KEMENTERIAN KESIHATAN MALAYSIA

Galen Centre for Health and Social Policy

SUMMARY EVENT REPORT

Roundtable Discussion
Diabetes in 2020 – Change or Business as Usual?

16 December 2019, Putrajaya

This is the first of a series of Roundtable Discussions to provide input in further strengthening the Diabetes Prevention and Control Programme in Malaysia.

The Disease Control Division of the Ministry of Health (MOH) and Galen Centre for Health and Social Policy organised a closed-door roundtable discussion with multi-sectoral stakeholders to appraise existing diabetes prevention programmes and activities as well as provide recommendations for action from 2020 onwards.

This summary should be read in conjunction with the complete event notes. The summary focuses on key discussion points and recommendations among 31 participants, with representation from:

- MOH divisions (Disease Control, Nutrition, Family Health Development, Medical Development, Public Health Development)
- MOH senior clinicians
- State health departments (Melaka, Johor, WP Kuala Lumpur & Putrajaya)
- World Health Organization (WHO) Representative Office for Malaysia, Brunei Darussalam and Singapore
- Diabetes Malaysia
- Institute for Public Health, MOH
- Galen Centre for Health & Social Policy
- Professional associations (Malaysian Endocrine and Metabolic Society (MEMS), Malaysian Diabetes Educators Society (MDES), National Heart Association of Malaysia (NHAM), Malaysian Dietician's Association (MDA)) and
- Academia (Universiti Malaya, Universiti Sains Malaysia, Monash University, University of Cyberjaya)

Key points of discussion

Roundtable participants concurred that existing action plans and initiatives under the National Strategic Plan for Non-Communicable Diseases (NSP-NCD) 2016-2025 are comprehensive in nature. However, the quality of policies alone and the presence of a cabinet-level, cross-ministerial committee did not ensure success in implementation and improved population health outcomes so far.

Evidence of disease burden from NCD risk factors is well-established but did not shift the priorities of ministries and agencies outside of health. Though multiple risk factors exist outside of the health sector, ministries and agencies outside of health do not seem to share accountability for NCD outcomes.

MOH faces an ongoing challenge in operationalising the 'whole of government' approach and mobilising collective political will. The WHO's guidance, namely, 'best buys' and other recommended interventions for the prevention and control of NCDs may be implemented but with limitations in fidelity and intensity.

Within primary care services, there is no core intervention for prediabetes other than screening. Public primary care service providers are already under strain from providing chronic disease care to the large population of those who are already diagnosed with diabetes. Resources and manpower were cited as barriers to upscaling pilot diagnosis of diabetics and long term follow up including for pre-diabetics.

Findings from the National Cardiovascular Disease Database revealed that 45% of patients with acute coronary syndrome presented with diabetes and that many were unaware of having diabetes until complications had already occurred. Patients do not seek further treatment when informed that they have prediabetes or diabetes for fear that they would not eligible for health insurance.

Developing and successfully implementing a local diabetes prevention programme in Malaysia is challenging as it lacks key ingredients and infrastructural support. The national diabetes prevention programme in Singapore is focused on intensive lifestyle modification and consists of four pillars:

weight loss, reduced fat intake, increased fibre intake, and physical activity.

In the Malaysian setting, an effective prediabetes programme is non-existent. Challenges include lack of data on weight loss amount needed for prediabetes remission, lack of local nutrient databases such as for dietary fibre content and glycaemic index of Malaysian foods. There is also a need to study the impact of the sugar-sweetened beverage (SSB) tax imposed this year.

Most nutritional targets in the Third National Plan of Action for Nutrition of Malaysia (NPANM III) have not been met except for breastfeeding and complementary feeding practices. It can be questioned why these particular targets were met but not others. Roundtable participants made the assumption that this could be due strong advocacy from industry or the attitude of Malaysians who care more about infants and children than their own health.

Programme monitoring and evaluation at the ground level is also a limiting factor to achieve these targets. For example, in public hospitals, the key performance indicator for dietetic counselling among diabetes patients is well achieved for improved nutrition knowledge. While this is still being piloted, current indicators are mostly process indicators.

Resource and workforce limitations in the public sector translate into difficulty in tailoring specific interventions, while limited conditions for reimbursement by insurance in the private sector present a significant barrier to dietician-led lifestyle management.

The conclusion is that policy objectives and targets are not matched by the pattern of resource allocation and choice of metrics to monitor progress towards targets.

Similarly, the existing education system is not aligned to promoting physical activity and healthy eating among school-age children and adolescents. Specific programmes such as SEGAK (*Standard Kecergasan Fizikal Kebangsaan Untuk Murid Sekolah Malaysia*) is delivered in some schools and MyBFF@School (My Body is Fit and Fabulous at School) is foreseen to be implemented nationally in 2020. Participants who have surveyed schools at the ground level commented that healthy canteen guidelines are not strictly followed and vending machines with sugary drinks are still widely available and frequented.

The emphasis on academic performance over physical activity is a common paradigm shared by principals, teachers, and parents, which are then imposed on school children.

In dealing with the Ministry of Education, the process of obtaining approval to run the MyBFF@School programme in schools was long and arduous. Challenges during the pilot in Putrajaya schools included the lacklustre response from parents and overburdened teachers.

Despite abundant data on lifestyle risk factors and the rising incidence of obesity in school-age children and adolescents, it was challenging to gain support from the education ministry for implementation of programmes. In contrast, national authorities in countries like Korea are prompt to respond and gather international expertise even with a slight increment in overweight children.

Recommendations moving forward

Multi-pronged approach needed: High-risk groups for diabetes prevention efforts were identified to be women who are pregnant or of child-bearing age, school-age children, women with gestational diabetes (GDM), and people with obesity and risks for metabolic syndrome.

There is consensus amongst roundtable participants for a multipronged approach. There were differing opinions on whether a tailored approach targeted at individuals, or broad policies on behaviour and environment would be the priority for action. Resources and incentives need to be aligned with the policy decisions for successful implementation.

Improve communication to increase multi-sectoral ownership and support: Strategic communication to other ministries and bodies within government by presenting data on economic and productivity losses, as well as treatment costs, needs to be examined to rationalise support and commitment to crosscutting issues affecting disease prevention and control. This economic research is currently being done in collaboration with WHO. The need to gain buy-in from ministries and agencies outside of health was seen as crucial to strengthening a multisectoral approach.

Address prevention and treatment gaps through collaborative efforts and partnerships with different platforms and sectors: Alternatively, moving from a centralised to regional approach of driving change in diabetes prevention can be achieved by extending on platforms such as the Healthy Cities Partnership. The World Bank is also looking to get involved in partnership with the private sector in Asian countries.

The thriving scene of social entrepreneurship in Malaysia can also be capitalised upon to build community-driven

partnerships for NCDs. This was proposed as a more sustainable model than dependence on a top-down approach where multiple programmes have been launched but were unable to be sustained.

Public-private imbalance in resources was also highlighted as a barrier. Public healthcare services do not have workforce sufficient for prevention programmes, hence resource allocation exercises to increase the number of dietitians, nutritionists and diabetic educators will be key to strengthening primary health care services.

Private insurance schemes should cover lifestyle management as part of routine treatment. State health departments are improving data collection on GDM and prediabetes. This raises the possibility of more effectively addressing people who are already in the health system.

Recruit patient advocates and increase meaningful community and civil society participation: Greater community participation and empowerment were perceived as lynchpins to mobilise political support, as it was recognised that the Malaysian public has poor understanding of NCDs in general, and civil society advocacy on diabetes is not strong. Engagement of patients who have successfully made lifestyle changes into community advocates and influencers to disseminate healthy practices are preferred to traditional poster messages.

It was suggested that the role of civil society is most needed in areas where government policies take a longer time to set up and implement. Future roundtables should include them.

Simplify health communications: Participants suggested that for nutrition, a simple message or slogan that can be delivered to the population is preferred.

- Enhancing the simple message on portion control with the Malaysian Healthy Plate and *suku suku separuh slogan* to target prediabetes and NCD prevention in general was proposed, as some parts of the community are already aware of the message (but not all).
- The food pyramid will also be revised to advise Malaysians to eat less food that are high in carbohydrates and to increase vegetables and fruits intake to align with the message of *suku suku separuh.*
- Educate the public that normal daily foods choices can be healthy with proper food preparation methods which are low fat, salt and sugar. The misconception that healthy foods must be bought from the shelf and expensive should be corrected.
- Cutting out added sugar from the diet, while running against strong cultural influences, could be explored as a simple message to prevent diabetes.
- Start the meal with fruits and vegetables rather than carbohydrates.

Address affordability of healthier food: It was recognised that affordability of fresh produce for poor households is a potential barrier to adopting more vegetables and fruits into their diet. One suggestion was to tax highly refined carbohydrates and simple sugars to subsidise these types of healthier food for those who cannot afford it. Besides taxation, measures to subsidise healthier foods such as brown rice, wholemeal bread and lowering price for non-added sugar beverages should be considered.

The availability of plain water at an affordable price or at no cost in restaurants and of nutritional information for fast food outlets were highlighted as needing to be improved.

Incentivise preventive health: Addressing lifestyle risk factors through KOSPEN Plus (an MOH-led workplace-based NCD risk factor intervention initiative) and targeting the population of working adults with lifestyle-related benefits when they buy medical insurance was seen as a low-hanging fruit.

The benefits on reducing healthcare premiums is a strong incentive for employers, some of whom also increase job opportunities by hiring staff for workplace wellness programmes. One private insurance provider subsidises gym memberships, which are likely to appeal to people who want to take better care of their health.

However, rewards or incentives for practising healthy lifestyle behaviours should not be restricted to spending at certain high-end supermarkets or paradoxically promote unhealthy eating (e.g. buffet dining vouchers).

Earmark revenue from excise duties for health: MOH will continue to advocate for earmarking health taxes to finance health services. Taxation on unhealthy foods to redirect collected revenue to NCD prevention programmes was mooted.

Build supportive healthy environments in schools: Diabetes prevention programmes in school-age children and adolescents have to be free from negative reinforcement and stigmatisation. Stigmatisation of the obese and overweight population and 'penalising' those at risk of NCDs must be avoided. It was proposed that more interventions are needed to make the healthy choice, the

easier choice. Modifications to the environment and behavioural nudges in a way that predisposes the user to respond in the desired manner should be explored in the local context. The availability of free plain water (e.g. from water coolers etc) in schools and academic institutions would encourage healthier behaviours.

The placement of nutritionists or dietitians at each school or health district employed by the Ministry of Education for the MyBFF@school programme is viewed as an important resource allocation decision. Roundtable participants agreed that schools require long-term commitments and active efforts to address NCD prevention.

Recognise complexity: The "systems approach" towards diabetes prevention was advocated as interrelationships between risk factors and the wider determinants of health are complex. For example, addressing food security issues in poor households who are spending most of their income on cheap calorie dense food will require looking into factors not traditionally commended by the health sector. Given that only a minority of Malaysians have insurance or pay income taxes, many will not be able to access incentives through tax rebates or insurance. It was pointed out that to address the risks for diabetes comprehensively across the population, different strategies are needed due to the range of high-risk groups and settings (urban versus rural, affluent versus poor) that individuals derive the risk from.

List of Roundtable Participants

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