HQ Dr Clive Ondari , Director, Health Products Policy and Standards (HPS) Department, WHO HQ

Patient Experience



Mr Salih Hendricks
South Africa

Highlight experience of living with complications to diabetes requiring rehabilitation and assistive technology

Standard of Care

What is the standard of care for early detection and management of foot complications as part of comprehensive management of diabetes in primary health care?



Dr Chapal Khasnabis,
Unit Head (a.i), Access
to Assistive Technology
and Medical Devices,
Health Product Policy
and Standards
Department, WHO HQ

What is the standard of care for
early detection and management of foot complications
as part of comprehensive management of **diabetes** in
Primary Health Care?

Chapal Khasnabis
khasnabisc@who.int



Foot complications → amputation

- Today's untreated ulcer is tomorrow's amputation
- Preventing foot ulcers of people living with diabetes should be a major objective of the diabetes care
- Barefoot walking and inappropriate footwear are also common causes of developing ulceration and reulceration
- One potentially preventable complication of diabetes is **Diabetic Foot Ulcer (DFU)**.



Up to 50%



DFU prevention strategies
(education, screening, footcare)
are not working even in HIC

DFU and associated amputations cost
the NHS-UK > \$1.6 billion annually



Management of diabetes in Primary Health Care !



- **1 in 10** people live with diabetes and number is on increase.
- Management of **diabetic care** is still not in the programme list of **Primary Health Care** in most countries.
- Ignorance about diabetic foot care among primary health care personnel, and belief in alternative systems of **medicine or insulin** can solve everything, a serious concern.
- Most people living with diabetes consult a doctor or visit a nearby hospital only when **ulcer does not heal**.



PHC/CHC: Early detection and management



Make services available to people in need as close as possible to their own communities, including in rural areas.



Ulcer → amputation but after



Power of Rehabilitation, Assistive Technology and People Living with Diabetes has not been understood yet.



Good news: we know what to do and how to do



Management of **diabetes must be integrated within
Primary/Community Health Care**



1. **Go local**, as local as possible.
2. **1stop total diabetic screening** service in a hospital and PHC/CHC setting
3. **Transfer knowledge, skills and resources** to the Primary Health Care personnel.
4. **Invest in nurses** (nurse-led) – give confidence in the diabetic foot management, such as educating and encouraging diabetic person to participate in proper foot care and wearing footwear, foot screening, testing for signs and symptoms of diabetic foot complication, provision of protective footwear and other essential assistive products.



Rehabilitation and Assistive Technology



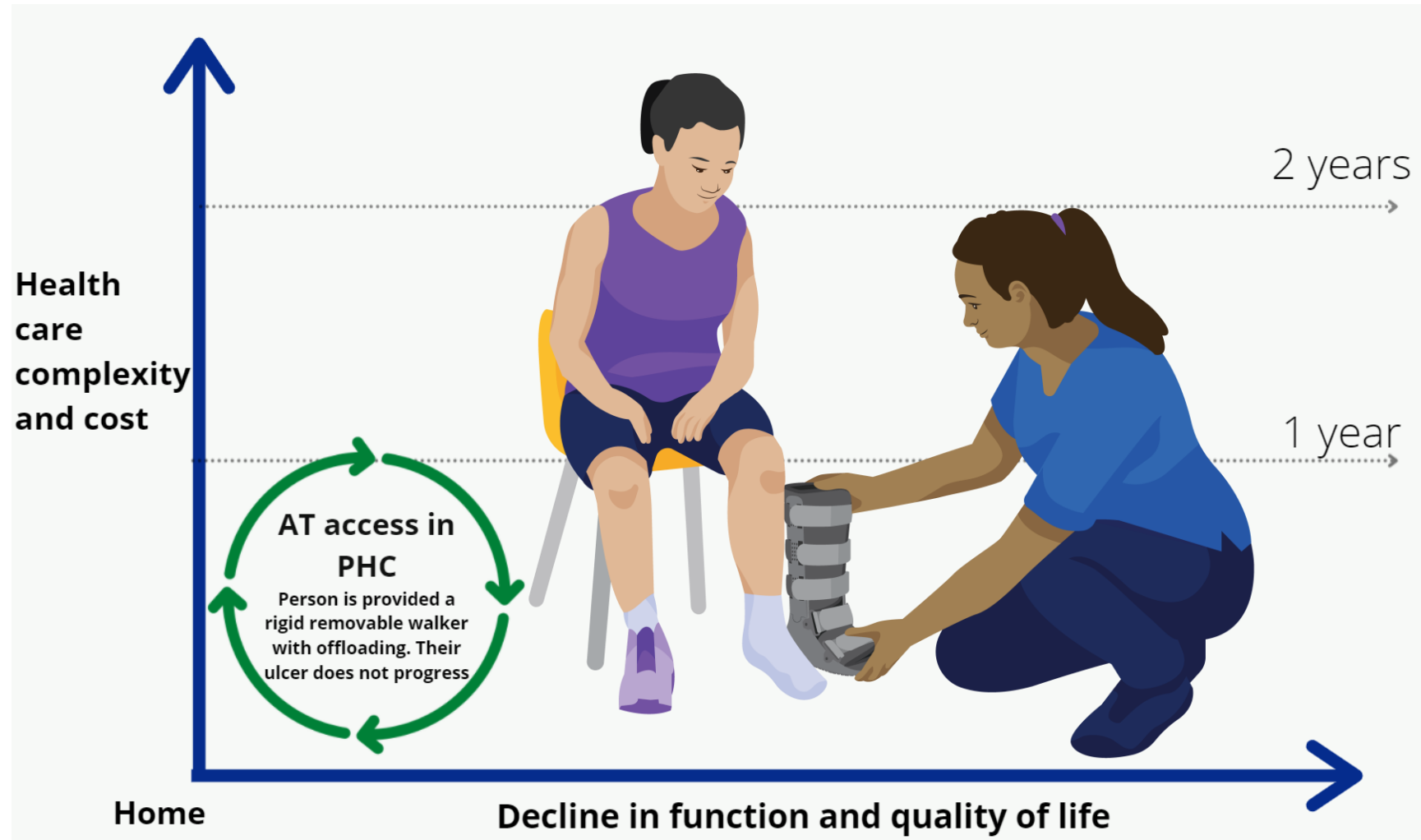
- **Treat DFU early**, before it becomes late
- **Foot care** must be part of the **diabetic care**
- **Inform and empower people living with diabetes**, their relatives and caregivers on the importance of wearing appropriate footwear to prevent/treat **DFU**
- The **gold standard of foot care** for **DFU** is educating the individual and family members, total contact casting, offloading and protective footwear

a foot ulcer doesn't need to = amputation



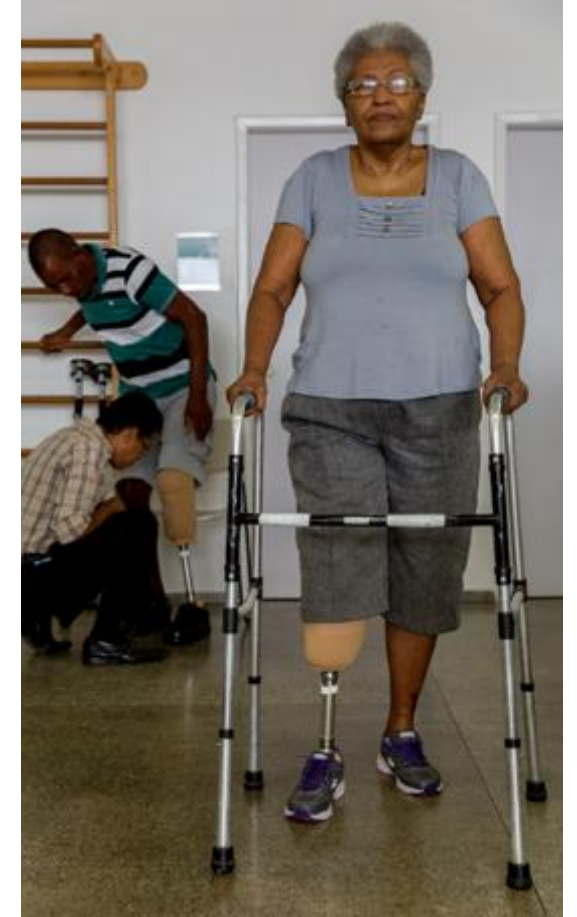
We can change the story of DFU

1. Simple foot care solutions
2. Foot orthosis or protective footwear
3. Timely intervention and follow-up
4. Impactful outcome
5. Cost effective



Rehabilitation and Assistive Technology

- **Lower Extremity Amputation (LEA)** is much more expensive and traumatic than treating a Diabetic Foot Ulcer.
- But in case of amputation, ensure provision of **rehabilitation services** as continuum of diabetic care.
- Ensure access to **prosthesis and other assistive products** without any further economic hardship or delay.



Thank You



Roundtable Discussion

What are the challenges in integrating rehabilitation and assistive technology in the management of diabetes at primary health care?



Moderated By:

Dr Slim Slama, Unit Head, NCD Management-Screening, Diagnosis and Treatment, NCD Department, WHO HQ

Roundtable Speakers



Dr Nana Kofi Edu Affare,
St Patrick's Hospital,
Ghana



Dr Priscilla Nad,
Technical Officer, WHO
WPRO



Dr Rune Nielsen,
Sophies Minde Ortopedi,
Norway



Professor Abdul Basit,
Baqai Institute of
Diabetology &
Endocrinology, Pakistan

Integration Project



Louise Puli,
Consultant, Access to
Assistive Technology
Team, WHO HQ

*Approaches for integrating
rehabilitation and assistive technology
for diabetic management in primary
health care*

Approaches for integrating rehabilitation and assistive technology for diabetic management in primary health care

Louise Puli

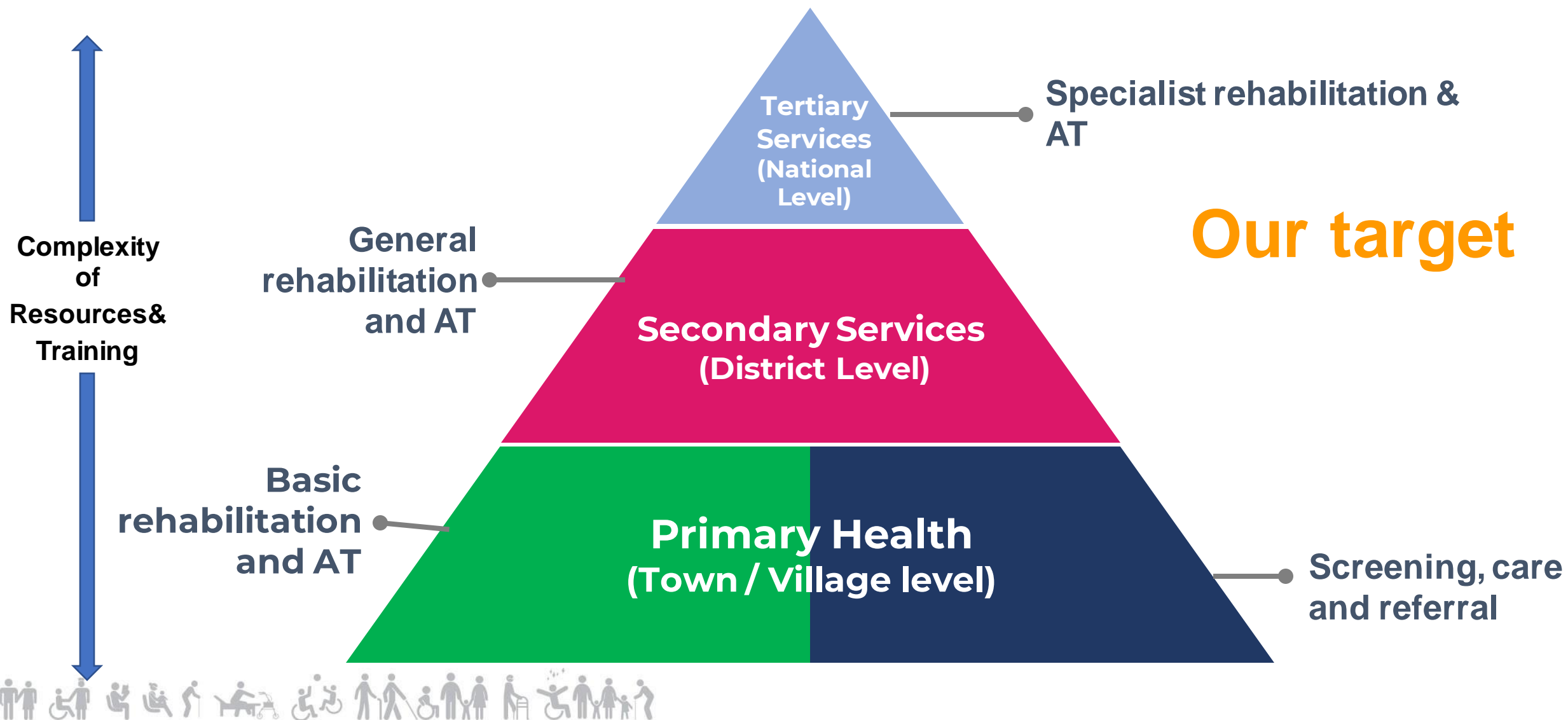
Access to Assistive Technology Team

Health Product Policy and Standards Department,


WHO HQ

pulil@who.int @LouisePuli

Rehabilitation and AT at all levels for NCDs

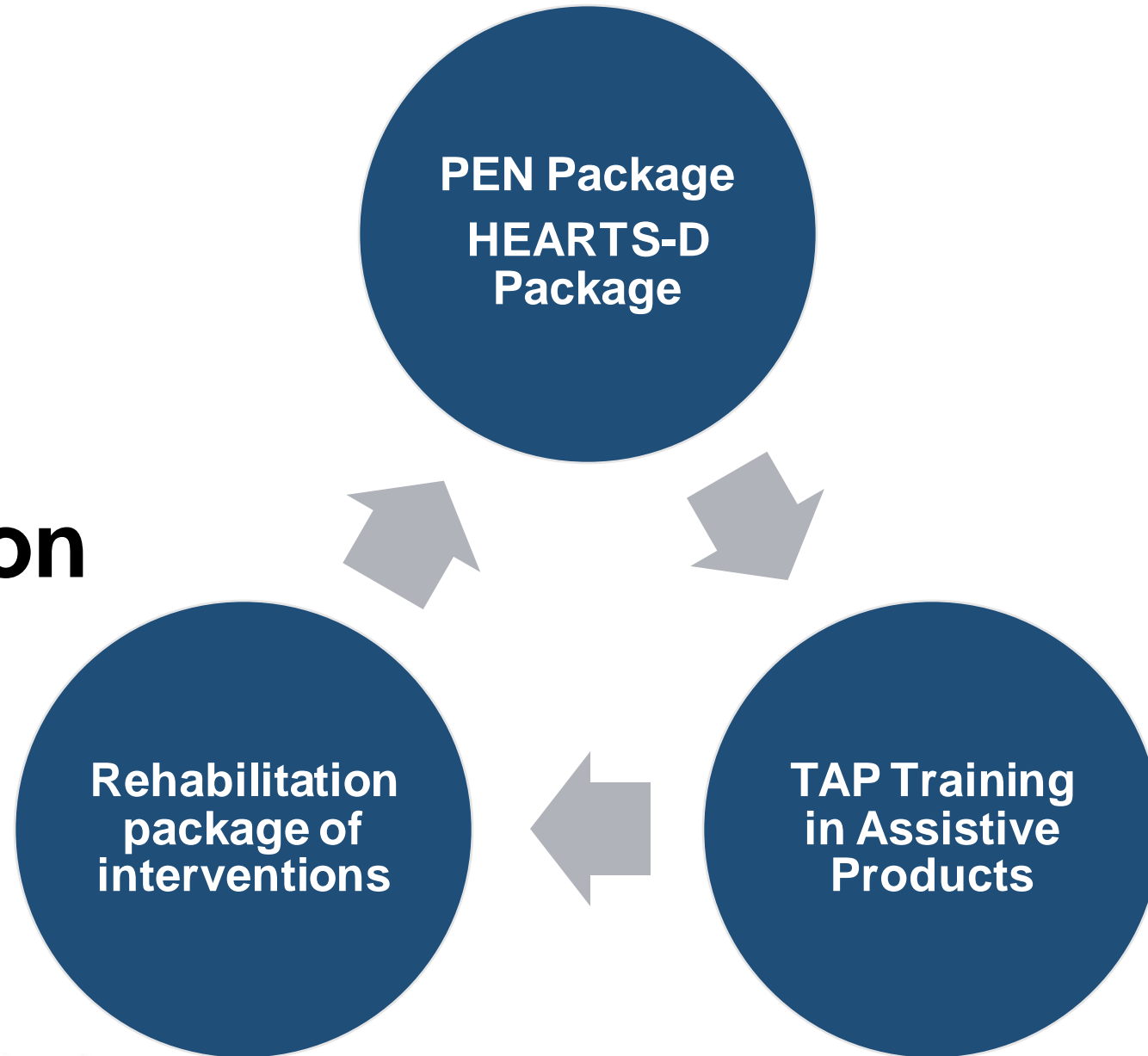


Project process

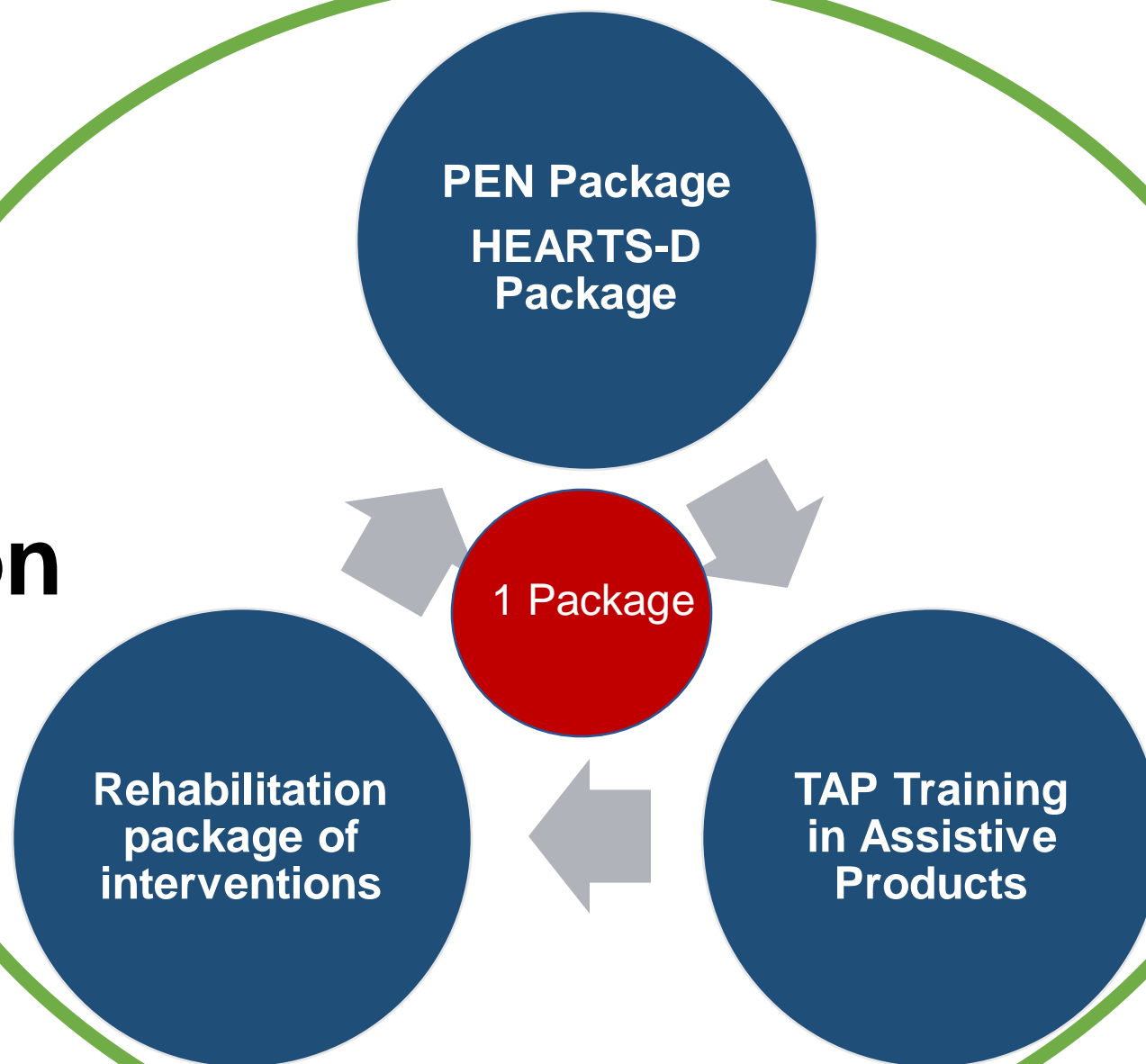
- 
- Collaboratively frame the approach
 - Regional and national consultations
 - Developed teaching and learning materials
 - **Country pilots: Ghana and Fiji**
 - Lessons learnt & next steps



WHO Packages Focusing on PHC



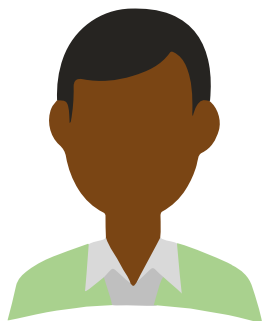
WHO Packages Focusing on PHC



Priority area identified in regional consultations: mobility & self-care



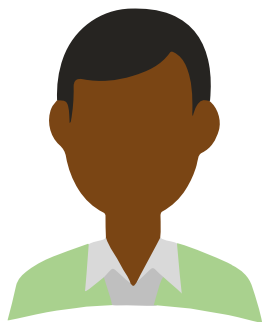
Target learners



Primary health care personnel, especially nurses likely to be based in a health facility and in a position to provide very basic but impactful rehabilitation and assistive technology



In-country mentors



Health care personnel with proven experience in the module content area, who fulfil an in-country mentor role




Task shifting



Inclusion Criteria	Definition
Priority	The intervention and/or product is important in managing complications of diabetes



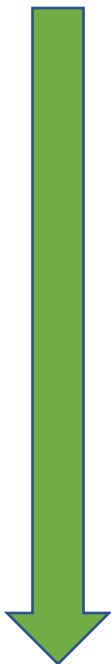
Task shifting



Inclusion Criteria	Definition
Priority	The intervention and/or product is important in managing complications of diabetes
Safety	The intervention and/or product can be delivered safely and effectively (with minimal potential for adverse events or side effects) with limited clinical reasoning, through use of protocols and short training.



Task shifting



Inclusion Criteria	Definition
Priority	The intervention and/or product is important in managing complications of diabetes
Safety	The intervention and/or product can be delivered safely and effectively (with minimal potential for adverse events or side effects) with limited clinical reasoning, through use of protocols and short training.
Screening and assessment	Indication for the intervention and/or product is easy to identify through basic screening, with or without a definitive diagnosis.
Implementation	The time intensity of the intervention is feasible for personnel to deliver in addition to their usual clinical role



**Online & face-to-face
learning**

Supervised practice


**Independent practice
with mentoring**




In country capacity building



Training in Assistive Products- TAP

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All Modules




Introduction to assistive products

This module provides a general overview of assistive products.

[See more...](#) 5 Lessons

0 out of 15 steps completed




Vision assistive products

This module provides an introduction to vision assistive products.

[See more...](#) 4 Lessons

0 out of 16 steps completed




Reading glasses

This module teaches how to provide standard reading glasses

[See more...](#) 3 Lessons

0 out of 9 steps completed




Magnifiers and telescopes

This module teaches learners how to provide magnifiers and telescopes following four service steps.

[See more...](#) 6 Lessons

0 out of 23 steps completed




Self care assistive products

This module provides an introduction to self care assistive products.

[See more...](#) 4 Lessons

0 out of 11 steps completed



Toilet and shower chairs

This module teaches learners how to provide toilet and shower chairs following four service steps.

[See more...](#) 6 Lessons

0 out of 18 steps completed



Modules: specially designed content

- Layered content broken into lessons and topics
 - *Minimum* content needed
 - *Practical* to implement
 - Written in *plain English*
 - Language selection from the platform for translations

Lessons		Expand All Collapse All
✓ Introduction	3 topics	<
✓ Step one: Select	7 topics	<
✓ Step two: Fit	4 topics	<
✓ Step three: Use	7 topics	<
✓ Step four: Follow-up	3 topics	▼
✓ 1. Walking aids follow up		
✓ 2. What to do during follow up		
✓ 3. Maintenance and repairs		
✓ Post-module quiz and acknowledgements		



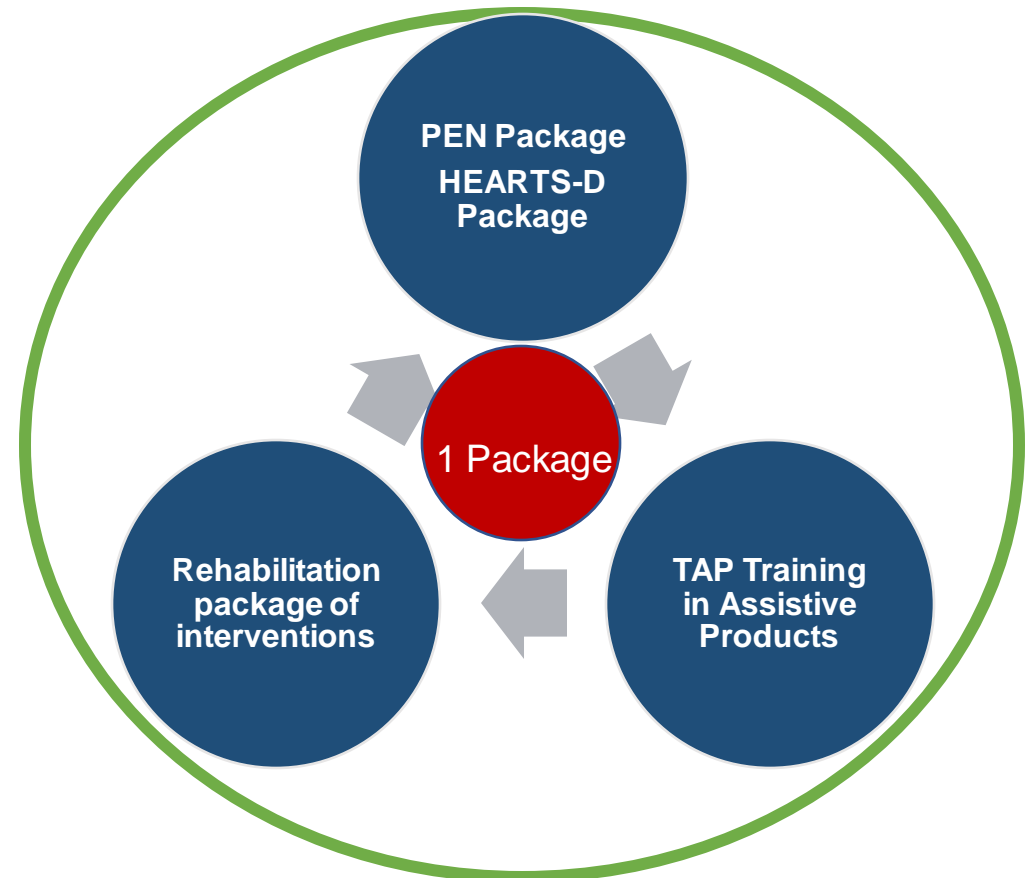
Monitoring, evaluation and learning

- Learner engagement and feedback
- Mentor and learner focus groups
- Internal WHO reflective project evaluation



Next steps

- More comprehensive packages for PHC personnel for diabetes care



I would suggest instead of using "control" diabetes, use "prevent" diabetes and its complications (primary, secondary and tertiary prevention). My feeling is that, in many places, while we are "focusing on control", we get satisfied with results that are still leading to complications in most people with diabetes and premature deaths.



Next Steps for the NCD Team

Dr Bente Mikkelsen

Director, Department for Noncommunicable Diseases,
WHO HQ



Closing Remarks

Dr Clive Ondari

Director, Health Products Policy and Standard (HPS)

Department, WHO HQ

