

3rd National NCD Summit

Synergizing efforts in Diabetes Care at the Tertiary Level

12 August 2015; Jacaranda, India Habitat Center, New Delhi

CONCEPT NOTE

BACKGROUND

Once known as a disease of affluence, Diabetes is now increasingly common amongst the poor and affects every country.

On December 20th 2006, the United Nations General Assembly passed Resolution 61/225 which recognizes Diabetes as a chronic, debilitating and costly disease and designated November 14th, as World Diabetes Day since 2007.

India is currently facing an uncertain future in relation to the potential burden that diabetes may impose upon the country. The risk factors and accordingly complications of the disease contribute significantly to the morbidity and mortality in the country. There are 66.8 million people suffering from diabetes in India and is expected to rise by 109 million by 2035 (IDF, 2014). As per the IDF (2014), the national prevalence of diabetes among adults of 20-79 year olds is 8.63% in India; and about 1.3 million people died from diabetes in India in the year 2014.

The amount spent on each diabetic patient in India is \$95/annum (IDF, 2014). This high economic burden leads to the negligence of health care, especially, among lower-income groups, ultimately, adding to the rise in prevalence of complications.

The overall medical challenge posed by the burden of diabetes is huge and is unmatched by budget allocations for health care. Primary prevention is possible by lifestyle intervention or by use of pharmacological agents such as metformin.

Studies have shown that Lifestyle intervention can have a sustained 43% reduction in the incidence of diabetes over a 20 year period. Prevention of obesity and diabetes will be cost effective as it will prevent not only development of diabetes but can also prevent occurrence of complications.

The prevalence of Diabetes among the young working force is a matter of particular concern since it has huge productivity, health and cost implications for the country at large. However, risk factors that include high stress levels, lack of sleep, sedentary working culture, lack of exercises and balanced meals can be improved, implying the possibility of largely preventing Diabetes and other Non Communicable Diseases (NCDs)

Therefore a need was felt to make awareness, advocacy and massive sensitization about easy to implement lifestyle changes a board room agenda – reaching out to as many employees and through them the larger community. Development of national policies for the prevention, treatment and care of diabetes in line with the sustainable development of health-care systems was envisaged.

NATIONAL NCD SUMMIT 2013 & 2014

Confederation of Indian Industry (CII) convened the 1st National NCD Summit in 2013 at New Delhi. In its first year it was commissioned to examine the issues and challenges being faced by the National Program for Cancer, Diabetes, Cardiovascular and Stroke (NPCDCS) program at national and state levels, and to document best practices across the different states.

In the 2nd year, this summit reviewed the health system landscape in Public Sector Enterprises (PSEs) on policies related to diabetes management; setting priorities to strengthen their existing policies and formulating new ones towards more effective diabetes care and management.

This platform has brought together global and national diabetologists, public health experts, senior government officials, decision makers, Industry leaders, academia and civil society to debate, discuss and deliberate on key actionable recommendations.

These have included recommendations on Prevention - Revisit media policies to discourage advertisements related to junk/fast food, tobacco and other harmful commodities (ii) Early diagnosis – Cross referrals with programs such as, the Revised National Tuberculosis Control Program (RNTCP) and National Programme for Control of Blindness (NPCB) can help identify cases early (iii) Treatment – Referral systems are weak at the peripheral level and there is a need for Janani Suraksha Yojana (JSY) such as referral transportation system for emergencies arising out of NCDs (iv) Capacity building of human resources – Orientation of policymakers on various prevention, treatment and complications management strategies for diabetes mellitus (DM) and (v) Surveillance, Monitoring & Evaluation – Standardizing and integrating the several stand-alone management information systems (MIS) in the health system.

HIGHLIGHTS OF THE 3RD NATIONAL NCD SUMMIT (2015)

This year the 3rd National NCD Summit will be unique because it will seek to engage the strong Asia Europe membership (ASEM) as well as the United States to join hands at this prestigious platform. Many among the ASEM members have unique regional models and best practices related to *Non invasive Technologies for Diagnostics & treatment of Diabetes as a Lifestyle Disease*. Additionally there are countries that face the challenge of Diabetes Care and management and will have much to learn and gain through pooling research, technologies, medical advancements, prevalent treatments and management practices.

The Special ASEM/EAS Session will  specifically focus attention of ASEM (Asia Europe Meeting) / EAS (East Asia Summit) members on addressing innovations in Diabetes care and Management by pooling research, technologies, sharing and exchanging of best practices, showcasing advancements in diagnostics and management technologies and discuss partnership possibilities among member countries.

OPPORTUNITIES/KEY TAKEAWAYS

This year the NCD National Summit will offer its participants the following opportunities:

- I. Gathering insights into micro and macro vascular complications of diabetes across India and learning from best practices to better manage retinopathy, nephropathy, GDM among other Diabetes related infections.
- II. Compilation and analysis of current practices, gaps, and recommendations.
- III. Exploring Bio-sensor based; Cheap/affordable/ Chips/ strip-based technologies.
- IV. Developing possibilities for joint Research Projects/ technology development Fora/mechanisms etc.
- V. Identify pilot centres (10% of the target group) that can adopt specific recommendations from the summit exercise and showcase their performance.
- VI. Focus attention of ASEM members on addressing different dimensions of diabetes and synergizing efforts at tertiary care for improving patient outcomes.