A look into Diabetes in Palestine

A diabetes diagnosis is life-changing for many people, because it becomes more important than ever to focus on diet, exercise, lifestyle, and everyday habits. This is certainly true in the Middle East where Diabetes is responsible for roughly 25% of deaths in adults ages 35 to 64. The prevalence of Diabetes in the Palestinian population in the West Bank, Gaza and E. Jerusalem is high in the range of 15% compared to a worldwide prevalence of 6%. However, anecdotal information from numerous sources suggest the rate could be much higher (18-21%). Of the total diabetic population in Palestine, 95% are diagnosed with type 2 diabetes, 0.2% with gestational diabetes, and 0.1% with impaired glucose tolerance. The United Nations Relief for Work Agency (UNRWA) published a recent study showing that the obesity rate in OPT is around 80% in refugee camps. In the absence of a screening program and a protocol for screening, eye complications will be discovered only when at a very late stage.

Increased urbanization of many countries in the Middle East has contributed to an increase in the prevalence of risk factors for cardiovascular diseases (CVD) that may lead to diabetes. The urbanization process in the Palestinian areas has further been enforced by the Israeli confiscation of Palestinian land and a strong Palestinian economic dependence of the Israeli economy. The transit from a rural to an urban life style is associated with a higher consumption of fat and energy at the household level, combined with less physical work. In some communities, it is socially acceptable to be overweight, especially among women. This contributes to deterioration in the cardiovascular disease (CVD) risk profile among the Palestinian population.

TO ADD TO THE BURDEN, non-communicable diseases (NCDs), including diabetes are the leading cause of sickness and death for women and men. Globally, the NCD rates will increase by 17% in the next ten years, largely due to population aging and growth, globalization, and urbanization. The biggest rate of NCD increase will be in women. The four main NCD risk factors for women and men are unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol. All of these factors are modifiable, and elimination of these factors would prevent 80% of all heart disease, stroke, and type 2 diabetes and over 40% of cancer.

Biological difference, gender roles, and social marginalization expose women and men to different NCD risks, dictate whether people can modify their NCD risk behaviors, and determine the success of NCD interventions.

It is paramount to create a healthier world, particularly in resource poor settings such as in Palestine. Due to the long lasting conflict, political instability and high unemployment rates; poverty and food insecurity are estimated to be as high as 31.5% among the Palestinian households. Frankly, Palestine is in transition and has no control over its resources which makes it highly dependent on international funding for development especially those related to health services and care. With that said, the World Diabetes Foundation (WDF) has partnered with multiple stakeholders in Palestine to improve access to care, advocate, and prevent the onset of diabetes. In the last two decades, WDF has funded and supported 11 diabetes related projects in the West Bank and Gaza with the goal to treat and prevent diabetes and plant the seed for change and future sustainability. It is important to continue funding projects related to diabetes to ensure a sustainable health system and a better quality of care for Palestinians.

Additional projects funded by WDF in Palestine:

- 2003 - 2005 DCA/AVH
- 2006 - 2010 DCA/MoH/UNRWA/AVH
- 2007 - 2011 DCA/AVH/DCA
- 2010 - 2013 DCA/AVH/UNRWA/MoH
- 2011 - 2014 UNRWA
- 2012 - 2016 St John Eye Hospital/UNRWA
- 2011 - 2016 UNRWA/MoH/WHO/NGOs
- 2013 - 2016 DCA/AVH/MoH/Union of Health Work Committees-Gaza (UHWC)/Oyooni
- 2014 - 2015 AVH/DCA
- 2015 - 2019 Micro-clinic International (MCI)/UNRWA

The World Diabetes Foundation’s mission is to empower governments, civil society and other non-state actors who strive to deliver on global commitments through national and local action. To achieve this, it creates partnerships and acts as a catalyst to help others do more. WDF encourages and funds innovative projects and strategies to prevent and treat diabetes and its complications.
The Turning Point

The first phase of the Palestine National Diabetes Project was launched in September 2017 as a collaborative programme between multi-sectoral stakeholders. Under the Palestinian Ministry of Health (MoH), the national diabetes program subsequently evolved into a more integrated preventative approach on the national level, including, UNRWA, Augusta Victoria Hospital (AVH), monitored by Dan Church Aid (DCA), and implemented and managed by Juzoor. For the first time ever and with the help of Juzoor, the project brought together main healthcare providers from the public sector including the MoH, UNRWA, AVH, and etc. Juzoor’s involvement and management of this national project and its high visibility and credibility also encouraged the private sector, such as the Bank of Palestine, Arab Bank, Ramallah Municipality, Caritias, Lions International, STENO, and other local women organizations, to chime in and get involved as this crucial initiative is a social responsibility for all. Many of the key stakeholders played critical roles in the development of the initiative throughout the years. In 2003, with funding from the WDF, AVH was able to open the first model of excellence center in its existing diabetes care center that acts as a referral for the Palestinian population. Additionally, the Ramallah Municipality is working hard with Juzoor to contribute to better infrastructure that promotes fitness exercise such as pathways, parks, along with restrictions on smoking and harmful beverages, and promotion of healthy lifestyle that will aim to reduce the burden of NCDs. STENO is currently training AVH staff which shows a strong interest in involvement in ongoing and potential future projects.

It is specifically important to improve diabetes care in humanitarian settings such as in Palestine. The devastating infrastructure, political instability, lack of access of movement, access to healthcare services especially in marginalized areas and Area C towns, lack of basic services, high unemployment rate, and food insecurity are all key factors that contribute to the rise of NCDs.

The results of the first phase of the project are demonstrated below:

<table>
<thead>
<tr>
<th>14,300 diabetic patients</th>
<th>are receiving better quality of service in the new three model clinics</th>
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<tbody>
<tr>
<td>10,300 patients</td>
<td>were screened and 92 new cases of T2DM were diagnosed</td>
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<tr>
<td>300 healthcare providers</td>
<td>received training on diabetes prevention, treatment and management.</td>
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<td>5,000 patients</td>
<td>were screened for retinopathy and around 24% were diagnosed with one type of retinopathy and referred for further examination</td>
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<tr>
<td>300 cases</td>
<td>of GDM patients were treated and followed-up</td>
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<tr>
<td>3,000 patients</td>
<td>were screened for diabetic foot complications</td>
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<tr>
<td>100 health professionals</td>
<td>including nutritionists and social workers, were trained on diabetes prevention, treatment and management</td>
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<tr>
<td>11,000 beneficiaries</td>
<td>received information through awareness raising activities about diabetes and an additional 10,000 beneficiaries from schools and universities also received the information</td>
</tr>
<tr>
<td>900,000 indirect beneficiaries</td>
<td>received information through media outlets and social media cam-</td>
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<tr>
<td>250 school children</td>
<td>who are overweight or obese are receiving follow ups by nutritionists in three areas in the WB focusing on lifestyle modification, proper nutrition, and fitness exercise as a primary intervention</td>
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<tr>
<td>1,600 HbA1c tests</td>
<td>were done through the HbA1c machine that was donated to the MoH model center in 2019</td>
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<tr>
<td>21 foot ulcers</td>
<td>were followed up in the newly opened UNRWA Qalqilya model center; 14 of the patients were healed and 7 are still in the process of treatment with 0 cases of amputation in 2019</td>
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<tr>
<td>19 foot ulcers</td>
<td>were followed up in the newly opened MoH Beir Nabala model center; 11 were healed and 8 are still in the process of treatment with 0 cases of amputation in 2019</td>
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The multi-sectoral stakeholder involvement will facilitate the development, implementation and in turn bring long-term sustainability on a national level. Making diabetes more broadly a political priority was critical to the development and implementation of the project. Potentially, this single disease focus made the key partners more effective in advocating for change thereby facilitating greater influence over the policy process. Additionally, the key stakeholders highlighted the need for dedicated resources to build capacity. Building capacity in the health workforce does not necessarily mean hiring new staff, but instead conduct specific training for existing staff.

For the sustainability of a national diabetes strategy in the second phase of the project, the key partners will build on previous successful and comprehensive strategies through the exchange of good practices and models set forth by the World Diabetes Foundation and UNRWA. It will do so through:

- Investing in more model centers of excellence to become referral clinics in different locations
- Conduct school-based programs, including summer camps for T1DM and overweight children
- Networking and integration with the MOE for more schools-based interventions regarding lifestyle modification, including UNRWA’s educational programs
- More training for HCP and hospital staff in different areas and locations in WB and Gaza on diabetes prevention, treatment and management
- Invest in GDM and find other ways to more cases of GDM through MCH clinics
- Working and focusing on refugee women over 40 years old in refugee camps (70% are overweight and obese) and working with pre-diabetics to prevent the onset of diabetes
- Conduct school-based programs, including summer camps for T1DM and overweight children
- Networking and integration with the MOE for more schools-based interventions regarding lifestyle modification, including UNRWA’s educational programs
- More training for HCP and hospital staff in different areas and locations in WB and Gaza on diabetes prevention, treatment and management
- Invest in GDM and find other ways to more cases of GDM through MCH clinics
- Working and focusing on refugee women over 40 years old in refugee camps (70% are overweight and obese) and working with pre-diabetics to prevent the onset of diabetes
- To activate the electronic system in the MOH in clinics
- Integrating the psychological support component to patients, specially type 1 and newly diagnosed patients
- Procuring and delivering more medical equipment specially related to foot and eye screening along with budget modification

With an ambitious goal and a significant investment, the second phase of the project will provide an opportunity to look beyond diabetes and pave the way for a broad prevention agenda. Diabetes can be taken to act as an example to demonstrate the importance of holistic approaches to the prevention and treatment of NCDs throughout the West Bank and Gaza.

To improve diabetes healthcare in Palestine, the UNRWA Director of Health and staff in the West Bank are in favor of the second phase of the project as it is a priority on their agenda.

In recognition of critical initiative, the Palestinian Ministry of Health is fully supportive of the upcoming phase and is aware of the need for strong political leadership and commitment at the national level to ensure successful implementation and sustainability including leadership and management, multiple stakeholder involvement, patient representation, and dedicating adequate resources for implementation.
Celebration for the World Diabetes Month on November 6, in partnership with the MoH, Ramallah Governorate, Ramallah Municipality, Augusta Victoria Hospital, Bank of Palestine, and Juzoor.

Diabetes awareness campaigns focusing on lifestyle modification conducted in schools and refugee camps.

Diabetic foot and retinopathy screening and treatment done at MoH and UNRWA clinics by Augusta Victoria Diabetes Center staff.