

A CALL TO ACTION ON DIABETES

International Diabetes Federation
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**International
Diabetes
Federation**

FOREWORD

by IDF President, Jean Claude Mbanya

No country is immune to diabetes. No country has all the answers to this common enemy. No country has yet managed to reverse the rising prevalence. Defeating diabetes will take every ounce of commitment and ingenuity that we can summon.

Diabetes is one of the four priority non-communicable diseases (NCDs) identified by the World Health Organization (WHO), along with cardiovascular disease, cancer and chronic respiratory diseases. It is a chronic, incurable, costly, and increasing but largely preventable NCD which is responsible for millions of deaths annually, debilitating complications, and incalculable human misery.

Over 300 million people worldwide have diabetes now. If nothing is done, this will rise to 500 million within a generation. Failure to act now condemns our children and their children to a future of ill-health and poverty. Yet there is no sense of urgency or public outrage. Future generations will demand an explanation for why we sleepwalked into this global catastrophe.

This Call to Action brings **four headline messages** to the world from the global diabetes community:

- **Diabetes is a major global threat to human security and prosperity.**

Diabetes kills and disables, impoverishes families, imposes a huge economic burden on governments and business, and overwhelms health systems. It affects rich and poor, young and old. The majority of people with diabetes are in low- and middle-income countries and have limited access to affordable treatment.

- **The global failure to invest in diabetes has led to the current crisis.**

The evidence of the magnitude of diabetes and acceptance that action is necessary has been largely ignored by policy makers. Serious investment is needed now in essential diabetes medicines and technologies, proven diabetes management and care, and research into the causes of diabetes and a cure.

- **The news is bad but we have the solutions.**

Most diabetes can be prevented or delayed. Investment in prevention makes economic sense. Effective, low-cost treatments and care exist for diabetes that cannot be prevented. With early diagnosis and effective management, people with diabetes can live long, healthy and productive lives, and health systems can save on expensive complications such as kidney failure, blindness and amputations.

- **Diabetes affects everyone and requires a collective response.**

Diabetes is not just a health issue. Its causes are diverse. Its impact is felt by all of society. The solutions and response must therefore be multi-sectoral and coordinated.

The International Diabetes Federation (IDF) invites governments, business, the United Nations and international bodies, civil society, health professionals, researchers, philanthropic organisations and the general public to join together in a coordinated movement to defeat diabetes and related NCDs. This Call to Action outlines the case for investing in diabetes. It aims to complement and build on existing plans such as the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases.

With the right policies, commitment and investment, and relentless determination, we can and will make a difference to diabetes for current and future generations. This is a battle we cannot afford to lose. We must unite to take action NOW.





With over 300 million people with diabetes now and 500 million expected to have diabetes by 2030, the global diabetes epidemic represents one of the major health and development challenges of the 21st century.

WHY DIABETES?

“Diabetes is a chronic, debilitating and costly disease associated with severe complications, which poses severe risks for families, countries and the entire world.”

United Nations Resolution 61/225, 2006

DIABETES IS A HUGE AND GROWING PROBLEM

Over 300 million people worldwide have diabetes, with another 300 million at high risk of diabetes. If nothing is done, this will rise to 500 million with diabetes and a further 500 million at high risk of diabetes in less than a generation.¹

Three out of four people with diabetes are in low- and middle-income countries. China alone has 92 million people with diabetes,² and India has at least 50 million people with diabetes. The greatest increases in the diabetes population over the next 20 years will be in the Africa Region (98%), the Middle East (94%) and South-East Asia (72%).

DIABETES COSTS TO SOCIETY ARE HIGH AND ESCALATING

Diabetes results in high healthcare costs, loss of labour productivity and decreased rates of economic growth. IDF estimates that diabetes will cause USD378 billion in global healthcare spending in 2010 – equivalent to 12% of global healthcare expenditure. This is predicted to increase to USD490 billion by 2030.

Between 2005 and 2015, WHO estimates that China, Russia and India will lose USD558 billion, USD303 billion and USD237 billion respectively in foregone national income as a result of largely preventable deaths from diabetes, heart disease and stroke.⁴

DIABETES KILLS AND DISABLES

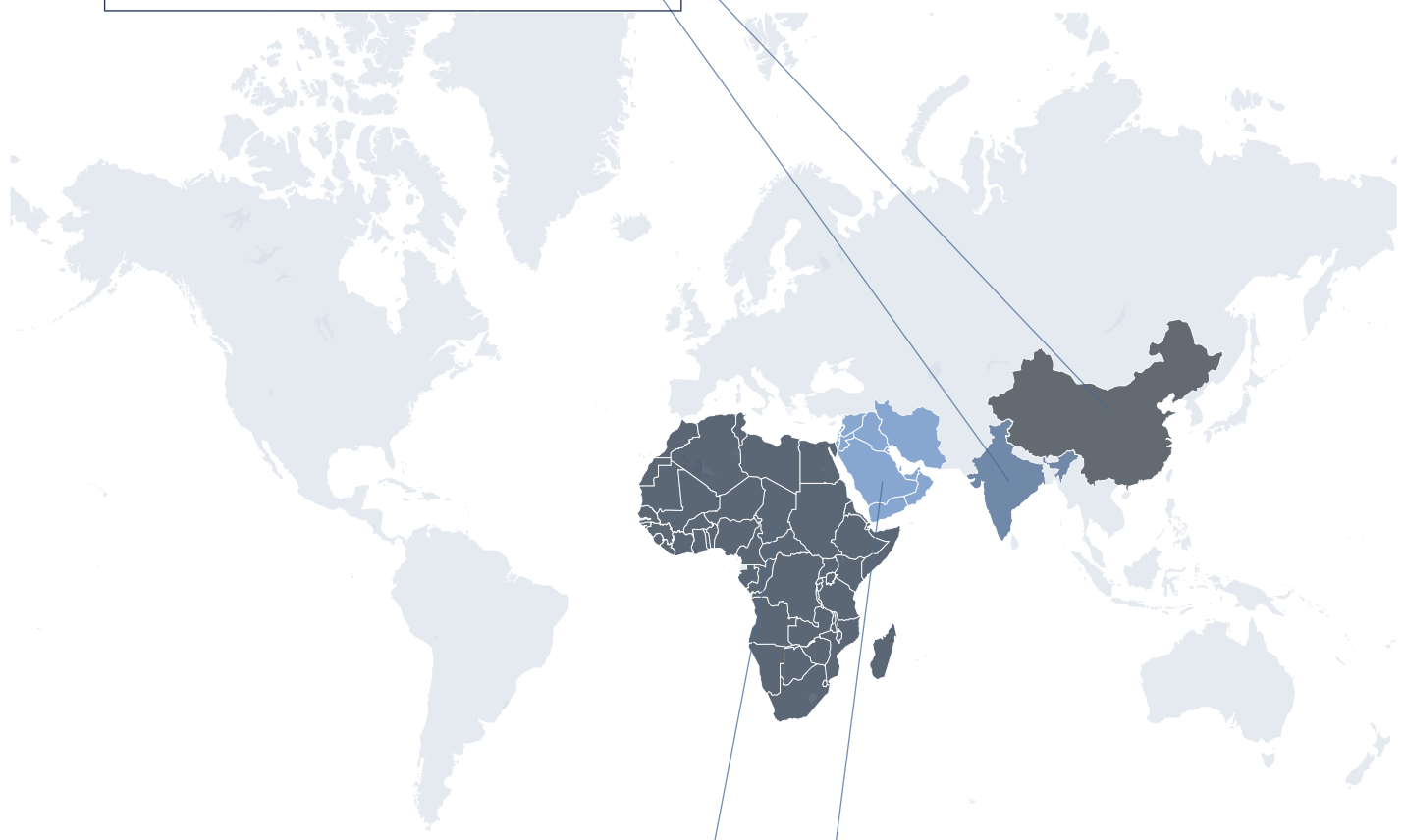
Every eight seconds, somewhere in the world someone dies from diabetes. A large proportion of the four million people who die each year as a result of diabetes are in their most productive years (40-60 years), resulting in a high economic cost to society. Many of these people live in low- and middle-income countries where there is little or no social protection for their families, posing barriers to poverty reduction and human development.

Diabetes is among the top 10 causes of disability worldwide. Tens of millions of people with diabetes suffer disabling and life-threatening complications such as heart disease, stroke, lower limb amputations, blindness and visual impairment, and kidney failure. WHO estimates that 15 million people are blind as a result of diabetes, the majority of them are in low- and middle-income countries.³ In many countries, diabetes is the commonest cause of kidney failure and lower limb amputation.

THE MULTIPLE EPICENTRES OF DIABETES

The global diabetes epidemic is exploding the world over, and there are three geographical regions that highlight this. In some parts of the world the absolute numbers of people with diabetes are massive, in others the proportion of adults with diabetes is huge, and in others still, the rate of increase expected over the next 20 years is daunting.

HIGHEST ABSOLUTE NUMBERS	
CHINA	92 million
INDIA	50 million



HIGHEST PREVALENCE RATES	
MIDDLE EAST	1 in 5 adults

LARGEST PERCENTAGE INCREASE OVER 20 YEARS	
AFRICA	98% increase

THERE ARE 3 MAIN TYPES OF DIABETES

TYPE 1 DIABETES

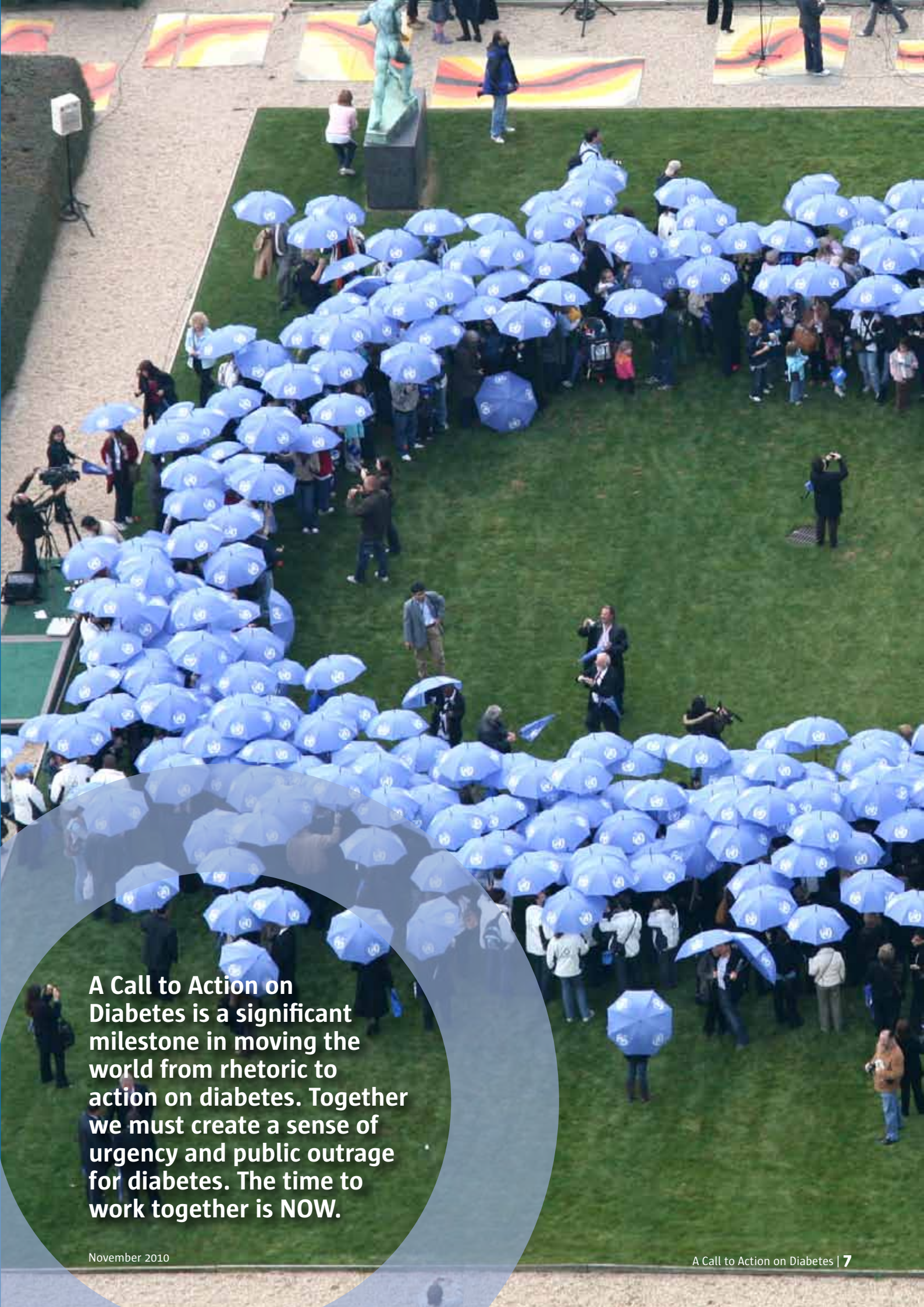
is an autoimmune disease which destroys the insulin producing cells of the pancreas. It accounts for 3-5% of all diabetes worldwide. It most commonly develops in children and young adults but can occur at any age. People with type 1 diabetes are always dependent on insulin injection for survival. Tens of thousands of children and young adults die each year for lack of lifesaving insulin. There is as yet no proven therapy to prevent or cure type 1 diabetes.

TYPE 2 DIABETES

is due to a combination of insulin resistance and insulin deficiency. It accounts for 90% or more of all diabetes globally. It most commonly occurs in middle-aged and older people but increasingly affects overweight children, adolescents and young adults. It is particularly affecting people in low-, middle- and high-income countries in their productive years. Type 2 diabetes can be prevented or significantly delayed by cost-effective interventions.

GESTATIONAL DIABETES (GDM)

is any glucose intolerance with onset or first recognition during pregnancy. It affects an estimated one in 25 pregnancies worldwide. Undiagnosed or inadequately treated GDM can lead to larger than normal babies and higher rates of maternal and infant deaths and foetal abnormalities. Women with GDM and their babies are at increased risk of developing type 2 diabetes later in life.



A Call to Action on Diabetes is a significant milestone in moving the world from rhetoric to action on diabetes. Together we must create a sense of urgency and public outrage for diabetes. The time to work together is NOW.

DIABETES IS A GLOBAL HEALTH DISASTER

DIABETES AND OTHER NCDs

Diabetes is one of the four priority NCDs identified by WHO, along with cardiovascular disease, cancer and chronic respiratory disease.

Diabetes shares common risk factors with other NCDs: Physical inactivity, inappropriate nutrition, and obesity contribute to diabetes and cardiovascular disease, cancer and chronic respiratory diseases.

Preventing diabetes also helps prevent other NCDs.

Diabetes is an important cause of cardiovascular disease:

Cardiovascular disease is the leading complication and cause of death among people with diabetes.

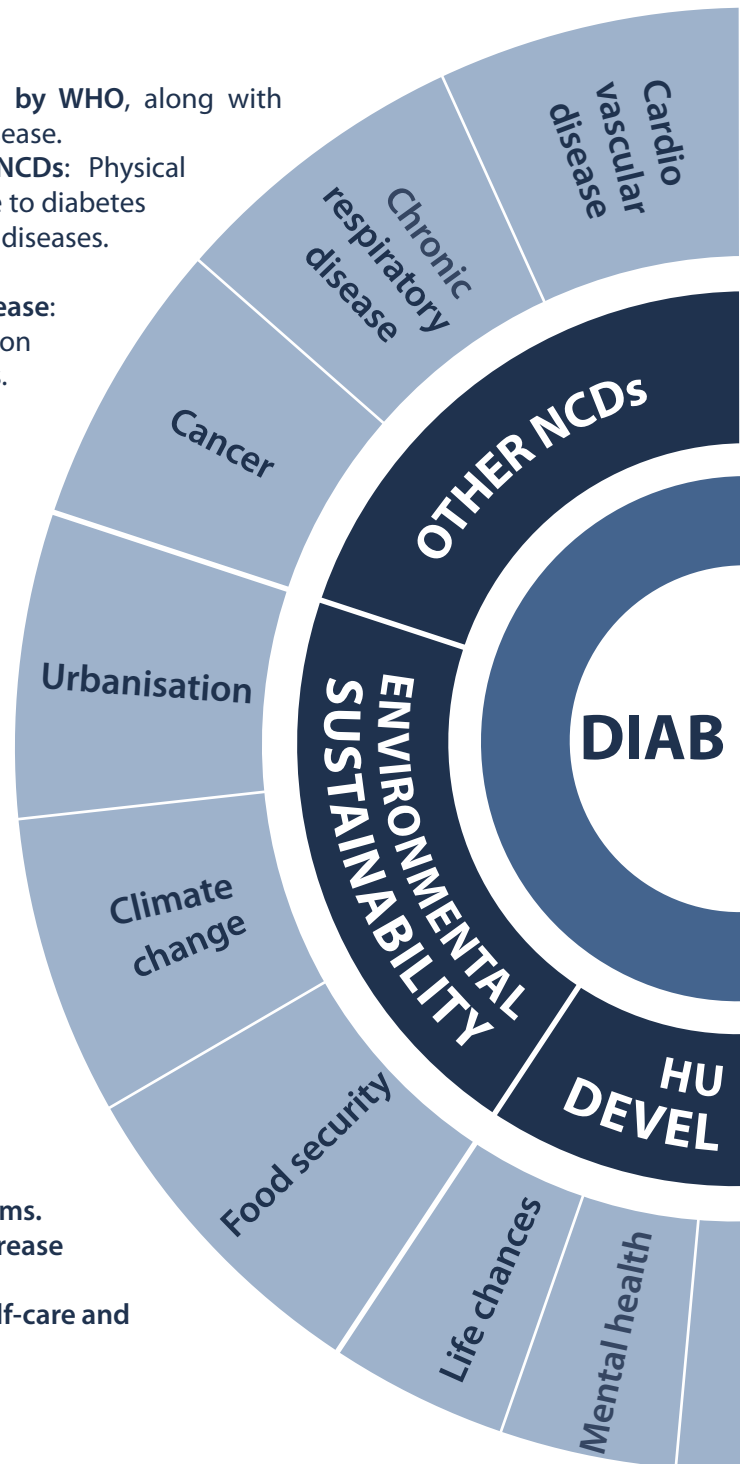
DIABETES AND CLIMATE CHANGE

Diabetes shares common risks and solutions with climate change: Well-designed towns and cities with good public transport and food systems that encourage physical activity and healthy foods can simultaneously reduce risks for diabetes and carbon emissions.

DIABETES AND MENTAL HEALTH

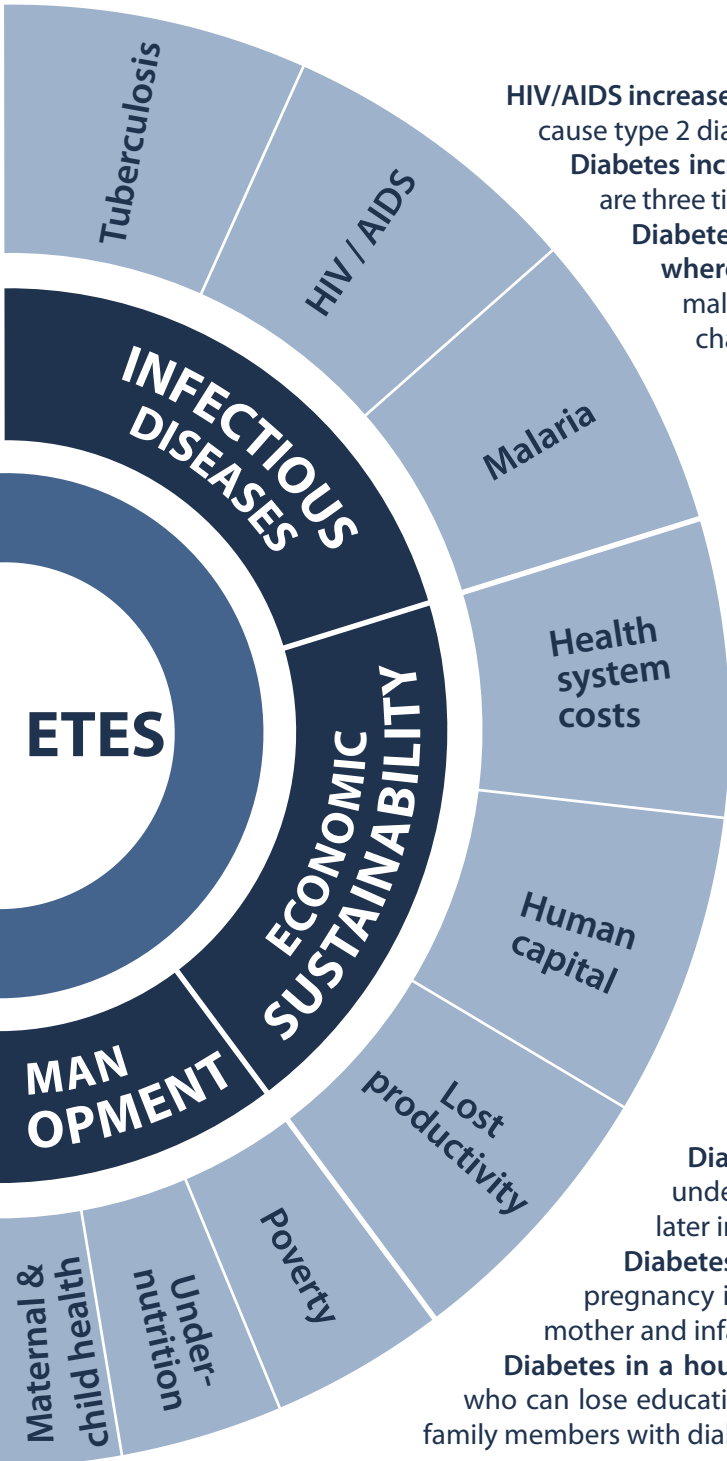
Diabetes can cause or exacerbate mental health problems. Mental health problems and their treatments can increase the risk of diabetes.

In people with diabetes, depression can lead to poor self-care and compromises quality of life.



WITH CRITICAL CONNECTIONS

DIABETES AND INFECTIOUS DISEASES



HIV/AIDS increases the risk of diabetes: Some anti-retroviral treatments can cause type 2 diabetes.

Diabetes increases the risk of tuberculosis (TB): People with diabetes are three times more likely to develop TB and more likely to die from it.

Diabetes and malaria frequently occur together in countries where malaria is endemic: In people with diabetes, both severe malaria and diabetes are harder to treat and there is a higher chance of death.

DIABETES AND POVERTY

Poverty can cause diabetes: Diabetes is increasingly common among the poor and marginalised.

Diabetes can cause poverty: The cost of treatment and/or loss of employment and income push vulnerable people and families deeper into the poverty cycle.

DIABETES AND WOMEN

Diabetes is triggered by events in the womb: Children of under- or over-nourished mothers are at higher risk of diabetes later in life.

Diabetes is a neglected cause of maternal mortality: Diabetes in pregnancy increases the risk of morbidity and mortality for both the mother and infant.

Diabetes in a household places additional burdens on girls and women who can lose educational, economic and social opportunities when caring for family members with diabetes.

WHY NOW?

4 REASONS WHY THE TIME TO ACT FOR DIABETES IS **NOW**

1. DIABETES IS A COSTLY GLOBAL RISK WITH FAR-REACHING CONSEQUENCES

The World Economic Forum (WEF) rates NCDs (including diabetes) as the second most severe threat to the global economy in terms of likelihood and potential economic loss.⁵ According to the Global Risks Report, NCDs are a global risk equal in cost to the current global financial crisis. Without urgent collective action, the effects of these risks will be felt for decades to come. The time to act for diabetes is

NOW.

2. DIABETES IS UNDERMINING ACHIEVEMENT OF THE MDGS

Diabetes is not part of the mainstream global health and development agenda and remains a glaring omission from the Millennium Development Goals (MDGs). Diabetes is severely under-funded, with only 3% of the USD22 billion health expenditure by international aid agencies in low- and middle-income countries allocated to diabetes and related NCDs.⁶ The current response is inadequate and undermines development gains and progress to date. The time to prioritise and fund diabetes is

NOW.

3. WE KNOW HOW TO TURN AROUND THIS GLOBAL CATASTROPHE

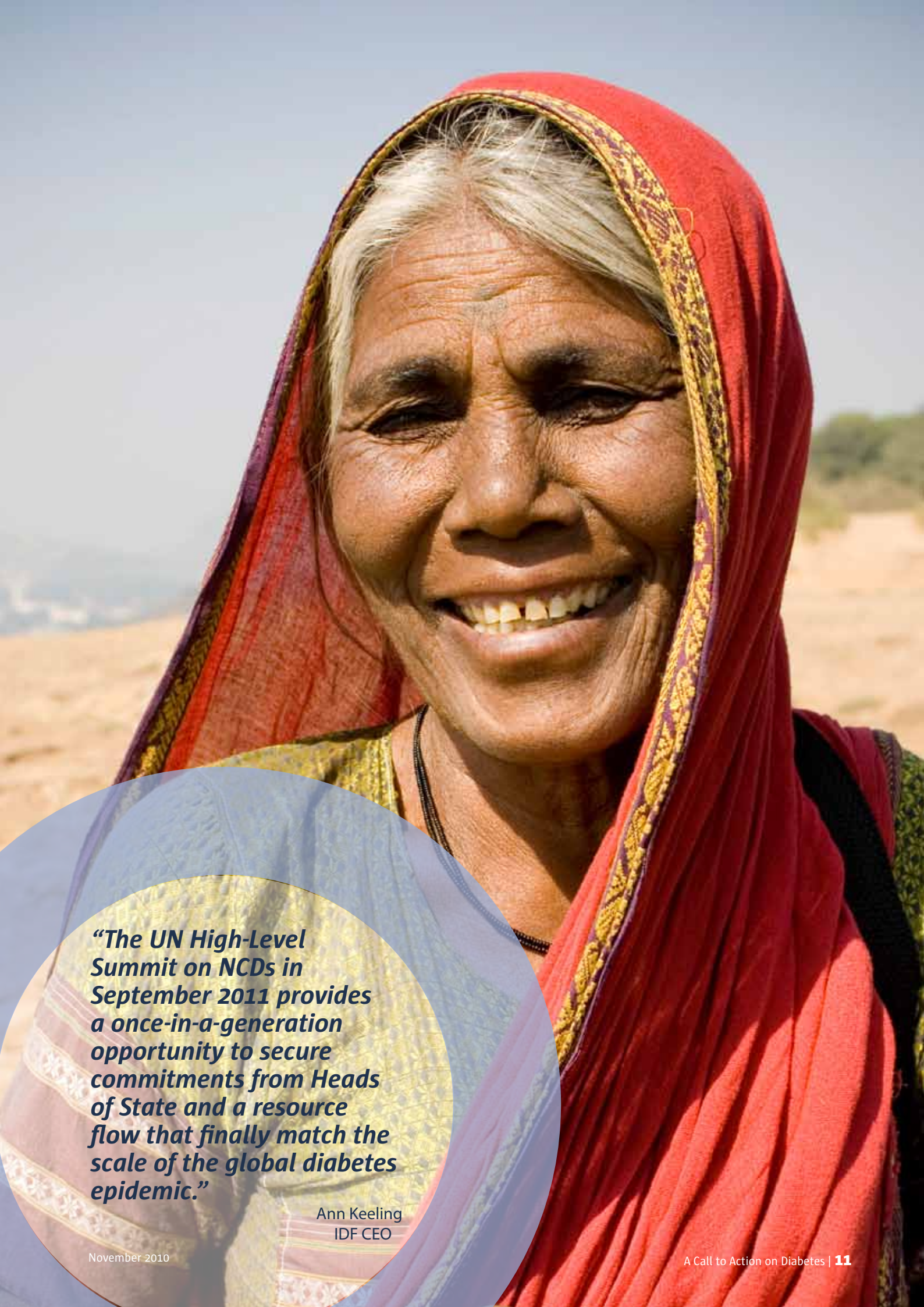
According to WHO, the majority of diabetes could be prevented if modifiable risk factors were eliminated.⁷ For people with diabetes, universal access to essential medicines and technologies is effective in reducing diabetes-related complications and cost-effective as these treatments save money for the healthcare system and person with diabetes. We know what to do – we have the evidence, we have the solutions, we have the tools, we have the skills. The time to translate evidence into practice for diabetes is

NOW.

4. WE HAVE THE GLOBAL PLATFORM TO SECURE COMMITMENTS FOR DIABETES

On 13 May 2010, the UN General Assembly led by the Caribbean Community (CARICOM) member states voted unanimously for UN Resolution 64/265 to hold a UN Summit on NCDs in September 2011.⁸ The UN Summit on NCDs has the potential to secure commitment from Heads of Government for a coordinated global response to diabetes and related NCDs, to substantially increase resources for NCDs and to save millions from premature death and disability. The time to work together for diabetes is

NOW.



“The UN High-Level Summit on NCDs in September 2011 provides a once-in-a-generation opportunity to secure commitments from Heads of State and a resource flow that finally match the scale of the global diabetes epidemic.”

Ann Keeling
IDF CEO

WHAT NEEDS TO BE DONE?

3 KEY FOCUS AREAS FOR DIABETES

1. **IMPROVE** HEALTH OUTCOMES OF PEOPLE WITH DIABETES

- Provide essential care to all people with diabetes
- Improve healthcare systems so that essential care can be reliably delivered
- Provide care and support for people with complications

2. **PREVENT** THE DEVELOPMENT OF TYPE 2 DIABETES

- Adopt a 'health in all policies' approach
- Make healthy nutrition and physical activity available to all – especially pregnant women and children
- Consider a 'high-risk' prevention programme where appropriate

3. **STOP** DISCRIMINATION AGAINST PEOPLE WITH DIABETES

- Enable people with diabetes to claim their rights and responsibilities
- Increase public awareness of diabetes and reduce diabetes-related stigma
- Empower people with diabetes to be at the centre of the diabetes response



Complications of type 1 and type 2 diabetes can be prevented or significantly delayed. The essential medicines, diagnostic and monitoring technologies and education required are cost-effective, but tragically inaccessible to many.

A sustainable system to provide the essentials to people with diabetes is required. Development and appropriate use of health services, especially primary care services, can avert costly end-stage complications and optimise the impact of funds spent on healthcare.

RECOMMENDATIONS

- **PROVIDE ESSENTIAL CARE TO ALL PEOPLE WITH DIABETES**

Essential care includes risk assessment and early diagnosis, essential low-cost medicines, supplies, treatments and self-care education appropriate to people's needs. Ensure that the safest and most proven medicines are purchased at the lowest possible prices, and improve drug-distribution systems to ensure continuity in the availability of essential diabetes medicines. Management of blood glucose, lipids and blood pressure is essential. Care for diabetes and other NCDs should be integrated into health services developed for communicable diseases to optimise return on investment and improve access to care.

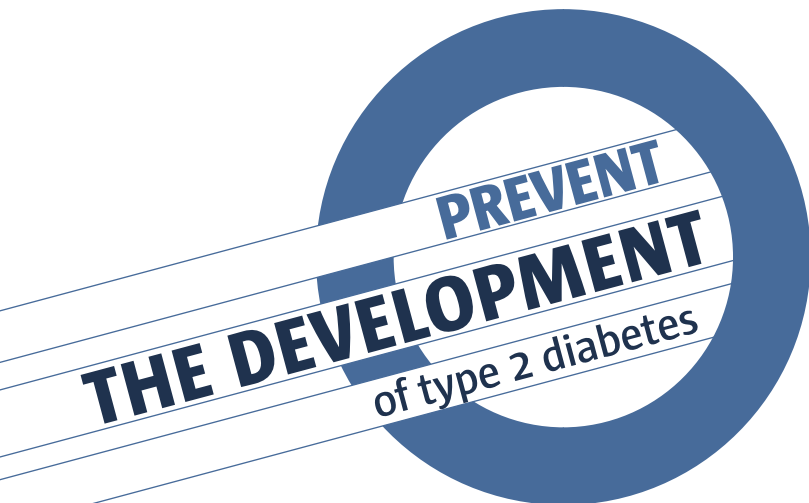
- **IMPROVE HEALTHCARE SYSTEMS SO THAT ESSENTIAL CARE CAN BE RELIABLY DELIVERED**

Improve the training, continuing education and support of health professionals so that they can identify diabetes early and know how to treat

it cost-effectively. Integrate and base training of the health workforce on "multi-competencies", covering diabetes and related NCDs and infectious diseases, to optimise the effectiveness of available resources. Create shared record keeping systems to coordinate care over time and across caregivers, measure outcomes and act on the results. Develop innovative ways of extending the geographical reach of health services to improve access to care and education for people with diabetes, especially those in low- and middle-income countries.

- **PROVIDE CARE AND SUPPORT FOR PEOPLE WITH COMPLICATIONS**

Develop and implement appropriate innovative health financing programmes to fund detection and management of the devastating complications of diabetes (notably heart disease and stroke, visual impairment, kidney disease, foot ulcers and amputations). Ensure access to treatment, rehabilitation and social support for people who develop disabilities.



The onset of type 2 diabetes in people at high risk can be prevented or significantly delayed. This is cost-effective. Failure to invest in prevention strategies will mean that the number of people with diabetes will continue to increase at unsustainable rates.

The key modifiable risk factors for type 2 diabetes – physical inactivity, inappropriate nutrition and obesity – are not just a matter of personal choice. Environments that encourage sedentary behaviour and high-energy low-nutrient diets pose almost insurmountable barriers to healthy lifestyles. Such environments are found in all aspects of modern life – in work, in communities and in leisure.

RECOMMENDATIONS

- **ADOPT A ‘HEALTH IN ALL POLICIES’ APPROACH**

Address health in the development of public policies across all government sectors. Public policy sectors such as transport, agriculture, housing and education should aim to protect and promote physical, mental and social health, and minimise negative health effects. The WHO Health Impact Assessment (HIA) is a practical approach for decision makers to assess the health impact of policies.

- **MAKE HEALTHY NUTRITION AVAILABLE TO ALL – ESPECIALLY PREGNANT WOMEN AND CHILDREN**

Implement nutrition and physical activity recommendations in the WHO Global Strategy on Diet, Physical Activity and Health 2004. Promote breast-feeding in order to reduce infant under-nutrition and the development of diabetes later in life.

- **CONSIDER A ‘HIGH-RISK’ PREVENTION PROGRAMME WHERE APPROPRIATE**

Implement a high-risk approach in settings where appropriate. It should be integrated with programmes to prevent heart attack and stroke, which share common risk factors with diabetes. In low-resource settings where there are insufficient resources to provide essential care and medications for people who already have diabetes, this approach may need to be delayed.



Millions of people with diabetes face stigma and discrimination. This promotes a culture of secrecy that can create barriers to services, employment, and even marriage, and may stop people with diabetes playing an active role in society. This burden is greater for children, indigenous peoples, ethnic minorities, women and the poor.

Nobody should suffer discrimination and stigma because of their diabetes. Action is required at international and national levels to ensure that the human rights of people with or at risk of diabetes are protected.

RECOMMENDATIONS

- **ENABLE PEOPLE WITH DIABETES TO CLAIM THEIR RIGHTS AND RESPONSIBILITIES**

Sign the IDF Charter on the Rights of People with Diabetes to empower people with diabetes with knowledge of their rights and responsibilities, promote greater involvement of people with diabetes in diabetes prevention, care and research, and mobilise partnerships between all stakeholders in the battle to defeat diabetes.

- **INCREASE PUBLIC AWARENESS OF DIABETES AND REDUCE DIABETES-RELATED STIGMA**

Develop information campaigns aimed at increasing public awareness of diabetes, and reducing stigma, myths and misconceptions surrounding diabetes. Identify and support high-profile champions of change and community leaders who will speak strongly for the needs and rights of people with diabetes.

- **EMPOWER PEOPLE WITH DIABETES TO BE AT THE CENTRE OF THE DIABETES RESPONSE**

Involve people with diabetes, their families and communities in all phases of diabetes policy dialogue, programme design, implementation and monitoring. Support the creation and capacity building of organisations and networks of people with diabetes.

A CALL TO ACTION ON DIABETES

Diabetes is affecting us all. People with or at risk of diabetes, family members caring for someone with diabetes, a healthcare provider struggling with limited resources, an employer with concerns about employee wellness and health costs, a Minister of Health trying to balance competing demands with a limited budget or just an individual concerned about injustice and the future of mankind. Together we must take action on diabetes. United we are stronger. We call on:

GOVERNMENTS AND POLICY MAKERS AT LOCAL, NATIONAL, REGIONAL AND GLOBAL LEVELS TO:

- Put in place national plans for diabetes as recommended by UN Resolution 61/225 on diabetes 2006⁹
- Implement recommendations for governments in the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases,¹⁰ the WHO Global Strategy on Diet, Physical Activity and Health 2004,¹¹ and become a signatory to and implement the Framework Convention on Tobacco Control 2003¹²
- Engage in the UN High-Level Summit on NCDs in September 2011 and implement outcomes.

DONOR COUNTRIES AND GLOBAL PHILANTHROPIC INSTITUTIONS TO:

- Provide funding to low- and middle-income countries for diabetes and the related NCDs
- Align aid to recipient country priorities – which for many will include diabetes¹³
- Support integration of diabetes and the other NCDs into health system strengthening
- Work with the private sector, civil society and governments to support innovation in diabetes medicines and technologies.

THE UNITED NATIONS AND OTHER MULTILATERAL ORGANISATIONS TO:

- Establish a Diabetes Unit at WHO Headquarters, a UN Special Ambassador on Diabetes in every WHO region and at UN Headquarters, and a high-level UN Thematic Working Group on Diabetes and related NCDs
- Make diabetes and the related NCDs central to the global health and development goals and targets that succeed the Millennium Development Goals (MDGs) in 2015
- Support the implementation of recommendations in UN Resolutions A/RES/61/225, A/RES/64/265, WHA61.14,¹⁴ WHA56.1,¹⁵ WHA57.17¹⁶
- Establish a prequalification scheme for insulin to ensure quality and reduce cost.

THE BUSINESS COMMUNITY AND SOCIAL ENTREPRENEURS TO:

- Invest in workplace wellness and the health of employees
- Market healthy products and services and tell businesses marketing unhealthy products and services to stop
- Innovate and produce affordable medicines and technologies and delivery mechanisms for diabetes
- Lend expertise to governments and civil society to market healthy living.

FOR NOW AND FOR THE FUTURE

CIVIL SOCIETY AND THE RESEARCH COMMUNITY TO:

- Recognise diabetes as a development issue impacting on the poorest and most vulnerable people
- Educate, mobilise and support diabetes awareness, prevention and treatment in poor and marginalised communities
- Conduct research into diabetes causes, prevention, management and cure, and build research capacity in low- and middle-income countries
- Integrate diabetes into emergency relief training and planning and deliver diabetes treatment in emergencies
- Become a member of IDF and be part of the global diabetes community.

HEALTH WORKERS AND THEIR PROFESSIONAL BODIES AND NETWORKS TO:

- Provide the highest quality care for people with diabetes
- Put the person with diabetes at the centre of the management team for their diabetes
- Advocate for better training, deployment and retention of health workers in diabetes.

PEOPLE WITH DIABETES AND THEIR CARERS TO:

- Take action to understand diabetes, adhere to treatment plans, prevent diabetes-related complications and achieve a healthy lifestyle
- Be vocal and be seen. Support effective patient and professional organisations. Be a champion for diabetes and challenge discrimination.

INTERNATIONAL DIABETES FEDERATION MEMBER ASSOCIATIONS TO:

- Support and be advocates for people with diabetes so they will not struggle alone
- Collect the evidence to raise the political priority of diabetes
- Support and disseminate policy research and best practice in diabetes
- Save lives through humanitarian programmes for diabetes
- Convene and mobilise the global diabetes community.

ALL OF US TO:

- Lead a healthy lifestyle and, if you don't have diabetes, know the warning signs.



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“Diabetes is a symptom of a much larger global problem. But change is possible for individuals and families, communities and countries that will promote healthy living, and economic and environmental sustainability.”

Ruth Colagiuri
IDF Vice-President

**THE TIME TO ACT FOR
DIABETES
IS NOW**



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