

Diabetes & Peer Educator Networks in Cambodia

MoPoTsyo

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9 of 10 people with diabetes are without care

Peer Educators reach out



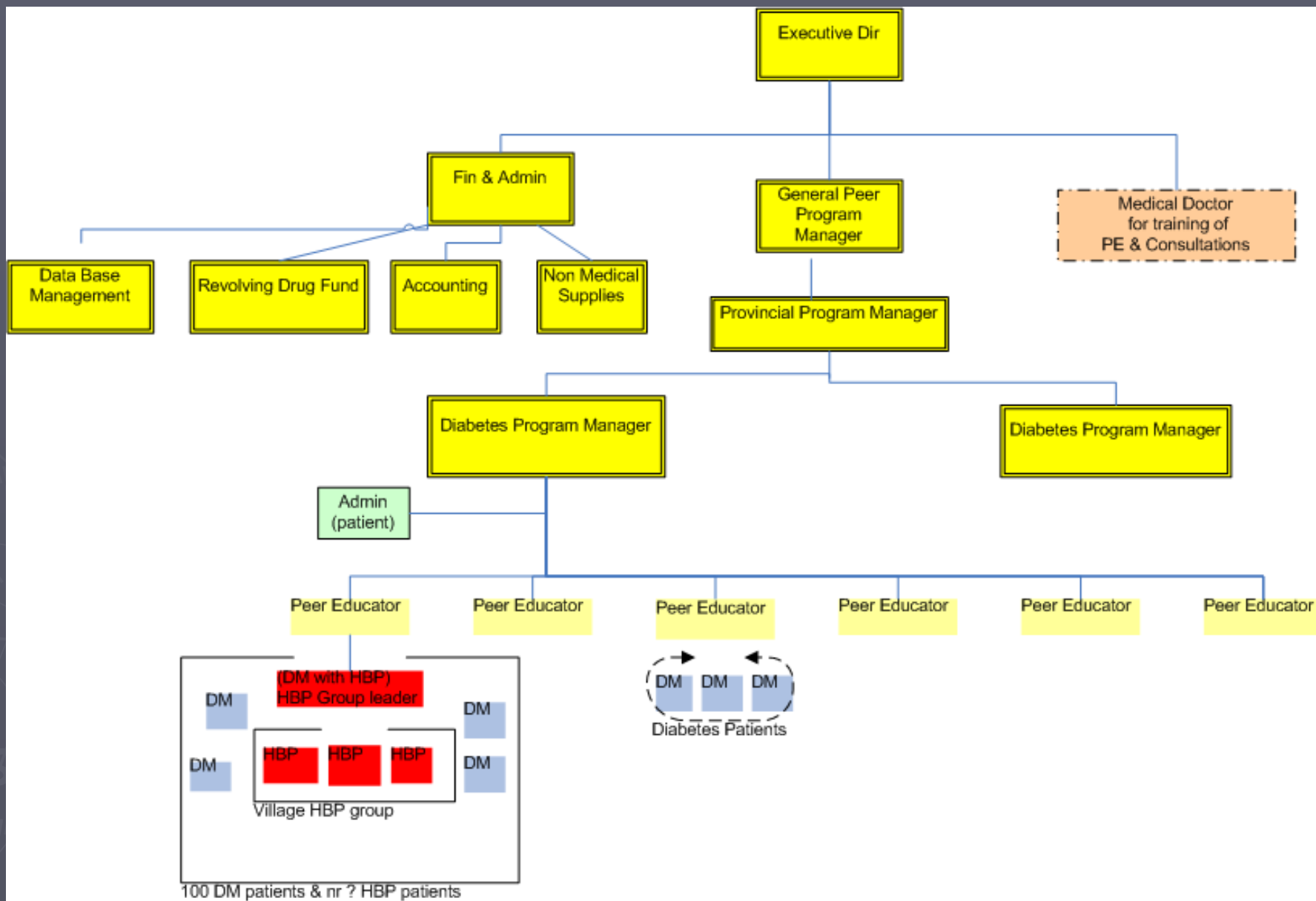
Once a week: a group session



Diabetic Peer Educator tasks

1. Organize self-screening with urine glucose strips
2. Confirm "sweet urine disease" with Gluco-meter
3. Counsel, assess, register, & "peer-educate" on lifestyle and coping skills
4. Report monthly on progress to their Manager
5. Over time make appointment with accredited Dr;
6. Coach/Follow-up of active and passive patients
7. Help organise consultations at local hospital
8. Help supervise Revolving Drug Fund

P.E.N. designed to fit local health system

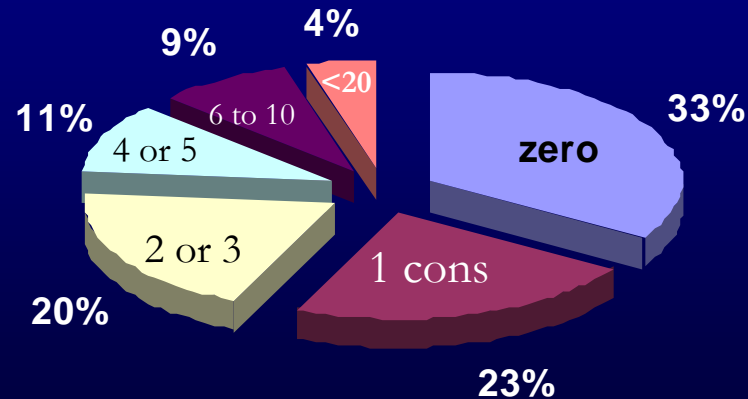


July 2009 random sample 152 PWD among 435 (registered >6months) :

- ▶ Better knowledge & better reported lifestyle
 - ▶ Better FBG : average 10.3 became 7.3 mmol
 - ▶ Better Blood Pressure: 38% became 53% (130/80mm)
 - ▶ Self urine-glucose-control (72% is self-measuring)
 - ▶ Less monthly health expenses +/- \$4 (reported)
 - ▶ Satisfied people, good participation
-but slight weight gain (average BMI 22.5 became 22.7)

Gate keeping by Peer Educators: Frequency Medical Consultations

1335 consultations for 549 DM patients in 23 months



2.3 consultations per PWD
per year

4.8 consultations per PWD
who has died (29)

Waiting time between registration
and 1st medical consultation:

- ▶ 30 days for other patients
(who are alive);
- ▶ 5 days for patients who have
died since reg.

Revolving Drug Fund Tablets plus



1. Agreed generic prescribing;
2. Urine Glucose strips
3. Contracted Pharmacies;
4. World market prices
5. Sale only to members
6. P.E.N. supervised
7. Central Database...
8. Cost recovery

1	Glibenclamide	5mg
2	Metformine	500mg
3	Glipizide	5mg
4	Captopril	25mg
5	Amitriptylline	25mg
6	Hydrochlorothiazide	25mg
7	Furosemide	40mg
8	Atenolol	50mg
9	Propranolol	40mg
10	Aspirin	300mg
11	Enalapril	10mg
12	Amlodipine	10mg
13	Nicotinamide-Niacin B3	500mg
14	Simvastatin	20mg
15	Gemfibrozil	300mg
16	Losartan	50mg
17	Fenofibrate	200mg
18	Thiamine B1	50mg
19	Multivitamins	

Pro's and Con's

1. opening new markets without overload of official health services
2. health + productivity restored / preserved
3. earlier diagnosis + care
4. restored dignity
5. If costs go down, adherence goes up
6. empowered link with professional Health Service Providers
7. inter-sectoral taskforce
8. financially sustainable

1. little formal education
2. narrow view of health problems
3. weakness of peer educator is multiplied
4. position at primary level is not yet completely defined:
 - hierarchy
 - lines of communication
 - complementary fit/financing
5. Governance

for debate and research

- ▶ peer educators are more credible + trusted
- ▶ peers have better incentives to genuinely promote lifestyle changes
- ▶ New defense mechanism of affordability
- ▶ shared ownership of care / effects of changing roles...

etc. etc....??

Acknowledgements

support from

