

# The Diabetes Declaration and Strategy for Africa

a call to action and plan of action  
to prevent and control diabetes and  
related chronic diseases

Summary Document  
2006

**The African Diabetes Declaration and Strategy  
were initiated and developed by the:**

**International Diabetes Federation Africa Region  
in collaboration with  
World Health Organisation (WHO) - AFRO**

**The African Diabetes Declaration and Strategy set out a call to action and plan of action targeting the countries of Africa covered by the partner organisations: IDF-Africa, WHO-AFRO, and the African Union.**

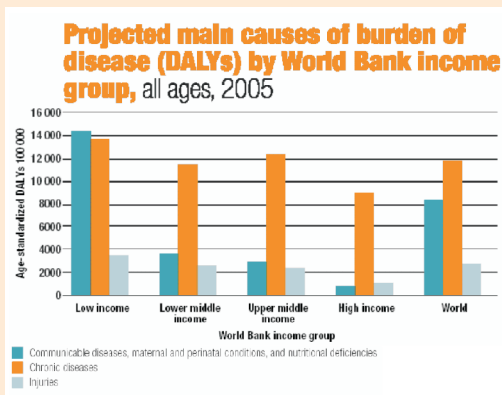
Algeria	Liberia
Angola	Libya
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cape Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Democratic Republic of Congo	Saharawi Arab Democratic Republic
Cote d' Ivoire	Sao Tome and Principe
Djbouti	Senegal
Egypt	Seychelles
Equatorial Guinea	Sierra Leone
Eritrea	Somalia
Ethiopia	South Africa
Gabon	Sudan
Gambia	Tanzania
Ghana	Togo
Guinea	Tunisia
Kenya	Uganda
Kingdom of Lesotho	Zambia
Kingdom of Swaziland	Zimbabwe

## The Problem

In the 15 years leading up to 2010, diabetes in Africa will increase by over 90%

In 1901 diabetes was virtually unknown in Africa. In 2003 Africa had 7 million people with diabetes – in 2025 there will be 15 million people with diabetes in Africa

The world is experiencing a global epidemic of diabetes, obesity and heart disease – the biggest growth rate and impact of these diseases in the foreseeable future will occur in the developing world - Africa will not be exempt



The life expectancy for a person diagnosed with Type 1 diabetes can be as low as 7 months in some countries and many children die of diabetes without ever being diagnosed

Millennium Development Projects are working to lift families and communities out of poverty – diabetes is denying them the ability to work, plunging them back into poverty

Diabetes is crippling the workforce. It is increasingly occurring in younger age groups in the productive years of life. It is a major cause of disability from blindness, amputation, and kidney disease

Diabetes is also an underlying cause of heart disease – by 2030 heart disease will account for 41% of deaths in the 35 - 64 year age group

**A diagnosis of diabetes can spell death to individuals, a lifetime - possibly even generations - of poverty to families, decimate the workforce and cripple a nation's economy**

**BUT**

**Diabetes and related chronic diseases can be prevented and treated successfully with a relatively small investment**

# The African Diabetes Declaration

Africa is in the grip of a diabetes epidemic. This is not just a threat to physical and economic health but an evolving reality. The personal suffering and public cost of diabetes in Africa is insupportable and can be avoided.

Diabetes and its complications are largely preventable through relatively simple interventions. The evidence for preventing diabetes and its complications is so overwhelmingly positive that there is no longer any excuse for not intervening.

There are low cost interventions with proven effectiveness that can reduce the impact of diabetes while simultaneously addressing risks for other disease areas. The cost of intervening will be cheaper than the cost of not intervening and an investment in diabetes brings health gains in other disease areas.

## The Declaration – a call to action

The IDF-Africa and WHO-AFRO call on governments of African countries, non-government organisations, international financial institutions and donor agencies, industry, business, unions, citizens, health care providers and all partners and stakeholders in diabetes and related chronic diseases to ensure:

- Adequate, appropriate and affordable medications and supplies for people with diabetes
- Earlier detection and optimal quality of care of diabetes
- Effective efforts to create healthier environments and prevent diabetes
- The identification and dissemination of information, education and communication to empower people with diabetes to access appropriate diabetes services and improve self care
- Equitable access to care and prevention services for people with or at risk of diabetes
- Awareness of diabetes in the community and among health care providers
- A truly integrated approach which utilises the whole health workforce to address infectious and non-communicable diseases simultaneously
- Government commitment to reducing the personal and public health burden of diabetes

- Partnerships and collaboration within and between government sectors, private sectors, non-government organisations and communities to create community and workplace environments that promote better health.

## Why Do We Need a Declaration and Strategy?

**In 2005 the World Health Organisation stated that:**

- 80% of chronic disease deaths occur in middle and low income countries but 80% of diabetes, heart disease and strokes can be prevented
- Chronic diseases are an under-appreciated cause of poverty and hinder the economic development of many countries but an additional 2% reduction in chronic disease rates over the next 10 years would save 36 million deaths by 2025
- We already know how to overcome chronic diseases such as diabetes and heart disease
- The solutions are effective and are very cost-effective for all regions of the world including sub-Saharan Africa
- In developing countries most of the necessary medications are no longer restricted by patents and can be produced for less than \$1 per month
- Saving 36 million deaths from chronic diseases over the next 10 years would result in an accumulated growth of \$36 billion for China, \$15 billion for India and \$20 billion for the Russian Federation
- Comprehensive and integrated action at country level, led by governments, is the means to achieve success

## The Diabetes Strategy for Africa - a plan of action

The Diabetes Strategy for Africa sets out, in broad terms what needs to be done. It describes a vision and plan for operationalising the call to action set out in the Declaration. The Strategy provides an overarching framework of agreed principles, goals and strategies. It illustrates the benefits of intervening to reduce the public and personal burden of diabetes versus the consequences of not intervening and presents a generic prototype for action based on evidence and international consensus which can be adapted to the different health system contexts and structures.

## **Mission**

Access to quality and affordable services for the prevention and care of diabetes

## **Primary Goals**

- Prevent diabetes and related non-communicable diseases
- Improve quality of life and reduce morbidity and premature mortality from diabetes

## **Supporting Goals**

- Build the capacity of health systems to provide fair and equal access to high quality diabetes prevention, care, education, support services and supplies
- Conduct relevant research to continually improve our knowledge and ability to prevent, delay and manage diabetes to reduce its impact and assess the impact of care

## **Key Strategies**

### **• Advocacy**

Develop strategic partnerships to build a strong and united voice to raise awareness of the threat of diabetes and communicate the urgent need to act to reduce this threat, highlighting always that:

- the threat of diabetes and related chronic diseases is such that it will be less costly to act than not to act
- any investment in diabetes is an investment in preventing and treating a cluster of chronic conditions eg hypertension, heart disease, stroke, obesity, and certain cancers.

### **• Empowerment of individuals, families and communities**

The concept of empowerment for self determination in health is about encouraging full engagement of all levels and facets of society in taking responsibility for health as a fundamental common asset. It refers to individuals, communities and nations alike. It is central to, and cuts across all strategies. It is also about ensuring that all individual and

community education and all advocacy about diabetes conveys the message that:

- diabetes is serious
- diabetes can be prevented and/or treated and controlled
- “you” can do something about it.

- **Prioritisation**

To make the best use (highest impact) of scarce resources, engage all stakeholders in assessing the needs versus available resources, and in setting regional, national and local priorities for what needs to be done, in what order, and to what extent.

- **Mobilisation of resources**

Look for innovative ways of funding what needs to be done. Not all funding for diabetes has to be labeled “for diabetes”. Think creatively to ensure that diabetes is addressed as part of a wide range of initiatives using:

- the whole platform of government owned health and social policy and activities
- related disease areas as an entry point for addressing diabetes
- the full spectrum of government and non-government sectors.

- **Capacity building**

Capacity building is about making what you have work better. This can be done through a paradigm shift which encourages the health system, whether regional, national or local, to look at what needs to be done and accordingly re-align its:

- workforce and health services
- governance, accountability and consistency
- strategic planning, prioritisation and policies.

- **Make diabetes “everybody’s business”**

Everyone is affected by diabetes ie individuals, families, communities, all government sectors, non-government organisations, business and industry. Use the Diabetes Declaration and Strategy to spread the message that “diabetes is everybody’s business”. Use all facets of the health system eg village health workers, HIV/AIDS workers to

include diabetes and related diseases and conditions such as heart disease and their prevention as an integral component of the care they provide.

## Outcomes

**The partners in the African Diabetes Declaration and Strategy call on the governments of sub-Saharan Africa to unite and lead all stakeholders in their countries to achieve the following outcomes:**

- A reduction in risk factors for Type 2 diabetes and heart disease such as obesity
- A reduction in the number of people developing modifiable risk factors for Type 2 diabetes and related chronic diseases
- A long term reduction in new cases of diabetes
- A reduction in child mortality from diabetes
- Earlier diagnosis of diabetes evidenced by a reduction in the presence of complications at diagnosis
- A reduction in all diabetes complications
- A reduction in premature mortality from diabetes
- Universal access to basic essential medications and supplies
- An appropriately skilled workforce to provide effective and equitable access to prevention and care services for diabetes and related chronic diseases
- Ministries of Health of the countries of sub-Saharan Africa will have a discrete position/s with clear responsibility for diabetes and/or related chronic diseases as all or part of its brief
- The majority of the countries of sub-Saharan Africa will have active diabetes action plans that are integrated and include or articulate with other chronic disease areas