



Blue Circle Voices

NEWSLETTER

OCTOBER 2018



**International
Diabetes
Federation**

The global voice of people living with diabetes



NEWS FROM THE BLUE CIRCLE VOICES NETWORK

IDF Campaign on the language around diabetes

A few months ago, IDF launched a campaign, designed to raise awareness of complications among people living with diabetes, combat stigma and engage with healthcare professionals around the best ways of talking about complications. As part of this campaign, a [Facebook group](#) was launched, in which people share personal stories, reflections on complications, etc. We suggest that you visit our [website](#) to discover more about this IDF campaign.

We would welcome any personal testimonies or other input you would like to provide for this campaign – be it in the form of written or video testimonies or any other material. If you wish to send us material or have any questions, please contact bluecirclevoices@idf.org.

There are elements of stigma and Discrimination against people living with diabetes in Nigeria

Bernard Enyia

Everything that ends withpathy refers to me, after 42+ years with Type 1. But, never give up as long as there is a solution! ;)

Stela Prgometja

Diabetes complications need to be treated as part of the person. As part of their management. Not blamed on them. #TalkAboutComplications

Chris Aldred

#DiabetesComplicationsTalk

Important: EU General Data Protection Regulation

BCVs have expressed an interest in interacting more with each other. In addition to the [BCV Facebook group](#), IDF would like to help foster this connection by providing BCV members with the email addresses of their fellow members.

To comply with the EU Data Protection General Regulation,

IDF sent a survey, requesting members to confirm they consent to sharing certain personal details. Due to a technical fault, the survey cannot be analysed. Early in October, IDF has sent a new email, asking for consent. Please respond to the email whether or not you agree to sharing your contact

information with fellow BCV members. Please note that we will strictly observe your responses and will only share the email address of those who consent to it.

BCV Membership

The BCV network now comprises 130 members from 60 countries. We invite you to visit the [Meet the BCV](#) section on our website to learn more about each one of them.

The BCV team continues to work to increase the number of BCV members with type 2 diabetes in the network. People with type 2 diabetes now account for a quarter of all members. If you know someone with type 2 diabetes that would be interested in joining the BCV network, please let us know at bluecirclevoices@idf.org. Unfortunately, we are not currently accepting new BCV nominations from Nigeria as we already have seven members with type 2 diabetes in the country.

Video Testimonials

Video testimonials are a great way of increasing the visibility of the BCV network and allowing the voices of the BCV members to be heard. We invite those BCV members who have not yet submitted a testimonial, or want to submit a new one, to contact us at bluecirclevoices@idf.org so we can provide them with instructions and advice on how to prepare their videos.

BCV Participation in WDD Videos

IDF called for volunteers among the BCV members to film themselves making some diabetes-related statements, to be included in the video IDF is preparing for World Diabetes Day this year, on November 14. We have had an amazing response to this initiative, and we will do our utmost to involve all the volunteers in it.

BCV Facebook Group

IDF launched a BCV Facebook group to improve communication between IDF and the BCV members, and to foster debate among the BCV members themselves. Some 72 members have already joined. If you have not done it already, we invite you to join this group by clicking on this link: <https://www.facebook.com/groups/bluecirclevoices/>

Consultations

Between February 14 and March 5, 2018, IDF organised a consultation with its members to better understand BCVs' opinions of the network and their expectations for the future. Learn more about the outcomes of the survey [here](#).

The French and Spanish versions of the document will soon be available.





INFLUENCE OF DIABETES IN YOUR LIFE

INTERVIEW WITH A BCV MEMBER

Jovan Nikolic (Montenegro)

1. What was your first thought when you were diagnosed with diabetes?

I was diagnosed with diabetes at 27. I had had clear symptoms for a few months and was somewhat prepared for that diagnosis when I went to the laboratory for my blood analysis results. My first thought when I was diagnosed was: "Why?".

2. Had you ever heard about diabetes before your diagnosis?

A very close friend of mine had been living with type 1 diabetes since we were 18 years old, and I had been informed about the disease and its symptoms at the time.

3. What is the biggest challenge you have faced since living with diabetes? How have you overcome it?

My main challenge has been to regain self-confidence, something I am still working on every day. The other challenges I can identify are as follows:

- There is only one endocrinologist in the city I live in (Nikšić, 60 000 people)
- A session with the endocrinologist only lasts 10 minutes, and only takes place every three months
- Hours of waiting in local hospitals and community health centres: even with an appointment, you often have to wait for hours. That happens regularly in laboratories.



4. Has diabetes had any positive impact on your life?

Diabetes has really taught me to get better organised, to take advantage of each day and pursue as many activities as possible (especially because I work 8-10 hours a day) and that every minute of physical activity is precious.

5. What do you think is the biggest diabetes challenge in your country?

The biggest challenge in my country is definitely education and awareness about diabetes and its complications.

6. Why have you decided to join the Blue Circle Voices network?

I am trying to find the best way and tools to start to advocate for diabetes, and learn from other people worldwide. I believe I am on the right track, and I will certainly continue to help the diabetes community in Montenegro.

INTERVIEW WITH A BCV MEMBER

Carlos Otero (Peru)

1. What was your first thought when you were diagnosed with diabetes?

The first thing I thought about was that I would need to change my eating habits and give up eating certain foods.

2. Had you ever heard about diabetes before your diagnosis?

Yes. My father has diabetes and came from a family with diabetes. Since learning I had diabetes, I started taking an interest in healthy food, especially in sugar-free and low-calories desserts.

3. What is the biggest challenge you have faced since living with diabetes? How have you overcome it?

I can spot two main challenges:

a) The biggest one: having had a heart attack despite being someone who takes care of his nutrition. I overcame it with an intervention and a stent, reducing stressful activities and enjoying life.

b) The second main challenge: as a chef myself, specialised in pastries, whose job it is to cook delicious, sweet and hypercaloric desserts for other people, it is hard only to be able to taste them to see how they turned out. I overcame my love of all things sweet by creating healthy desserts with a lot of fiber and without sugar.



4. Has diabetes had any positive impact on your life?

I started to give healthy cooking sessions in hospitals through diabetes clubs, as I knew it is a way to show these people how to take care of themselves. Also, I was lucky to write a Healthy Cooking Gourmet recipes book for people with diabetes.

5. What do you think is the biggest diabetes challenge in your country?

I think that it is the lack of awareness regarding this disease. As its symptoms are not well known, people discover quite late that they have diabetes, once the condition is already in an advanced state and the body has already suffered a lot.

6. Why have you decided to join the Blue Circle Voices network?

To let people know how I manage diabetes and also that you can still live your life normally, with perhaps a few adaptations but that this is not the "end of the world".

A NEW WAY OF THINKING DIABETES



From now on, each BCV newsletter will feature one or two articles on a key diabetes topic written by a BCV member her/himself. For this edition, we have the pleasure of publishing two stories.

If you are interested in writing an article for the November newsletter, please send an email to bluecirclevoices@idf.org mentioning the topic you would like to cover.



Diabetes mellitus: the psychological side and how it affects individuals

By Heather Koga

While diabetes is widely regarded as being a physical condition, not much thought has been given to the psychological aspects associated with it. Chronic conditions, including diabetes, generally trigger difficult emotions, especially for those with comorbidities due to pill burden or treatment failure and limited future treatment options. As such, there is more to diabetes than just counting carbohydrates, checking blood sugar levels, taking oral medications and administering insulin. The condition has emotional and psychological challenges too. Despite their potential to affect health outcomes and expenditure adversely, these are generally poorly understood and managed.

Studies have revealed that a significant number of people with diabetes experience emotional or psychological problems, such as depression, anxiety and diabetes-related distress. This affects their ability and motivation to self-manage the condition, leading to poorer health outcomes, reduced quality of life and consequently an increase in healthcare costs. Forty per cent of people under study in The Diabetes Attitudes, Wishes and Needs second international study (DAWN 2) reported that their medication interfered with their ability to live a normal life. Untreated psychosocial disorders in diabetes may lead to more physical symptoms, cardiovascular complications and depression. Depression may also lead to cognitive decline and further aggravate the vicious cycles of self-care ability.

In many low- and medium-income countries, including Zimbabwe, people with diabetes lack access to appropriate emotional and psychological support. Currently in the public health sector in Zimbabwe, diabetes care focuses on the medical side only and there is no active screening for related psychological needs. Any such needs that are identified by chance are referred for further care but most patients do not access these services because of cost and/or other obstacles, hence the need for an integrated approach.

Effective diabetes care requires taking account of a person's emotional needs along with their needs for physical care. According to the American Diabetes Association, "Practitioners should identify behavioral/mental health providers, ideally those who are knowledgeable about diabetes treatment and the psychosocial aspects of diabetes, with whom they can form alliances and use for referrals in the psychosocial care of people with diabetes".

Some of the interventions that can be considered for successfully integrating physical and mental health care for diabetes patients include the training of health professionals, including diabetes nurses and endocrinologists on mental health issues and also a regular assessment of symptoms of diabetes distress such as depression, eating disorders and other conditions for early identification and treatment. It is also important that caregivers and family members take part in these assessments for optimum results.

The role of comedy in diabetes education to overcome various fears and phobia

By Bernard Enyia



Diabetes is a lifelong multi-systemic disease with strong impact on the physical, social, psychological and emotional well-being of people living with it. The unaffordability of essential medication, the lack of essential services, and the unwillingness on the part of governments to implement required health policies cause overwhelming stress for people with diabetes in many developing countries. The general lack of diabetes information, inadequately trained healthcare professionals, stigma and discrimination, myths and misconceptions also represent major barriers to optimal diabetes management and care. These challenges put people living with diabetes, their immediate relatives, friends and colleagues into precarious situations.

Diabetes has become a serious health threat to the entire world and a major challenge in the attainment of Universal Health Coverage and Sustainable Development Goals. People living with diabetes have different coping mechanisms but not all are sustainable. Coping with diabetes requires strategic, proactive, patient-centred, community-friendly and sustainable mechanisms that can keep the person with diabetes and their caregivers physically, psychologically and emotionally stable.

The most sustainable way of living with diabetes is “education” because “knowledge is power”. To lessen the fear of diabetes, the language of education must be simple, mild and appealing. It must be designed to put smiles on the faces of people with diabetes at all times by integrating comedy and humour in all diabetes discussions, education and counseling procedures.

The importance of comedy during diabetes education cannot be over emphasised; it is an act and a skill that all diabetes educators must possess in addition to the requisite knowledge on diabetes matters. It keeps people happy, psychologically stable, and mentally refreshed.

It serves as psychotherapy to people in distress and/or suffering from emotional trauma. It enhances knowledge assimilation during diabetes discussion. Comedy targeted at people with diabetes or people with any other conditions is expected to help them relax and interact freely in helping them bring out their own experience of difficult situations and testimonies on coping mechanisms. Comedy is also used to break down barriers such as stigma and discrimination as well as social barriers and to tackle myths and misconceptions. It further helps people with diabetes and health care professionals to liven up participation and discussions. Finally, it generates enthusiasm and helps fight depressing memories.

Comedy induces laughter capable of producing instantaneous effect on virtually every important organs of the body; it is a breathing exercise that brings oxygen and energy to every cell. It reduces health-sapping tensions, relaxes tissues and other mental and physical responses in the body. It discourages passive spectatorship in a diabetes education activity. Laughter also neutralises thoughts of ill will, guilt, stigma, fear, fatigue, depression, hostility, hunger, insecurity, complications, suspicion, anxiety, distress, inferiority, shame, doubt, indecision and helplessness. It enhances confidence, love, respect, empathy, courage, trust, hope, friendship, peace of mind, achievement, approval by others and moral satisfaction.

Practically, everybody feels nervous and apprehensive when sick. Comedy though is the ultimate remedy, which can help bring our phobia of death under control and overcome depression and sadness.



NEWS FROM THE BLUE CIRCLE VOICES MEMBERS

ADVOCACY

Bernard Enyia (Nigeria)

On July 9 and 14, the Federal Ministry of Health organised a stakeholder meeting in Abuja, which was facilitated by the Health Security and Development Foundation.

The Diabetes Association of Nigeria, diabetes experts from the Ministry of Health, private organisations, cardiologists, specialists in endocrinology, hypertension, footcare, and other complications, other secondary diabetologists and diabetes educators and other relevant stakeholders participated actively.

Bernard was invited as a facilitator alongside other experts in diabetes management and care in Nigeria to provide input into the final draft of the national diabetes guidelines. In addition to this, Bernard took part in various discussions including one on a training curriculum and manual for diabetes educators. Bernard stressed the need to ensure the availability of affordable essential diabetes medicines and services.

This activity was part of the intensive advocacy campaign started by Bernard and his association in 2008 to share their priorities with policymakers. Thanks to their efforts, the Federal Ministry of Health will, for the first time, develop national diabetes guidelines that will improve diabetes education for trainers and participants for tertiary to primary healthcare delivery system.



Sheila Regina de Vasconcellos (Brazil)

Willing to share her experience in defending the diabetes cause, Sheila wrote an article “We need to speak louder and act for diabetes & other NCDs” which was published both on the [NCD Alliance](#) and the [International Alliance of Patients’ organizations](#) websites. The article describes the current situation faced by Brazilian citizens with diabetes and the tools and power they have to reverse it by promoting diabetes in all health and society sectors.

The article targeted healthcare professionals, physicians, people with diabetes and all the different stakeholders in search of setting up a fairer health system. The article was shared quite broadly on Twitter and Sheila received praise from the two previously mentioned organisations, as well as from the Bakken Community. The

[Bakken Invitation Award](#) is an award made by the Medtronic Foundation for people with diabetes who support their communities with advocacy and social media initiatives.

In the future, Sheila will also write an article on the various ways of helping people affected by diabetes. She will promote the establishment of a supportive network, so that people with diabetes can take better care of themselves (involving health professionals, digital influencers, family members, etc.) and for society to support people with diabetes (reducing myths, prejudices and improving information about diabetes).

Liliana Tieri (Argentina)

On July 3, a delegation of the [Porteña Association CUI.D.A.R](#) was welcomed in the Honorable Chamber of Deputies of the Province of Buenos Aires, by the Deputy César Torres and advisers from the Deputy Alejandra Lorden. They were given the chance to discuss issues such as the rights of people with diabetes, improving access to quality treatment, broadening education and raising awareness.

[CUI.D.A.R](#) is also involved in many other advocacy activities. For example, they worked with the team of Senator Esteban Bullrich to foster a safe environment in schools. They also participated in the Council plenary meeting of the Local Council of Promotion and Protection of Children’s Rights, in the Children, Adolescent and Family Secretary of the San Isidro Municipality.



AWARENESS-RAISING

Kawtar Belkhadir (Morocco)

Between July 6 and 8 the [Moroccan League against Diabetes](#) organised a diabetes conference in Rabat. The event was the 7th International Symposium on diabetes and nutrition “Diabetes Morocco 2018” and gathered many national and international experts to discuss the latest news on diabetes care, as well as their common rights and duties. Kawtar helped in the technical aspects of the event, welcoming participants and ensuring the smooth running of the symposium. She further assisted in the sessions. Approximately 300 healthcare professionals attended the event, alongside ministers and the

International Diabetes Federation’s President, Prof. Nam Cho. The conference aimed to enhance healthcare professionals’ knowledge of the recent developments on diabetes and promote the fact that healthcare professionals should emphasise the need for a healthy lifestyle among their patients. Ultimately, this was an opportunity for Kawtar to update her knowledge as an ophthalmologist, dealing with people living with diabetes on a daily basis.



Bridget McNulty (South Africa)

Three months before World Diabetes Day, on August 14, the Sweet Life diabetes community launched the [Know Diabetes Movement](#) in Cape Town to educate people about diabetes and raise awareness about its symptoms in a country where 1 in 2 people with diabetes remains [undiagnosed](#).

The goal of the Know Diabetes Movement is to expand their reach so that people in South Africa can take advantage of the national diabetes month enthusiasm by disseminating helpful messages, such as the different symptoms in diabetes.



Narsimha Raju Dichpally (India)

On August 5, the [Lions Club International](#) held a diabetes awareness event for people affected by type 2 diabetes in Hyderabad (Telangana State) to discuss the prevalence of diabetes in their communities. The meeting was the occasion to bring insights into diabetes prevention and diabetes management and highlight the importance to conduct detection and awareness camps in rural areas. Some 800 people attended this successful event.

A member of Lions Clubs International, Narsimha, has also developed a mobile app [Lions Diabetes Awareness](#) and published an [eBook](#) on diabetes awareness both in English and Telugu explaining the best ways to manage diabetes, eat healthily, practice a physical activity and when to consult

an endocrinologist. With the association of Apollo Sugar Clinics, Narsimha and other Lions Members sponsored 80 glucometers with strips to conduct diabetes detection camps in rural and urban areas. From July to September 2018, 11 000 people were screened. [Consult Narsimha's Facebook page](#) to learn more about these diabetes activities.

In parallel, Narsimha has started five permanent diabetes centres with the help of Lions Club International to conduct regular free camps and bring awareness to various areas of Telangana. Every 10 days a free diabetes detection camp will be held, which will aim to provide education and provide diabetes medicines and care. People who have been screened will then be properly referred to doctors.



Osarenkhoe Ethel Chima-Nwogwugwu (Nigeria)

On August 12, the Gbagada Diabetes Association of Nigeria organised a diabetes awareness event. People living with diabetes and those without the disease received education on healthy eating and living including the importance of practicing a physical activity frequently. Participants (people living with diabetes, relatives, friends, healthcare providers and stakeholders) were also encouraged to create peer support groups and were provided with free diabetes screening. Osarenkhoe coordinated, and assisted in, the organisation of the

event in which she shared her experience as a person living with diabetes. She invited other stakeholders (pharmaceutical and medical devices companies) to support the group and contacted both foreign (volunteers from the USA such as wound care nurses, podiatrists and emergency doctor experts) and home-based healthcare providers to help them during the event. Thirty people attended the event, which aimed to increase awareness of diabetes and hypertension, reduce stigma and provide valuable support to people with diabetes and

their families. This kind of meeting allows the members of Osarenkhoe's association to stay in good health and increase their self-confidence. The vast majority of them are excited to participate in similar upcoming meetings and the Gbagada association membership has been increasingly steadily month on month.

Osarenkhoe now plans on taking this type of event, organised until then in the hospital environment, directly into the community to ensure that diabetes awareness reaches a larger public.

Heather Koga (Zimbabwe)

On July 7, Heather and the [Diabetes Association of Zimbabwe](#) organised a screening outreach for members of the community in Harare. These were tested for diabetes and also given information in the form of fliers and diabetes journals. The event was hosted by the Kuwadzana Polyclinic.

During the outreach, Heather helped other volunteers to distribute materials, answer questions on diabetes and its complications and provide information on where people with diabetes can get different forms of support. The event targeted members of all ages from the high-density suburb of Kuwadzana with the aim of increasing awareness of all types of diabetes, provide free screening and boost membership for the association.

More than 40 people were diagnosed with diabetes on the day and were successfully referred to local health centres for clinical support. They were also encouraged to join the Diabetic Association of Zimbabwe to access counselling services and support groups for treatment and further support.



Rakiya Garba Kilgori (Nigeria)

On August 8, Rakiya and her [diabetes association](#) organised an event for people living with diabetes and their families in Sokoto to talk about the importance of the National Health insurance scheme for people living with diabetes.

The event focused on the benefit of enrollment of new members and the different types of services provided by the scheme to alleviate the cost of diabetes medicine and treatment. It was also the occasion for Rakiya and the Diabetes Association of Nigeria Sokoto Chapter to explain to people with diabetes the registration procedure, of which less privileged people are unaware. Rakiya discussed the scope of the scheme and was

assisted by a resource person from the Sokoto State Contributory Health Care Management Agency, Mahmuda Shuaib, to explain the scheme to her association members.

The health insurance scheme provides easy access to medical care and Rakiya found out it includes a variety of treatments such as dialysis alongside some expensive medicines and blood tests. For more information about the Sokoto State Health Care Contributory Scheme please contact sohema01@gmail.com.

Pablo Silva (Brazil)

In July 2018, Pablo wrote an article [ADILA and the Voluntary Work](#), published in the 5th Edition of the [Magazine EmDiabetes](#), in which he highlighted the marvelous work undertaken by the volunteers of the [Lagoa Diabetics Association](#) in Rio de Janeiro. He described how its current president Solange Ferman, diagnosed with GDM, joined the association after her doctor recommended it to her.

As a volunteer, she offers free dental care to children and people lacking resources and provides them with the necessary education

to tackle their condition. Her dedication to the diabetes cause gradually prompted her to update her knowledge and she became an educator in that field. More than 1,000 people read Pablo's article and discovered this wonderful initiative. Pablo's story also received many compliments from the Carioca association.

Vanessa Pirolo (Brazil)

On August 17 and 18 Vanessa, with the help of another BCV member, Sheila Regina de Vasconcellos, and the [Youth Diabetes Association of Brazil \(ADJ\)](#) organised a diabetes workshop in São Paulo to provide journalists and bloggers with an understanding of diabetes and explain the current state of treatment in the country. The event showed the reality of living with diabetes in Brazil, and aimed to inform the Brazilian society of the difficulties of obtaining access

to adequate diabetes care in the country.

Ultimately, the event aimed to ensure that the media and bloggers were equipped with accurate and relevant information to help the general public better understand how to manage diabetes and the importance of following and having access to recommended treatment plans to reduce government costs regarding complications and hospitalisations in the country. Vanessa and Sheila spoke about the current

public health policies and the advocacy work undertaken in Brazil, Chile and Paraguay. Approximately 80 journalists and bloggers participated in the event and Vanessa received many wonderful comments on its usefulness. It is expected that these media professionals will contribute to raising government awareness of the need to implement public policies helping people to have adequate and dignified care.



EDUCATION

Verónica Emilia Tapia Abril (Ecuador)



Between July 5 and 8, the [House of Diabetes](#) organised a diabetes workshop in the form of a training camp, in Gualaceo. Children and teenagers with diabetes attended the event, which discussed diabetes management and how to prevent diabetes complications. The event focused on the various ways in which insulin can be administered, blood glucose monitoring and healthy nutrition.

As facilitator of the event, Verónica was in charge of a group of 10 people aged between 6 and 21, whom she helped administrate insulin and carry out glucose monitoring. She also assisted in managing hypoglycemic cases. Verónica motivated the participants to join in the various activities. Around 80 children and teenagers with type 1 diabetes took part in this three-day camp.

The workshop aimed at preventing and identifying lipohypertrophy, promoting healthy nutrition habits, strengthening knowledge of carbohydrates counting, and conducting recreational and educational activities to show that diabetes does not prevent anyone from accomplishing anything.

The information shared in each one of the workshops was highly valuable and strengthened children's and teenagers' knowledge of diabetes. It was also a place in which each one of the attendees had the opportunity to share their experiences.

This activity was entirely free for every child with type 1 diabetes and, as part of joining, their blood glucose was frequently monitored.

Adelina Garcia (Guatemala)

In light of the Guatemalan food context, Adelina and her association [Endopedia](#) organised on July 7 a diabetes workshop focusing on carbohydrates counting for kids and teenagers with type 1 diabetes.

Adelina lives with type 1 diabetes herself and recently graduated with a bachelor in nutrition. She focused her thesis on the adjustment of the carbohydrates counting guide (elaborated by the American Diabetes Association) to the Guatemalan context, and her expertise was particularly useful in educating the 15 young attendees.



Stela Prgomelja (Serbia)

Driven by her own stage 4 kidney disease, between July and August, Stela, with the help of the [Diabetes Association of Serbia](#), started a new series of renal and diabetes-friendly (but tasty!) recipes. A kidney clinic is also interested in taking advantage of Stela's expertise in the diabetes field, by merging those activities with their own, to promote better education for people living with diabetes. The establishment would like Stela and her association's fellows to visit their clinic from time to time. Stay tuned to [Stela's](#) and her [association's channels](#), as there is more to come in the autumn.



Betsy Rodriguez (USA)

On June 22, during the [ADA Scientific Sessions](#), held in Orlando, Betsy Rodriguez, a seasoned nurse and diabetes educator for more than 20 years, Dr Enrique Caballero and diabetes educator Melinda Maryniuk conducted the Health Disparities Symposium on the topic of: "Improving patient-provider communication in the management of diabetes in culturally-diverse populations".

The section was conducted using the role-play strategy. Betsy and Melinda played a first piece where patient-provider communication was not effective. A second piece then followed it, in which the ESFT model was illustrated to show effective patient provider communications addressing cultural differences.

The ESFT model, which was developed by Betancourt and colleagues in 1999 and has been widely used since, is a tool designed to facilitate culturally-responsive care and enhance cross-cultural communication between the healthcare provider and the patient. Using the ESFT model can help strengthen provider-patient communication and lead to reduced healthcare disparities. ESFT stands for:

1. Explanatory model
2. Social risk for noncompliance
3. Fears and concerns about the medication
4. Therapeutic contracting and playback



Basem Futa (Saudi Arabia)

The Hajj season that occurs in the holy city of Makkah in the Kingdom of Saudi Arabia is the biggest gathering of people with diabetes worldwide. Some 375,000 people among the 2.5 million participants live with diabetes.

Basem and the Saudi Diabetes and Endocrine Association (SDEA) were committed to providing useful guidelines for the future pilgrims. They organised an activity for people with diabetes in Damman City in which they shared an educational programme focusing on three main stages: prior to performing Hajj, during Hajj days, after completing it and coming back home. As a speaker for the educational event, Basem talked about the preventive actions needed to anticipate injuries and complications. He also highlighted the importance of blood sugar control before, during and after the Hajj. Basem did his utmost to ensure that the guidelines were shared with governmental and non-governmental entities for integrated actions, including municipalities, transportation, civil defense, environment and safety officers, and medical emergency authorities.

The Diabetes and Hajj guidelines are available on the websites of the [Saudi Diabetes and Endocrine Association](#) and the [Minister of Islamic and Foreign Affairs in the Kingdom of Saudi Arabia](#).





NEWS FROM IDF

UN High-Level Meeting: social media activity

The UN High Level Meeting (HLM) on NCDs, the most important diabetes and NCD-related meeting since 2014, took place in New York on September 27. IDF ran an intensive advocacy campaign on social media over the last few weeks, which many of our BCV members have supported.

You can read the IDF statement on the Political Declaration agreed by Member States [here](#).

In the years to come, IDF and its networks will continue working to hold governments accountable to the commitments they have made so no one is left behind.

IDF Diabetes Complications Congress 2018

The Diabetes Complications Congress 2018 is the first in a new series of live educational events developed by the International Diabetes Federation to tackle the issues around diabetes complications. This event is taking place from 25 to 27 October at the Hyderabad International Convention Centre in Hyderabad, India.

Discover the different [topics](#) which will be addressed and [register now](#) to this inspirational educational event, in which IDF will feature over 100 invited speakers from around the world.

What strategy would you implement to prevent obesity and diabetes in children?

D-NET The International Diabetes Federation
Diabetes Education Network for Health Professionals

IDF School of Diabetes

Are you interested in studying specialised topics regarding diabetes and its complications? Do you want to have treatment options and guidelines recommendations for type 2 diabetes? Do you want to analyse the management strategies of diabetic retinopathy? Do you want to review the different types of cardiovascular complications?

Access right now our free evidence-based [courses](#) and improve your knowledge of diabetes.

D-NET discussion

In September IDF launched a discussion on the D-NET platform on “Nutrition Education to Tackle Obesity and Diabetes”.

In October DNET discussion is dedicated to sexual health. The topic remains a much neglected area in diabetes care.

Please, do not hesitate in joining the [discussion on D-NET](#) and sharing your perspective. Stay tuned to the platform and its monthly discussions.

Diabetes prevention, care and management in humanitarian settings

To raise awareness of the challenges of preventing and managing diabetes in humanitarian settings, IDF launched a few months ago a multi-stakeholder initiative to encourage action, improve health services and ensure access to essential medicines for displaced people with diabetes. This multi-stakeholder campaign

involves representatives of the International Committee of the Red Cross (ICRC), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the World Health Organization (WHO) and Santé Diabète. It is supported by a grant from the World Diabetes Foundation (WDF).

IDF is now calling on all

national governments to step up their action on diabetes management, prevention and care in humanitarian settings (by improving access to care and medicines, strengthening health systems and generating data) to achieve the 2030 Agenda for Sustainable Development.

For more information, please visit our [website](#).



Disclaimer

The views and opinions expressed by the BCV members within this consultation do not necessarily represent the views or opinions of IDF.