

Decentralization of insulin treatment through nurses and clinical officers in nine health centres in a rural county, Kenya: descriptive study

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Introduction

- Access to **Insulin** by Diabetes Mellitus (DM) patients in many contexts of the world is limited - especially in rural areas.
- In 2019, MSF collaborated with the MOH in Kenya to decentralize Insulin treatment to primary healthcare (PHC) level.

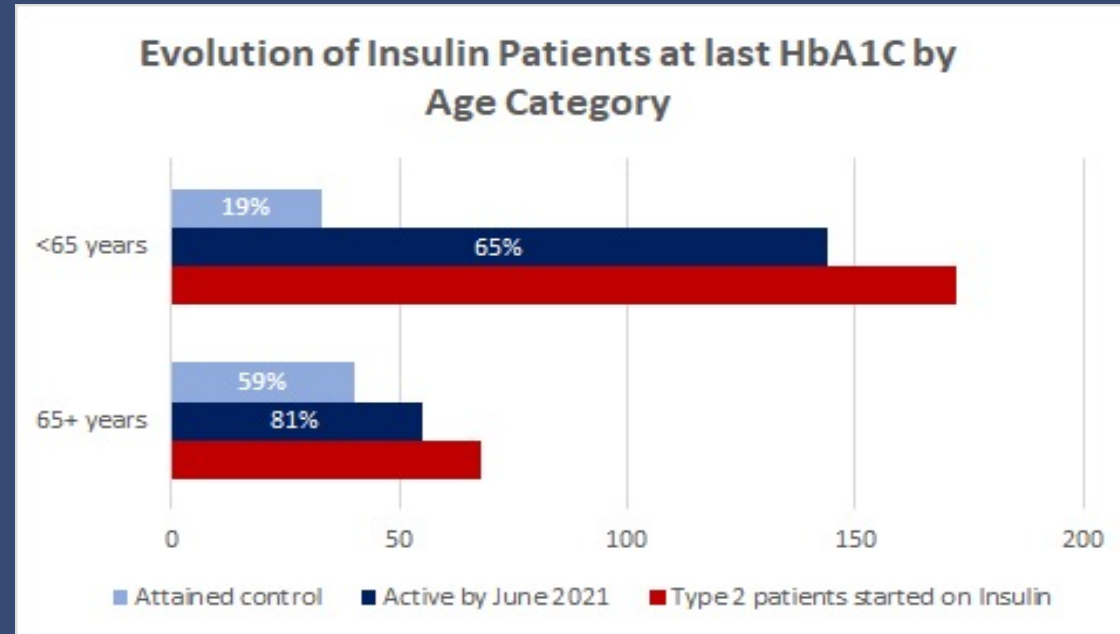
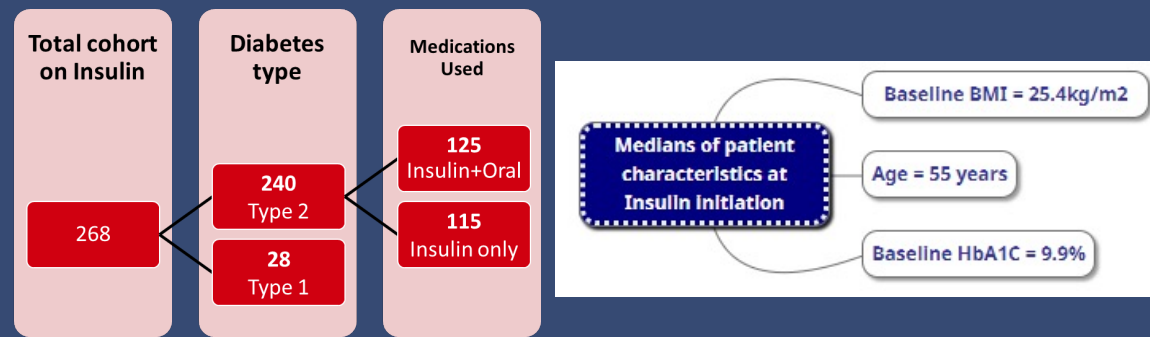
Study Aims

Among insulin-dependent DM patients:

- Describe their characteristics
- Determine factors associated with glycaemic control

Methods

- **Descriptive, retrospective analysis** of routinely-collected data in 9 PHCs.
- DM patients >18 years of age, 6+ months of Insulin treatment by June 2021 included.
- **Glycaemic control** was defined as HbA1C of <8% (age<65 yrs) and <9% (age≥65 yrs).



• Glycaemic control was only associated with **age** and **baseline HbA1c** on statistical significant level (p<0.01)

• **56 (23.3%)** patients had one or more diabetic/cardiovascular complications

The **MSF mentorship model** was the guiding principle for successful insulin implementation.

Key points for success:

- Clinical guidelines appropriate for setting
- Work within parameters of MoH
- Proficient teaching of local staff
- Community health workers (for patient empowerment)
- Close follow-up of patients

Conclusions

Decentralization of insulin treatment in PHCs seemed **feasible** within a rural Kenya setting.

About **one-third of patients** (59% of 65+ year-olds and 19% of <65 year-olds) achieved good glycaemic control.

Good control was found to be dependent on **patient age** (better for ≥65 years-old) and glucose levels at initiation (<10% HbA1C at insulin initiation).

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