

## **University of Pretoria and Eli-Lilly Launch Program to Expand Diabetes Care at Primary Care Level**

*Multi-year project aims to integrate diabetes care at primary care level in Tshwane*

[19 September] – The University of Pretoria (UP) and Eli Lilly and Company (NYSE: LLY) will embark on a 5-year research programme – the Tshwane Insulin Project - with the aim of optimising the control of blood glucose, blood pressure and lipids in people with diabetes, with specific reference to initiation and up titration of insulin by both primary care nurses and or primary care clinic physicians.

The *Tshwane Insulin Project (TIP)* is designed to fit into the National Department of Health’s Integrated Chronic Disease Management (ICDM), which is a model of managed care that provides for integrated prevention, treatment and care of chronic patients at primary healthcare level (PHC) to ensure a seamless transition to assisted self-management within the community.

“In South Africa, initiation and up-titration of insulin in primary care has been identified as a major challenge in diabetes care and achieving optimal insulin control. This is related to scarcity of resources, lack of health care practitioners trained in insulin use as well as patient-related factors such as psychological insulin resistance,” explains Prof Paul Rheeder of the Faculty of Health Sciences, University of Pretoria.

“TIP is a much-needed project aimed at integrating diabetes care and especially initiation and up titration of insulin by both primary care nurses and clinic physicians. Integrating prevention and effective treatment of diabetes and optimal glucose control is a crucial component of strengthening health systems and vulnerable communities where the impact of non-communicable diseases (NCDs) like diabetes are often hardest felt,” adds Prof Rheeder.

UP has been involved in diabetes research in primary care for a number of years and through its research and training workshops, it has become clear that many patients in primary care are very poorly controlled. One of the challenges with initiation and up-titration of insulin stems from the fact that insulin may legally only be prescribed by a doctor and not a nurse. Depending on the province and the district, many primary health care clinics do not have primary care physicians available full time or even one day a week. Many primary care physicians are also not confident in initiating and up-titrating insulin which leaves diabetes patients incredibly vulnerable and unable to access quality care close to their home.

“This programme is designed to explore the feasibility of using telemedicine or phone apps to assist the nurse or even the primary care physician to better serve the needs of people living with diabetes in underserved areas. It is well recognised that the major achievement of getting millions of people onto anti-retroviral treatment in South Africa was due to successful task shifting using primary care nurses. Inclusion of home visits by community health care workers will also be evaluated as they potentially could enhance compliance and patient education. TB care was also decentralised in a similar way and care and treatment was made available to patients as close to their homes as possible. We believe that the same can be achieved with diabetes care and we can avoid the current tragedy of

people presenting at hospitals with advanced stages of diabetic co-morbidities and complications due to pure glucose control,” explains Prof Rheeder.

Evan Lee, Senior Director Global Health Programs & Strategy of Eli Lilly Global Health adds that that diabetes and other NCDs are a major contributor to poverty and a barrier to social and economic development in developing countries like South Africa. “Diabetes is a huge and growing problem worldwide, and its costs to society are high and escalating. It is alarming when one considers that of the ten leading causes of death in South Africa in 2016, five were non-communicable diseases and all had increased in 2016 compared with 2014. In fact, Diabetes mellitus which ranked third in 2014 moved to being the second most common natural cause of death in 2016 responsible for 5,5% of all deaths by natural causes - that’s 25 255 lives lost in 2016 alone, 69 deaths each day. Diabetes is ranked second only to Tuberculosis and ahead of HIV and in women, diabetes is the leading cause of death<sup>1</sup>,” says Evan.

The importance of getting quality diabetes care embedded at a primary care level cannot be emphasized enough. Evidence shows that good diabetic control reduces the risk of diabetes complications and co-morbidities, and this is a crucial aspect of the quality of life that a patient living with diabetes can expect to enjoy.

“This is why finding new approaches to the detection and management of NCDs like diabetes is so important and bringing access to quality care as close to the community level as possible. South Africa has been a pioneer in enabling care and management of complex diseases like HIV and MDR-TB closer to the community, so it should be feasible to do so for NCDs like diabetes. By closely working with the University of Pretoria and local municipal clinics, we aim to transfer the learnings from this research project to other regions in South Africa. By rigorously documenting, monitoring and evaluating the intervention we hope that the learnings of this project will be shared nationally and the massive impact of diabetes especially on vulnerable communities can be halted,” he says.

The TIP programme is a collaborative effort between the departments of Internal Medicine, Family Medicine, Human Nutrition and the School of Health Systems and Public Health of the University of Pretoria (UP), national and local health authorities, external experts and Eli Lilly. The program uses Lilly's global health framework, which includes studying key research questions, reporting what works and what doesn't, and then using the data to advocate for the scale up of the most effective solutions. The program will contribute to Lilly 30x30, the company's goal to create new access to quality health care for 30 million people in resource-limited communities every year by 2030.

References:

1 - <http://www.statssa.gov.za/publications/P03093/P030932016.pdf>, Appendix M

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Lilly is a global health care leader that unites caring with discovery to make life better for people around the world. We were founded more than a century ago by a man committed to creating high-quality medicines that meet real needs, and today we remain true to that mission in all our work. Across the globe, Lilly employees work to discover and bring life-changing medicines to those who

need them, improve the understanding and management of disease, and give back to communities through philanthropy and volunteerism. Lilly South Africa was established in 1938 and has strived to make life better for people in Africa for the last 80 years. To learn more, visit [www.lilly.co.za](http://www.lilly.co.za)

**About University of Pretoria**

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