



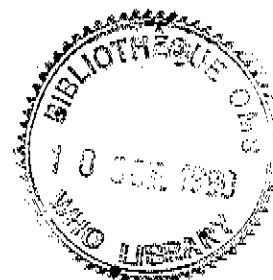
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ACTION TO IMPLEMENT THE ST VINCENT DECLARATION IN THE CINDI PROGRAMME

Report on a follow-up meeting

Copenhagen
10 April 1990



1990

EUR/HFA targets 0, 9, 38

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TARGET 9

Combating diseases of the circulatory system

By the year 2000, mortality in the Region from diseases of the circulatory system in people under 65 should be reduced by at least 15%.

TARGET 38

Health technology assessment

Before 1990, all Member States should have established a formal mechanism for the systematic assessment of the appropriate use of health technologies and of their effectiveness, efficiency, safety and acceptability, as well as reflecting national health policies and economic restraints.

Index:

NONCOMMUNICABLE DISEASE CONTROL
DIABETES MELLITUS - prevent/control

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Introduction

The meeting was a continuation of the considerations started by a larger group on 27 February 1990. The agenda is annexed (Annex 1). The list of participants is given in Annex 2.

The initial discussion was again on the identification of "common ground" for diabetes care and Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme operations. The following points were noted.

1. Insulin dependent diabetes mellitus (IDDM) is first and foremost an object of diabetologists including patients' education and self-care.
2. Non-insulin dependent diabetes mellitus (NIDDM) can be the object of joint efforts of diabetes specialists and the CINDI team. In particular, it is the prevention of NIDDM and its complications, especially of coronary and other arterial diseases, nephropathy and, in this context, control of obesity, hypertension and dyslipoproteinaemias.
3. Joint activities are most likely to take place within the sphere of primary health care. One can assume that there is no good control of diabetes without continuous involvement of diabetologists and rapid access to specialized care when necessary. Thus, shared care is necessary. The input of specialized service can vary among the countries and within them.
4. CINDI is appropriated to explore the best way of controlling simultaneously existing cases of diabetes, obesity, hypertension and dyslipoproteinaemias. The involvement of not only the International Diabetes Federation (IDF) but also of obesity associations and hypertension associations could be considered.
5. It would be reasonable to start piloting joint operations of CINDI and IDF in a few countries to work out a model and assess the benefits and pitfalls.

The discussion covered the area of CINDI collaboration with IDF in the context of the whole EURO-IDF collaboration, and concluded that the former one is a constituent part of the latter. Therefore, specific consideration should be given to the allocation of resources to this part. At the same time, some of the necessary elements should be worked out within the framework of overall EURO-IDF collaboration when the resource centre in Copenhagen is created: e.g. information systems for diabetes management at the grass root level; involvement of WHO collaborating centres, etc.

It was suggested that besides the contacts at international level, special efforts should be made for local contacts on a continuous basis between CINDI and IDF within the countries. Professor Keen will be drafting a letter to be sent to both CINDI and IDF representatives in the countries concerned.

It was also agreed to propose a diabetes orientation workshop for CINDI representatives in order to initiate the implementation of the St Vincent Declaration in the CINDI countries. It would be aimed at the activities in

CINDI demonstration areas and at national level as well. A system of patient exchange trips to IDF active countries, such as the UK, is suggested, organized through IDF.

Recommendations

1. In order to facilitate necessary local and national statements, as well as the practical implementation of the St Vincent Declaration within the framework of CINDI, national diabetes associations and CINDI management should identify joint activities for cooperation. In general, common fields may be:
 - prevention of complications of diabetes: coronary and other arterial diseases and nephropathy, as well as the control of hypertension, hyperlipidaemia and obesity as risk factors for NCD;
 - nutrition and physical activity;
 - information support by appropriate information systems at local and national levels, as well as general evaluation issues;
 - training programmes for patients and health services;
 - user - or consumer-oriented approaches in prevention, care and information support, as well as the potential use of motivation and engagement of diabetics for other NCD intervention activities.

In order to support progress in arranging such consultations, IDF should write a letter to the national associations of all CINDI-countries, reporting on joint activities of CINDI-IDF, promoting the necessity of coordination at national and local levels and indicating the above-mentioned fields for beneficial cooperation. WHO-EURO should send similar letters to all CINDI Programme Directors.

2. At international level there should be a meeting involving CINDI participants with experience in integrating diabetes in local or national programmes. The objective of this meeting should be specific joint activities and their detailed description with regard to intervention, management and evaluation.
3. National policy statements should be formulated in accordance with national needs and with the formulation of the joint activities of the national CINDI management and diabetes associations. In the preparation of these statements, as well as in consultations dealing with the practical implementation, experts other than diabetologists should also be involved, such as experts for hypertension, hyperlipidaemia, etc.
4. Closer collaboration between IDF and WHO-EURO with regard to the general implementation of the St Vincent Declaration in Europe will be established by means of a joint 5-year project budgeted by EURO. In this project, a substructure for CINDI-IDF cooperation will be established. Issues concerning the establishment of a resource centre in Copenhagen and ways of utilizing existing knowledge and skills of the Diabetes Collaborating Centres will be discussed at the first Steering Committee Meeting of the

project in May 1990. A CINDI-IDF Coordinating Group should be established and should become a constituent part of this project.

5. With regard to information support and -systems, three main areas have been identified:

- at local level: expert systems for patients as well as for medical services;

- at national level: disease modelling for health policy planning as well as for evaluation;

- at international level: the CINDI international evaluation and data management

Ongoing activities and available data should be reviewed with regard to the St Vincent Declaration and its implementation in CINDI countries. This should be done by a working group comprising, at least, representatives of IDF-European Region (Brussels), the Diabetes Collaboration Centres in London and Paris and the CINDI-Data Management Centre (Heidelberg).

6. At this workshop, the necessity for new and/or existing surveys for evaluation and monitoring at national and regional levels should also be discussed. In general, health surveys should cover the normal population as well as diabetics.
7. To review current experience and to work out intervention modules for the control of simultaneously existing diabetes, hypertension, dyslipoproteinaemia and obesity within the CINDI framework; to involve appropriate patient organisations such as IDF, obesity associations, antihypertension leagues.
8. To organize a diabetes orientation workshop for CINDI staff (30-40 participants, faculty members, 3-day programme). The workshop should be organized at a planning meeting.
9. To organize area-visit programmes through IDF for diabetic patients from CINDI areas to areas where strong IDF activities are being carried out.

Annex 1

Agenda

1. National policy development:
 - Local CINDI and national statements on diabetes care and research (prepared by national IDF, CINDI, health departments, medical associations) including:
 - goals and means;
 - supporting and coordinating structure;
 - precise identification of diabetes entry points (blood glucose, glyactes, insulin, screening for complications, microalbuminurea, central obesity)
 - gathering of information for management and evaluation;
 - education issues.
2. Structures in support of the action:
 - a) Consultations with local, regional, national diabetes associations;
 - b) Local CINDI/IDF Coordination Group;
 - c) National CINDI/IDF Coordination Group;
 - d) WHO/CINDI/IDF European Coordination Group in Copenhagen;
 - e) Resource Centre in Copenhagen;
 - f) WHO Collaborating Centres on Diabetes
3. Information systems:
 - a) Diabetes management at grass root level;
 - b) International CINDI evaluation system of diabetes management: surveys (including national surveys), registers, other data.
4. Instructional materials:
 - a) Consensus statements, international, national:
 - i) for professionals; ii) for non-professionals.
 - b) Practical guides for doctors; nurses; social workers; patients.
 - c) Standardization of glucose measurement.
5. National and international education of:
 - a) CINDI staff (workshops, fellowships);
 - b) patients;
 - c) doctors, nurses, social workers, others.
6. Centres of excellence - national and international
7. Future plans.

Annex 2

PARTICIPANTS

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