

DIABETES PREVENTION AND CONTROL IN PAKISTAN

SECOND NATIONAL ACTION PLAN, 1999-2001

1. INTRODUCTION

The original action plan for diabetes prevention and control in Pakistan was developed at a meeting in Islamabad in November 1995. The background to the national diabetes programme in Pakistan and the analysis of the current situation regarding diabetes prevalence and burden in Pakistan have not changed since the original plan was formulated, and do not need to be restated. This revision will update objectives and strategies, review progress in terms of activities during 1996-8 and proposed further initiatives for the period 1999-end of 2001. The revision has been prepared on the basis of discussions held in Karachi on 14 March 1999.

2. OBJECTIVES

2.1. General objectives

- 2.1.1. To continue the evaluation of the burden of diabetes and its complications, in terms of prevalence, clinical impact and cost.
- 2.1.2. To strengthen the programme for primary prevention of diabetes, further integrated into strategies for the primary prevention of other noncommunicable diseases.
- 2.1.3. To improve the management of persons with diabetes, and their access to essential health care, in order to prevent complications and improve quality of life.

2.2. Specific objectives

- 2.2.1. Achievement of favourable changes in dietary patterns, tobacco consumption and physical activity by the end of the year 2001.
- 2.2.2. Progressive reduction in the number of new cases of diabetes
- 2.2.3. Establishment of a surveillance system for monitoring and evaluation of the above.

3. STRATEGIES

3.1. Epidemiological studies.

Baseline epidemiological data have now been collected from Sindh, Baluchistan, Northwest Frontier and Punjab Provinces. During the forcoming period of the action plan a consolidated report of national diabetes and NCD risk factor data will be prepared, which will include dietary data, smoking patterns and physical activity status. An effort will be made to assess the impact of diabetes in Pakistan in terms of rates of complications and costs to both the health services and affected individuals.

3.2 Primary prevention

- 3.2.1 Studies will be undertaken to monitor trends in nutritional status and physical activity patterns, and the personal needs and quality of life of persons with diabetes.

- 3.2.2 Demonstration projects will be developed to strengthen diabetes care within the primary health care system.
 - 3.2.3 An interdisciplinary and intersectoral task force for prevention and control of diabetes should be convened under the coordination of the Ministry of Health with the active participation of the Diabetic Association of Pakistan, Karachi.
 - 3.2.4 Information on prevention and control of diabetes and case management and principles of diabetic education should be included in the training curriculum for nurses and medical students.
- 3.3 Secondary prevention
- 3.3.1 Case finding will continue to be promoted. People above the age of 30 years with specific risk factors such as obesity, hypertension and family history of diabetes should be encouraged to undertake post-prandial blood or urine glucose measurement.
 - 3.3.2 Pregnant women should be screened for glycosuria at first antenatal visit. Pregnant women with one or more established risk factors for diabetes should be screened for glucose intolerance according to WHO recommendations at 24-28 weeks gestation.
 - 3.3.3 An annual campaign for screening of blood and/or urine glucose concentration should be mounted in the general community, with support of the private sector.
- 3.4 Provision of appropriate standards of care
- The standards of care and clinical practice guidelines developed by WHO/ENRO (WHO-EM/DAI/6/E/G) should be adopted nationally. Insulin should be made available free of charge to persons with Type 1 diabetes. Ultimately, the same strategy should be adopted for oral hypoglycaemic agents.

4. PROGRESS DURING THE PERIOD 1996-8

- Guidelines for the screening of glucose intolerance in pregnancy have been developed and widely disseminated.
- Studies have been undertaken in all provinces of dietary patterns, tobacco consumption and prevalence of obesity, but these are not fully complete and have not been subject to final report.
- A multi-centre study on screening for diabetes in pregnancy has been undertaken but has not yet been reported.
- The pilot project to integrate diabetes care within primary health care is yet to be undertaken.
- There has been a marked improvement in the availability of U100 strength insulin, especially in Sindh Province, but further action is required in some areas, in collaboration with the relevant commercial suppliers.
- Training seminars have been undertaken for primary health care physicians, nurses, dietitians and other involved in diabetes care, but not on an annual basis and they have not covered all regions of the country.

- Model education material has been prepared in Urdu and other languages. Further distribution in the community is required.

5. MONITORING AND EVALUATION

Progress has been made in all specified process measures, but with none of the specified outcome measures except dietary habits and tobacco consumption.

6. SPECIFIC ACTIVITIES FOR THE SECOND NATIONAL PLAN OF ACTION, 1999-2001

- 6.1. Collection of additional information on the burden of diabetes in Pakistan, including prevalence of complications, economic cost and nutritional status of persons with diabetes.
- 6.2. Development and widespread dissemination of information on the means to a healthy lifestyle.
- 6.3. Insulin and insulin delivery equipment should be provided free of charge to children with diabetes.
- 6.4. A central register of insulin-requiring persons with diabetes should be developed.
- 6.5. An intersectoral task force on diabetes prevention and control should be convened, to include representatives of persons with diabetes.
- 6.6. Further workshops and seminars for all sector involved in diabetes care should be performed in all Provinces.
- 6.7. A national, community-based screening campaign for glucose intolerance should be undertaken on an annual basis.
- 6.8. The Second National Action Plan should be evaluated in 2001.

CONSENSUS WORKSHOP FOR DEVELOPING CLINICAL PRACTICE GUIDELINES FOR THE MANAGEMENT OF DIABETES

Karachi, 12 – 14 March, 1999
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