occupied Palestinian territory 2018 (part of 2018-2020 HRP)

Appealing Agency	**WORLD HEALTH ORGANIZATION (WHO)**
Project Title	Reducing premature deaths and complications for people with diabetes and comorbid common mental health problems
Project Code	OPT-18/H/115677
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	To reduce deaths and complications for patients with diabetes and comorbid common mental health problems by 20% by 2020 in selected hospitals and associated primary care health centres To reduce hospital admissions of Patients with newly diagnosed diabetes and comorbid common mental health problems for cardiovascular complications, chronic Kidney disease and amputation by 15% by end of 2018 and 25% by 2020 at selected hospitals and associated primary care health centres To contribute to the WHO target of a 25% reduction in mortality from NonCommunicable Diseases by 2025
Beneficiaries	Total: 20,000 People with Diabetes and comorbid common mental health problems Female: 15,000 Male: 15,000 Children (under 18): 1,000 Adult (18-59): 20,000 Elderly (above 59): 9,000 Refugees: 22,000 Host communities: 8,000
Implementing Partners	MOH and UNRWA
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	**$454,900**
Location	Projects covering just Gaza
Gender Marker Code	2a - The project is designed to contribute significantly to gender equality
Contact Details	John Mahoney, mahoneyj@who.int, +972547179014
Cash transfer programming	Is any part of this project cash transfer programming (including vouchers)? Yes Conditionality: Combined Restrictions: Combined Estimated percentage of project requirements to be used for cash/vouchers: 15

Needs

This project relates to the following 3 Health Cluster Humanitarian Needs
1. Lack of drugs, medical disposables and electricity shortages in Gaza's hospitals are life threatening, particularly for non-communicable disease patients and emergency patients
2. Essential treatment, rehabilitation and support to over 136,500 people in Gaza who are elderly or have a disability are in need of access to healthcare services to prevent a further deterioration in their health status
3. Ensure access to treatment for patients referred outside of Gaza, particularly the need to establish the health services within Gaza to reduce the need for referrals outside

Reasons for the proposal
Around 30% of the adult population will have a Non Communicable Disease (NCD) and 30% of these will have a comorbid common mental disorder, particularly depression.
NCD's accounted for 65.4% of all reported deaths in oPt in 2016.
Cardiovascular diseases remains the leading cause of death among Palestinians, accounting for 30.6% of deaths recorded in 2016.
Cancer was the second leading cause of death, with 14.0% of deaths.
Cerebrovascular diseases were the third leading cause of death, with 12.8% of causes leading to death.
Diabetes came in the fourth rank with a proportion of 8.0%. The death rate for diabetes is also high and more than twice the rate of, for example, Lebanon which is 3.7%
It is assumed that a much larger proportion of people dying from cardiovascular and cerebrovascular diseases will be amongst people with diabetes. People with diabetes account for at least one quarter to one third of hospital admission
A WHO study showed that 13% of the adult population of Gaza suffered from diabetes. This is extremely high. Up to 20,000 could also have a comorbid common mental disorder. Furthermore it is expected that up to 10,000 patients under the care of community mental health teams will have undiagnosed diabetes.
It is important to note that, the four causes of NCD’s including cardiovascular disease, cancer, stroke and diabetes are on the rise as a major cause of morbidity and mortality. The increase in chronic diseases is associated with changes in lifestyle, behavior, physical inactivity and poor eating habits. This also contributes to increased rates of cancer, cardiovascular disease, diabetes and mental disorders.
Systematic reviews of prognostic studies indicate that co-morbid depression with a non-communicable disease is a consistent predictor of much worse outcomes and complications. Also complications are expensive. Co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a NCD and co-morbid mental health problem.
Without proper management of diabetes, people are at increased risk of several serious complications, including heart disease and stroke, circulation problems, amputations, blindness and kidney failure.
Studies elsewhere have shown the risk of cardiovascular complication is 3.5-4.5 times greater for people with Type 1 diabetes and 2-2.5 times greater for people with Type 2 diabetes than the general population. People with diabetes account for 25-30% of admissions for cardiovascular complications. The risk of chronic Kidney disease is 19 times greater for people with Type 1 diabetes and 4.5 times greater for people with Type 2 diabetes. People with diabetes represent around half of all admissions to hospital for amputation. The relative risk of death is increased at all ages, in both men and women, in younger people more than older people.
Diabetes remains responsible for a large number of additional (and avoidable) deaths, with the greatest relative risk in younger people.
There is a particular problem for people with serious mental illness. Some psychiatric medications increase the chance of developing type 2 diabetes, for example in one prospective study 36.6% of patients treated with clozapine developed diabetes over a five-year period!

Activities or outputs

This proposal recommends focussing on those people with diabetes and co-morbid common mental illness who attend for treatment and follow up at two of the major referral hospitals in Gaza - Shifa hospital in Gaza and the European Gaza hospital in Khan Younis. There will also be follow up of patients through the primary health care system
With the right care and support, people with diabetes can, and do, go on to live long and healthy lives. We know that managing diabetes effectively and receiving all appropriate care checks can greatly help to reduce life-threatening complications. Self-management is crucial. People with diabetes need to maintain a healthy weight, eat a balanced diet, avoid smoking and have regular health checks. Complications can be reduced by getting blood glucose, blood pressure, blood fats (cholesterol), eye screening, legs and feet checked and kidney functions checked at least once a year.
This proposal aims to train appropriate hospital clinicians and all staff at Diabetes clinics both at hospital and primary care level in mental health care.
As people with common mental health problems and diabetes need substantially more support than can be provided by health staff, it is proposed to recruit 50 'Expert patients' (both men and women who successfully manage their type 1 and type 2 diabetes) to help, support and advise patients (with mental health and other problems) who are not managing their condition. They will also run local support groups. They will be managerially accountable to their local primary health care clinics and professionally supervised by PHC and local mental health teams
As well as receiving mental health support from Diabetes specialists and staff, the Expert patients Role will be working with primary care centres and visiting those patients identified (as well as running local support groups) and educating patients on the importance of on the importance of

- Receiving appropriate mental health care
- Receive appropriate hospital care
- Receive appropriate aftercare through primary care
- self-management and obtaining the level of healthcare they require to help them manage their condition. There will also be an emphasis on exercise, cooking and smoking cessation classes and groups
- Losing weight, eating a balanced diet and trying to quit smoking
- Education on the condition so people better understand and manage diabetes

As well as providing mutual support and advice for each other, there will be constant feedback from the support groups about problems they face and where they feel services can be improved at both hospital and primary health care levels. If requested there will be separate groups for women and men
People with serious mental illness are usually looked after by Community Mental Health Teams (CMHT's) and hospital care and not in primary care. In a recent Swedish study women with schizophrenia were 3.3 times more likely to die of cardiovascular disease and men 2.2 times more likely. There needs to be a stronger focus on women with serious mental illness. People with serious mental illness such as schizophrenia usually live twenty years less than the general population. 48% of people with serious mental illness will have a NCD. It is proposed to educate mental health staff (both in hospital and CMHT's about the importance of getting regular health checks and ensuring their patients get regular follow up at primary care clinics. They will need to support patients in the community in doing this.
More controversially there should also be campaigns to ensure psychiatrists do not use olanzapine and clozapine but risperidone as a first choice unless there are compelling reasons to do otherwise. Other psychiatric medications cause massive weight gain which again is a serious risk factor in developing a long term condition (NCD). Prescribing protocols will be developed

Indicators and targets

- To reduce deaths of Patients with diabetes and comorbid common mental health problems (such as depression and anxiety) by 20% by 2020 in the selected hospitals and primary care clinics
- To reduce hospital admissions of Patients with newly diagnosed diabetes and comorbid mental health problems for cardiovascular complications, chronic Kidney disease and amputation by 15% by the end of 2018 and 25% by 2020 at the selected hospitals and associated primary care clinics
- To develop protocols for the prescription of psychiatric drugs with particular reference to the risk associated with increasing diabetes. Community mental health teams will also be trained to ensure their patients get regular health checks for diabetes and other NCDs
- Each Expert Patient will have a caseload of around 300 people with a common mental health and other problems and diabetes.

Indicator	Project target

World Health Organization(WHO)	
Original BUDGET items	**$**
• Develop Intervention Protocol and supervision system for identifying and managing people with diab	5,000
• Refresher training for 90 health staff and Expert Patients on the management of common mental heal	96,000
• Recruit 50 Expert patients paid $100 a month	60,000
• Provide funds for monthly support groups in each district	120,000
• Develop patient education materials on the importance of seeking support for mental health problem	20,000
National Professional Officer Gaza.	91,800
Project Manager for Shifa and European Gaza hospital	62,100
Total	**454,900**

World Health Organization(WHO)	
Current BUDGET items	**$**
• Develop Intervention Protocol and supervision system for identifying and managing people with diab	5,000
• Refresher training for 90 health staff and Expert Patients on the management of common mental heal	96,000
• Recruit 50 Expert patients paid $100 a month	60,000
• Provide funds for monthly support groups in each district	120,000
• Develop patient education materials on the importance of seeking support for mental health problem	20,000
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