



## **DR Global Service Programme a LIONS - WHO COOPERATIVE AGREEMENT**



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# Diabetic Retinopathy Global Service Programme

The number of person with DM and visually impaired from DR is increasing worldwide, but scarce information exist, assessed in a comparable format across countries on:

- The services available to patients with diabetes
- The accessibility of services for DM & DR patients
- The functional synergies across health sectors
- The support provided by patients' associations
- The investment of government in DR/DM care

In order to address this gap in knowledge and service the WHO-LIONS diabetic retinopathy programme goal is:

- to generate the knowledge on services existence / availability / accessibility by
- assisting Member States in the assessment of the situation
- to provide support to develop the DR & DM services of the health care system
- to monitor progresses towards patient-centered DR & DM care.

# Assessment: the WHO-TADDS

- A simple but comprehensive tool to gather the required information on DR/DM systems and their accessibility and collaboration to provide patient-centered care
- The assessment is made gathering all available information using an assessment tool and accessing the various stakeholders and care givers at country or local level, and identifying the resources available and planned to be made available.
- The approach uses the WHO Health System Framework approach:
  - Service delivery
  - Health workforce
  - Health information management system
  - Medical product and technologies
  - Leadership and governance
- Goals:
  - Assess the existence and accessibility of DR and DM care services
  - Assess existence and effectiveness of functional links between DM and DR care
  - Investigate the equity and ethics in the provision of services
  - Identify challenges of health system at various levels to provide quality eye care to DM patients
  - Inform the government and the stakeholders of those aspects of the health system that need to be prioritized for development or research
- Dissemination:
  - Upon agreement with Government, the results are published in the WHO-GHO as the tool is made compliant with WHO requirements for publication on the GHO directly.

# DR/DM Service development: work at national level

- Agree with MoH and WCO on the assessment with the WHO-TADDS
  - Identify a PI from DM or DR areas of work
  - Plan, train, finance the field work
  - Identify the national stakeholders for DR and DM services
  - Implement the assessment
  - Review / analyze results
  - Disseminate the result (Government + GHO)
- Organize a national workshop to follow up on the assessment, review findings, discuss gaps, identify solution, develop a plan of work , define implementation procedures.
- Plan a second assessment to verify any change in the service provision

## DIABETIC RETINOPATHY: MANAGEMENT SYSTEM ASSESSMENT

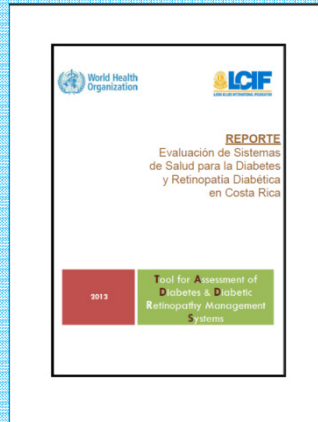
- The project is articulated in two parts, the first of which (2 years) focuses on the assessment of DM and DR control in 4 countries of 4 WHO Regions (AFR, EMR, SEAR, WPR).

### JANUARY 2014 UPDATE

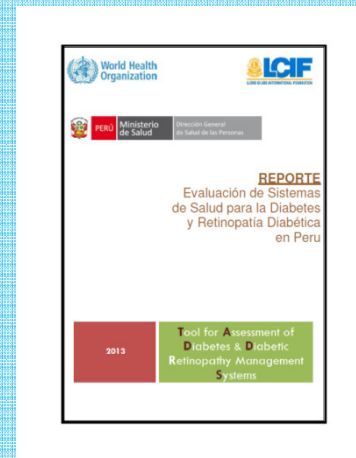
- Tool and manual of operation have been developed. ✓
- In order to assess the validity of the tool when used globally, tested in additional countries, in separate WHO regions, with investigators who were unfamiliar with the tool. ✓
- The field tests served several purposes: to verify the completion of the tool, to verify its adaptability to different cultural/professional settings, to verify its use in different languages, to verify the external resources necessary to use it (human, financial), to verify the time necessary to use the tool and finalize the report. ✓
- After discussion with the WROs and WCOs, the 4 countries identified for the tests were Costa Rica, Mongolia, Peru and Viet Nam. ✓
- The TADDs were initiated in early November 2013 and the reports (draft) were provided on the first week of January 2014. The steps taken in this time included the first discussions to identify the potential candidates for the field tests with the WRO, the negotiation with the WCO, the contact with the selected national institutions, the discussion with the WCO and WRO on the PI on the budget, the refinement of the questionnaire in national language, the clarification on the procedures to follow and the contact persons to interview, the field work, the finalization of the report. ✓
- The process took an average of 7 weeks to be completed (6 to 9). Only two tests required external funding as Government financed directly the other two assessments. The tool and procedures were found to be simple to understand, easy to operate, and useful to identify gaps in the NHS to work upon to improve service provision to the patients in need. The reports are being revised to standardize the content, extract information in a tabular form, but look satisfactory overall. ✓
- Meanwhile TADDs has been modified, graded, edited and translated in French and Spanish. ✓
- To expand the assessment in more countries than initially agreed upon, due to budgetary limitation, additional funding has been identified and is available. This will lead to carry on the assessment in 16 (LIONS/WHO) + 20 countries in the 2014-2015 biennium. ✓

Next Steps: finalize the list of countries with the steering committee and launch the global assessment. Discuss the development of a coordination framework to allow additional IP to use the tool and share the results widely through the WHO information-sharing platforms.

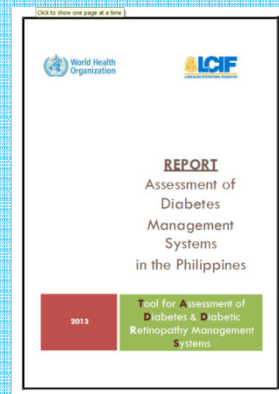
Costa Rica



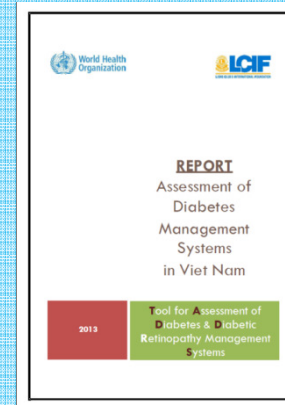
Peru



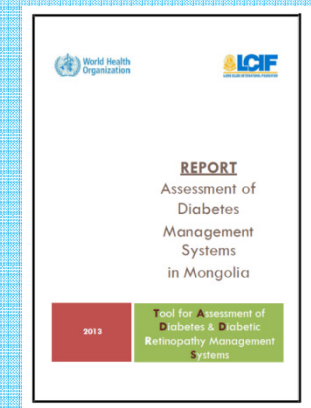
Philippines



Mongolia

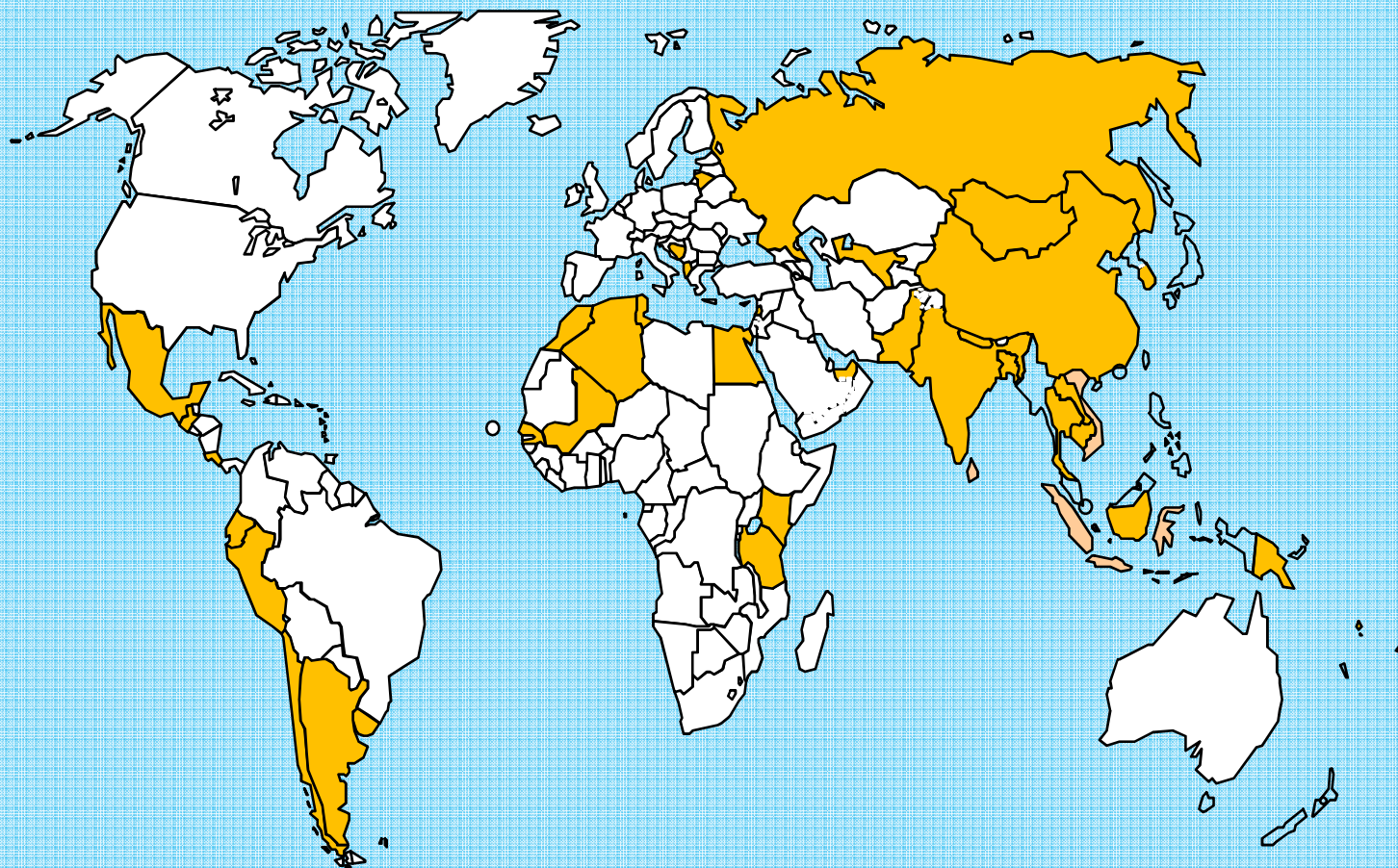


Vietnam



# Next steps

- Translate the final version of the manual (F,S,R,C)
- Contract the PI in the first batch of countries (16)
- Agree with Government on the plan of work (assessment and workshop)
- Start the training of PI (where necessary) or the assessment.
- Finalise the talks with the international partners which expressed interest in collaborating in the DR Global Service Programme (DR-GSP) the agreement for cooperative work.
- Finalise the agreement for work in the second batch of countries (25).



# Countries identified to date

AFR	TANZANIA, KENYA, MALI, SENEGAL
AMR	<u>COSTA RICA</u> , <u>PERU</u> , ARGENTINA, URUGUAY, CILE, GUATEMALA, ECUADOR, CARIBBEAN, MEXICO
EMR	<u>MOROCCO</u> , ALGERIA, EGYPT, LEBANON, PAKISTAN, TUNISIA, UAE, SA
EUR	<u>MONTENEGRO</u> , BOSNIA-HERZEGOVINA, ALBANIA, <u>UZBEKISTAN</u> , LITHUANIA
SEAR	BANGLADESH, INDONESIA, SRI LANKA, <u>NEPAL</u> , THAILAND, INDIA ( <i>selected states</i> )
WPR	<u>VIETNAM</u> , <u>MONGOLIA</u> , <u>PHILIPPINES</u> , LAOS, MALAYSIA, PNG, SOUTH KOREA, CAMBODIA, CHINA ( <i>selected provinces</i> ), SAMOA, FIJI.