

International Insulin Foundation RAPIA INITIATIVE

Background

Three quarters of a century after its discovery, insulin is still not available on an uninterrupted basis in many parts of the developing world. In consequence, the life expectancy of a child with newly diagnosed Type 1 diabetes in much of sub-Saharan Africa may be as short as one year compared with 60 years in Western Europe.

The International Insulin Foundation (IIF) has attempted to help prolong the life and promote the health of people with insulin requiring diabetes in developing countries. It has done this by analysing the constraints to insulin access and diabetes care, and by helping Ministries of Health and Diabetes Associations to overcome them. These situational analyses have been done by developing and refining the **Rapid Assessment Protocol for Insulin Access (RAPIA)**.

Aim

The RAPIA is structured as a multi-level assessment of the elements that influence the patients' access to insulin and care in a given country. The framework of the RAPIA studies the path of insulin from its arrival in the country to the point that it reaches or fails to treat the patient effectively and thereby identifies how and where the system works and/or fails.

The Rapid Assessment Protocol approach has been used extensively to assess services for communicable diseases, including malaria, tuberculosis and STDs, for the purpose of developing interventions.

Objectives

In order to achieve the broad aim, RAPIA has the following objectives:

- To provide a range of data collection tools, from which research teams can select those appropriate to their own situation;
- To provide suggestions of data items to collect;
- To provide suggestions on data sources, data collection, analysis and presentation for each tool.

The RAPIA provides the tools to enable a research team to collect information on the structure and functioning of insulin supply services/practices and to conduct an assessment of the quality of care currently provided to people with Type 1 diabetes. This information can then be used to improve services.

The RAPIA is divided into 3 components:

- Macro – aimed at the Ministry of Finance, Ministry of Trade, Ministry of Health, Private Sector, National Diabetes Association, Central Medical Store and Educators
- Meso – Regional and District Health Officers, "Health Care Settings" (Hospitals, Clinics, Health Centres) and Pharmacies/Dispensaries.
- Micro – carers and patients are analysed to study the constraints to accessing care.

The Meso and Micro levels of the RAPIA are carried out in 3 distinct areas of the country - capital city, large urban centre and predominantly rural area - to get an overall picture of the situation in the country.

The RAPIA provides information on:

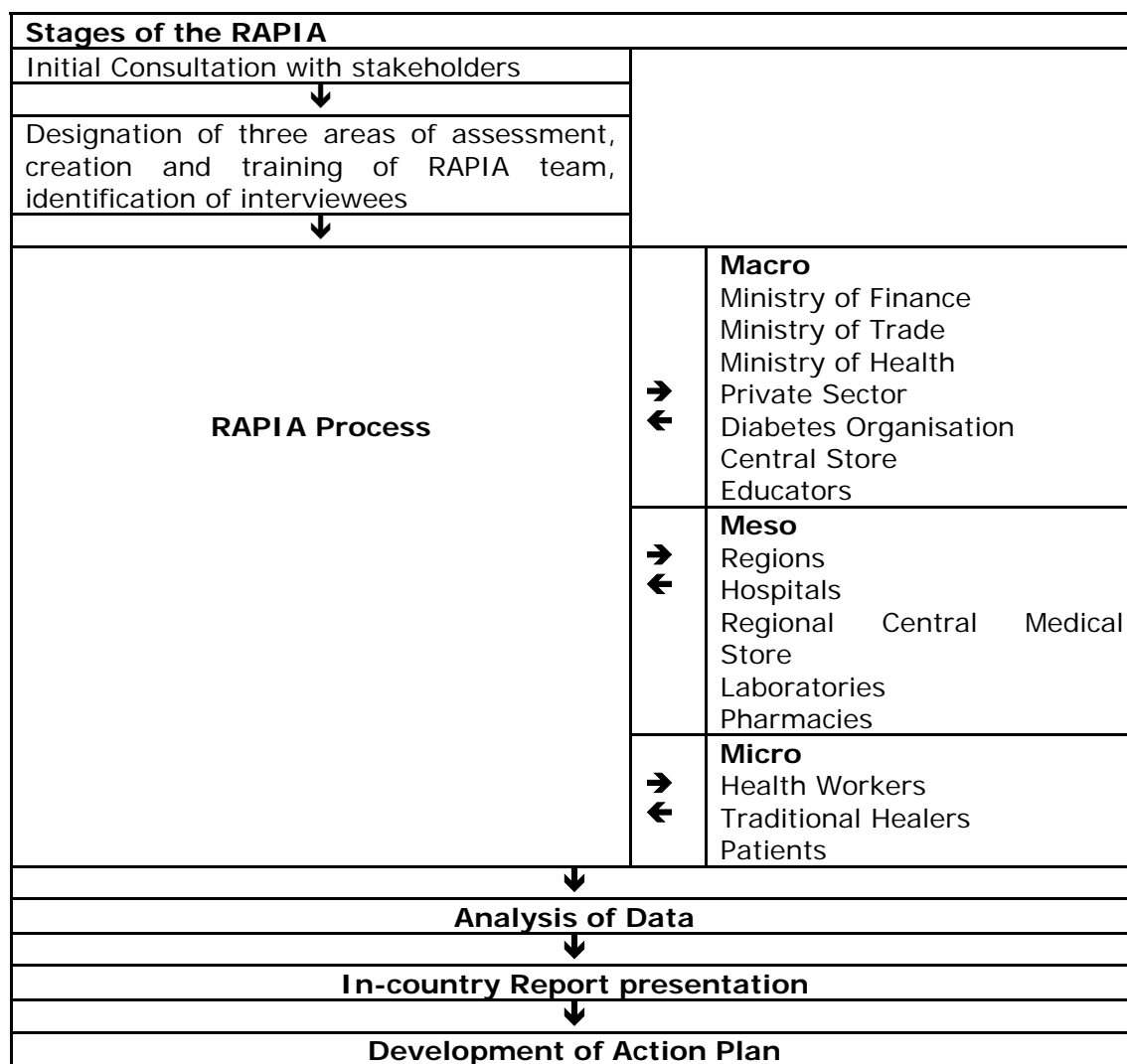
- Health service structure and functioning - medicine procurement, diabetes management
- Diabetes policies written and enacted
- Reported and observed practice for Type 1 diabetes management
- Availability of insulin, syringes and monitoring equipment
- Existence of distribution networks for insulin
- Insulin supply-related knowledge and attitudes amongst patients and their carers.

Stages of the RAPIA

The 5 stages of the RAPIA process as it has been carried out in Mozambique and Zambia, and planned in Mali, are:

- Field visit and initial consultation with stakeholders
 - This visit by the Project Coordinator has as its aim to engender local support, organise logistics and establish necessary contacts
- Conduct of RAPIA
 - During this stage all the questionnaires, documents and information are collected. This takes the Project Coordinator and RAPIA team (4-6 people) around 4-6 weeks, and comprises around 80-150 interviews.
- Data analysis and Report
 - This takes the Project Coordinator around 4-6 weeks.
- Presentation of RAPIA results
 - The presentation is organised by the IIF and local stakeholders and includes participation by, and presentations from, the Ministry of Health, Diabetes Association, leading diabetologists, as well as the presentation of the RAPIA results by the IIF. A focussed discussion on the IIF's recommendations leads to the development of a priority list.
- National Development of Diabetes Action Plan
 - In Mozambique and Zambia this Action Plan was developed, and so owned by, the Ministry of Health and Diabetes Association based on the IIF's recommendations, with the input from IDF Africa Region

The Rapid Assessment Protocol for Insulin Access



Stages of the RAPIA – A collaborative process

The IIF views its role as a coordinator/facilitator of in-country and external activities, with the RAPIA as a collaborative process including different stakeholders bringing to the project their unique knowledge, resources and capabilities.

Initial Consultation with stakeholders – each stakeholder has an input in the process bringing their knowledge of the country and problems. Identification of local champions and organisations to incorporate stability from the earliest point.

Designation of three areas of assessment, creation and training of RAPIA team, identification of interviewees – the IIF acts as a coordinator in gathering the input from each stakeholder and organises the RAPIA in collaboration with local and international partners.

RAPIA Process – again the IIF coordinates the process and integrates the RAPIA team into the work. Feedback is given to the stakeholders throughout the process.

Analysis of Data – the analysis is carried out by the IIF. The IIF shares its findings with the other partners and asks for their input into the report and recommendations.

Report/Action Plan – during the report and action plan each stakeholder brings their experience and resources in order to help the country to improve care for people with diabetes. Clear identification of country- specific problems allows a targeted approach. These problems have included:

- communication between Central Medical Stores and Hospitals, leading to irregular insulin supply
- need for guidelines for diabetes care
- need for test strips for diagnosis and monitoring
- strengthening of role of Diabetes Association
- Human Resource issues and training
- Local language patient education material.

In all cases, the RAPIA facilitated local solutions to be found by the Ministry of Health, the national Diabetes Association, or IDF Africa. The IIF has subsequently helped find support for developing and implementing locally relevant Action Plans. Furthermore, if requested, IIF conducts a return visit for further assessment and support.

In August 2004 such a visit was held and the Project Coordinator of IIF accompanied by the President of IDF Africa Region to Mozambique and Zambia has shown marked improvements in the 6-12 months since the presentation of the RAPIA findings. In both countries supply and distribution of insulin had improved and national plans for diabetes and NCDs were being developed.

Conclusions

The lessons of the work of the IIF in Mozambique, Zambia and Mali are that:

- Insulin supply alone will not improve the conditions for people with diabetes.
- Constraints to care for patients with insulin requiring diabetes may include health systems, human resources, supply networks and knowledge.

- The limiting factors in care differ substantially in different contexts and need locally specific as well as general solutions.
- Optimal analysis of the problems of diabetes health care needs coordination and analysis by someone with expertise in health services research working with persons familiar with local conditions.

In both Mozambique and Zambia the RAPIA process has acted as a catalyst in bringing the issue of NCDs and diabetes to being discussed at the Ministry of Health. Moreover, although designed for analysing problems for patients with Type 1 diabetes, the analyses have major implications for those with Type 2 diabetes and other chronic diseases. The RAPIA process has also helped the Diabetes Associations in both countries gain visibility.

The IDF Task Force proposal for a Twinning Programme between Diabetes Associations in developed and developing countries is a unique opportunity for providing substantial and sustainable improvements in diabetes care for patients in the world's poorest countries. It gives substance to implementing the proposals and recommendations for action which emerge from the RAPIA process. For this to happen, however, the process needs a systematic approach, asking carefully formulated questions targeted at specific problems, and coordinated by an individual with expertise in analysing a health care system at different levels and in different geographical contexts. The International Insulin Foundation would be happy to make any contribution it can to taking this process further.

RAPIA Estimated Budget

Fixed costs* (US\$)

Project Coordinator's salary (per year):	68,000.00
Administrative costs	6,800.00
Total Fixed Costs for 2 years	149,600.00

Planning and implementation of the RAPIA per country (US\$)

Full RAPIA process including in-country expenditure	12,000.00
Travel (at least 5 visits by Project Coordinator and senior diabetologist, planning visit, RAPIA implementation, presentation of results and development of Action Plan)	10,000.00
Preparation of report and presentation of results	5,000.00
Total Cost per Country	27,000.00

Each country would account for 3-4 months of the Project Coordinator's time.

In-country Assistance and Support (US\$)

Support for implementation of Action Plan	20,000.00
Total In-country Assistance and Support	20,000.00

The IIF feels that \$20,000.00 (either financial, material or educational support) would provide countries with seed money to start the implementation of the Action Plan. Further costs would depend substantially on the nature of the problems identified.

* Fixed costs could be divided over the number of twinning projects