IDF and Lions Club International: Working together to tackle diabetes
Introducing the new IDF Diabetes Complications and Foot Congress 2018!
25-27 October, Hyderabad, India

IDF is launching a new series of live educational events to tackle the issues around diabetes complications. The first of these biennial events will have a focus on the diabetic foot. The aim of the congress is to provide participants with the latest research, treatments and tools to limit and treat diabetes complications. The ultimate goal is to improve outcomes and quality of life for people with diabetes.

Who should attend:
- Primary care Physicians
- Endocrinologists
- Orthopaedists
- Podiatrists
- General surgeons
- Vascular surgeons
- Cardiologists
- Nephrologists
- Ophthalmologists
- Nurses
- Educators
- Physiotherapists

The IDF Diabetes Complications and Foot Congress 2018 welcomes original abstracts on subjects relevant to the following 7 streams:

- Foot - Peripheral Arterial Disease
- Foot - Ulcers and Infection
- Foot - Diabetic Peripheral Neuropathy and Charcot
- Cardiovascular Risk Factors
- Coronary Heart Disease and Heart Failure
- Diabetes and Kidney Disease
- Diabetic Eye Disease

Organising Committee Chair
Dr Shaukat Sadikot

Programme Chair
Dr Ammar Ibrahim

Chair National Advisory Committee
Dr Banshi Saboo

CALL FOR ABSTRACTS

Abstract submission deadline:
31 May 2018 at 23:59 GMT

Abstract submission is only possible online at
www.idf.org/hyderabad2018

Questions about abstracts:
programme@idf.org
DIABETES VIEWS

The Global Voice of Diabetes
Nam H. Cho

NEWS IN BRIEF

IDF REGIONAL NEWS

OPINION EDITORIAL

Insulin: Concierge Medication or Human Right?
Joyce Lee

THE GLOBAL CAMPAIGN

Lions Club and International Diabetes Federation come together to tackle diabetes
Elizabeth Snouffer

IDF and CVD: Getting to the heart of the matter
Savi Karuranga, Annie Wiebe Oldridge, Sameer Pathan and Els Sung

Jack’s Story: «I never thought I had a heart problem»
Douglas Villarroel

Evaluating the cardiovascular risk in a doctor’s office
Douglas Villarroel

IDF Congress News - Past and Future

A look back at the IDF Congress 2017, Abu Dhabi, UAE
Douglas Villarroel

Looking ahead to Hyderabad, India: Urgency for diabetes awareness and education
Ammar Ibrahim

HEALTH DELIVERY

Health for all: Universal health coverage essential for all people with diabetes
Interview with Dr Svetlana Axelrod, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health
Welcome to the first 2018 issue of Diabetes Voice. The publication made its first appearance as a newsletter in 1954, reporting on the activities of IDF and relevant breakthroughs in medical science. For several decades, the printed bulletin was sent by post to healthcare professionals and researchers keen to engage and share diabetes-related information worldwide. Later, Diabetes Voice was distributed as a magazine to IDF members worldwide.

Times have moved on but, despite being over 60, Diabetes Voice hasn’t retired. It continues to be a key IDF communication channel. Over time our community has grown considerably. Today as a digital platform, Diabetes Voice, is one of many IDF initiatives in place to give people with a connection to diabetes access to important information and networks. This reflects IDF’s core mission by giving voice to people living with, at risk of or connected to diabetes who would otherwise not be heard. It is our job to hear and understand the collective voices of diabetes. Listening to what’s happening locally at grassroots level helps IDF and its members define and advance the best possible policies for diabetes prevention and care, and helps us protect the rights of people living with diabetes.

WE ARE A GLOBAL NETWORK
As the world’s largest civil society organisation serving to advance diabetes care, prevention and a cure, IDF’s strength depends on

Professor Nam H. Cho President, International Diabetes Federation 2018-19
unity, teamwork and collaboration. For nearly 70 years, IDF volunteers, partners and a variety of collaborative stakeholders have worked tirelessly to support our vision of a world free of diabetes. We are not there yet.

For the 2018-2019 term, our efforts will be directed towards driving critical action in diabetes care and prevention. We will continue to study and report on global diabetes trends. We will improve care by providing high quality evidence-based education on diabetes and its complications. We will empower people living with diabetes to play a central role in their own care. Above all, we will make sure our commitment to success results in lasting change that benefits the global diabetes community.

With a force of more than 240 national diabetes representative organizations in 170 countries, our broad global network allows us to achieve our goals and deliver deep-rooted plans and initiatives that have the power to change lives and can benefit local communities. Together we can make a difference for estimated 425 million people currently living with diabetes and the many more at risk.

A THREE-PRUNGED APPROACH
While the world can often be perceived as silent or ignoring the global diabetes crisis, IDF's vision and mission – our unified voice – will be strengthened by concentrating efforts towards the following three areas:

- Strengthening our partnerships
- Bringing about positive change through IDF programmes
- Increasing our global presence

PARTNERSHIPS
Shared values and commitment provide the foundation for strategic partnerships. We must, however, make sure that the voice of those we represent is heard. Over the next two years we will be devoting time and energy to strengthening the IDF Member network globally, nationally and locally. We will look to collaborate more closely with global organisations who share our concern. We will strengthen and broaden our corporate partnerships and we will strengthen our regional networks.

POLICY AND PROGRAMMES
IDF's mission is achieved through the development of high-quality global programmes that drive policy agendas at local, national and regional levels. Based on a life-course approach, IDF programmes for 2018-2019 are divided into six main work streams: Diabetes prevention; Diabetes education: Patient engagement; Access to care; Epidemiology; and Humanitarian action. The work conducted under each stream will be informed by scientific evidence and the priorities defined by our Board in open dialogue with key stakeholders.

PRESENCE
As the primary global advocate for diabetes, we are informed and supported by both our status as the global reference for epidemiological data on diabetes, and the evidence and policies developed to execute IDF programmes. In the months ahead, we will engage with international bodies, leading political platforms and national governments in order to effect tangible, beneficial and long-term change for people with diabetes.

Our objective is clear: to outline specific actions that will support people with diabetes and implement measures to slow or halt the global diabetes epidemic.

In closing, I would like to acknowledge and thank the members of the IDF Board of Directors, the General Assembly and all 2017 IDF congress participants for the resounding success of the IDF Congress 2017 in Abu Dhabi, UAE. Our exchange of ideas and strategies was an integral step towards shaping IDF priorities for the years ahead.
World Diabetes Day 2018-19 to focus on the family

The International Diabetes Federation has announced that the theme for World Diabetes Day 2018 and 2019 is The Family and Diabetes.

A two-year timeframe has been chosen to best align the World Diabetes Day campaign to the current IDF strategic plan and facilitate planning, development, promotion and participation.

Materials and actions that IDF will develop over the two years of the campaign will aim to raise awareness of the impact that diabetes has on the family and support network of those affected; and promote the role of the family in the management, care, prevention and education of diabetes.

Over 425 million people are currently living with diabetes. Most of these cases are type 2 diabetes, which is largely preventable through regular physical activity, a healthy and balanced diet, and the promotion of healthy living environments. Families have a key role to play in addressing the modifiable risk factors for type 2 diabetes and must be provided with the education, resources and environments to live a healthy lifestyle.

1 in 2 people currently living with diabetes is undiagnosed. Early diagnosis and treatment are key to prevent the complications of diabetes and achieve healthy outcomes. All families are potentially affected by diabetes and so awareness of the signs, symptoms and risk factors of diabetes are vital to help detect it early.

Diabetes can drive families into poverty. Managing diabetes effectively requires daily treatment, regular monitoring, a healthy diet and lifestyle and ongoing education. In many countries, the cost of insulin injection and daily monitoring alone can consume half of a family’s average disposable income, and regular and affordable access to essential diabetes medicines are out of reach for too many. Improving access to affordable diabetes medicines and care is therefore urgent to avoid increased costs for the individual and family, which impact on health outcomes.

Less than 1 in 4 family members have access to diabetes education programmes. Family support in diabetes care has been shown to have a substantial effect in improving health outcomes for people with diabetes. It is therefore important that ongoing diabetes self-management education and support be accessible to all people with diabetes and their families to reduce the emotional impact of the disease that can result in a negative quality of life.

IDF will begin releasing campaign messages, materials and promotional actions for World Diabetes Day 2018-19 in April to help the diabetes and wider community prepare for awareness activities throughout the month of November.

MORE INFORMATION:
www.worlddiabetesday.org
Certified Online Courses

The IDF School of Diabetes features three tailor-made certified courses for health professionals.

**Diabetes Educators**
- Course fees:
  - Low Income country: 50€
  - Others: 75€

**Primary Care Physicians/General Practitioners**
- Course fees:
  - Low Income country: 100€
  - Others: 150€

**Specialists**
- Course fees:
  - Low Income country: 200€
  - Others: 300€

Short Courses

Short courses provide opportunities to study specialised topics in a broad range of diabetes and its complications in addition to that available through the IDF Certified Online Courses.

**Prevention of type 2 diabetes**
- Credits: 1 European CME
- Course fees: Free

**Diabetic Retinopathy**
- Credits: 1 European CME
- Course fees: Free

**Diabetes and Cardiovascular disease**
- Credits: 1 European CME
- Course fees: Free

Benefits of Learner

Latest evidence-based clinical recommendations
- Continued professional development and learning
- CME from the European Union of Medical Specialists
- Be part of global multidisciplinary community of diabetes professionals

Assessment & Awards

IDF Certificate and EACCME

*Through an agreement between the European Union of Medical Specialists (UEMS) and the American Medical Association (AMA), physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.
Controversy: New ACP guidelines call for higher HbA$_{1c}$ targets

New guidelines developed by the American College of Physicians (ACP) recommend that people with type 2 diabetes should be treated to achieve an HbA$_{1c}$ between 7 and 8 percent instead of the previous 6.5 to 7 percent benchmark.

Published in March 2018 in the journal *Annals of Internal Medicine*, the Guidelines state:

GUIDANCE STATEMENT 1:
Clinicians should personalize goals for glycemic control in patients with type 2 diabetes on the basis of a discussion of benefits and harms of pharmacotherapy, patients’ preferences, patients’ general health and life expectancy, treatment burden, and costs of care.

GUIDANCE STATEMENT 2:
Clinicians should aim to achieve an HbA$_{1c}$ level between 7% and 8% in most patients with type 2 diabetes.

GUIDANCE STATEMENT 3:
Clinicians should consider de-intensifying pharmacologic therapy in patients with type 2 diabetes who achieve HbA$_{1c}$ levels less than 6.5%.

GUIDANCE STATEMENT 4:
Clinicians should treat patients with type 2 diabetes to minimize symptoms related to hyperglycemia and avoid targeting an HbA$_{1c}$ level in patients with a life expectancy less than 10 years due to advanced age (80 years or older), residence in a nursing home, or chronic conditions (such as dementia, cancer, end-stage kidney disease, or severe chronic obstructive pulmonary disease or congestive heart failure) because the harms outweigh the benefits in this population.

The development of the Guidelines, according to the authors, was prompted by a fundamental shift in diabetes management, and the anticipation of treatment decisions for type 2 diabetes “based more on cardiovascular risk than achievement of specific HbA$_{1c}$ targets.” The authors argue for higher general targets because previous evidence showed “less benefit” of the tighter range compared to “potential harm” of low blood glucose or hypoglycemia. Authors propose that benefits of the higher target include: cost-savings to the patient, less burden on the elderly (self-management) and reducing the threat of hypoglycemia.

Those not in favor of the new Guidelines argue how the higher target range may encourage complacency among doctors whose patients’ blood glucose isn’t well controlled leading to further complications and earlier mortality.
Impact of diagnosis age and risk for CVD mortality

A new study suggests the younger you are when diagnosed with type 2 diabetes, the higher your odds of cardiovascular mortality. Published in the journal *Diabetologia*, the study found associations between the age at which a person is diagnosed with diabetes and their risk of heart disease, stroke, and cancer-related mortality.

It is very well established that the age at which someone is diagnosed with diabetes is linked to a progression in cardiometabolic risk factors. The younger the age at the time of diagnosis, the more likely people are to be obese, have higher levels of «bad» cholesterol, and experience faster deterioration of their blood glucose control.

Researchers from the Baker Heart and Diabetes Institute in Melbourne, Australia, set out to investigate the link between the age of a diabetes diagnosis and the risk of heart disease, stroke, and cancer death.

Researchers examined data on 743,709 people from Australia who were diagnosed with type 2 diabetes between 1997 and 2011. Participants were registered with Australia’s National Diabetes Services Scheme and access to data on mortality causes was made available.

On average, during the study period, people received their diagnosis at the age of 59, and a total of 115,363 deaths were recorded. The authors found how an earlier diagnosis of type 2 diabetes equating to a longer duration of disease was associated with a higher risk of all-cause mortality, primarily driven by cardiovascular disease (CVD) mortality.

Findings suggest that diagnosis 10 years earlier amounted to a 20 to 30 percent higher risk of all-cause mortality, and a 60 percent higher risk of dying of heart disease. The results were just as strong for both men and women.

«Evidence is accumulating,» the authors write, «to suggest that earlier onset of type 2 diabetes is associated with an increased risk of complications and comorbidities compared with later onset, and that the development and progression of complications might be more aggressive in those with earlier onset. As such, increased clinical attention is imperative for individuals with earlier-onset type 2 diabetes.»

MORE INFORMATION:
https://link.springer.com/article/10.1007/s00125-018-4544-z
EADSG Congress and Scientific Session on Prevention of Diabetes and its Complications

The 4th East Africa Diabetes Study Group (EADSG) Congress and Annual Meeting 2018 took place from March 12th-14th at the Kigali Convention Center in Kigali, Rwanda. The conference was organised by the East Africa Diabetes Group (EADSG) in collaboration with Rwanda’s Ministry of Health.

The 2018 congress entitled ‘Prevention of Diabetes and its complications’ highlighted the importance of the prevention of diabetes and treating diabetes, including how to stop the progression of complications in people with diabetes.

Speaking at the opening ceremony, the Minister of State in charge of Public Health and Primary Health Care, Dr Patrick Ndimubanzi, told the audience, “The Government of Rwanda is committed to fighting non-communicable diseases (NCDs) and mitigating their impact so as to empower our population to live as healthy and prosperous lives as possible,” he said.

The EADSG Scientific Congresses are a comprehensive, multidisciplinary forum with a stellar faculty of leaders in diabetes and other NCDs that connect the scientific community and accelerate life science discovery. They bring together more than 300 key stakeholders and leaders to discuss ambitions, priorities and actions for change in diabetes and NCDs within the East Africa Region.

 MORE INFORMATION:  
http://eadsg.org/

Kuwait shuts doors to people with diabetes, high BP

Recent News sources report that Kuwait will no longer offer residency permits to expatriates who are suffering from a list of 22 diseases, including cancer, diabetes, high blood pressure and numerous other non-infectious diseases.

According to a statement from the Assistant Under-secretary for General Health Affairs in the country’s Ministry of Health, Majida Al Qattan, confirmed the news, stating that it comes in line with a GCC council decision which dates back to 2001.

The Under-secretary also explained that the main aims behind the decision are to reduce the costs of expatriate healthcare on the country’s government and ensure that foreigners arriving in the Gulf state are fit to work.

Before the implementation of this most recent expat ban, Kuwait barred people with infectious diseases from entering or leaving the country, as per international laws including: Aids, Herpes, Hepatitis B and G, Malaria, Leprosy, Syphilis, Tuberculosis, and Gonorrhea.

According to Arabic language paper, Al Watan, sources say the most recent move is set to be criticized by international human rights organizations because it is unusual to ban people from entering countries if the illnesses they suffer from are not infectious.
Global costs of diabetes will rise substantially by 2030

Researchers from the University of Göettingen in Germany found the global costs of diabetes will increase substantially by 2030, according to a study published online in Diabetes Care.

Christian Bommer and his colleagues sought to forecast the full global costs of diabetes in adults through the year 2030 and predict the economic consequences of diabetes even if global targets under the Sustainable Development Goals (SDG) and World Health Organization Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 are met.

The researchers modelled the absolute and gross domestic product (GDP)-relative economic burden of diabetes in individuals aged 20–79 years using epidemiological and demographic data, and recent GDP forecasts for 180 countries. Three scenarios were assumed: prevalence and mortality 1) increased only with urbanization and population aging (baseline scenario), 2) increased in line with previous trends (past trends scenario), and 3) achieved global targets (target scenario).

Researchers estimate that the absolute global economic burden will increase from US $1.3 trillion in 2015 to $2.2 trillion in the baseline scenario, $2.5 trillion in the past trends scenario, and $2.1 trillion in the target scenario. The increase in costs as a share of global GDP would grow from 1.8% in 2015 to a maximum of 2.2%.

«The global costs of diabetes and its consequences are large and will substantially increase by 2030. Even if countries meet international targets, the global economic burden will not decrease,» the authors write. «Policy makers need to take urgent action to prepare health and social security systems to mitigate the effects of diabetes.»

Diabetes discrimination is wrong
Researchers in Scandinavia have proposed classifying diabetes as five types of disease, rather than two types, according to a new study.

In the new study, published in The Lancet Diabetes & Endocrinology, researchers found that diabetes patients in Sweden and Finland fell into five clusters. One of the clusters was similar to type 1 diabetes, while the other four clusters were «subtypes» of type 2. Three of the clusters were considered severe forms of the disease, while two clusters were considered mild forms.

Study researchers believe a new classification system could provide a way to “individualise treatment regimens and identify individuals with increased risk of complications at diagnosis.”

The study yielded five replicable clusters of patients with diabetes, which had significantly different patient characteristics and risk of diabetic complications. Classifying into the following clusters below could result in a halting the progression of complications. For example, cluster 3 (most resistant to insulin) had the highest risk of diabetic kidney disease and cluster 2 (insulin deficient) had the highest risk of retinopathy.

**CLUSTER 1:**
Called «severe autoimmune diabetes,» is similar to type 1 diabetes. People in this cluster were relatively young when they were diagnosed, and not overweight. An autoimmune disease prevented people in this cluster from producing insulin.

**CLUSTER 2:**
Called «severe insulin-deficient diabetes,» is similar to cluster 1 — people were relatively young at diagnosis and were not overweight. Their immune system was not the cause of their disease.

**CLUSTER 3:**
Called «severe insulin-resistant diabetes,» occurs in people who are overweight and have high insulin resistance.

**CLUSTER 4:**
Called «mild obesity-related diabetes,» occurs in people who have a milder form of the disease, without as many metabolic problems as those in cluster 3, and they tend to be obese.

**CLUSTER 5:**
Called «mild age-related diabetes,» this form was similar to cluster 4, but the people were older at their age of diagnosis. This was the most common form of diabetes, affecting about 40 percent of people in the study.

Recognizing subtypes of diabetes, as the new study suggests, might change the way doctors treat, prescribe and prevent the progression of complications in diabetes.

MORE INFORMATION:
http://www.thelancet.com/journals/landia/article/PIIS2213-8587(18)30051-2/fulltext?elsca1=tlpr
Smoking increases risk of diabetes

Researchers from the University of Oxford, UK, the Chinese Academy of Medical Sciences and Peking University have examined the association of smoking and smoking cessation with the risk of diabetes in a large, nationwide study of 500,000 adults from 10 areas (five urban and five rural) of China.

The study included only people with no history of diabetes at the baseline, whose health status was monitored for nine years through death and hospital admission records. During this time over 13,500 participants developed new-onset type 2 diabetes.

The researchers found that, compared with people who have never smoked, regular smokers have a 15-30 percent higher risk of developing diabetes, after taking account of the effects of age, socioeconomic status, alcohol consumption, physical activity and adiposity. The study also showed a clear dose-response relationship with amount smoked and the earlier a person started smoking.

Among urban men, smokers had an adjusted HR of 1·18 for diabetes. HRs increased with younger age at first smoking regularly (1·12, 1·20, and 1·27 at ≥25 years, 20–24 years, and <20 years, respectively; p for trend=0·00073) and with greater amount smoked (1·11, 1·15, 1·42, and 1·63 for <20, 20–29, 30–39 and ≥40 cigarettes per day; p for trend<0·0001). Among rural men, similar, but more modest, associations were seen. Overall, HRs were more extreme at higher levels of adiposity. Among men who stopped by choice, there was no excess risk within 5 years of cessation, contrasting with those who stopped because of illness (0·92 [0·75–1·12] vs 1·42 [1·23–1·63]). Among the few women who ever smoked regularly, the excess risk of diabetes was significant (1·33 [1·20–1·47]).

Findings add to existing evidence of the health benefits of giving up smoking, not only for prevention of cancer, respiratory and cardiovascular diseases, but now also for prevention of diabetes.

MORE INFORMATION:

From: Smoking and smoking cessation in relation to risk of diabetes in Chinese men and women: a 9-year prospective study of 0·5 million people

http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30026-4/fulltext
The International Diabetes Federation, the largest global voluntary health organisation advocating improved diabetes awareness, education and care, is pleased to present the members of its Board of Directors for 2018-2019.

**PRESIDENT**
Prof. Nam H. Cho  
Republic of Korea

**PRESIDENT-ELECT**
Prof. Andrew Boulton  
United Kingdom

**VICE-PRESIDENT STRATEGIC GOVERNANCE**
Ms. Sharon Fraser  
Belize
IDF EUROPE

Improving the lives of people with diabetes and those at risk in the IDF European Region

Sehnaz Karadeniz

IDF European (EU) Region is a wonderful example of unity-in-diversity - different cultures, healthcare systems, different levels of resources. There are a multitude of unique experiences from country to country where we can learn from each other and adapt to our own culture where appropriate.

However, the increasing numbers show that the EU is facing a diabetes pandemic similar to the rest of the world, despite the favourable outcomes of scientific studies to prevent diabetes and its burden.

In our recent publication ‘Integrating Diabetes Evidence into Practice: challenges and opportunities to bridge the gaps’, we mapped the challenges and the opportunities to bridge the gaps between the available scientific evidence and the real life practices at different levels across Europe, including the healthcare system level, healthcare professional level and at the level of people living with diabetes.

Through our IMPACT Diabetes Pledge, we want to strengthen our network of European Parliamentarians, to make our voice heard more strongly, to prioritise diabetes on the political agenda, and to motivate the decision-makers to do follow-up of the political commitments made.

We very much hope that in this term we will keep on building on the past achievements of IDF Europe together with our Member Associations in our region.

Our region has the highest number of children and adolescents with type 1 diabetes in the world. We have also started the YOURAH program, ‘IDF’s Europe Youth Advocate Forum’. Young people are the future of the IDF Member Associations and all seven regions and they have an immense capacity with their out-of-the-box thinking. We need more youth involvement from the Member Associations and from the European Region of the YLD program to flourish this program. I want to take this opportunity to thank to the Board Members: Kyle Jacques Rose, Cristina Petrut, Iryna Vlasenko and Elisabeth Dupont from our Regional Office for their guidance and coordination, and to all the youth advocates who are currently participating.

When it comes to “improving the lives of people with diabetes and those at risk in our region” as the vision of 2018-19 by the IDF Europe Board, we must concentrate, with all means, the implementation of the political commitments as declared by several political institutions.

Sehnaz Karadeniz

is the Chair of the
IDF European Region

April 2018
Volume 65
Issue 1

Sehnaz Karadeniz

is the Chair of the
IDF European Region

April 2018
Volume 65
Issue 1
The IDF Middle East and North America (MENA) region is a diverse and unique territory with great ethical and cultural differences and socio-economic extremes. Approximately 38.7 million adults are living with diabetes and almost half (49.1%) of them are unaware of their condition.1 The prevalence of diabetes is on a rapid upsurge in the MENA region.

Several countries of this region have implemented high-impact prevention approaches to reduce diabetes and its complications. A major preventive initiative is the National Diabetes and Diabetic Foot Program in Pakistan where 115 diabetes clinics have been established and the rate of amputation has been halved.2 Similarly, Footwear for every Diabetic (FED) is another ingenuity by which ten risk assessment clinics have been established countrywide, providing low-cost footwear for people with diabetes thereby reducing ulcer rates. Recently, In Mansoura, Egypt, an IDF MENA Diabetic Foot Workshop was conducted with trainees from Afghanistan, Pakistan, Lebanon, Sudan, Jordan, and Egypt.

For the new term, the activities calendar developed in the MENA region specifically targets preventive measures including launching of diabetes mobile units by Bahrain Diabetes Society and Diabetes Palestine; and campaigns for the prevention of blindness by Sudan. Saudi Diabetes & Endocrine Association is aiming to initiate Sweet Smile Clubs for children with type 1 diabetes and mass screening campaigns as a preventive measure.

The MENA region is currently in need of a substantial number of trained healthcare providers. Pakistan has earned the recognition of nomination as an IDF Center of Education and IDF Center of Excellence in diabetes care to meet the urgent need. The network of 100 mini-clinics led by trained diabetes educators is a commendable diabetes education initiative by Sudan. Additionally, the Qatar Diabetes Association offers a structured training program for school nurses across the country along with the Al-Bawasil camp for children with type 1 diabetes. Al-Shurooq Diabetes Camp for Children is organized by the Bahrain Diabetes Society annually. Additional activities include continuous education on healthy cooking techniques, guidelines for safe fasting during Ramadan and training...
programs for safe traveling, including pilgrimage, are some of the education initiatives of the region.

It is extremely worrisome that amongst the highest prevalent countries with diabetes worldwide, five countries belong to the IDF MENA region. There is an urgent demand for epidemiological initiatives to address such an alarming state. Recently, Pakistan has conducted the 2nd National Diabetes Survey of Pakistan (NDSP) 2016-17 which revealed that 26% of the population over the age of 20 has type 2 diabetes. Some of our member associations have already taken up the task to replicate it in their countries.

Advocacy is another prerogative aim of IDF-MENA to support people with diabetes and stop the diabetes epidemic which is strengthened through launching and implementation of effective advocacy campaigns amongst MENA countries. Furthermore, influencing international bodies, political platforms, community leaders, and national governments is required to implement practical, real time and long-term measures. Other outstanding plans for the coming term include: launching the Dia-Ambassador program in Iran; mass campaigns for safe fasting during Ramadan and decreasing the use of tobacco in Morocco and Iraq; and online education courses for people with diabetes in Sudan and Pakistan. Provision of regional advocacy strategies are major goals.

More than half of the MENA region consists of resource constrained countries. The access to basic diabetes care and the crisis of insulin is a common issue. Insulin My Life (IML) project in Pakistan has already provided more than 20,000 free insulin vials to over 1,900 children with type 1 diabetes. Likewise, Diabetes Palestine has registered more 500 type 1 children and provides free services in Jerusalem and Gaza. Another major initiative is a joint project of World Diabetes Foundation (WDF) and IDF-MENA region for providing diabetes care services and free insulin to Syrian refugees in Lebanon. In the future, the Diabetes and Disaster stream for the IDF World Congress would benefit by addressing strategies not only for natural calamities but also for manmade emergencies and disasters.

Continuous medical education through regular meetings and conferences is another important area which is getting recognized in the MENA region. Furthermore, Diabetes Registry of Pakistan (DroP) is another promising initiative in collaboration with the Ministry of Health. The presentation of MENA region guidelines for the management of type 2 diabetes is another strong step towards better care. Pakistan has also developed the BRIGHT guidelines’ to provide low cost and effective strategies for improving self-management of blood glucose.

In summary, the IDF MENA region is aiming to achieve a resilient global presence by promoting advocacy not only for people with diabetes but also for those who are at risk, emphasizing empowerment for people with diabetes and strengthening the International recognition of IDF and diabetes. We believe these measures will go a long way in achieving better diabetes care and prevention.

Abdul Basit
is Chair of the IDF-MENA Region, Director of the Baqai Institute of Diabetology & Endocrinology (BIDE), Professor of Medicine at Baqai Medical University (BMU) and Joint Secretary, Diabetic Association of Pakistan (DAP).

Erum Ghafoor
is a Consultant Diabetes Educator at the Baqai Institute of Diabetology & Endocrinology, Expert Trainer for Conversation Map Tools in Pakistan and Joint Secretary of the National Association of Diabetes Educators of Pakistan.

References
Education is the driving force to achieve proper management of diabetes. Holistic education for patient understanding is so critical for success and for improving outcomes for people with diabetes that advocates and medical professionals must provide diabetes education for people at all levels, including patients with low levels of literacy. We need to help people with diabetes understand their condition fully and be motivated to take care of themselves willingly. The North American and Caribbean (NAC) Region is prioritizing education and has developed their diabetes education programs to suit all education levels.

What follows are association activity examples from the NAC region:

- **St. Kitts and Nevis** started 2018 with blood glucose screening, testing and providing diabetes education in local schools. Lectures have been organized for medical personnel and the general public, and are ongoing. They will continue this trend with increased education during the year.

- The year started with a sad note on the loss of one of the IDF’s Young Leaders of Diabetes (YLD) living with type 1 diabetes in **Belize**. Given this tragic loss, the association took on the need to prioritize care for people with type 1 diabetes, especially with professional counselling. Beginning in April, Belize is working with the World Diabetes Federation on a new project entitled “Belize National Diabetes Self-Care Programme”.

- **Guyana**, 2017 was a stellar year. The YLDs led many programs and collaborated with the Ministry of Public Health on lay training for “non-medical personnel” and helped strengthen the Guyana Education Department on behalf of the NCD Commission, the Management Board and the Guyana Diabetic Association. The association collaborated with the Ministry of Public Health and the Georgetown Public Hospital Corporation to provide CME for four credits on Kidney Disease and Women. This year we will watch Guyana unfold an exciting cricket competition for the third consecutive year for boys (under 17) with YLD hosting the education sessions and testing.

- The President of NAC, Glynis Beaton, will be a guest speaker in **Atlanta, Georgia (USA)** on “How Diabetes Works”. The rest of the year is packed with YLD Awareness outreaches and Exhibitions.

- The **American Diabetes Association** is hosting their Annual Scientific Sessions in Orlando, Florida from June 22-26, 2018 and representatives from the NAC Region will attend.

Despite our recent challenges in the NAC region, we are happy to say we all have one common ground on which we will be emphasizing diabetes education as a key focus for our communities this year.
IDF SOUTH AND CENTRAL AMERICA

Brazilian government to provide analog insulin for type 1 diabetes

Vanessa Pirolo and Balduino Tschiedel

After social media outcry, the Brazilian Ministry of Health is discussing final steps with the National Committee for Health Technology (Committee) to make rapid-acting analog insulin available for people with type 1 diabetes in the Brazilian Public Health System (SUS).

The Secretary of Science, Technology and Strategic Inputs from the Ministry of Health signed the incorporation on February 22, 2017. It is critical for the health of people with type 1 diabetes to have accessibility to more efficacious analog insulins and the delay of almost one year is unacceptable.

Advocates, people with diabetes, Committee members and government representatives expect that the change in insulin benefits for people with type 1 diabetes will take effect by July 2018. Under discussion are the determining criteria for patient qualification. Draft recommendations include:

- People who have used regular insulin for at least three months.
- People who are under the care of an endocrinologist and are seen at least twice a year.
- People who perform self-monitoring blood glucose tests a minimum of three times a day.
- People who have had severe hypoglycemia over the last three months, and/or who have had repeated and/or nocturnal non-severe hypoglycemia.

The Committee also highlighted how people with type 1 diabetes who qualify must also have access to at least 100 test blood glucose strips for testing per month, and for pregnant women, 150 to 200 test strips in order to achieve best self-monitoring practices and safety.

The Juvenile Diabetes Association Brazil (ADJ) was invited to attend the disclosure of the meeting protocol for 20 minutes but was asked to leave for the final discussion according to the National Committee for Health Technology protocol procedure. ADJ was not given access to the final discussions.

Other issues which need defining are: type and size of the insulin pen and determining reusability; and place of dispensing (primary care offices or specialized care). Advocacy leadership is closely monitoring each step and believes that newer, faster insulin and technology will benefit the Brazilian population by decreasing the number of diabetes complications and hospital stays due to the lack of access.

Update: The bidding procedure to purchase the rapid-acting insulin took place on April 2nd and at the time of publication, ADJ has not been informed of the results.

Vanessa Pirolo
is a journalist, Advocacy Coordinator for ADJ Diabetes Brazil and a member of the board of the IDF South and Central America (SACA) region.

Balduino Tschiedel
is Chair of the IDF South and Central America Region.
There is a growing recognition that we are reaching a crisis in the US diabetes community with regard to the price of insulin. If you search for “insulins” on GoodRx.com you will see a huge range of prices for different types of insulin. The insulins that I have traditionally used for my patients with type 1 diabetes include short acting analog insulins like Humalog ($549) or Novolog ($551), and long acting insulins like Lantus ($274), Leveimir ($436), and the new generic/“follow-on” long acting insulins like Basaglar ($234).

Because some of my patients with diabetes use more than 100 units a day, this means that they need at least three vials of insulin a month, which costs nearly $1400 – tragically higher than the cost of their rent or a mortgage. The high cost of insulin doesn’t include all of the additional supplies they need for self-monitoring, including blood glucose testing strips (as high as $1 per strip), sensors for continuous glucose monitoring ($350 a month), glucagon ($280), visits to a healthcare provider and more.

HAS INSULIN ALWAYS BEEN THIS EXPENSIVE?

The answer is no. There are clinicians and patients who can remember when a vial of insulin used to cost $20, and studies have shown that the costs of insulin have increased dramatically over the last few decades. For example, studies using Medicaid data have shown that annual payments for a patient requiring 40 units of insulin a day increased from $771 in 2001 to $2852 in 2014 (a 370% increase) for rapid acting insulin, and from $891 in 2001 to $2848 in 2014 (a 320% increase) for long acting insulin. These costs are increasingly being passed onto patients and their families as the number of individuals on high deductible health plans or who are uninsured grows.

This crisis in insulin pricing is taking a human toll. Families are now using crowdfunding sites like GoFundMe to fundraise to pay for their insulin. And there are too many stories in the news about patients, who when faced with a $1300 insulin bill at the pharmacy, must ration their insulin and suffer catastrophic consequences, including an increased risk of complications and even death.

WHY IS INSULIN SO EXPENSIVE?

Here are just a few of the contributing factors:

- The US government lacks negotiating power with regard to drug pricing, and therefore pays more for insulin than any other country, leading to a prescription
Companies that want to make generic insulin, may lack the manufacturing capabilities and a supply chain for producing insulin.

- The use of “evergreening” by pharmaceutical companies, in which they make very minor tweaks in a drug to extend the life of a drug patent, through minor modifications in the drug itself but even more commonly now through updates to drug delivery devices rather than the drug itself.

- The use of patent infringement lawsuits by pharmaceutical companies, who file them to prevent or delay entry of generic/follow-on competitors for up to years. For example, a lawsuit against the follow-on to Lantus called Basaglar resulted in a 30-month delay in approval, during which the company could charge more for Lantus before it went off patent.

- The rise of the pharmacy benefit manager, which is an entity that negotiates rebates with pharmaceutical companies, taking a proportion of the drug cost as profit without any sort of price transparency.

- And let’s not forget, that very important factor called greed.

Not surprisingly, the major players with the ability to change the pricing (pharmaceutical companies, pharmacy benefit managers, and insurers) put the blame on anyone except themselves.

1. They blame the “complicated” healthcare system:

   “There are no quick and easy answers, because the system is complex and complicated,” Lilly spokesman, Gregory Kueterman said. “Even just simply lowering prices, while that seems like an easy answer, it wouldn't necessarily lower the prices of the high-deductible plan. They’d have to keep paying till they hit that deductible.”

2. The pharmaceutical companies blame the pharmaceutical benefit managers and insurers. When the 3 manufacturers of insulin in the US were asked about pricing of insulin:

   “Sanofi, Lilly and Novo Nordisk all highlighted discounts they provide, and also pointed the finger at health insurers.”

   “Ashleigh Koss, a spokeswoman for Sanofi, told Business Insider that Lantus had not had a price increase since November 2014 in the US. «In fact, because of aggressive discounting and rebates to insurance plans, PBMs, and government programs, the net prices of Lantus over the cumulative period of the last five years actually went down,» she said.”

3. The pharmacy benefit managers and insurers blame the pharmaceutical companies.

   “Rebates don’t raise drug prices, drug makers raise drug prices.”

The public has been outraged by a number of different prescription drug pricing scandals in the news, including the mark-up of Epipen prices by CEO Heather Bresch of Mylan Pharmaceuticals, or the 5000% price increase for Daraprim orchestrated by now convicted ex CEO of Turing Pharmaceuticals Martin Shkreli. The increases in insulin price may not have been as dramatic and have occurred more gradually over a longer period of time, but do the companies involved in the pricing of insulin deserve any less negative attention? Scientists Frederick Banting, Charles Best, and James Collip who discovered and established the first patent for insulin, sold it for $1 to...
ensure the discovery could be accessed by all individuals with diabetes. They would be outraged if they could see how difficult it is for people to afford insulin today.

Insulin has tragically become a concierge medicine, available only to those who are well off and have good insurance, when it should be a right. As James Elliott, advocate and individual with type 1 diabetes said, “We’re locked into paying whatever insulin companies decide. It’s like paying for oxygen and having three companies decide what the price should be.”

In response to the crisis there have been a number of developments:

- The patient community has begun the important advocacy on this topic, organizing protests at Eli Lilly, and planning protests at the other insulin companies.

- **Type 1 International** is a global diabetes advocacy organization working to improve sustainable access to insulin, supplies, care and treatment for everyone with type 1 diabetes.

- The Diabetes Patient Advocacy Coalition has started the Affordable Insulin Project, offering tools, resources, and data for patients, caregivers, employers, and healthcare professionals to support increasing affordable access to insulin.

- The Juvenile Diabetes Research Foundation has developed a [Type 1 diabetes Health Insurance Guide](#) to help patients navigate health insurance issues.

- The American Diabetes Association has asked politicians to examine the supply chain for insulin and have asked for transparency of pricing.

- Finally, politicians themselves have begun to advocate. US Senator Bernie Sanders and Congressman Elijah Cummings have asked the Justice Department and Federal Trade Commission to investigate anticompetitive conduct and made accusations of price collusion among the companies, as there have been suspicious increases in insulin prices among brands in lock step (i.e. a 16.1% increase in Lantus followed by a 16.1% increase in Levemir the next day; or an 11.9% increase in Lantus, followed by an 11.9% increase in Levemir). It’s possible that governmental intervention may be the only way to address this crisis.

Everyone in the diabetes community needs to speak up and advocate for our patients on this critically important issue. As the advocate and endocrinologist Dr Irl Hirsch said in his publication, *Insulin in America: A Right or a Privilege?*

“But to those who detest the thought of having our government involved in the distribution of insulin, I would say that I detest more the pain, suffering, cost, and potential death from diabetic ketoacidosis resulting from patients’ inability to afford insulin.”

---

**Joyce Lee**  
MD, MPH, is the Robert P. Kelch, MD Research Professor of Pediatrics at the University of Michigan Medical School and Professor at the Medical School and at the University of Michigan School of Public Health.

Her research agenda focuses on the overarching areas of type 1 and type 2 diabetes, and obesity; and her current work includes focus on the creation of learning health systems using the methods of clinical informatics, quality improvement, and patient-centered participatory design. For more information, visit her website: [http://www.doctorasdesigner.com](http://www.doctorasdesigner.com)
Lions Clubs International and International Diabetes Federation come together to tackle diabetes

Elizabeth Snouffer

On Saturday, March 24, 2018, Lions Clubs International (LCI) and the International Diabetes Federation (IDF) signed a Memorandum of Understanding (MoU), on the occasion of Lions Day at the UN, to establish a cooperative alliance in the global fight against diabetes. The two organizations came together to help prevent diabetes and improve the quality of life for those living with diabetes worldwide.

LCI is the world’s largest service club organization, with 48,000 clubs and over 1.4 million members serving in 200 countries or geographic areas. LCI’s 40th annual Lions Day with the United Nations (UN) commemorated their long-standing relationship as a consultative NGO to the UN which began in 1945. The theme for the event “Working Together Globally to Combat Diabetes” was attended by Lions members, Leos—young leaders...
LCI and IDF are well positioned to form the two-year MoU partnership, strengthening advocacy efforts so desperately needed to combat the diabetes epidemic worldwide.

According to LCI President, Naresh Aggarwal, “Lions are uniquely qualified to take on the challenge and growing epidemic of diabetes. With over 1.4 million members and 48,000 clubs around the world, we will mobilize resources. Lions can make an impact by helping to increase public awareness, screening for diabetes, and providing one-on-one peer counselling to young people, in addition to working with partner organizations.”

The signing of the MoU fortifies a partnership that will operate at the national, regional and global level. The two organizations agree to cooperate in good faith to achieve common goals:

- Prevent diabetes and improve the quality of life for those diagnosed.
- Raise diabetes awareness and provide education where it is needed.
- Development of holistic diabetes-service projects to improve care.
- Elevate the issue of diabetes onto the national and global political agenda.
- Increase access to diabetes care, medication, and diagnostic equipment.
When President Aggarwal arrived at the podium for the Lions Day UN address, he began by declaring how he himself lives with type 2 diabetes and gently asked audience members to stand if they lived with diabetes, or had a family member with diabetes, and finally asked those who knew a colleague or friend with diabetes. By the end of President Aggarwal’s query, more than three-quarters of the UN General Assembly Hall, filled nearly to capacity, was standing.

“This partnership between LCI and IDF is not just an MoU we are signing today, but an MoR, a Memorandum of Revolution – a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally,” declared Mr. Aggarwal, whereupon the audience gave a standing ovation.

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.

[... a Revolution to act and to come together as partners to combat diabetes globally, nationally and locally.

Naresh Aggarwal

IDF President Nam H. Cho, thanking President Aggarwal and those in the audience, spoke directly about the worldwide diabetes crisis today and the urgent need for stronger advocacy.

“This is a timely and welcome partnership. Lions Clubs International is a dynamic movement with a vast and influential network. It has an impressive track record in bringing about positive change and health improvement. Our organizations are ideally placed to collaborate and make a difference for the many millions now living with diabetes and all those at risk. If we do not act to address the diabetes pandemic, 629 million adults will have diabetes in 2045 and a further 532 million adults will be at high risk. This will mean more people dying from diabetes and its complications and increasing pressure on the delivery of healthcare services. Here in the US, one-third of all people with diabetes are undiagnosed. Together, this is where we can make a difference.”

IDF and LCI aim to achieve the objectives of the partnership through joint programming, capacity development, campaigning, advocacy, research, and data and knowledge management. The coming months will see the start of implementation activities, leveraging the strengths of the two networks.
The rising tide of diabetes around the globe is generating a greater increase in those at risk or living with untreated cardiovascular disease (CVD). Living with diabetes and cardiovascular disease (CVD) is considered a double-jeopardy for the health of an individual and is predicted to result in increased complications worldwide, including cardiovascular complications, unless preventive action is taken.1 People living with type 2 diabetes are especially at increased risk of CVDs and associated clinical complications.2,3 Given diabetes and CVD are currently among the leading causes of morbidity and mortality worldwide, particularly among populations in low- and middle-income populations, there is a great urgency to change the upward trajectory.4,5

IDF is putting concentrated efforts toward the fight against cardiovascular diseases. In October 2016, IDF released a global report on Diabetes and Cardiovascular Disease, which included recommendations to reduce the burden of CVD amongst people with diabetes, and indeed the whole population, as follows:

- Identification of those at risk and related health policies: prioritising good blood pressure control in people with diabetes and urging national government implementation of non-communicable disease (NCD) monitoring systems.
- Treatment of the early signs of CVD associated with diabetes: improving access to essential medicines.
- Building awareness and expertise on CVD and diabetes: establishing a consensus on design of future studies on CVD in diabetes, to better compare progress in different areas.
- Facilitating improved CVD patient education: public health measures to promote healthy diets, increased physical activity, and smoking cessation among people living with diabetes.
Building the evidence base on the burden of diabetes and CVD is essential to drive urgent political action and as a result, help improve the health of people with diabetes and other NCDs. Currently, IDF is working on several forefronts to address these recommendations.

**IDF GLOBAL CVD SURVEY**

**Taking Diabetes to Heart** is a patient survey on CVD risk awareness and knowledge, which is aimed to further support the development of tools, educational resources, and policies designed to allow the implementation of the above recommendations. For instance an animated video with fictive story inspired by reality was developed to bring attention to the often-ignored linkage between diabetes and CVD. The multi-cultural study is available in nearly 30 languages, and data collection is still open until 31 May 2018. The interim results from the first nearly 1,000 respondents from December 2017 already show that 1 in 3 respondents considered themselves to be at low risk of CVD and 1 in 6 respondents had never discussed type 2 diabetes and cardiovascular risk with a healthcare professional.6

“From the interim results, we can already see a trend in the lack of awareness of the link between type 2 diabetes and cardiovascular disease among people with type 2 diabetes,” said Professor Nam Cho, President of IDF. “Following analysis of the full results, we hope to gain more valuable insights that can be used to inform strategies and tangible actions for promoting change in the diabetes community.”

**ONLINE COURSE FOR HEALTHCARE PROFESSIONALS**

The IDF School of Diabetes has recently launched an online short course on diabetes and CVD targeting healthcare professionals caring for people with diabetes. The module aims to discuss the link between diabetes and cardiovascular disease, reviews types of CVD complication, its pathophysiology, screening and diagnostic tests and management strategies for CVD complications.

The course is freely accessible without any fees, after registering at the IDF School of Diabetes. The course takes one hour to be completed and is comprised of several parts: initial self-evaluation and pre-test; training on diabetes and CVD module; and finishing with the post-test and a final self-evaluation. On successful completion, participants are awarded with a Certification of Completion and 1 European CME credit (ECMEC®). Since February 2018, over one-hundred fifty enrollees have given the course an average rating of 4.6 out of 5.

In continuation of these efforts, IDF will shortly launch an online interactive diabetes and CVD educational and awareness tool targeting people with or at risk of type 2 diabetes, caregivers, and the public. The tool aims to guide people through a process that generates insightful conclusions, increases knowledge, encourages positive lifestyle, and empowers people with...
diabetes to improve self-management decisions and actions.

**ADVOCACY TOOLKIT**

IDF developed a [CVD in Diabetes advocacy toolkit](https://www.idf.org/news/97:news-td2h-interim-results.html) for people living with diabetes and CVD, their caregivers, patient organisations, the media and local and national health authorities to advocate on helping to reduce the incidence of CVD in diabetes.

This toolkit highlights relevant IDF, World Health Organization (WHO) and World Heart Federation (WHF) policies and key messages on CVD in diabetes. The toolkit provides an outline on how to develop a customised advocacy plan in seven steps, tailored to local context and environment and it includes a comprehensive package consisting of an elevator pitch, fact sheet and recommended solutions.

To bring further attention to CVD in Diabetes, IDF created an advocacy video where people living diabetes from the 7 IDF regions share about their experience on living with diabetes and the risk of CVD.

**References**


---

**Suvi Karuranga** is the Epidemiology Manager at the International Diabetes Federation. She holds an MPH from the Lund University and BSc in public health nursing from Turku University of Applied Sciences.

**Anne Wiebke Ohlrogge** is a Junior Professional Officer in the Global Partnerships department of the International Diabetes Federation. She has a Bachelor and a Master Degree of Science in European Public Health (Governance & Leadership) from Maastricht University.

**Sameer Pathan** is the Education Project Coordinator at the International Diabetes Federation. He holds a Diploma in Public Health Management from the Indian Institute of Public Health, Delhi and Bachelor of Homeopathic Medicine and Surgery from Maharaja Krishnakumarsinhji Bhavnagar University.

**Els Sung** is a Junior Professional Officer in the Policy and Programmes department of the International Diabetes Federation. She holds a BSc in Health Policy and Management from the Erasmus University of Rotterdam and a MSc in Global Health from Maastricht University.
Jack’s story: “I never thought I had a heart problem”

Jack Morrison is a dedicated husband, father to six and grandfather to nine. This past March as he was getting ready to celebrate his 77th birthday, he gave Diabetes Voice the opportunity to discuss his diabetes and CVD.

When were you diagnosed with diabetes?

I was diagnosed with type 2 diabetes in 1984. In those early days, I remember my doctor – a general practitioner - trying one or two oral medications on me but in the end, there seemed to be only one solution. He put me on insulin right away. For 35 years now, I’ve been dependent on insulin.

When did you learn about cardiovascular disease (CVD)?

Well, it’s a rather complicated story. In 1999, my brother was taken to the hospital emergency for a heart attack. During the surgical procedure, there were complications and he died very unexpectedly. It was tragic; he was 61 years old and left his wife and four daughters behind. My brother’s death was the first time I had a direct experience with heart disease. A little later in the year, I went to the doctor for a regular check-up and I told him about my brother. He told me I should see a cardiologist just to be safe. That was during autumn in 1999. A few days later, I went to the cardiologist and while running a few tests on me, he got very alarmed and told me he was admitting me to the hospital. A few days later, I had emergency quadruple bypass surgery.

I never thought I had a heart problem. I thought I only had a diabetes problem. I guess you could say, my brother saved my life.

The fact is I didn’t really learn about cardiovascular disease until after my quadruple bypass surgery which was 16 years after being diagnosed with diabetes. However, no one told me during that time that there was a connection between my diabetes and the bypass. After the surgery, I was in recovery for months. I went to physical therapy and I was at the doctor’s quite a bit. Unfortunately, none of the doctors – such as my primary care doctor, the cardiologist, and others – sadly no one has ever sat down and discussed my heart problem and how it was ultimately connected to diabetes.

In April 2017, Jack had valve replacement surgery. His recovery is going well.

Many thanks to Jack Morrison for the courage to share his story.
Evaluating cardiovascular risk in the doctor’s office

Douglas Villarroel

Cardiovascular disease is the leading cause of morbidity and mortality among people with diabetes mellitus. Multifactorial interventions, such as those targeting hyperglycaemia, hypertension and hypercholesterolemia, reduce the risk of both fatal and non-fatal cardiovascular disease. Doctors who treat diabetes should spend more time looking into what is being done to reduce these risks.

I cannot stop thinking about the statistics and the immense risk of having heart disease every time I see a patient with diabetes. I worry even more when many of them are only being tested for cardiovascular risk when they are symptomatic, knowing that atypical symptoms or silent ischemia are more common in the diabetic population.

Doctors do not always evaluate patients with diabetes with the same standard. This happens either due to the routine nature of a typical workday or the repetition of the same recommendations patient after patient, or simply because of tiredness. There are also many people with diabetes who are complacent in self-management care as time passes. People might hear about cardiovascular risks from their doctor, but it is remembered only in theory and not put into practice. In order to not miss opportunities to lower the cardiovascular risk, management of lifestyle habits—which includes healthy diet, physical activity and smoking cessation, among others—must be an important issue in the conversation between doctors and patients in every visit and become the first measure of prevention.

Douglas Villarroel
is Editor-in-Chief of Diabetes Voice.
The global diabetes community united together in December for the biennial IDF Congress 2017 in Abu Dhabi, United Arab Emirates under the Patronage of His Highness Sheikh Mohammed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi and with the attendance of His Excellency Sheikh Abdulla bin Mohamed Al Hamed, Chairman of the Department of Health, Abu Dhabi.

The Abu Dhabi National Exhibition Center set the stage for a rigorous scientific program attended by a total of 7534 participants from 182 countries. The scientific program, with 330 top-level speakers that shared their knowledge in more than 160 hours of sessions, covered the latest advances in diabetes, from clinical practice, education, child and maternal health and a “Living with diabetes” stream generated great interest and brought together professionals from all fields—clinicians and scientists, educators, public health specialists, epidemiologists, politicians and lawyers, among others. There were 1850 abstracts, 9731 posters and 252 e-posters displayed and discussed in lively e-poster sessions. Invariably attractive sessions ran simultaneously.

The IDF 2017 exhibition welcomed 50 national, regional and global exhibitors. In this wonderful physical space were also present 100 IDF member associations from all regions, showing their activities. In support of raising awareness about healthy lifestyles, 600 people from 107 countries ran in the 5K@IDF which has become a longstanding event at IDF Congresses.

The general consensus as the meeting came to a close is rallying around and emphasizing the importance of enacting strong measures and policies aimed at preventing diabetes at primordial, primary and secondary levels in order to stop the astronomic rise of diabetes worldwide.

IDF CONGRESS 2019
In Abu Dhabi, we had an average temperature of 22 C and many hours of sunshine. Now we are preparing for the slight cold breeze and to enjoy a nice cup of hot chocolate with average temperatures of 7°C for the IDF Congress 2019 in Busan, Korea (2-6 December 2019). For more information on IDF 2019, please click here.

Douglas Villarroel is Editor-in-Chief of Diabetes Voice.
LOOKING AHEAD TO HYDERABAD, INDIA

Urgency for diabetes awareness and education

Ammar Ibrahim

One of the major aims of IDF is to reduce the complications of diabetes, and for this purpose the IDF is working hard in the area of self-management education for people who live with diabetes and their families, and professional education for nurses, educators, and physicians.

As a part of this objective and to reflect the importance of continuing education, the IDF Board 2016-2017 planned for a series of regional biennial congresses focused on diabetes complications. The first, IDF Diabetes Complications and Foot Congress 2018, will take place in the city of Hyderabad, India from 24 to 27 October 2018. As time moves forward, it is projected that each of the seven IDF regions will be host to one of the seven in the series of congresses.

IDF chose India as the backdrop for the first congress on complications and foot disease for many important reasons. Today, India is home to the second largest diabetes population worldwide - after China - with 72.9 million people with diabetes (20-79 years old), but in 2045 India is predicted to overtake China and become the country with the largest number of estimated people living with diabetes at 134.3 million. Managing diabetes in India is a multi-faceted challenge due to the high risk population, young age of onset, low levels of diabetes awareness, insufficient medical training for healthcare professionals and lack of affordable access to medicine and treatment. Most of India’s challenges in diabetes care and treatment are also common to a number of low-and middle-income countries and therefore, any new ideas or solutions can be replicated.

The Diabetes Complications and Foot Congress 2018 will focus on:

- **The Diabetic Foot** programme will be divided into topics covering Ulcers and Infection; Neuropathy; and peripheral arterial disease (PAD). Losing a limb is one of the most feared complications of diabetes and a major global medical crisis. The Diabetic Foot has therefore been chosen as the primary focus for IDF 2018. Foot ulceration is the most frequently recognized complication, estimated to affect up to 26 million people with diabetes worldwide.

- **Cardiovascular Disease (CVD)** accounts for over one-third of all deaths among people with diabetes. The CVD complications programme topics will be divided into Risk Factors and Coronary Heart Disease, and Heart Failure.

- **Diabetic eye disease, Kidney complications and diabetes in pregnancy** will be discussed in order to facilitate essential orientation for all healthcare professionals to make early detection and early referral to specialized centers.

Each programme area will have a wide range of topics from essential and simple prevention up to the most recent and advanced treatments.

There is a critical urgency in India to increase awareness of diabetes and associated complications among healthcare professionals to promote screening and early diagnosis and improve health outcomes to save lives. We look forward to meeting you there.

Ammar Ibrahim is Programme Chair of the IDF Diabetes Complications and Foot Congress 2018, and Director General, Instituto Nacional de Diabetes (INDEN). He lives in Santo Domingo, Dominican Republic.
INTERVIEW

Health for all: Universal health coverage essential for all people with diabetes

How big is the problem of diabetes worldwide? What does universal health coverage mean for people at risk of, or living with diabetes?

Diabetes is one of four priority noncommunicable diseases (NCDs) targeted for action by world leaders. The threat to human lives and to economic and social development posed by diabetes, cardiovascular and lung diseases and cancer was recognized when countries agreed to set target 3.4 of the Sustainable Development Goals (SDGs): reducing premature mortality from NCDs by one third by 2030.1 It is the less advantaged that are disproportionately affected by NCDs. Over the past decade, diabetes prevalence has risen faster in low- and middle-income countries than in high-income countries.2 Of course, it is those same countries that tend to lack access to the basic technologies needed both to diagnose the disease and to help people with diabetes manage it properly. People are being forced into poverty because of the

Interview with Dr Svetlana Axelrod, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health
catastrophic cost of diabetes care, combined with losing their family income owing to disability. Lack of care results in complications and premature death. It should not be like this. As WHO Director-General Dr Tedros Adhanom Ghebreyesus has said, "No one should have to choose between death and financial hardship. No one should have to choose between buying medicine and buying food."

Although diabetes is a chronic, progressive, lifetime disease, people with it can live long and healthy lives. The way forward is universal health coverage, whereby everyone can get the health services they need, when and where they need them, without facing financial hardship. Universal health coverage can provide people living with diabetes those services many of us take for granted, including early diagnosis and proper management of the condition without pushing people into poverty.

Never has there been as much political momentum for universal health coverage as there is right now. And never has there been greater need for commitment to health as a human right to be enjoyed by all, rather than as a privilege of the wealthy few.

Recognizing the importance of the health-related SDG targets, WHO’s new general programme of work 2019–2023 is based on delivering them, and is relevant to all countries, at all income levels. It articulates WHO’s mission – to promote health, keep the world safe and serve vulnerable people – and lays out three strategic priorities, each with an ambitious target: by 2023, one billion more people to benefit from universal health coverage, one billion to be better protected from health emergencies and one billion to enjoy better health and well-being. Each is relevant to the fight against NCDs and each requires health systems oriented towards delivering universal health coverage.

**What is most needed today to stop the global epidemic of NCDs, including diabetes and heart disease?**

The big gap is not medical: knowledge on diagnosis, treatment and management is growing all the time. What is needed is a recognition that many NCDs are largely avoidable, followed by public and political commitment to make preventing and controlling them a priority. Four main NCDs – cardiovascular and lung diseases, cancer and diabetes – are mostly preventable by tackling major risk factors: tobacco use, harmful use of alcohol, physical inactivity, unhealthy diets, obesity and environmental factors.

Governments need to prioritize the collective implementation of recognized cost-effective NCD interventions – the so-called NCD “best buys” and other recommended interventions – which have been shown to prevent and control major NCDs and their risk factors. These include taxing tobacco, alcohol and sugar, making health risks clear by introducing health warnings on tobacco packaging and front-of-pack labelling on foods to show their nutritional value. Governments need to create healthy environments for their citizens where healthy choices are default choices. They can do this by eliminating exposure to second-hand smoke, providing reformulated food low in salt and sugar with no trans fats, restricting availability to alcohol, banning advertising and promotion of tobacco and alcohol, and providing enabling environments for people to be physically active and breathe clean air. Good management helps to prevent complications in people with NCDs, reduces the need for hospitalization and avoids costly high-technology interventions and premature deaths. Providing drug therapy and counselling for people with NCDs is critical to enabling them to live longer and better-quality lives. The WHO Package of essential NCD interventions (WHO PEN) includes interventions for detection, prevention, treatment and care of NCDs including diabetes and cardiovascular diseases through primary health care. Fully aligned with WHO PEN, the HEARTS technical package provides a strategic approach to improving cardiovascular health by strengthening the management of risk factors for heart disease and stroke in primary health care.

**Are there successful examples of improving access to high-quality services and providing financial protection for people at risk of diabetes or living with it?**

Given the scale of the challenge, the interventions which make most difference are those that transform services at the primary care level and that have become affordable and accessible for all.

In the Republic of Moldova, one in eight adults has diabetes or glucose intolerance. Mandatory health insurance was introduced in 2004, improving financial access to care. For people with diabetes, one crucial issue was how to improve their access to medicines, particularly insulin, which had hitherto been very uncertain. In 2013 changes were made in the
procurement of insulin, with a move from a national tender programme to decentralized procurement by pharmacies. All Moldovan citizens are now entitled to free access to oral medicines for diabetes and insulin.7

Thailand tells a similar story. In 2002 Thailand moved away from a system of out-of-pocket payments to one funded by a mix of taxes and insurance contributions. Thais who have diabetes are now offered free treatment and have ready access to the medicines they need not only to survive but also to stave off complications.8

What can the NCD community do to inspire, motivate and guide governments and policy-makers to make commitments to universal health coverage?

Universal health coverage is an investment in human capital and a driver of economic growth and development. Reaching universal health coverage by 2030 is an ambitious goal, and the NCD community is leading the way. It has long been stressing the importance of moving away from the compartmentalization of health services towards integrated services, incorporating the management of various NCDs, mental health and in some settings tuberculosis and HIV/AIDS into primary care. This advances universal health coverage by increasing the efficiency and effectiveness of service delivery.

Many healthcare systems are not organized to manage the morbidity shift towards NCDs. The presence of lifelong or long-term conditions requires not just a rethinking of services but also a reorientation of the entire health system to rise to the challenge of joint management of diabetes and other diseases. Expanding universal health coverage and access to integrated, people-centred health services makes this more feasible. Resource constraints mean that countries cannot provide all health services, but all countries should be able to ensure coverage of essential health services.
Heads of state and government will come together later in 2018 at the Third United Nations General Assembly High-level Meeting on NCDs in New York to assess the progress of the global fight against NCDs and decide how to accelerate future efforts. Among the commitments it is hoped governments will make is the integration of the NCD “best buys” into national universal health coverage benefit packages provided by the public sector, including access to essential NCD medicines and technologies. As a part of the preparatory process, WHO is mobilizing various groups of stakeholders to provide their input to the outcome document of the Meeting. The WHO Independent High-level Commission on NCDs and the WHO Civil Society Working Group are two examples of platforms the NCD community can use to highlight the importance of universal health coverage for tackling NCDs and for achieving health for all.

Experience has illustrated, time and again, that universal health coverage is achieved when political will is strong, and the NCD community makes an essential contribution to forging that political will.

The theme of World Health Day is “Universal health coverage: everyone, everywhere”. What communications activities will WHO be conducting to mark the day?

The Organization will maintain a high-profile focus on universal health coverage via a series of events starting on World Health Day on 7 April, with global and local conversations about ways to achieve health for all.9 Posters, infographics and social media squares are available to download with a campaign package to help everyone, including political parties, civil society, professionals and communities, to focus on health for all. This will continue throughout 2018.

Each of the six WHO regional offices will contribute their own analyses, reports and conferences – not to mention quizzes and videos – on universal health coverage. WHO and its partners will share examples of steps to take to get there through a series of events and conversations held at multiple levels. The aim is to inspire, motivate and guide, sharing examples of what is being done and what can further be done, and inviting policymakers to be part of the change.

References
Be a type 2 hero

Did you know that cardiovascular disease (CVD) is the most common cause of death in people with type 2 diabetes?

We are conducting a survey to find out how much people with type 2 diabetes actually know about CVD and this increased risk.

Your answers will guide us in understanding what is needed to increase awareness, allowing us to help people with type 2 diabetes.

So go on, do something heroic. Go to www.idf.org/takingdiabetes2heart/survey