Peer support in diabetes management – time for a change

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Diabetes management involves more than just medical treatment (healthcare providers prescribing insulins and other medications to people with the condition in order to avoid or postpone diabetes complications); it is far more complex. People with diabetes are required to take responsibility, with the help of professional educators, for the day-to-day management of their condition. A major challenge inherent in diabetes management is striving to become a fully participating, active, productive member of society. Importantly, healthcare systems are not able to address this issue or the major societal obstacles to diabetes management, such as diabetes-related discrimination in the school or workplace. This article provides an update on the World Health Organization's 'Peer support programmes in diabetes', a report based on a meeting of representatives from 25 countries, at which some concrete conclusions were reached and recommendations made.

In diabetes, peers are understood to be either people who have the condition or those affected by it – such as a parent of a child with diabetes. The World Health Organization (WHO) recognizes peer support as a promising approach to diabetes management. People with diabetes and those affected by the condition are able to help other people with diabetes and their family to cope effectively with a range of demands and challenges involved in diabetes management, and in their struggle against discrimination. Peer support occurs formally in many parts of the world as part of diabetes education and support programmes, and informally among friends living with the same condition who offer each other advice and support.

Among the conclusions of a recent WHO consultation on peer support in diabetes

A blood glucose checking session for people with diabetes organized by the Mo Po Tsyo Patient Information Centre in Cambodia.

management, a critical point was highlighted: the status of peers as volunteers, not employees. The role of a peer and the contributions of a peer to diabetes care are recognized by their community, but remunerated only in terms of expenses – travelling, materials. The role of a peer does not compete with or replace in any way the role of professional diabetes healthcare personnel.

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A great deal to offer

Peer support interventions constitute an appropriate means for healthcare systems to help people to manage their chronic condition(s), and are being implemented increasingly. The central premise is that people with shared experiences, striving to overcome common challenges, have a great deal to offer one another in terms of knowledge, expertise and emotional support. This is of great value, given that almost every daily diabetes-related decision is made by people with the condition without input from healthcare services. Peers are able to share learning and provide encouragement in a way that is beyond the capacity or understanding of others, including many healthcare providers. Peer support interventions can help people with diabetes to self-manage their condition more effectively without putting additional strain on either healthcare costs or the global shortage of healthcare personnel.

Core competences for peer supporters include the ability to communicate clearly, a willingness to learn, confidence, flexibility and reliability. Peers need a variety of skills: in problem solving, communicating, decision making, identifying and accessing healthcare resources; a comprehensive understanding of the management principles of diabetes and of the psychological responses to the condition are of key importance.

Modern methods of communication are useful in the process of training peers, and lend themselves to the process of peer support itself. Telephone-based

peer support interventions and Internet-mediated peer support programmes for diabetes have proven effective and highly beneficial.

IDF and peer support

The International Diabetes Federation (IDF) has a strong record in the fields of medical guidelines and health professional education. The application of the scientific findings of diabetes researchers in global evidence-based care guidelines is a major achievement.

> **Soldiers in the war against diabetes are waiting for concrete help from IDF.**

IDF should now give more attention to peer support. Initiating a robust plan to strengthen poorer Member Associations as much as possible in terms of their peer support activities ought to be a priority. Making means of communication available especially in poor countries could form part of a broadened remit for IDF. Indeed, in general, a great challenge for IDF lies in the development of its Member Associations. In these Associations, many thousands of the peers mentioned above are present. These soldiers in the war against diabetes might benefit from concerted IDF support.

Responding to diversity

The WHO report, 'Peer support programmes in diabetes', concludes that there is still much to learn about how best to organize and deliver effective peer support programmes, which types of programmes are best for different types of people and settings, and how best to integrate peer support interventions into other clinical and outreach services. Peer-led face-to-face self-management programmes have been shown to lead to small, short-term improvements in participants' self-efficacy, self-rated health, and cognitive symptom management. Importantly, the available evidence indicates that ongoing support may be required to sustain benefits over the long term.

With some notable exceptions, most of the available evidence on peer support interventions has been generated in high-income, Anglo-Saxon countries. Translating these findings to low- and middle-income countries and different cultural settings should be done with caution. People with diabetes living in different parts of the world and their families, healthcare workers, and communities are likely to have widely varying views of the roles and contributions of peer support. The implications of variations in the structure of and support available from healthcare system also require further consideration.

> **IDF must take the lead with peer support. We cannot wait any longer.**

Successful initiatives

It should be stressed that effective initiatives are ongoing in the field of peer support in diabetes. For example, in Cambodia the MoPoTsyo Patient Information Centre has implemented a project that supports people with type 1 diabetes and those with type 2 diabetes (www.mopotsyo.org). The MoPoTsyo Patient Information Centre involves people with diabetes as volunteers to make their healthcare system more responsive. Some become peer educators; MoPoTsyo organizes their training and supervision.

Another good example is the work of the non-profit organization Kids & Care in South Africa. It deploys a nationwide educational and communications programme. Very good peer education materials are available in book format and on DVD – also available in French in Mali and Ghana; soon to be made available in Congo and Central African Republic (www.kidsandcare.co.za). The Kids & Care peer support book 'Here I am … with my diabetes' was launched recently.

A call to action

The WHO report stated that further research is required before the organization can officially recommend peer support interventions as a policy option for diabetes management. This disclaimer is a tremendous challenge to IDF and its Member Associations. Peer support models are very promising. They are effective in some high-income countries and increasingly they represent a potentially important policy option for low- and middle-income countries. IDF has an excellent opportunity to take the lead on peer support. Let us act now.

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Wim Wientjens has lived with diabetes for 57 years. He is an IDF vice president.

The WHO report, Peer support programmes in diabetes, is available at www.who.int/diabetes/publications/en