



International Diabetes Federation (IDF), Africa Regional Meeting Implementation of the United Nations Resolution on Diabetes (61/225) in Africa, 19 December 2008, Nairobi, Kenya

Background

In December 2008, members of the IDF African Region gathered to formulate an action plan on implementing the United Nations Resolution on Diabetes in Africa. The meeting, facilitated by Regional Chair Dr. Alieu Gaye, included representatives from 14 countries across Africa, committed to making the UN Resolution a reality and improving the prevention, treatment and care of diabetes across the continent.

The Diabetes Epidemic

The escalating prevalence of type 2 diabetes is threatening to undermine healthcare systems throughout the world. The latest International Diabetes Federation (IDF) estimates suggest that 380 million people will be affected by 2025, with one person dying every 10 seconds.¹ Diabetes is increasingly a problem in developing regions of the world, where the number of people affected has risen dramatically in recent years.² At the beginning of the 20th century, diabetes was rare in Africa, but with the rapid urbanization and change in social life style in the 21st century there has been a rise in the disease and its complications.^{2,3,4}

In the 15 years leading to 2010, the IDF predicted that the prevalence of diabetes in Africa would increase by almost 100%.⁴ It is therefore estimated that from 2007 to 2025, the prevalence of diabetes in the continent is predicted to increase from 3.1% to 3.5% (from 10.4 to 18.7 million people).² The life expectancy of a person diagnosed with type 1 diabetes can be as low as 7 months in some African countries, and with the impact of type 2 diabetes set to continue, the risk of related complications such as blindness, amputations and kidney disease are increasing, forcing additional burden on countries already stretched to the limit by common life-threatening infections.^{2,4,5}

IDF is now calling for immediate action to tackle a disease that if not addressed urgently, will soon threaten the viability of many African economies.⁴

¹ The International Diabetes Federation fact sheet: 'Did you Know?'
Retrieved March 2009: <http://www.idf.org/home/index.cfm?node=37>

² Diabetes Atlas, third edition[©] International Diabetes Federation, 2006

³ Ekoé, J. M., Zimmet, P and Williams, R. The epidemiology of diabetes mellitus: an international perspective. New York: John Wiley & Sons; 2001

⁴ Diabetes Voice, September 2006; Volume 51 (Issue 3): Focus on Africa

⁵ The Diabetes Declaration and Strategy for Africa: a call to action and plan of action to prevent and control diabetes and related chronic diseases
Retrieved March 2009:
http://www.idf.org/webdata/docs/Diabetes%20Declaration%20&%20Strategy%20for%20Africa_full.pdf

Where Are We Now?

In 2006, the United Nations Resolution on Diabetes was ratified to focus attention on the need to stop the growing epidemic of type 2 diabetes. The same year also saw representatives from IDF Africa, and the World Health Organization Regional Office for Africa (WHO-AFRO), finalize the Diabetes Declaration and Strategy for Africa. This action plan encourages politicians, healthcare funders, policy makers, all public sectors, non-government organizations, private industry and the community to take action to reduce the public and personal cost of diabetes and related non-communicable diseases. The Declaration and Strategy for Africa provided a framework for the implementation of specific interventions to reduce the burden of diabetes in each country. Advocacy, empowerment of individuals, families and communities and mobilization of resources were some of the key strategies to prevent the development of type 2 diabetes, improve the quality of life and reduce morbidity and mortality of people with diabetes.

Despite these initiatives significant gaps still exist in the prevention, treatment and care of diabetes in Africa and urgent action is required to tackle a condition that is now at epidemic proportions. The meeting of IDF Africa in Nairobi marked an important next step in making the UN Resolution a reality for the millions of people living with diabetes in Africa. Providing an opportunity to review progress within the region to date and act as a catalyst for development of an action plan for diabetes prevention, treatment and care that will drive forward the implementation of the United Nations Resolution on diabetes in the region.

There still remains a great deal of variation in the status and implementation of diabetes programmes throughout Africa, with some countries implementing innovative and successful initiatives. In Senegal, for example, a diabetes centre was created 40 years ago and physicians have started working to set up local programmes. There are also centres of excellence that have been adapted to meet local traditional and cultural needs. In South Africa, programmes are aimed at raising awareness of diabetes prevention in schools by encouraging healthy food choices and physical activity. In other countries however, personnel changes within government and shifting policies make it difficult to have national diabetes programmes accepted or implemented.

As part of a global effort to implement the UN resolution on diabetes, IDF has established a Task Force on National Diabetes Policy and Action with the following aims:

- To identify countries with diabetes programmes and facilitate activities
- To assist in the development of national programmes where none exist
- To develop a framework for implementing a National Diabetes Policy

The action plan outlined within this document will help to achieve the aims of this taskforce, allowing prioritization of requirements for each country according to local needs, mobilization of appropriate personnel, and allocation of resources according to national priorities.

Action Plan

Developed by IDF Africa and its national member organizations, the action plan for implementing the UN Resolution in Africa defines a clear strategy for the preventative treatment of diabetes in three key areas:

1. Government
2. Primary healthcare
3. The community

The first step involves creating the political will to tackle diabetes. Subsequent actions, including improving the healthcare system, capacity and the package of care delivered should flow from that. Actions to educate and inform populations about primary and secondary diabetes prevention, treatment and care, will take place in communities, schools and workplaces. In addition, actions are recommended to monitor and evaluate the implementation and progression of the plan.

Professor Jean Claude Mbanya, President-Elect of IDF, called for this regional strategy for addressing diabetes in Africa to be translated and tailored on a national level to help drive local initiatives and develop structures to ensure effective, widespread implementation of the UN Resolution in Africa.

I. Government Actions: Creating Political Will

1. Letter writing

In the first instance, the chairman of the region Dr Alieu Gaye is supposed to write a letter to each Minister of Health Leveraging the election of Jean Claude Mbanya as the first African President of IDF. The letter will highlight diabetes in Africa and help create political will to tackle type 2 diabetes and diabetes prevention in each nation.

Timelines:

A draft of the letter should be prepared in 2009

2. Formation of a multi-sectoral National Action Group on Diabetes (or non-communicable diseases)

A multi-sectoral National Action Group should be formed in each country in the region. Comprising members from government, relevant professional associations, industry and NGOs, the group will ensure that the African Declaration Action Plan and the United Nations Resolution on Diabetes are implemented to develop a diabetes programme that fits local needs. This will be a key driving force behind the actions required to drive diabetes care and prevention in the region into the future.

Timelines:

Formation of groups should be underway by September 2009

3. Formation of Parliamentary Action Group

A national Parliamentary Action Group of key policy makers should be formed in each country to ensure that the diabetes agenda is continuously promoted within the government. This will be particularly important in securing government funding to implement action plans and in ensuring continuity as personnel changes are common at the Ministries of Health and in governments.

Timelines:

Formation of groups should be underway by November 2009

II. Primary Healthcare Actions: Improving Delivery Of Care

1. Make diabetes part of primary healthcare

Responsibility for diabetes should be placed at a primary care level, to help increase access to diabetes care and improve outcomes. Organizations within each country should meet to address tactics on how best to shift the management of diabetes from a secondary care to a primary care setting to encourage earlier diagnosis and management of the disease and its complications.

Timelines:

End of 2010

2. Identify and screen pregnant women

Screening (blood glucose testing) programmes should be set-up in each country to facilitate identification and earlier diagnosis of gestational diabetes in pregnant women. Training programmes for healthcare professionals on the risks associated with gestational diabetes and the long-term benefits of early diabetes prevention should be enforced as a dual tactic to help stem the diabetes epidemic.

Member organizations should also explore potential of integrating diabetes into existing postgraduate training programmes (e.g. Preventing Mother to Child Transmission (PMTCT) and postgraduate training in malaria) via potential partnering with:

- Ministry of Health
- World Health Organization (WHO), United Nations Population Fund (UNFPA), Family Health International (FHI), World Diabetes Foundation (WDF)
- Pharmaceutical companies

Timelines:

A framework should be established in each country by July 2011

3. Build capacity

The capacity to provide the care required by people with diabetes in Africa must be developed through national, regional, district and local training programmes. Training must reach beyond primary care and into secondary and tertiary care, where people with diabetes will be referred to either prevent or treat complications associated with diabetes.

- Primary level: nurses, doctors, technicians, community health workers, educators, people with diabetes
- Secondary level: dietitians, podiatrists, ophthalmologists
- Tertiary level: specialists

Capacity building requires funding and it may be difficult to obtain all the financing from national governments. Alternative sources of funding should be identified, including IDF, WDF, pharma and other industry.

Timelines:

- Double the number of those trained by end of 2010
- Extend training to all countries and districts within 3 years
- All staff to be trained by end of 2015

4. Define and implement a package of care

National plans to tackle diabetes must define a minimum package of care at the primary care level. Low-maintenance, cost-effective equipment will be essential and supplies must also be reliable and sustainable.

Equipment:

- Glucometer and strips to ensure early diagnosis of diabetes in every health centre by end of 2009 (note that glucometers are currently widely available but their use is limited in many regions by lack of strips)
- Ability to measure HbA1c by end of 2009 in referral centres; end of 2015 in primary care centres
- Equipment to measure blood pressure (sphygmomanometer) and assess foot health (monofilament) in all clinics by end of 2009 (note that IDF is currently working on this package of equipment)
- Ophthalmoscopy and mobile cameras: national retinopathy screening policy in place by end of 2009 and rolled out by end of 2015

Diabetes guidelines:

- Guidelines for care should be available in all clinics by the end of 2009

Education:

- Educational materials should be available in every clinic in the local language by 2010

Access to treatment:

- All children with Type I diabetes should have access to insulin by 2010 and beyond
- All people with diabetes should have access to affordable antidiabetic and antihypertensive medication: (and aim for the highest attainable standard of healthcare) policy in place by 2010; price reductions or free provision by 2015

III. Community Actions: Improving Prevention Of Diabetes

Implement primary and secondary prevention programmes in a range of different settings to ensure that the maximum number of at-risk people is reached. Children should be targeted in schools, while adults should be targeted in the workplace. A wide range of people can be reached with community programmes via the media, faith-based organizations, and self-help groups. Capitalization on existing programmes and services should be encouraged for example, add diabetes screening to existing malaria testing programmes.

1. Health in schools

Short-term actions:

- Identify and recognize “champions” in schools
- Encourage governments to consider implementation of school health programmes (in areas without)
- Introduce structured physical education programmes

Medium-term actions:

- Risk factor education via peer educators
- Healthy living and lifestyle education

Long-term actions:

- Institute vendor policy in schools to ensure availability of healthy food choices

Partners:

- Ministries of Health, Education and Social Welfare
- WHO, United Nations Children's Fund (UNICEF), World Bank

2. Workplace health

Short-to-medium term actions:

- Integrate employee wellness programmes into existing HIV workplace programme
- Implement workplace programme if none exists
- Annual medical check-up, particularly for those over 40 years of age
- Implement non-discrimination policy for people with diabetes and other non-communicable diseases
- Implement nutrition/exercise policy in companies

Partners:

- Ministry of Health
- United Nations Industrial Development Organization (UNIDO), WHO, International Labour Organization (ILO)
- Employers and employees
- Insurance companies

3. Community health

Short-term actions:

- Education and screening programmes within faith-based organisations
- Diabetes education via mass media
 - Television and radio programmes
- Role models
 - Local hero/championship programmes
- Self-help and women's groups
- Formal and informal groups
- Activities around World Diabetes Day, World Health Day

Medium-term actions:

- Drama groups / theatre

Partners:

- Ministry of Health
- IDF
- Pharmaceutical industry
- Health and medical associations
- Media – print/radio/TV
- Philanthropic organisations
- Opinion leaders/politicians

4. Training programmes

Training should be provided to ensure that all personnel have the necessary skills to be educators. Training should also ensure standardization of messaging. A key priority will be to sensitize policy makers to the need for training programmes.

- Training and/or retraining will be needed for teachers
- Training to ensure integration of traditional healers into prevention programmes
- Training of school children as peer educators
- Development of standardized tools, curricula and manuals is needed for each group

Partners:

- IDF, WHO
- Ministry of Health
- Industry
- Professional organizations, universities and other teaching institutions

Monitoring And Evaluation

The National Action Group will be responsible for developing a framework for evaluating the progress of the action plan. The framework should be comparable across Africa and should allow knowledge sharing across the region. The framework should include assessment of the following areas:

Facilities:

- Presence of required equipment

Personnel:

- Number and type
- Training received (yes/no)

Services:

- Number of people seen

Outcomes:

Proportion of people with diabetes with

- Glucose control
- Blood pressure control
- Foot ulcers and/or amputation
- Blindness
- Referrals

International Diabetes Federation (IDF), Africa Regional Meeting

Participants List

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Dr Nkwenti Achu	Cameroon
Dr Mpoy Muteba	DR Congo
Dr Evariste Bouenizabila	Congo, Brazzaville
Dr Ahmed Reja	Ethiopia
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