

National diabetes programme: Tanzania's Transition

*This [report](#) and supporting [policy brief](#) from the *Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study* examines the lesson's learnt from Tanzania's transition from a donor support project to a sustainable national diabetes programme.*

In 2019 a review was published on the impact of insulin donation programmes in ten low- and middle-income countries (LMIC) over the period 2009-2015.[\[i\]](#) This study led to the formulation of a ten-step process for the transition from a donation-supported project towards a national diabetes programme (Box 1). Tanzania has been in the process of such a transition since 2005. Despite some remaining challenges, development of the diabetes programme in Tanzania can in many ways be considered successful and may serve as an example for other countries. In this policy brief an analysis is presented of the factors contributing to its achievements, and a few lessons learnt in the transition.

Short history of the national diabetes programme in Tanzania

In around 2004 the public sector in Tanzania faced increasing shortages of insulin, and no services existed for children and youth living with type 1 diabetes. In 2005 the Tanzania Diabetes Association (TDA) started donation-supported projects with Life for a Child (LFAC), and later Changing Diabetes in Children (CDiC) (in 2009). These projects included financial and technical support, as well as free insulin and essential supplies from Eli Lilly and Novo Nordisk. Since then:

1. Dedicated clinics for children and youth with type 1 diabetes have been established in 38 zonal and district hospitals across the country.
2. General diabetes clinics are established in all district and referral hospitals.
3. A national register of patients with type 1 diabetes has been established.
4. National clinical guidelines for the diagnosis and treatment of diabetes, and a national list of essential medicines have been developed and are regularly updated.
5. In-service training of health workers in managing diabetes has been integrated into national health worker training programmes for non-communicable diseases (NCDs).
6. Diagnosis and treatment of diabetes has been included in the package of the Community Health Fund and in the National Health Insurance Fund.
7. Patient support and advocacy groups have been established.
8. Recently, distribution of donated insulin is integrated with public medicine supply.

Some challenges remain to further refine the programme:

- Supply system: After the supply of donated insulin was integrated with the general public medicine supply system, it suffered from periods of irregular supply and stock-

outs. This is unacceptable for insulin, and special provisions are being made.

- Human resources: More health workers at the health centre level need to be trained and supported to bring diagnosis and treatment closer to people's homes; and compensate for frequent staff movement and attrition.
- Access to syringes and test strips: The maximum monthly numbers of test strips and syringes reimbursed by the National Health Insurance Fund are insufficient, and need to be increased.
- Health outcomes: Blood glucose control and health outcomes need to be further improved.[\[ii\]](#)

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[\[i\]](#) Hogerzeil HV, Recourt S. The importance of insulin donations for children in 43 low- and middle-income countries. *Journal of Public Health Policy*, 2019: 40(2), 253-263. DOI10.1057/s41271-018-00159-w

[\[ii\]](#) Najem S, Majalima ES, Ramaiya K, Swai ABM, Jasem D, Ludvigsson. Glycemic control and complications of type-1 diabetes among children in Tanzania. *J Clin Transl Endocrinology* 2021 See: <https://www.sciencedirect.com/science/article/pii/S2214623720300983> (assessed 3 May 2022)
