THE DIABETES STRATEGY FOR AFRICA

A Call to Action

In 2003, the International Diabetes Federation (IDF) predicted that in the 15 years leading up to 2010, diabetes in Africa will have increased over 90%, which indicates that the number of humans suffering from diabetes will have almost doubled from 7 million reported in 2003 to approximately 15 million. A study reported by AVERT, which stands for AVERTing HIV and AIDS (an international AIDS charity), that at the end of 2005, 24.5 million adults and children in sub-Saharan Africa were living with HIV/AIDS. In 2006, the IDF reported that 10 million humans were suffering from diabetes in the African Region, placing an additional strain on countries in Africa already afflicted with the growing number of humans suffering from HIV/AIDS and the biggest disease burden of malaria.

Generally, the massive burden of HIV/AIDS is reported by the US media as the major health threat to Africa, but the global threat of malaria, which causes 500 times as many deaths each year as HIV/AIDS, diabetes and the chronic diseases related to diabetes, such as obesity and heart disease, has become an increasing burden on the physical and economic well being of the humans and the countries in Africa. The IDF stresses that if diabetes is not addressed as a matter of urgency, it will soon threaten the economic viability of many African countries, and many humans who survive HIV/AIDS may die of diabetes, or more likely, malaria.

Because of the increasing burden of diabetes in Africa and the evidence of three successful diabetes declarations launched in other countries that decreased the burden of diabetes by raising diabetes awareness and increasing diabetes education - the European St. Vincent Declaration in 1986, the Declaration of the Americas in 1996, and the Western Pacific Diabetes Declaration in 2000 - in 2003, IDF-Africa formed a union with WHO-AFRO (World Health Organization Regional Office for Africa) and the African Union. They developed the Diabetes Declaration and Strategy, which was described in 2006, at the 19th World Diabetes Congress in Cape Town, targeting sub-Saharan Africa, which consists of East Africa, West Africa, Central Africa, and Southern Africa.

The Declaration enlists the support of governments of African countries, non-government organizations, international donor agencies, industry, health care providers, and all partners and stakeholders in diabetes to help ensure diabetes information, supplies, and medicines are readily available to communities, health care workers, and humans with diabetes, and that efforts are made to create healthier environments and promote better health.

Information for this article:

The primary goals of the Diabetes Strategy for Africa are to prevent diabetes and related non-communicable diseases, improve quality of life, and reduce morbidity and premature mortality from diabetes. The Strategy seeks to build the capacity of health systems to provide access to high-quality diabetes prevention, care, education, support services, and supplies; and conduct relevant research to improve knowledge of diabetes and enable the region to prevent, delay, and manage diabetes and care.

To achieve these goals, the Diabetes Strategy for Africa outlines key strategies to promote advocacy to raise awareness; provide humans, families, and communities with adequate information; assess the needs of the community and make the best use of resources; search for innovative ways to obtain funding; encourage the health system to examine what needs to be done; and make all types of diabetes everybody’s business.

The 3 main types of diabetes targeted by the Strategy are type I, type II, and gestational diabetes. According to the IDF, globally, T2DM is the most common form of diabetes, and is 85 to 95% of all diabetes in developed countries, with a higher percentage in developing countries. Gestational diabetes can result in increased perinatal mortality and maternal complications at birth, if untreated or poorly controlled. In Africa, the IDF reports that T1DM diagnosis is often a death sentence because of the lack of insulin supplies, the uncertainty of this type of diabetes, and short and long term complications associated with T1DM.

According to the IDF, the life expectancy of children after they have been diagnosed with T1DM in Mozambique is 7 months with earlier studies showing higher mortality rates in other parts of Africa. Premature death is not the only burden on Africa from diabetes: the personal burden of diabetes may even have a negative impact socially.

A diagnosis of diabetes can lead to a lifetime of poverty. The IDF notes that even in countries with universal health care, diabetes can cause an additional financial burden, placing families in jeopardy of losing access to education and even food. The financial burden can cause a negative impact on the economy and productivity.
Few reported studies give evidence of the exact costs of diabetes care in sub-Saharan Africa. A study reported in "The Economics of Diabetes Care: Africa," estimated that for Tanzania for the year 1989-1990, the cost for caring for all patients with diabetes would have been USD138 per patient per year with long-term complications accounting for most of the financial cost of diabetes in developing countries.

Complications from diabetes include blindness, kidney failure, heart attack, stroke, amputation, erectile dysfunction, neuropathy, and nerve damage. Diabetes also shares common risk factors with many non-communicable diseases. The Declaration and Strategy suggests that investing in diabetes is investing in preventing and treating all chronic conditions and non-communicable diseases associated with diabetes, such as an unhealthy diet, hypertension, physical inactivity, obesity, smoking, dyslipidemia, macro-vascular diseases, and depression.

In the same way, investing in creating a healthier environment will reduce and prevent the development of chronic conditions and non-communicable diseases, and reduce the impact of diabetes. To achieve this goal, the Strategy suggests finding and using preventive community interventions.

Since T2DM has identifiable factors, the Strategy recommends prevention with early diagnosis and appropriate management, by either the "high risk" approach, which involves lifestyle interventions aimed at increasing physical activity and improving nutrition, or the population approach, which involves creating environments where healthy lifestyle options are unavoidable. Both approaches require the cooperation of government and private sectors, communities, and workplaces.

Active initiatives and organizations are helping to prevent diabetes and reduce the impact of diabetes, including the WHO-AFRO Strategic Plan for non-communicable diseases; the IDF Africa Region Strategic Plan to combat diabetes in sub-Saharan Africa; the Diabetes Strategy for Africa 2006; the Pan African Diabetes Educators Group; the Pan African Diabetes Study Group; the World Diabetes Foundation; the Oxford Health Alliance; the People's Health Movement; the Millennium Villages Project.

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