

Annex 12E. Gathering and Analyzing Stakeholder Perspectives to Prioritize Interventions

Supplementary material for: Ali, M., K. Siegal, E. Chandrasekar, N. Tandon, P.A. Montoya, and others. 2017. “Diabetes: An Update on the Pandemic and Potential Solutions.” In *Cardiovascular, Respiratory, and Related Disorders* edited by D Prabhakaran, S Anand, TA Gaziano, J-C Mbanya, Y Wu, and R Nugent. Volume 5 of *Disease Control Priorities, third edition*. Washington, DC: World Bank.

To identify which interventions to prevent and control diabetes are considered priorities, we performed a systematic two-round Delphi process with a panel of leading experts representing diverse geographic regions characterized by varying levels of financial and human resource constraints, specifically Africa (Cameroon, South Africa, Tanzania), Asia-Pacific (Australia, China), Europe (Finland, United Kingdom), Latin America and the Caribbean (Argentina, Colombia, Peru, Trinidad), the Middle East (United Arab Emirates), and South Asia (India). A total of 20 experts in academic and governmental sectors were approached, and 13 responded. Individuals were defined as “experts” if they held a senior position as a professor in diabetes or a related topic at a major research university or were a director or adviser to a governmental or nongovernmental organization.

Round 1 was an “informed” assessment in which respondents were provided an adapted list of priority interventions identified by Narayan and others (2006), which used an informal process and relied on the opinions of a limited number of experts. Participants in this round were asked to rank each intervention in terms of priority (on a scale of 1–5, where 1 indicates low priority and 5 indicates high priority). Participants were also asked to score each intervention based on four criteria of feasibility (each on a scale of 1–5, where 1 indicates low feasibility and 5 indicates high feasibility):

- *Reach*. Ability to reach the target population
- *Technical complexity*. Level of medical technologies or expertise needed to implement an intervention
- *Capital intensity*. Amount of capital resources required for an intervention
- *Cultural acceptability*. Appropriateness of an intervention regarding social norms or religious beliefs in the respondent’s geographic region.

Round 2 was an “uninformed” assessment to identify the most important innovative strategies and tactics to achieve the priorities described in round 1. Respondents were asked to provide a list of up to 15 innovative or novel strategies that would facilitate diabetes prevention and control in LMICs. This process yielded 106 strategies, which we then organized into 15 intervention categories.

Finally, to collate rankings for the interventions identified in round 1, we calculated the average score for priority and each of the four categories of feasibility as well as an average score for feasibility. For round 2, we enumerated how many times each of the 15 strategies was mentioned by expert respondents.

References

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