Country level one pager policy brief:

**Diabetic Retinopathy: A call for action in Papua New Guinea**

**Introduction:**

Diabetic Retinopathy is the most common complication of diabetes, affecting 1 in 5 people with diabetes. DR often leads to vision impairment and blindness unless treated timely. The impact of vision impairment goes beyond individual; community and economies lose earning capacity and productivity through the loss of human capital, experience and expertise. Vision loss due to DR is one of the most feared complications for people with diabetes.

DR is the fifth leading cause of vision impairment and blindness globally. This is also associated with increased death and poor mental health. In 2017 Papua New Guinea conducted the first Rapid Assessment of Avoidable Blindness to include DR in the Pacific Islands. It showed that more than 8% of people over 50 had diabetes and 46% of those suffered from DR. Most didn’t know they had diabetes. 95% of vision loss due to DR can be prevented with early screening, detection and timely treatment.

**Policy landscape:**

* The United Nations General Assembly resolution 70/1 (2015), adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target 3.4 of reducing the risk of premature mortality from diabetes and other major noncommunicable diseases by one third by 2030.
* In May 2022, the World Health Assembly endorsed the Global Diabetes Compact, encompassing [five global diabetes coverage and treatment targets](https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf) to be achieved by 2030.
* The high-level meeting on Universal Health Coverage (2023) recognizes that UHC cannot be achieved without advancing eye health.
* Papua New Guinea led the Pacific in launching the World Report on Vision in 2020.
* The [WHA 2020 on Integrated People-centred Eye Care](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(12)-en.pdf) urged all member states to make eye care an integral part of UHC and to integrate people centred eye care into their national health systems.
* Two new ambitious [eye health targets](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(12)-en.pdf) for 2030 were adopted at the WHA 2021. These targets address the two leading causes of blindness and vision impairment, cataract and refractive error. They are a vital mechanism to monitor global progress on eye health and to hold governments accountable. At this meeting several members expressed the need to consider adopting a target for DR and work is ongoing to collate data for an indicator on retina screening coverage for people with diabetes
* Papua New Guinea committed to all of these global resolutions and commitments.

**Key stakeholders:**

Engaging with key stakeholders of DR is critical for the comprehensive prevention and treatment. The key stakeholders include:

* Ministries or departments of health responsible for public health policies, programs, and healthcare delivery;
* Healthcare Providers: Ophthalmologists, optometrists, primary care physicians, endocrinologists, and other healthcare professionals involved in the screening, diagnosis, and management of DR;
* Diabetes Associations: National and local organizations dedicated to diabetes education, advocacy, and support services;
* Eye Care Organizations: NGOs, charities, and professional associations focused on promoting eye health, preventing blindness, and providing eye care services;
* Patients and Patient Advocacy Groups: Individuals living with diabetes and DR,
* Pharmaceutical Companies;
* Academic & research institutions,
* Health Insurance Providers;
* Community Leaders and Influencers
* International Health Organizations like WHO, IDF & IAPB
* The National Prevention of Blindness Committee, which includes all eye health NGOs working in PNG, plus the universities and professional bodies.

**Policy Recommendations:**

* Promote intersectoral collaboration to integrate DR care into all diabetes policies and national health strategic plans so that people with diabetes receive a continuum of interventions encompassing promotion, prevention and treatment of DR.
* Strengthen and improve access to diabetes care at all levels, to adapt and respond to the rapidly changing population needs, including the projected growth in the number of people with DR.
* Develop and implement screening and treatment interventions for DR that are contextually appropriate to the needs of different populations (especially in our tribal and mult-lingual settings) and provincial health care systems.
* Provide UHC for interventions that reduce the risk of vision impairment in people with diabetes, including screening, the treatments and the drugs required to achieve this.
* Advocate for people-centred diabetes and eye care, engaging people with diabetes to participate in the development of policies that address their DR needs.
* Strengthen national capacity to collect, analyse and use services data on the burden and trends of diabetes, DR and DR-related vision impairment, to monitor and evaluate progress.

**Conclusion:**

Papua New Guinea needs a multisectoral approach to tackle the burden of DR. This should incorporate all aspects of care including promotion, prevention, screening and treatment, and rehabilitation at all levels of care. The DR services should be incorporated into diabetes management and integrated into the national health system.

**References:**

1. Burnett A., Lee L., D’Esposito F., et al. Rapid assessment of avoidable blindness and diabetic retinopathy in people aged 50 years and older in the National Capital District of Papua New Guinea. British Journal of Ophthalmology*.*2019;

**Media Comment:**

“By the time people are referred to the central hospital in Port Moresby, their DR is already advanced. We need better early detection, strong referral systems and protocols for primary and secondary health centres in the provinces. To do that we need to bring all of the stakeholders together to advocate stronger together”

Dr Jambi Garap, Chair of National Prevention of Blindness Committee of PNG – Global DR KOL