



# Strengthening health systems to manage diabetic eye disease: Integrated care for diabetes and eye health

Every person with diabetes is at risk of going blind. At any time around a third of people with diabetes have some form of eye health complication, with devastating and wide-ranging social and economic impacts on people living with diabetes, their families and communities.

***To address the growing burden of diabetic eye disease, our organisations encourage urgent action from governments, medical associations, service providers and patient organisations to:***

- 1. Integrate eye health within routine diabetes care by primary health care providers***
- 2. Improve collaboration across the diabetes and eye health sectors***
- 3. Foster and support patient-centred care approaches for diabetic eye health***

## Diabetic Eye Disease – a growing global threat

With the number of people developing diabetes rising sharply around the world, in both developed and developing economies, the global burden of diabetic eye disease and vision impairment will continue to increase. Without effective urgent action, this has the potential to cripple already overwhelmed health systems – particularly in low and middle income countries where 75% of people with diabetes live, and where diabetes is growing most rapidly.<sup>1</sup>

## Early preventative action is being impeded

Almost all vision impairment and blindness from diabetic eye disease can be prevented through effective diabetes management, early detection of eye problems through regular eye exams, and timely treatment.<sup>2</sup>

Frequently, however, eye health remains outside of mainstream primary diabetes care and is left to eye health specialists where it is difficult to access from the community level. Many people with diabetes – as well as many health professionals – are unaware that diabetes can cause vision impairment and irreversible blindness, and do not undergo regular eye examinations. Limited awareness, combined with financial and geographical barriers for patients to access needed services, and uneven distribution of skilled personnel and equipment, all impede access to vital sight-saving services, particularly for people in rural and remote areas.

## Recommendations for action

Our organisations urge strong, innovative action and improved collaboration across the health system to overcome current barriers and bring eye health to the frontline of diabetes care:

### **1. Integrate eye health in routine diabetes care by primary health care providers**

Appropriately trained primary health and diabetes professionals are most likely to have the opportunity to educate at risk patients, provide or facilitate essential regular eye examinations as part of routine care for people with diabetes, and ensure people with diabetic eye disease or vision complications are guided to access specialist eye services for timely treatment and follow up.

Increasing eye health assessments at the primary care level, through the empowerment and appropriate training for primary health and diabetes care personnel will help to improve patient access and overall assessment rates, cut wait times and reduce unnecessary referrals to specialist care.<sup>3</sup> This will also enable specialist eye health practitioners to focus on treatment, rather than examination.

### **Enabling effective integration of eye health and routine diabetes care requires action to:**

- **Ensure eye assessments are part of the routine diabetes care for people living with diabetes.**
- **Strengthen human resources through increased investment in appropriate diabetic eye health training and tools for primary health and diabetes care professionals.**
- **Develop and strengthen laws, policies and guidelines that support integrated approaches, promote appropriate task shifting from eye health specialists to trained primary health professionals, and provide context and culturally-appropriate guidance to service providers.**

<sup>1</sup> International Diabetes Federation, *IDF Diabetes Atlas: Seventh Edition 2015*, Brussels, 2015, p. 51

<sup>2</sup> See *ICO Guidelines for Diabetic Eye Care (Updated 2017)*. San Francisco, California: International Council of Ophthalmology, 2017, p 1. Available at: <http://www.icoph.org/downloads/ICOGuidelinesforDiabeticEyeCare.pdf>

<sup>3</sup> This recommendation aligns the International Council of Ophthalmology's *ICO Guidelines for Diabetic Eye Care (Updated 2017)*. San Francisco, California: International Council of Ophthalmology, 2017. Available at: <http://www.icoph.org/downloads/ICOGuidelinesforDiabeticEyeCare.pdf>

A diabetes patient having his eyes examined by an eye doctor, Vietnam.

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- **Reduce financial barriers to access, including ensuring, for example, that diagnostic tests and treatment for diabetic eye disease are included in health financing models that promote Universal Health Coverage.**
- **Scale up infrastructure including compatible e-health systems at different levels of healthcare and increase investment in the development of more cost effective, sturdy and automated technologies for assessment, referral, and treatment.**

## **2. Improve collaboration across the diabetes and eye health sectors**

Far too often, general diabetes care on one side, and the prevention, treatment and rehabilitation of diabetes complications such as diabetic eye disease on the other are addressed independently by different specialist health cadres and strategies.

A more holistic approach to addressing diabetes and all its complications, including diabetic eye disease, would help to break down these silos and promote meaningful cross-sectoral coordination, specialist expertise and information exchange. This could reduce unnecessary duplication of efforts, and advance more efficient, flexible and optimised models of care for people with diabetes.

***Strengthening this collaboration requires stronger partnerships between actors in the eye health and diabetes sectors to develop joint strategies, improve robust referral pathways, exchange knowledge and expertise, and define their integrated responsibilities in supporting people with diabetes.***

## **3. Foster and support patient-centred care approaches for diabetic eye health**

Patient perspectives on diabetes, acceptability of available healthcare services and perceived benefits of treatment are critical determinants in effective early detection, treatment and management of diabetic complications.

A comprehensive approach to the management of patients with chronic diseases like diabetes requires more than access to care and essential medicines. Access to health information, psycho-social support and participatory decision-making are also crucial for better case management.

***Health strategies for the detection and treatment of diabetic eye disease need to be set up in a way that starts from the perspective and the needs of a person diagnosed with diabetes. Strategies should prioritise approaches to reduce patient costs and distances to services, as well as ensuring that information, education and services are provided in a culturally acceptable and context appropriate manner and language for patients. People with diabetes are entitled and should be empowered to make informed decisions about their care, how they can access appropriate treatment, follow up and support systems they want to use.***

***With strategic investment and leadership, we can reduce the burden of diabetic eye disease.***

In some countries such as the United Kingdom, where governments have made the commitment to prioritise access to good quality diabetic eye care for all citizens, diabetic eye disease is no longer the leading cause of blindness among working age people.<sup>4</sup>

Addressing this growing threat on a global scale requires similar commitment from all stakeholders to ensure that accessible, affordable, appropriate and safe eye care services become an integral part of diabetes management, care and support for all people with diabetes.



<sup>4</sup> Liew. G, Michaelides. M, Bunce. C, "A comparison of the causes of blindness certifications in England and Wales in working age adults (16 to 64 years), 1999 to 2000 with 2009 to 2010" BMJ Open 2014, 12 February 2014, available at <http://bmjopen.bmj.com/content/4/2/e004015.full>



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