Tackling diabetes – how Slovenia developed its second 10-year programme on diabetes, and its new approach

NCD stories from the field, updated November 2023
Introduction

Slovenia, like many other European countries, has an ageing population with a high burden of chronic diseases. It also has significant health inequalities, rising public expectations of health services fuelled by technological advances, and financial constraints that make it necessary to use resources more efficiently.

In 2022 it was estimated that around 145 000 people in Slovenia have diabetes, with around 10 000 new cases every year. Cases of type 1 diabetes in children and adolescents have stabilized in recent years, but the number of people with, or with risk factors for, type 2 diabetes, is rising. A recent national study identified the characteristics of people with undiagnosed type 2 diabetes. Three quarters of patients with diabetes are over 60 years and have a body mass index of over 30.

Slovenia has met this challenge head on. Reforms in primary care have increased the focus on prevention and nursing care, and the National Diabetes Prevention and Care Development Programme 2010–2020 was developed and implemented. In 2021 the country’s plans for the next decade were published in the National Diabetes Prevention and Care Development Programme 2020–2030.

60-second read

**Fact:** In 2021 Slovenia launched its second national 10-year programme for diabetes through an unusually ambitious consultative process with a broad range of partners, including people with diabetes.

**Why it matters:** Fittingly, as well as covering essential areas such as data, diagnosis, care, professional training, monitoring, management and research, the new programme emphasizes partnership and empowerment, reflecting a longstanding commitment to improve the lives of people with diabetes and a determination to adopt a systematic and inclusive approach to policy development from which others can learn.

**In practice:** Every two years, an action plan monitors implementation and lists specific points for improvement. This is a pragmatic approach to evaluation that uses the routine data sources available and convenes relevant stakeholders regularly to review progress, building on the successful way of working developed over the previous decade.

**Expected result:** This will lead to increased awareness, knowledge and skills and more positive attitudes among health-care professionals and people with diabetes on how the condition can be prevented, delayed or managed in an integrated way, using new tools and approaches.
“When our first programme was published in 2010, everyone was delighted. It unleashed positive energy. So how should we approach the new plan for the next decade? We didn’t want to just update the old text, so we took time to research our progress over the last decade and our direction of travel, and discuss, argue and consider. We wanted to see what else was possible, how to go further, and what is working elsewhere.”


“This is how we like to develop a policy or programme in Slovenia – evidence-based, intersectoral, inclusive, including meaningful engagement with people with diabetes, and based on our values and principles of reducing inequalities in health and addressing determinants of health. The overall aim is of course to improve quality of life for people with chronic conditions.”

Vesna Kerstin Petrič, Director-General, Public Health Directorate, Slovenia 2021.
The state of diabetes care

In response to the rising burden of diabetes, Slovenia’s first 10-year national programme on diabetes launched in 2010 aimed to: reduce the incidence of type 2 diabetes; delay or prevent type 2 diabetes in people at high risk; increase the chances of early detection of diabetes; and reduce complications and mortality from diabetes. Its vision was to achieve this through population-wide and individual-level interventions, empowering patients to manage their diabetes and make healthy lifestyle choices. The care they received was coordinated across levels of health care and within health-care teams, and awareness in society of the burden of diabetes on individuals, families and communities grew.

Implementation and progress were monitored carefully every two years in a biennial action plan, creating a list of detailed action points to guide activity over the following two years. As a result, and alongside other initiatives such as the resolution on the National Programme on Diet and Physical Activity for Health 2015–2025, these 10 years saw significant developments, particularly in primary care. These included: education of family medicine teams; capacity-building among registered nurses, clinicians and other professionals; upgraded health promotion centres; screening programmes; new diabetes management programmes; diabetic retinopathy centres; more emphasis on people at risk, particularly pregnant women; maintained access to medicines and devices; and use of key tools for establishing coordinated and integrated care, such as clinical pathways, collaborative protocols, care plans, discharge plans, and care and case coordinators.

It became clear that further attention needed to be paid to addressing inequalities in care and regional differences. Achieving further progress in creating an integrated system across the country and among different income groups depends on partnerships. The Ministry of Health has identified that partnership is not a given and needs to be cultivated, and this has to include people with diabetes.

The new programme

The development of the comprehensive programme for 2020–2030 involved an unusually extensive process of consultation, overseen by a steering group of up to 40 professionals. The Ministry of Health and the National Institute of Public Health partnered with a range of sectors and levels from across the country, nurses, clinicians, university departments, medical and nursing schools, patients and their organizations, professional organizations in areas such as pharmacology and ophthalmology, and the National Health Insurance Agency. The steering group met nine times. People were interviewed, emails were exchanged and workshops were held. The debate also involved the public.

The first draft ran to 150 pages and was deemed too long. The process continued and it then ran to 180 pages as efforts were made to balance public health and medical details. Finally, it was cut to a manageable size. It was considered important that the public should understand and be able to engage with the programme, so the vocabulary had to be non-technical and messages needed to be clear. Work was done with an agency to develop a logo and visuals for a campaign.

The programme’s objectives are familiar – to strengthen population health, delay or prevent type 2 diabetes, reduce complications and mortality from diabetes and improve quality of life. Continuous professional development for staff is also a key element. But a consensus formed around three principles that are important for innovation, equitable access to care and further progress:
the empowerment and involvement of people with diabetes managing their condition through training, support and general health literacy;

the importance of tackling inequality and improving the social determinants of health; and

the need to fully embrace a community-focused approach to achieving evidence-based and integrated care that ensures quality and safety and can adapt to the changing needs of people with diabetes.

This reflects the fact that diabetes is not only a health challenge, but also a wider social, societal and economic challenge due to its high prevalence and severe consequences.

What happens now?

As the next decade develops, so will the awareness, knowledge, skills and attitudes of health-care professionals and people with diabetes. They will better understand how the condition can be prevented, delayed or managed in an integrated way. The work will go more local, using new tools and approaches. Since 2021 rapid progress has been made across the country, with systematic training, tools and materials provided for health-care professionals on new national diabetes dietary guidelines, and on a harmonized pathway for women with gestational diabetes including care after birth. Patient education and empowerment has increased: since 2022 all patients in primary care throughout Slovenia are entitled to educational group workshops if they are at risk of developing diabetes. People who already have type 2 diabetes can attend targeted group workshops, and a five-session group programme. Structural educational programmes have been developed and evaluated, with digital support, on type 2 diabetes, and the national diabetes guidelines have been refreshed. These initiatives all carry a familiar logo and identity: the blackbird.

Dr. Zaletel explained that a lot of thought went into this choice. “Its name is Stefan because the ministry of health is in Stefan Street, and the blackbird is like diabetes because it is common, it lives in all environments, it stays all your life, and it has a hopeful song! On social media this really works well.”
“On average, a person with diabetes thinks about their disease every 20 minutes, every day, for the rest of their life. Diabetes is therefore a huge burden and affects quality of life. Every day, a person with diabetes makes decisions and wonders about things that affect the outcome of treatment: which food to choose and in what quantity, how to get as much exercise as possible, whether to give up smoking and how, what is their body weight, have they taken the pills on time and are any of them causing problems, are they using the blood sugar meter correctly, have they measured their blood sugar accurately and what does the value mean, what dose and type of insulin should they use, how should they adjust their insulin dose because they plan to walk faster, how do they avoid too low blood sugar values and many other questions.”


“WHO has been supporting the diabetes programme in Slovenia over a number of years and we are pleased to see the progress made and overall approach taken. Promoting health, preventing noncommunicable diseases and improving care requires programmes with a visible commitment to dedicated and specific public health efforts, and Slovenia’s newly adopted national diabetes programme is a good example of this. WHO and Slovenia are continuing to work in close collaboration to progress WHO’s European Programme of Work for 2020 to 2025 in achieving universal health coverage and addressing the determinants of health.”

Alga Rurane, WHO Representative and Head, WHO Country Office in Slovenia.

“We used to talk to people with diabetes as nurse educators, and we felt sorry for them. For example, they would say, ‘I don’t know what to eat any more, can I have a banana or not?’ So we created little characters, Florian (a person with diabetes) and Zofi (a health-care professional), to help convey the core information and make it easier to understand, so that everyone with diabetes can benefit from our guidelines and live a happier life – and know the answer to whether they can have a banana or not!”

Jana Klavs, President of National Association of Diabetes Educators, Nurses and Midwives Association of Slovenia.

“One important task is in some ways the easiest and in others, the most difficult, and that is informing people – about diabetes, about complications, and about the importance of our programmes. And the health-care teams need this information too, about new medications, devices and diabetes care procedures, and working closely with the medical team and with the patients. Whether it’s the person with diabetes or the people who care for them, they can all fight for health much better if they are properly informed.”

Robert Gratton, President of the Slovenian National Association of People with Diabetes.

“Health is not created in the health sector, but where people spend most of their time – in kindergartens, in schools, in the workplace, in the local community. This is why it is important to involve all stakeholders – government, nongovernmental organizations, the private sector, the professions, civil society and local government – in the public discourse. We, therefore, invite everyone to contribute with their suggestions and comments to improve the [National Diabetes Prevention and Care Development Programme 2020–2030], which is important for all, and which will be the basis for improving the dietary and exercise habits of the Slovenian population over the next decade.”