

# CARE INTEGRATION: SOLUTIONS TO TACKLE DIABETES AND SMOOTH THE PATH TO ENDING TB

Co-hosted by FIND and the World  
Diabetes Foundation | 30 May 2024



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Diagnosis for all

## SPEAKERS

### **Dr Grania Brigden**

Senior Tuberculosis Advisor, The Global Fund

### **Dr Sergio Carmona**

Acting CEO and Chief Medical Officer, FIND

### **Dr Gladwell Gathecha**

Ag Head, Division of Non-communicable Diseases,  
Ministry of Health, Kenya

### **Ms Sanne Frost Helt**

Senior Director Policy, Programme and Partnerships,  
World Diabetes Foundation

### **Dr Adelard Kakunze**

Lead, Non-communicable Diseases and Mental Health  
Program, Africa CDC

### **Dr Tereza Kasaeva**

Director, Global Tuberculosis Programme,  
World Health Organization

### **Ms Blessina Kumar**

Chief Executive Officer, Global Coalition of TB Advocates

### **Mr Bent Lautrup-Nielsen**

Head of Global Advocacy, World Diabetes Foundation

### **Ms Carol Nawina Maimbolwa**

Executive Director, CITAMPlus

### **Dr Bente Mikkelsen**

Director, Non-communicable Diseases Programme,  
World Health Organization

### **Dr Sanjay Sarin**

Vice President, Access, FIND

### **Mr S Setiaji**

Chief Digital Transformation Office & Senior Advisor  
of Health Technology to the Minister of Health of the  
Republic of Indonesia

## OVERVIEW

At the sidelines of the 77th World Health Assembly, FIND and the World Diabetes Foundation (WDF) held a side event on opportunities and barriers for integrating care for diabetes and tuberculosis (TB). Speakers engaged in dynamic dialogue across opening remarks, a fireside chat, and two moderated panels. Speakers included communicable and noncommunicable disease experts, donors, country representatives and people with lived experience and community expertise.

## OPENING REMARKS

- Ms Sanne Frost Helt underscored that treatment is more complicated when people with diabetes are infected with tuberculosis and vice versa. Noting the widespread under-diagnosis of diabetes, routine screening should be a priority for the non-communicable disease and tuberculosis communities as countries are supported to build integrated care models. She also highlighted World Diabetes Foundation's pioneering role in raising awareness for the intersections between diabetes and tuberculosis.
- Dr Tereza Kasaeva highlighted the latest Global TB report that reported more than 400,000 cases of TB attributable to diabetes. She noted that following the High-level meeting on TB, we have a window of opportunity to drive integrated and people-centered care.
- Dr Bente Mikkelsen noted the global prevalence of diabetes, which is projected to surge 50% from 2021 to 2045. She underscored the pressing imperative to address the intersection between the two conditions.

## FIRESIDE CHAT

- Ms Blessina Kumar and Ms Carol Nawina Maimbolwa incorporated their lived experience with tuberculosis and diabetes to illustrate how patient-centric integrated care is more successful and efficient care.
- Their conversation highlighted the need for advocacy to frame discussions and integrated care implementation, calling for greater funding, policy change and more research on integration to support implementation.
- The need for community engagement was also noted to ensure integration works on the ground and that communities are sensitized to make demands for services.

## PANEL: INTEGRATED SERVICE DELIVERY

- Panelists called for: guidelines to be updated continuously at a country level; capacity building and training for health care workers; facilities to be equipped, and access to be decentralized.
- Dr Gladwell Gathecha and Dr Bente Mikkelsen highlighted siloed funding as a key contributor to siloed programmes. To create sustainability in care, Dr Bente Mikkelsen called for diabetes and TB to be part of essential benefits packages and domestic funding. She noted the international financing dialogue for NCDs and mental health as a key opportunity to discuss the role of financing.
- Dr Sanjay Sarin urged the involvement of community and civil society in decision-making and implementation, and highlighted combined TB and diabetes testing technology that could be used to simplify integration. The delivery of integrated care through women's groups in India was highlighted as a successful example.
- Dr Bente Mikkelsen highlighted the lack of research and data for monitoring and evaluations of integrated care, which are needed to demonstrate the cost-effectiveness of integration with policymakers.
- Mr S Setiaji called attention to digital health tools as drivers to efficiency, effectiveness and scalability, and a means to reach rural populations. He referenced Indonesia's Citizen Health App, which provides patients with reminders to ensure the sustainability of treatment.
- Dr Gladwell Gathecha described the principles of Kenya's integrated care model, citing the updated guidelines, training of health care workers and modified tools that complemented integration.



## PANEL: INTEGRATED FINANCING

- Panelists noted country-driven, multi-sectoral approaches as a key principle for integration. Dr Adelard Kakunze touched on Africa CDC's multi-sector task force as a successful vehicle to support countries.
- Dr Grania Brigden raised the opportunity to combine and complement resources with other funders, which will contribute to more sustainable and resilient systems for health and shift away from siloes.
- Dr Grania Brigden referenced the Global Fund's approach to financing, which includes community and health system investment to create sustainable systems for health to deliver integrated care.
- Dr Adelard Kakunze called for private-public partnerships to strengthen health systems. This was corroborated by Mr Bent Lautrup-Nielsen, who suggested leveraging more philanthropic funding into public health systems through blended financing mechanisms.
- The central role of communities was a recurring theme and Mr Bent Lautrup-Nielsen reminded audiences that financing is also for individuals who struggle to prevent the frequent out-of-pocket health spending associated with diabetes treatment.
- A general lack of financing was noted by Dr Tereza Kasaeva. For instance, WHO's \$22bn global target for TB funding is currently only at \$5.8bn.



## CLOSING REMARKS

- Dr Sergio Carmona closed the session with a recognition of the progress that the tuberculosis and diabetes communities have made to integrate care, and the vital importance of bringing together a community of patients and advocates with funders and implementers.

