Dubai Declaration
on
Diabetes and Chronic Non-Communicable Diseases in the Middle East and North Africa (MENA) Region

6-7 Muharram, 1432H
12–13 December 2010

United Arab Emirates
Dubai Declaration

on

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The MENA Diabetes Leadership Forum was held in Dubai, UAE, on 6-7 Muharram 1432H corresponding to 12–13 December 2010, under the high patronage of His Highness Sheikh Hamdan bin Rashid Al Maktoum, Deputy Ruler of Dubai and Minister of Finance of the UAE. The Forum was hosted by the UAE Ministry of Health, the Executive Board of the Health Ministers’ Council for GCC States, the World Diabetes Foundation and the World Bank Group (MENA region), and supported by the Dubai Health Authority, the Health Authority of Abu Dhabi, the Sheikh Hamdan bin Rashid Al Maktoum Award for Medical Sciences, the WHO/EMRO, the International Diabetes Federation, the Emirates Diabetes Society, the Gulf Group for the Study of Diabetes, the MENA Health Policy Forum, the Imperial College London, the Joslin Diabetes Center and the Steno Diabetes Center.

Representatives of countries taking part in the MENA Diabetes Leadership Forum, have approved the following declaration:

We, the representatives of countries taking part at the MENA Diabetes Leadership Forum held in Dubai, UAE, on 12–13 December 2010

In reference to:

- World Health Assembly Resolution WHA57.17 dated 22 May 2004: A global strategy on diet, physical activity and health
- UN Resolution No. 61/225 dated 20 December 2006 on World Diabetes Day
• Joint Statement for the Ministers of Health for the Cooperation Council States on Diabetes (Geneva, 29 Rabi II, 1428H corresponding to 16 May 2007).
• Riyadh Declaration on Diabetes Economics (Riyadh, 22-24 Shawwal, 1428H / 3–5 November 2007)
• World Health Assembly Resolution WHA61.14 dated 14 May 2008 on the Prevention and Control of Chronic Non-Communicable Diseases – Implementation of Global Strategy
• The Integrated Gulf Executive Plan for Diabetes Control 2008–2018
• Doha Declaration on Addressing Non-Communicable Diseases and Injuries: Major Challenges to Sustainable Development in the 21st Century, May 2009
• Jeddah Declaration on Care of Diabetic Patients, the Gulf Group for the Study of Diabetes, (27 Safar 1431, / 11 February 2010).
• Resolution No. 3 on Controlling Diabetes, Conference No. 69 (Geneva – 4 Jumada II 1431H / 18 May 2010).
• Resolution No. 9 by the Ordinary Session (32) of Arab Health Ministers Council (Sharm El Sheikh, 5–6 March 2008) on the GCC Health Ministers joint declaration of diabetes
• UN Resolution No. 64/265 of 20 May 2010 establishing a UN Summit on Non-Communicable Diseases for Heads of States, to be held in September 2011
• Resolution of 17 September 2010: Keeping the Promise: United to Achieve the Millennium Development Goals

And based on the following:
• The International Diabetes Federation MENA Regional Action Plan that supports the UN Resolution 61/225 of 20 December 2006 on Diabetes
• The International Diabetes Federation ‘A Call to Action on Diabetes’ that was launched on World Diabetes Day 2010

Acknowledging that:
• Addressing diabetes and other non-communicable diseases (NCDs) is essential to improve the health and economic well-being of individuals, families and countries in the MENA region
• Diabetes rates (especially type 2 diabetes) are continuously increasing worldwide. The IDF estimates indicate that the number of people with diabetes in the MENA region amounted to 26.6 million in 2010 (7.7% of the adult population), and that this number is expected to double by 2030
• Non-communicable diseases will be the main cause of deaths in the MENA region in the 21st century, according to the World Health Organization, as those diseases account for 60% of all global deaths, while 80% of these deaths occur in low- and middle-income countries
• Costs for treating diabetes account for a large portion of healthcare budgets in the MENA region. The IDF estimates show that 14% of total healthcare expenditure in 2010 will be spent on diabetes. There is a huge difference in estimates within the MENA region due to the differences in national economies, as the cost of treating a person with diabetes ranges from USD 2,960 in Qatar to USD 24 in Pakistan

• Diabetes and NCDs impose huge indirect costs on the economy, such as lost productivity among people of working age, premature retirement and costs of family members giving up employment to care for relatives

• Supporting modest weight loss in people with identified high risk of developing type 2 diabetes has been shown in several studies to greatly reduce the risk of developing the disease, allowing individuals to prevent or delay the onset of diabetes

• Strengthening health systems – including public health and healthcare delivery services – is essential to tackle the epidemic, and multi-sectoral efforts are also needed to create an environment in which the healthy choice is the easy choice

• Diabetes and related NCDs pose a serious threat to the achievement of the Millennium Development Goals. The World Economic Forum recognises the epidemic as being one of the most serious global risks

• The maternal nutrition and health during pregnancy and health and nutrition in the first two years of life have a profound impact on development of obesity, diabetes and other NCDs in adult life

• Hyperglycaemia during pregnancy (gestational diabetes mellitus) increases the risk of diseases and fatalities among mothers and newborns, in addition to other pregnancy complications and higher risks of developing diabetes later in life

• The strong link between NCDs and development makes fighting these diseases indispensable and a major priority for leaders of the MENA region in achieving the Millennium Development Goals and beyond. This calls for:
  - Urging governments to fully and actively participate in the UN Summit on Non-Communicable Diseases for Heads of States to be held in September 2011, and agreeing on an outcome document that includes specific commitments on integrating and strengthening health systems to include non-communicable diseases, in addition to increasing financial support allocated for these diseases on the national and international levels on a large scale

We call upon all countries in the MENA region to unite and adopt approaches in each country to change diabetes through:
National policies, prevention and treatment:
1- Ensuring that diabetes and other NCDs are among the main priorities of the national political agenda in the MENA region, and ensuring that appropriate actions are taken at the national level. This entails the following:
- Developing national policies for prevention, early detection, treatment and care of diabetes, including the detection of gestational diabetes in pregnant women, and enforcing such policies through the entire healthcare system, (based in the capacities of the system and on existing strategies regarding the disease). Emphasis must be laid on ensuring that these policies take into consideration internationally agreed development goals, especially the Millennium Development Goals (MDGs), and share minimum requirements throughout the region, to ensure a consistent approach
- Setting national targets regarding the risk factors, prevention, early detection and management of diabetes, and implementing strong action plans to achieve these targets
- Supporting and strengthening the results of the United Nations (UN) Summit on Non-Communicable Diseases (NCDs) to be held in September 2011
- Considering the establishment of a national coordination unit or a national diabetes coordinator to ensure the alignment of all policies, programmes and research on the national and local levels, optimising available resources, as well as complementing programmes that tackle other diseases in the broader NCDs domain
2- Scaling up financial and human resources to focus on prevention and early detection and treatment of diabetes, including the detection of gestational diabetes in pregnant women. In this regard, there must be a strong cooperation with relevant organisations, including NGOs and the private sector
3- **Emphasising the importance of early detection of diabetes and people at high risk of developing diabetes.** Early detection and action by health professionals will ensure a better quality of life for those with diabetes and those at high risk of diabetes, and reduce the chances of complications
4- Ensuring the provision of the best quality treatment as well as integrated care for people with diabetes, including management of complications when they occur. This entails the implementation of clear care standards, monitoring them to ensure that those standards are maintained, and ensuring that the quality of care continuously improves

Health awareness
1- Raising awareness and providing education in an attempt to reduce the risks of diabetes and other NCDs. This requires the following:
- Informing the public of ways to limit risk factors and educating them on the disease, its impact and complications through educational institutions, newspapers, TV and other media
- Providing people with diabetes and their families with easy access to accurate information on how to control the disease and the best way to deal with its psychosocial consequences, including electronic and printed materials, courses and local interviews on topics from prevention to the long-term complications
- Ensuring access to information and providing educational opportunities to healthcare professionals, such as doctors, nurses and others, to ensure that they are aware of the latest developments in terms of prevention and management of diabetes, its complications and psychosocial consequences, including the most effective ways to communicate with the patients

2- **Promoting healthy lifestyles and encouraging behaviour change for the prevention of diabetes and related NCDs**

3- Identifying synergies with other NCDs, as it is essential to take advantage of opportunities for collaboration between different NCD programmes. An example of this is the joint screening programmes for people with high risk factors for several NCDs. The three main risk factors for diabetes (poor diet, smoking and lack of physical activity) are also risk factors for other non-communicable diseases, so there are opportunities for joint messaging campaigns and education. This should also help target related issues e.g. diabetes and depression or other mental health conditions through the delivery of integrated diabetes care (including psychosocial assessment and care) to improve the diagnosis of both conditions and their impact on productivity and quality of life, in addition to what diabetes prevention offers in terms of preventing other NCDs such as cardiovascular diseases

**Promoting healthy lifestyles**

1- Promoting healthy lifestyles and encouraging behaviour change for the prevention of diabetes and related NCDs, especially by:
- Promoting physical activities and emphasising the importance of healthy nutrition and smoking cessation as ways of preventing diabetes and other NCDs
- Ensuring access to physical activity opportunities for all (including children, women and the elderly) and giving the same attention to promoting healthy diets and support for smoking cessation
- Working with various competent organisations, including the private sector, urban planners and NGOs to create an environment where the healthy choice is also the easy choice
- Launching programmes to tackle obesity through targeted support of lifestyle modification in people with obesity and other key risk factors, to reduce the incidence of type 2 diabetes

**Women, pregnant women and children**

1- Providing tailored care for vulnerable populations, especially pregnant women and newborns. Universal campaigns to monitor gestational diabetes mellitus (GDM) in pregnant women before and after pregnancy in case of high risk factors, coupled with lifestyle education to prevent future incurrence of the disease, will definitely improve the quality of life for mothers and children. Health professionals should also be encouraged to educate women about GDM, its consequences and treatment. Other vulnerable populations, such as children with type 1 diabetes, should be given major priority to receive tailored, informed care

**Empowering patients and promoting dialogue with care providers**

1- Empowering people with diabetes and their families as well as care providers to be at the centre of the diabetes response, and ensuring that they are empowered with the personal skills and motivation to play an active role in managing their own diabetes, ensuring the importance of providing healthcare services including educational materials and using individual treatment plans in order to enable and encourage the patient to actively participate in all the aspects of diabetes care and self-management

2- Facilitating effective dialogue between the patient and health professionals, as this builds the foundation for mutual trust, and ensures that patients receive the best care possible. Health professionals should be provided with communication and connecting methods and receive sufficient training in this area, with special focus on offering comprehensive quality healthcare services that are patient-centred, in addition to the ability of supporting the patients by using structured dialogue tools and help them take the best decisions, built on the maximum possible awareness of their treatment and self-care activities

**Stopping discrimination**

1- Working to stop discrimination against people with diabetes and related NCDs, to ensure that they are not stigmatised and can take a full role within society. This includes educating the public, such as employers and teachers, and protecting the rights of patients and ensuring the provision of high quality treatment for them
Research and studies

1- Conducting research on the causes, prevention, management and cure of diabetes, and building research capacity to include the following:
   - Epidemiological studies to verify the prevalence and trends of diabetes and other NCDs and the country-specific risk factors
   - Evaluating the economic impact of diabetes and other NCDs on individuals, families and regional and national economies, as the lack of sufficient information on the costs of such diseases hinders the ability of policy-makers to take fully informed decisions regarding spending priorities
   - Conducting research on the impact of approaches taken by urbanisation and modern lifestyles on the prevalence of diabetes, so as to create policies that counter those new risks

Monitoring systems and monitoring of health and economic burden

1- Strengthening surveillance systems to track and monitor the health and economic burden of diabetes and other NCDs by:
   - Establishing a secure, accurate national registry for people with diabetes in addition to a database containing data on the prevalence of diabetes and its risk factors for development of complications, to be updated and evaluated regularly. This resource would help measure the progress towards achieving the pre-defined, measurable targets, allowing a review of policies and initiatives and determining the ones with the most impact
   - Working on the regional level to set up special diabetes forums to exchange data in the MENA region. The forums will be a platform to exchange best practices and highlight the successes and failures of national policies and initiatives. The forum should have a website and convene annually

2- To move this declaration forward by developing national action plans

Hence, and by approving this statement, we unanimously agree to:

• Strongly encourage all the MENA countries to take active part in the First Global Ministerial Conference on Non-Communicable Diseases and Healthy Lifestyles, to be held in Moscow on 28 and 29 April 2011, and the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-Communicable Diseases that will be held in New York in September 2011 (“NCD Summit 2011”)
• The importance of providing comprehensive care to people with diabetes and other NCDs
• Supporting people with diabetes and other NCDs to enable them to live a normal life, just like other people who do not suffer from the disease
• Taking measures to prevent the increase of the number of people with NCDs and to improve the quality of their lives

The Ministry of Health of the United Arab Emirates

The Executive Board of the Health Ministers' Council for the Cooperation Council States

The International Diabetes Federation (IDF)

The World Health Organization (WHO)

The World Diabetes Foundation (WDF)

The World Bank