CASALUD

With diabetes affecting 14.7 percent of its population, Mexico has one of the highest diabetes burdens in the world[1]. In the next 20 years, this already-heavy burden is expected to grow by nearly 75%. While the Mexican government provides universal health coverage, many challenges remain to controlling diabetes including increasing health costs, an aging population, and strained resources.

Throughout Mexico, diabetes is largely managed by specialists in clinics. However, more than half of the population accesses healthcare through government-managed primary care clinics, which must subsequently address the needs for people with diabetes and other chronic care conditions in addition to providing general primary care.

CASALUD is a model to revolutionize primary care for detecting, preventing and treating diabetes and other noncommunicable diseases. Developed by the Carlos Slim Foundation and supported by the Lilly NCD Partnership, CASALUD is making quality diabetes care more accessible for millions at risk or already afflicted by diabetes.

Focused on primary care clinics, CASALUD is strengthening system capacity by enhancing staff skills and clinic programmatic operations, increasing the adequate supply of lab tests and medical supplies, and using technology to facilitate prevention, diagnosis and care.

CASALUD began as a pilot project, but its effectiveness was quickly realized by the government. In 2013, the government adopted CASALUD as part of its strategy against obesity and diabetes and decided to make this available throughout the country. With the

[1] http://www.idf.org/membership/nac/mexico

national rollout at hand, the Lilly NCD Partnership stepped in to evaluate the implementation of this model, to document resulting patient outcomes and identify refinements during the scale up. This work involves using these data to further validate the model, improve it, and facilitate its implementation nationally. The focus of the partnership is to conduct research and evaluation in five areas: health results, assessment of the deployment, supply chain and stock monitoring, patient empowerment, and detection of diabetes.

As of 2016, CASALUD has been scaled up in 27 states – reaching over a million people[2] – and learnings from the pilot helped improve the model as it is being adopted by these states.

While CASALUD was specifically designed – and continues to be refined – for the Mexican health system, this is a primary care model with possible learnings for diabetes care in other countries. Because of the integral data collection and interpretation, CASALUD findings are being published and offer lessons for others seeking to develop or enhance primary care of diabetes.

[2] http://oment.uanl.mx/tablero-de-control-de-enfermedades/