

## Roundtable Discussion

### **Recommendations for Inclusion of Type 1 Diabetes Mellitus (T1DM) in the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD)** **August 13, 2024, New Delhi**

This document presents key recommendations developed by a diverse group of experts and stakeholders working on Type 1 Diabetes Mellitus (T1DM), facilitated by the People to People Health Foundation under the DEESHA Alliance. Over 69 respected individuals from various fields, including government, non-governmental organizations, civil society, corporate leaders, industry networks, bilateral development institutions, patient networks, medical institutions, academia, research, clinical experts with T1DM expertise, and people living with T1DM, participated in the Roundtable Discussion on "**Recommendations for Inclusion of Type 1 Diabetes Mellitus (T1DM) in the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD)**" on **August 13, 2024**.

Through a collaborative and participatory process, the recommendations of over 100+ members from this multi-stakeholder roundtable followed by online inputs from DEESHA were reviewed, synthesized and prioritized to create a list of recommendations for taking urgent actions based on evidence, needs, and experiences. The purpose of these recommendations is to contribute to strengthening the NP-NCD by incorporating T1DM.

Following are the recommendations from the deliberations:

#### **High Priority Recommendations**

1. We call for the **Inclusion of T1DM under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD)** and **sustainable funding mechanism and budgetary allocations** to ensure sustained treatment via easy access and free supply of insulin, glucometer strips, lancets, glucose monitoring devices, and reliable insulin storage facilities along with diabetes education.
2. We call to formulate guidelines for **Medical insurance policies** to include comprehensive coverage for people living with T1DM, addressing not only the condition but also related complications and long-term care needs.
3. We call for **Closing financial access gaps** for people living with T1DM by creating additional livelihood opportunities for them, their parents, caregivers and families to sustain the treatment of T1DM. Create patient support groups and pool funding provisions.
4. We call for a **Complete waiver of taxation (GST and customs duty) on all types of insulin and other essential items e.g. glucometers, glucometer strips, needles,**

**syringes, glucose monitoring systems, etc. for the treatment of T1DM.** We also call for the inclusion of T1DM drugs to be tax-free and to be included in the Essential Drug List (EDL).

5. We call for **Earmark budget for education, awareness, research and prevention of complications** for T1DM. Establish a public-private partnership mechanism for a national **education and awareness building program** for the healthcare providers, schoolteachers, parents and community.
6. We call for specialized and mandatory **Capacity Building and Training Programs for healthcare providers, allied health professionals and Community Health Workers (CHWs)** on improving knowledge and role clarity for T1DM in early detection, routine management, emergency care and self-management education. We also call upgradation of medical education curriculum with T1DM. Similarly **training for schoolteachers and parents** in identifying early signs, managing chronic conditions, and fostering inclusivity.
7. We call for investing in **Improving healthcare infrastructure, establishing Centers of Excellence and ensuring the availability and uninterrupted essential supplies**, considering the recurring cost of glucometers, glucometer strips, lancets, needles, etc. at the primary and secondary healthcare centers.  
Other pointers in making T1DM-friendly healthcare systems are:
  - Consider learnings from the existing state model for inclusion of T1DM in the NP-NCD.
  - Strengthen cold chain management for the availability of insulin at the primary healthcare facility.
  - Inclusion of all hospitalization conditions related to T1DM into the Pradhan Mantri Jan Arogya Yojana (PMJAY) scheme.
  - Ensure the availability of all types of insulin, glucometers, glucometer strips, needles, lancets, and glucose monitoring devices at Jan Aushadhi Kendras.
8. We call to **Introduce and enforce anti-discrimination policies and guidelines across schools, workplaces and healthcare settings** to support people living with T1DM from stigma and bias.
9. We call to **Implement comprehensive guidelines and protocols** for the timely diagnosis and standardized management of T1DM and its emergencies across all healthcare levels.
10. We call to **Promote increased collaborative actions and coordinated engagement among key stakeholders**, including the education and health department schemes such as Integrated Child Development Scheme (ICDS), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), other related ministries, Niti Aayog, Indian Council of Medical Research (ICMR), peer support groups and Non-Governmental Organizations (NGOs).

11. We call to **Establish a patient registry, follow-up mechanisms and a referral system to monitor patient outcomes**, ensure continuity of care, and track the long-term effectiveness of interventions.
12. We call to **Launch national awareness campaigns** featuring popular celebrities, T1DM champions, and experts to promote normalization and understanding of T1DM.

### ***Additional Recommendations***

1. Plan to ensure equitable access to emerging innovations and invest in domestic innovations for T1DM management.
2. Develop separate guidelines for managing NCDs in children.
3. Improve understanding of nutritional labeling and develop policies around sugar content and High in Fat, Salt, and Sugar (HFSS) foods through Food Safety and Standards Authority of India (FSSAI).
4. Formulate health economics policies and involve patient groups in policymaking.
5. Create provisions for technology-based solutions, such as apps and telemedicine.
6. Increase funding through Corporate Social Responsibility (CSR) and Public-Private Partnership (PPP) models.
7. Establish and institutionalize support groups for parents and people living with T1DM.
8. Inclusion of T1DM management in Helpline no. 104.
9. Secure funding from both central and state government budgets for T1DM.
10. Develop a unique ID/Emergency card or ABHA ID with comprehensive medical data, records, that can be used for emergencies and regular treatment.
11. Including T1DM in Rule 11DD of the Income Tax Act, so that parents and people with T1DM can claim the expenses incurred in the treatment of their diseases under 80DDB.

There is a pressing need for all key stakeholders to collaboratively address the current and future challenges of T1DM in India. It is a challenge that requires effective action across a number of sectors and actors (government, civil society, business, research, and development partners). Failure to intensify our actions and find solutions will cast a long shadow. To do so, we must act together, effectively and in alliances.

We have our personal commitment toward these recommendations and will ourselves work together in this effort with the government.

***Disclaimer: PPHF facilitated the process and provided administrative support for this document. The contents of this document do not necessarily reflect the views of PPHF.***

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