



# Evaluating the Effectiveness of Peer-Led Diabetes Self-Management Education on Glycaemic Control in Kampala's Public Clinics: A Policy Analysis for Uganda

Nakato Mirembe<sup>1,2</sup>, David Kigozi<sup>3</sup>

<sup>1</sup> Uganda Christian University, Mukono

<sup>2</sup> Department of Pediatrics, Kampala International University (KIU)

<sup>3</sup> Department of Epidemiology, Uganda Christian University, Mukono

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**Correspondence:** [nmirembe@yahoo.com](mailto:nmirembe@yahoo.com)

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## Author notes

*Nakato Mirembe is affiliated with Uganda Christian University, Mukono and focuses on Medicine research in Africa.*

*David Kigozi is affiliated with Department of Epidemiology, Uganda Christian University, Mukono and focuses on Medicine research in Africa.*

## Abstract

Type 2 diabetes is a significant public health challenge in Uganda, with suboptimal glycaemic control common among patients. Public clinics in Kampala face resource constraints that limit the provision of intensive, individualised patient education. Peer-led diabetes self-management education has been suggested as a policy intervention to improve outcomes and reduce health system burdens. This policy analysis evaluates evidence on the effectiveness of peer-led diabetes self-management education programmes in Kampala's public clinics. It aims to synthesise findings on their impact on glycaemic control and to formulate evidence-based recommendations for potential national health policy integration. A systematic policy analysis was undertaken. This included a review of relevant programme documentation, grey literature from the Ugandan Ministry of Health, and a synthesis of available local evaluation studies. A health policy framework was applied to assess programme feasibility, acceptability, and potential health system impact. The analysis identified consistent evidence linking peer-led education to improved glycaemic control. A recurring theme was the enhancement of patient motivation and self-efficacy. One evaluated programme reported a clinically significant reduction in average HbA1c levels among participants, with a substantial proportion achieving their target glycaemic range. Peer-led diabetes self-management education is a promising, culturally acceptable, and potentially cost-efficient adjunct to standard clinical care for type 2 diabetes in Uganda. It addresses health system constraints by utilising community resources. Pilot the integration of structured peer-led education within chronic care packages at selected public clinics. Develop national guidelines and training curricula for peer educators. Establish a monitoring and evaluation framework to assess long-term outcomes and cost-effectiveness to inform future scale-up. Diabetes mellitus, type 2; peer group; self-management; health policy; Uganda This analysis provides a consolidated evidence base for policymakers considering the integration of peer-led diabetes education into Uganda's national health strategy. It highlights the intervention's potential benefits within a resource-constrained public health system.

**Keywords:** *Peer-led education, Glycaemic control, Type 2 diabetes, Sub-Saharan Africa, Self-management, Policy analysis, Non-communicable diseases*

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