

Chileans with Type 1 DM who are beneficiaries of the public health system (approximately 70% of the Chilean population). The health care provider is required to complete a QUALIDIAB questionnaire for each person with Type 1 diabetes to obtain the benefits established in the AUGE protocol. The QUALIDIAB system created, supported and promoted by DOTA is used to foster better care for people with diabetes in Chile.

The Veracruz Initiative for Diabetes Awareness (VIDA) Project

The monitoring system for quality of care in Mexico indicated that in 2000 only 34% of people with diabetes who were receiving care were reported to have adequate metabolic control. As a result of this the Ministry of Health of Mexico included diabetes as one of the health priori-

ties in a national campaign for service improvement called "The Crusade for Quality Improvement." In this context an intervention project is being carried out in five primary care centers in Veracruz, Mexico. The intervention is a joint program of the Ministry of Health and DOTA through the Pan American Health Organization. An assessment of the status of diabetes care was carried out in participating health centers as a baseline for the intervention. The study was an audit of medical records using the QUALIDIAB questionnaire promoted by DOTA. The one-year intervention consists of in-service training of primary care personnel on diabetes management including foot care, as well as the implementation of a structured diabetes education program and a variety of initiatives created by the primary health teams. Some of the innovations that were put in practice by primary health centers in the VIDA project are: the organization of diabetes clinics, collective medical visits for the *Grupos de Ayuda Mutua* (diabetic support groups); the use of *promotores* (health promoters) to carry out diabetes education; and the participation of people with diabetes in the project learning sessions.

CAMDI: Central America Diabetes Initiative

The Central America Diabetes Initiative (CAMDI), which came about in response to a subregional workshop that took place in

San Salvador in March 2000, was sponsored by DOTA and PAHO. Phase I of CAMDI entailed a diabetes survey in five capitals of Central America, sponsored by PAHO and the Center for Disease Control (CDC), with a sample size of 1,500 to 2,500 people in each city. Results from Guatemala, where the survey concluded in 2003, indicated that 8% of participants had diabetes mellitus. The CAMDI project has demonstrated that diabetes is an important health problem in Central America and that prevention and control programs should be developed. (<http://www.paho.org/English/AD/DPC/NC/camdi.htm>)

Building Blocks in Diabetes Control

Diabetes control requires resources and technical skills. Experts from 21 countries across the Americas responded to DOTA's invitation to develop basic guidelines on how to control diabetes in various scenarios (from ideal to minimum) with different technical capabilities and resource levels. Two workshops to achieve this took place in the Dominican Republic in December 2002 and at the University of Miami in May 2003. The final product of the workshops were a set of guidelines to be used in improving diabetes control in three areas—clinical management, diabetes education and

nutrition—and in defining minimum standards of care. This "Building Blocks" document reflects the diversity of approaches and challenges in diabetes management in different subregions of the Americas and describes resources and activities for primary, secondary and tertiary care. The project has provided a mechanism to increase contact between people with diabetes and health professionals such as physicians, nurses, nutritionists, psychologists, diabetes educators and podiatrists. The project has also brought together people with diverse backgrounds from governmental and nongovernmental organizations, diabetes associations and the private sector who work in the area of diabetes in the United States, Canada, Latin America and the Caribbean.

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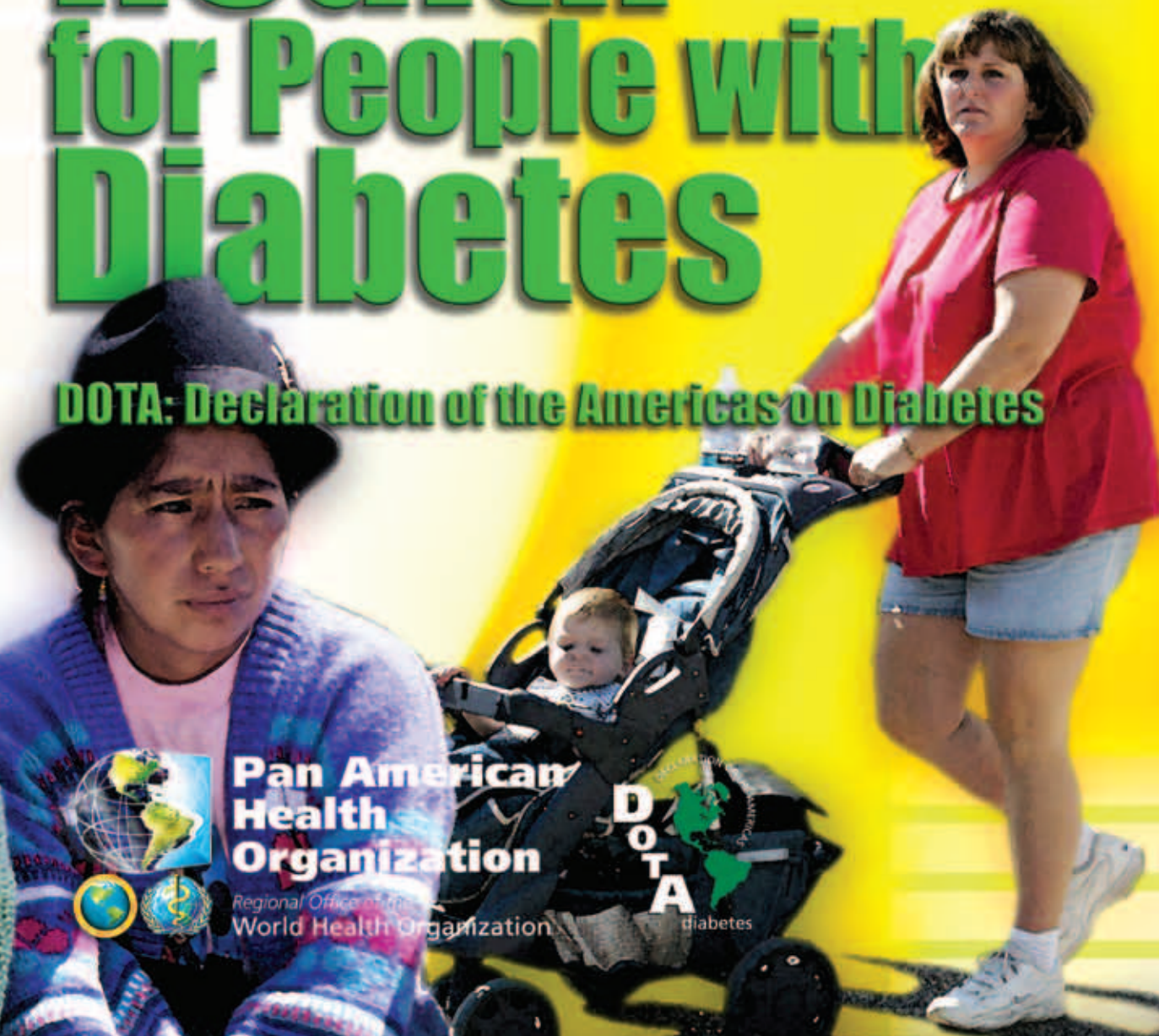
Promoting Better Health for People with Diabetes



DOTA: Declaration of the Americas on Diabetes

**Pan American Health Organization**
Regional Office of the World Health Organization

DOTA
Diabetes



The Declaration of the Americas on Diabetes (DOTA), originally drafted in a consensus-development conference in 1996, recognizes diabetes as a pandemic and calls for strategic action

in diabetes education, awareness and advocacy, quality of care, national diabetes program development, epidemiology and organizational alliances. The Pan American Health Organization's Directing Council has recognized the Declaration as a guide to national program development. Today DOTA is a coalition of organizations that includes its founding members, the North American (NAR) and South and Central American (SACA) Regions of the International Diabetes Federation (IDF) and the Pan American Health Organization (PAHO), as well as industry partners. DOTA's purpose is to support the implementation of the declaration's goals through an executive committee and volunteers from the three major partners (SACA, NAR and PAHO).



Success Stories

Diabetes Education

DOTA has given great importance to diabetes education since its inception in 1996, with implementation of various initiatives such as courses in Puerto Rico, Colombia and Argentina, the publication of diabetes standards and "train the trainers" sessions in Barbados, the Bahamas and Trinidad and Tobago.

"Train the Trainers" Courses in the English-Speaking Caribbean

The most recent DOTA activities in the field of diabetes education have been carried out in the Caribbean. A series of train the trainers sessions for English-speaking diabetes educators was initiated in 2001 with a program in Bridgetown, Barbados. The program has progressively expanded its scope and complexity with the ultimate goal of improving quality of diabetes care throughout the Caribbean. A second workshop was held in Nassau, Bahamas, in 2002 and the third in Port of Spain, Trinidad and Tobago, in November 2003. These series of diabetes education courses were conducted with mentors from Bermuda, Canada and the United States, and were based on the International Diabetes Federation Curriculum for Diabetes Health Professional Education and the DOTA standards for diabetes education. During the six-day program in Port of Spain, participants from various disciplines developed project proposals that were delivered in communities in their own countries over the following year. The evaluation of the courses has indicated both improved knowledge and an increase in educational opportunities in the participants' home countries.

The Diabetes Education Atlas

The Atlas of Diabetes Education in Latin America and the Caribbean is a PAHO publication that presents an inventory that includes 20 diabetes edu-



cation initiatives in 19 countries, and is intended to contribute to the sharing of experiences between countries of Latin America and the Caribbean. Though diabetes education initiatives are reported in 19 countries, access to these programs by people with diabetes is limited. Many of the educational programs are given in small institutions with limited coverage. The number of people trained to carry out diabetes education is still very small, and in some countries diabetes education (or health education) is not recognized as a profession or a health service and therefore is not adequately remunerated. DOTA is planning to update the diabetes atlas inventory in 2004. (<http://www.paho.org/English/HCP/HCN/IPM/dia-atlas.htm>)

Caribbean Food and Nutrition Institute – Promoting Nutrition Education for People with Diabetes

The Caribbean Food and Nutrition Institute (CFNI) is PAHO's Technical Centre that provides assistance in the area of nutrition to 18 countries in the English-Speaking Caribbean. Inspired by the Declaration of the Americas on Diabetes and as part of its strategy to increase human resource capacity in the region, CFNI has developed an in-service training module for health care professionals on the nutritional management of obesity, hypertension and diabetes. This program has been very successful; to date workshops have been held in 10 of the 18 Caribbean countries with nearly 300 people trained. As a result of demand from the member states, CFNI and PAHO's Caribbean Program Coordination (CPC) office initiated the development of a Caribbean Protocol for the Nutritional Management of Diabetes, Hypertension and Obesity (<http://www.cfni.paho.org/>).



Diabetes Awareness and Organizational Development

Awareness Activity in Trinidad and Tobago

A two-day diabetes awareness workshop was held in Port of Spain, Trinidad, in October 2002. This workshop was promoted by the Diabetes Association of Trinidad and Tobago and included participants from the public and private sectors, nongovernmental organizations, health personnel, the general public, people with diabetes and the media. The workshop addressed specific topics related to diabetes awareness such as types of messages and issues that can be utilized in different methods of communication. As a result of this activity there is now an increase in the use of electronic and print media to provide culturally appropriate educational messages on the management of diabetes in Trinidad and Tobago.

Organizational Development in Costa Rica

In Costa Rica the national health system has universal coverage, and the social security system includes a variety of services for people with diabetes. However diabetes associations were found to be nonfunctional, and people with diabetes were not organized to promote their own rights. Therefore in 2001, DOTA, working with SACA-IDF and an organization with extensive experience with the creation and development of diabetes associations, organized a workshop to initiate the process of organizing countrywide diabetes associations. Among the 80 participants in the workshop were people with diabetes, members of the media and the community, and health professionals. As a result of the process initiated by DOTA, more than 40 diabetes associations had been



formed across Costa Rica by 2002. The awareness workshop in Costa Rica demonstrated that DOTA can be very effective in fostering the creation and strengthening of diabetes associations across the Americas.

Diabetes in Children and Adolescents

Integrated Management of Childhood Illness (IMCI): Diabetes and Obesity Components

In view of the increase in the prevalence of diabetes and obesity among children and adolescents, experts from IDF-SACA, IDF-NARC and PAHO created the Diabetes and Obesity Components of IMCI in 2003. IMCI has previously been used successfully with other illnesses such as diarrheal diseases and asthma. The new modules will be tested in countries including Argentina, Cuba and Colombia and are expected to be ready for implementation in 2005. The new IMCI components are intended to help primary care personnel identify signs and symptoms of diabetes and obesity in children and take adequate action in each case. This new program should result in better outcomes for new cases of diabetes and better prevention of severe forms of obesity among children.

Epidemiology Institutional Response to Diabetes and its Complications

This study was supported by DOTA to assess the quality of care for people with diabetes in outpatient clinics in the Bahamas and Jamaica, and in two hospitals in St. Lucia. The study reviewed the medical records of 563 patients. Results indicate that the quality of diabetes care in participating countries needs to be improved and that country-



specific patterns of care shown in the baseline study must be used in planning interventions that focus on quality of diabetes care improvement. Some of the activities to be considered for the next phase of the DOTA Caribbean initiative are diabetes guideline review, implementation and evaluation, health professional in-service training and diabetes education. (<http://www.paho.org/English/AD/DPC/NC/dia-miami-2003.htm>)

The QUALIDIAB Network: A DOTA Multinational Project to Evaluate Quality of Diabetes Care

The QUALIDIAB system was created and supported by DOTA with the aim of monitoring the quality of diabetes care in a standardized manner. This initiative is coordinated by the Centre for Experimental and Applied Endocrinology (CENEXA), a PAHO/WHO Collaborating Center in La Plata, Argentina. The latest analysis of QUALIDIAB included data from 13,513 patients from centers in Argentina, Brazil, Colombia, Chile, Paraguay and Uruguay. Results showed that 57% of those with Type 2 Diabetes Mellitus (DM) were found to have a blood glucose level over 7.7 mmol/l, while 60% were found to have blood pressures higher than 140/90 mm Hg. Only 37% had had a dilated eye exam, while 79% had had their feet examined during the previous year. Results from a second analysis based on a larger number of patients will be published soon. The QUALIDIAB system contributes to the knowledge of diabetes care patterns in the region and stimulates the creation of quality improvement initiatives. (<http://www.angel-at.com.ar/qualidiab>)

QUALIDIAB in Chile

The QUALIDIAB system created and supported by DOTA is being used extensively to monitor diabetes care in the Chilean primary care system. Health care for Type 1 diabetes was incorporated into a new plan named AUGE (*Acceso Universal con Garantías Explícitas; Universal Access with Explicit Warranties*). This is one of the priority areas of the health reform process, which incorporates a protocol with explicit guarantees in terms of access, opportunity, quality of care and financial protection to those

