Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Out on a limb: living with diabetes in the Philippines during the pandemic

The COVID-19 pandemic substantially compromised the delivery of many essential health services across the globe. In the Philippines, health practitioners consider people with diabetes as direct and collateral victims of the pandemic,[1] as they experience unintended neglect due to the disruption of care. Both types of diabetes are well recognised risk factors for severe COVID-19 outcomes. People with diabetes require close monitoring and care, but local quarantine measures[2] made access to multimodal diabetes management extremely challenging in the Philippines.

In the Philippines, as in many other nations, extensive lockdowns affected public transportation and restricted mobility.[1] People with diabetes from remote areas missed prescription refills and follow-up consultations, resorted to home remedies, and relied on neighbours with similar experiences for medical advice.[2] These compensatory alternatives served as cost-saving mechanisms for families affected by unemployment and job loss, which affected the purchasing power[2] of people with diabetes and their families for medicines and related essentials. Access programmes to anti-hyperglycaemic agents were also temporarily halted,[1] further exacerbating the financial burden of diabetes mellitus care. Even with telemedicine and private care as alternatives, these remained largely inaccessible to many patient groups.

Tertiary institutions, which were mostly government facilities, were designated as COVID referral centers.[2] This interrupted non-COVID services, resulting in non-compliance to prescription, poor glycaemic control, delays to consultation, and increased risk for diabetes-related morbidity and mortality.[1] Orthopaedic centers that treat people with diabetic foot ulcers were among those that had to adjust. Non-operative outpatient management, including initiation of offloading devices and wound monitoring, was consequently temporarily suspended. In the Philippines, diabetic foot ulcers progressed to severe soft tissue infections that required amputations, and ongoing work from the authors of this Correspondence suggests a three-fold increase in emergency major amputations from 2017 to 2020, and another two-fold increase from 2020 to 2021. Deaths due to diabetes, both related and unrelated to COVID-19, also increased by 7·8% from 2019 to 2020,[3] and by 17·5% from 2020 to 2021.[4]

This circumstantial neglect truly and quite literally costs lives and limbs. However, the inadequate urgency in diabetes care in the Philippines can be traced back to before the onset of the COVID-19 pandemic with the deficient subsidy of maintenance medication from the rollout of the primary benefit package for diabetes.[5] Social and structural support for lifestyle modification is also scarce. Adequate nutrition is often unaffordable, public spaces are barely conducive for safe physical activity, and health literacy remains low.[1]

Diabetes continues to be the fourth leading cause of mortality in the Philippines.[4] Chronic complications are very debilitating with far-reaching consequences. Families, particularly

households of manual labourers, also absorb the burden, and the high costs of treatment can push them further into poverty. More than financial aid provision, it is crucial to increase efforts on preventive and health-promoting strategies. Telemedicine must be integrated into local health systems, but primary-care units first need the capacity to deliver services in general and more consistently reach patients in remote areas. These reforms require substantial but worthwhile government investments in infrastructure and human health resource development. Interagency collaboration is likewise necessary to support implementation and facilitate improved access to diabetes care and related services. Finally, there must be a conscious effort to reorient the structure of health delivery towards a system that empowers patients to take active roles in their own care and creates a culture of accountability that would hold the self, the structures, and the institutions responsible to achieve better health outcomes.

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