Summary report

Diabetes Leadership Forum Africa 2010

Johannesburg, South Africa
30 September - 1 October 2010
“An increase in life expectancy by 1 year can lead to a 4% increase in GNP”
Professor Ayesha A. Motala, Nelson R Mandela School of Medicine, University of Kwazulu-Natal

“NCDs should not only be non-communicable diseases, they should be neglected chronic diseases”
Sir George Alleyne, director emeritus, Pan American Health Organization

“Think systems not silos”
Dr Miriam Rabkin, director for Health Systems Strategies, International Center for AIDS Care & Treatment Programs, associate clinical professor of Medicine & Epidemiology, Columbia University Mailman School of Public Health

“Einstein’s new formula: e = mc²: e = excellence, m = money and c = commitment”
Professor Pierre Lefèbvre, chairman, World Diabetes Foundation

“No patient should die due to lack of awareness of diabetes”
Madam Bongi Ngema Zuma, first lady, Republic of South Africa

“Prevention is better than cure. In fact, prevention is cheaper than cure”
Dr Frank Mwangemi, deputy director, Family Health International, Kenya

“Let’s stop the wave of diabetes before it turns into a tsunami”
Ms Grace Atieno Jalongo, primary care diabetes specialist, Kenyatta National Hospital/Diabetes Kenya

“NCDs can not be seen as the monopoly of the health sector”
Ms Susanne Volqvartz, director of development, the Danish NCD Alliance

“The biggest problem in this part of the world is implementing health policy”
Dr Mary Amuyunzu-Nyamongo, executive director, African Institute for Health & Development

“You can’t walk together unless you know where you are going”
Dr Mamphele Ramphele, executive chair, Letsema Circle

“NCD action plans are not making it out of the office into the field”
Dr Albert Amoah, professor and director, National Diabetes Management and Research Centre, Accra, Ghana

“In communicable diseases we know the disease agent (bacteria etc.). In NCDs what is the disease agent? It’s a very stubborn organism – the human being”
Hon. Dr A. Motsoaledi, minister of health, Republic of South Africa
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The Diabetes Leadership Forum Africa 2010 in Johannesburg, South Africa from 30 September to 1 October 2010 was jointly hosted by the South African Department of Health on behalf of the government of the Republic of South Africa, and by the World Diabetes Foundation (WDF). The Forum was supported by the International Diabetes Federation (IDF) and sponsored and co-organised by Novo Nordisk.

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Individual participants are not responsible for the conclusions drawn or the context in which their quotes have been placed.
Diabetes was considered rare in sub-Saharan Africa at one time. But now in 2010, more than 12 million people in the region have the disease, and 330,000 people will die from diabetes-related complications due to low levels of awareness, late diagnosis and lack of access to appropriate healthcare. Over the next 20 years, the social and economic challenge posed by diabetes will magnify and sub-Saharan Africa is projected to have the highest growth rate of any region in the world, a total of 23.9 million people with diabetes by 2030.1

Despite the current situation and future projections for sub-Saharan Africa, diabetes and other non-communicable diseases (NCDs) such as cancer, cardiovascular disease and chronic respiratory diseases receive little attention in the current policy dialogue and healthcare financing, which focus largely on communicable diseases such as HIV/AIDS. As a result, a risk exists that the already meagre human, financial and physical resources of the healthcare systems on the sub-continent will not be utilised effectively to deliver the most optimum and efficient outcomes.

The Diabetes Leadership Forum Africa 2010 aimed to raise awareness of and facilitate appropriate responses to diabetes and other NCDs in sub-Saharan Africa. With just a year to go until the United Nations Heads of State Summit on NCDs scheduled for September 2011, the Forum provided a unique opportunity for decision-makers and stakeholders to take stock of the current situation, and to begin developing a shared sub-Saharan African approach.

The type of multi-stakeholder representation and dialogue forged at the Forum is crucial for developing the common understanding and advocacy needed to challenge the diabetes and NCD epidemic across the region. With more than 260 participants from 32 countries across sub-Saharan Africa, the audience represented governments, donors, international organisations, patient organisations, NGOs, the private sector, academic institutions, expert medical practitioners and the media. Among the many distinguished guests who attended the Forum were the First Lady of the Republic of South Africa, Madam Bongi Ngema Zuma, the Minister of Health, Dr A. Motsoaledi, ministers and senior ministry representatives from other African countries and several senior leaders from within the region and abroad.

One of the recurrent themes was to integrate measures to combat and control NCDs into current initiatives to fight communicable diseases. However, the discussions also highlighted a widely shared commitment to move beyond simply defining and acknowledging the challenge posed by diabetes and other NCDs. Participants were keen to identify practical and innovative solutions that would enable the healthcare community to turn the tide and develop appropriate responses to the health challenges in the region.

“The medical and social consequences of diabetes are enormous – comparable with the hidden part of an iceberg.”

Professor Pierre Lefèbvre, chairman, World Diabetes Foundation

Day 1 examined key topics of particular relevance to decision-makers in the regional health community through discussions on health systems strengthening, innovation in healthcare, resource mobilisation and preparation for the UN Summit in 2011. As part of Summit preparations, the Forum programme included a round table of African health ministers that aimed at aligning the commitment to a united way forward in the fight against NCDs.

Day 2, led by the IDF and WDF, targeted practitioners and focused on specific governmental and non-governmental programmes for managing diabetes and NCDs. Participants also discussed feasible and sustainable strategies for diabetes self-management in primary care and community settings. Inspiring local action, African partners of the WDF presented some lessons gained from their experience of implementing sustainable diabetes projects.

The deliberations over the course of the two-day Forum resulted in a number of overarching conclusions including:

1. The need for healthcare approaches that more fully integrate diabetes and other NCDs into a broader framework, rather than singling out specific diseases
2. The need to identify and adopt the most cost-effective solutions so as to more efficiently use the limited available healthcare resources
3. The central role of innovative solutions that leverage technology to raise the effectiveness and cost-efficiency of interventions
4. The importance of a broader policy focus on building healthy communities that extend beyond health policy to other aspects that shape lifestyles
5. The importance of informing and empowering individuals to make healthy choices and either avoid or better manage diabetes and other NCDs
6. The opportunity to more effectively mobilise resources for diabetes and other NCDs by learning lessons from other successful initiatives

This report aims to capture the essence of the discussions that took place at the Forum and the key conclusions reached, which are intended to shape the approach to diabetes and other NCDs in sub-Saharan Africa. It details the context for the Forum, then highlights the specific emerging conclusions from deliberations, and finally notes some of the ways in which sub-Saharan Africa can most effectively advocate for its perspective at the upcoming UN Summit.

“People in the least developed countries (LDCs) die from NCDs at twice the rate of those in affluent countries. It is our duty to get the priorities right.”

Hon. Dr A. Motsoaledi, minister of health, Republic of South Africa
2. Introduction: the NCD challenge in sub-Saharan Africa

The diabetes increase in sub-Saharan Africa is driven largely by the changes in lifestyle and diet that are happening across the region as populations urbanise, incomes rise, the levels of physical activity fall and diets become unhealthy. Quoting the IDF projections that sub-Saharan Africa will experience a 98% increase in diabetes prevalence over the next 20 years, Professor Motala also discussed how it has been estimated that prediabetes (impaired glucose tolerance, IGT, and impaired fasting glucose, IFG), of which over a third will progress to diabetes within five years if uncontrolled, will increase by 37% worldwide but by 76% in sub-Saharan Africa.

At the same time, infectious diseases such as HIV/AIDS, tuberculosis and malaria continue to claim a heavy toll on the continent, even in the face of growing investment in healthcare systems and responses. Reiterating a point made by several other speakers, Professor Motala remarked that dealing with the growing dual burden of NCDs and infectious diseases further complicates an already overwhelmed health agenda.

In developing regions such as sub-Saharan Africa, diabetes may not be diagnosed until the complications develop. A major cause of morbidity and a cost driver that hits the least developed and most resource-depleted countries the hardest and in itself reduces life expectancy with five to ten years, “Diabetes is a cause of major disability largely due to the development of long-term chronic complications”, Professor Motala said.

Recognising and responding to the challenge

Speakers addressed the need for urgency in facing up to the challenge of diabetes and other NCDs in sub-Saharan Africa to avoid the burden becoming even larger and harder to tackle.

Professor Ayesha Motala noted that lifestyle changes in people with prediabetes can achieve a 58% reduction of diabetes cases. Stating that health is one of the essential precursors of development, Professor Motala gave an example of how investing in health today will improve productivity and economic growth, as an “increase in life expectancy of one year may lead to a 4% increase in GNP”.

Madam Bongi Ngema Zuma, First Lady of South Africa, called for increased awareness of diabetes and paid particular attention to women and children and the link between diabetes and pregnancy. Madam Ngema Zuma appealed for NCDs to be included on the agenda for the Millennium Development Goals (MDGs) and for NGOs, the private sector and global organisations to play an important role.

Professor Pierre Lefèbvre of the World Diabetes Foundation (WDF) reminded the audience that diabetes is just the tip of the iceberg, with the medical and social consequences of diabetes being the bulk of the challenge. In response, he suggested ‘Einstein’s new formula’ \( e = mc^2 \), where \( e = \) excellence, \( m = \) money and \( c = \) commitment.3

Lise Kingo of Novo Nordisk remarked that “poverty causes this (NCD) burden by contributing to illness and limiting access to care, but it is also a result of it, as illness prevents people from working and contributing to the development of their societies.” Subsequently, Ms Kingo called for governments to ensure that patients benefit from the healthcare industry’s efforts to address affordability of medicines in an attempt to strengthen health systems.

Professor Jean Claude Mbanya, president of the International Diabetes Federation (IDF), noted how NCDs hinder economic development in Africa and stressed that now is the time to invest in NCDs. Emphasising the Forum’s critical role as a catalyst for practical action leading up to the UN Summit in 2011, he stated: “We want the Summit to move from saying that we have a problem to saying what we will do (about it)”.

In a keynote address the Minister of Health of the Republic of South Africa, Dr A. Motsoaledi, committed to the aim of the Department of Health in South Africa to detect all NCDs as early as possible and to start treatment early. Expressing his support for horizontal disease programmes, Dr Motsoaledi emphasised the need to utilise opportunities for integrated chronic care models. The Minister rounded off by responding to the grave statistics by declaring that “This is not a good picture, but it is evidence that must make us all sit up, take notice and take action.”

“No person should die because of lack of awareness about diabetes… Indeed the time has come for us to elevate the discussion.”

Madam Bongi Ngema Zuma, first lady, Republic of South Africa

3. Conclusions of the Forum

1. Integrated responses from healthcare systems

In order to increase effectiveness of disease prevention and management programmes and improve the ability of national healthcare systems to tackle NCDs, several speakers and participants highlighted opportunities to learn from the experience of responding to HIV/AIDS. Others demonstrated the need for political commitment to drive an integrated and horizontal health agenda and highlighted the key issue of avoiding competition for resources among the individual diseases.

Learning from other diseases

Although an infectious disease, in an increasing number of cases widespread ARV treatment has successfully transformed HIV/AIDS from an acute life-threatening disease into a manageable chronic condition. Dr Miriam Rabkin of Columbia University’s Mailman School of Public Health explained how the success of ARV treatment programmes has presented a blueprint for rolling out similarly effective care for a range of chronic conditions and urged decision-makers to “think systems, not silos”.

Taking up Dr Rabkin’s point, Dr Frank Mwangemi of Family Health International emphasised how an integrated approach that embeds prevention and management strategies for NCDs in a broader framework for chronic care can successfully build on the work already being done on HIV/AIDS. Presenting a successful pilot project to integrate HIV and cardiovascular disease (CVD) services in Kenya as a response to the increased CVD risk of patients on ARVs, Dr Mwangemi called on all policy-makers to consider the medical and socio-economic benefits of integrated approaches with funding and education provided by multiple partners, and concluded that “prevention is better than cure. In fact, prevention is cheaper than cure”.

Looking beyond HIV/AIDS but still underlining the need to develop a cross-cutting approach focused on overall health rather than on addressing individual diseases, Dr Knut Lönnroth of WHO’s Stop TB Department described how the high prevalence of tuberculosis among diabetes patients clearly argued for an integrated approach to strengthening health systems. In partnership with the World Diabetes Foundation, WHO has developed a new co-morbidity framework that builds on existing TB/HIV policy and incorporates diabetes screening, prevention and care.

While commenting on the large differences in the quality of treatment among different diseases in many countries, in this case comparing HIV/AIDS with diabetes, Professor Jean Claude Mbanya, president of the International Diabetes Federation, quoted a Cambodian diabetes patient who had said: “I wish I had AIDS, as then I would get quality care and subsidies to help me live, but with diabetes nobody cares”.

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Political commitment to integrated healthcare

Dr Kaushik Ramaiya, vice president of the International Diabetes Federation, emphasised that having a national programme for non-communicable diseases in place is a key step towards integrated management of NCDs and addressing the issue of compartmentalising individual diseases. Only six out of ten sub-Saharan African countries surveyed in 2005 had NCD programmes. Having increased to nine in 2009, this number is indicative of an increasing focus on integrated approaches and a shift away from strategies towards fighting individual diseases in isolation.

Dr Emmanuel Nomo of the Ministry of Health in Cameroon shared this view and described an approach that integrates care for diseases such as diabetes, chronic renal disease and sickle cell anaemia. Also working on offering diabetes care through HIV/AIDS units at district level, the Ministry of Health in Cameroon has recognised that existing infrastructure and services can be used to deliver interventions against diabetes and other NCDs. Building on this shared realisation, public officials from Kenya, Uganda, Cameroon, Zimbabwe, Mozambique and Zambia also agreed that obtaining political commitment to integrated healthcare programmes is critical for developing effective long-term NCD management strategies.

Avoiding resource competition

Forum participants repeatedly stressed the importance of avoiding competition for resources between NCDs and infectious diseases. As IDF President Professor Jean Claude Mbanya put it: "We need to break away from the dangerous idea that NCDs compete with infectious diseases, and recognise that we need integrated approaches to meet the health needs of individuals."

According to Head of NCDs Dr Carla Da Silva Matos, the Ministry of Health in Mozambique has recognised that disease silos lead to unhealthy competition for resources in the health system. Therefore the ministry’s strategy is to focus on training and equipping all staff and facilities to address both infectious and non-infectious diseases. Beyond integrating across diseases, the ministry leverages limited public funding through partnerships with civil society, NGOs and private clinics. The result is a system geared towards providing comprehensive care for people rather than just delivering targeted care for specific diseases.

Discussion resulted in wide agreement that integrated responses to health challenges will allow policy-makers to break away from this false dichotomy and focus on interventions that enhance health most cost-effectively.

A health system straining at the seams:

“For every 10,000 people, sub-Saharan Africa has two doctors, 11 nurses and 10 hospital beds – Europe has 32 doctors, 79 nurses and 63 hospital beds”

Professor Ayesha A. Motala
Nelson R Mandela School of Medicine,
University of Kwazulu-Natal
2. Efficient use of resources

Many speakers made a point of mentioning the limited resources that governments and the donor community assign to NCDs in sub-Saharan Africa. Dr Kaushik Ramaiya noted that of 20 countries in the region surveyed by the IDF between 2006 and 2009, fewer than half had specific budget allocations for NCDs.

In support of this point, Ms Naomi Banda of the Zambian Ministry of Health noted that local healthcare systems in sub-Saharan Africa are stretched very thin at both community and district levels. It would be impossible to develop a meaningful response to NCDs at a national level, she said, without first undertaking a major review of how resources can be more efficiently applied to the full range of health challenges. A key element would be capturing some of the synergies inherent in combining prevention and care across diseases. Efficiencies can also be found in the use of low-cost channels and new approaches to collecting data.

The critical role of prevention in managing costs

Preventative care is key in creating cost-effective approaches to the management of NCDs. Dr Anil Kapur, managing director of the World Diabetes Foundation, echoed by several other speakers, emphasised the observation that investing in prevention, early detection and timely treatment of NCDs inevitably saves money in the long run. By way of illustration, he noted that it costs about $3 to teach a patient how to care for their feet in the early stages of diabetes. In contrast, the cost of treating a foot ulcer in a hospital over six weeks costs more than $500; if the ulcer does not heal and amputation is needed, then the cost quickly runs into thousands of dollars in surgery, rehabilitation and, if the patient is lucky, prosthetic costs. This is without taking into account the much larger economic impact of lost productivity from the person involved.

Dr Kapur urged policy-makers and government departments responsible for allocating healthcare resources to consider the fact that “focusing on cost-effective prevention and disease management is not expensive; failing to provide this basic care can cost the health system, the individual and the society a lot of money.”

“NCDs receive only 0.9% of official development assistance (ODA) in the field of health. This is severely disproportionate to the prevalence of NCDs, which account for 60% of all deaths globally.”

Dr Kaushik Ramaiya, vice president, International Diabetes Federation
**Leveraging NGOs and the private sector**

Participants emphasised the importance of better incorporating the private sector and NGOs into government plans and strategies that must go beyond the typical focus on the public healthcare system.

This requires that policy-makers reach out and engage these other actors in productive and collaborative dialogue. Lise Kingo, executive vice president at Novo Nordisk, paid particular attention to the need for role models in the public, private and social welfare sectors to work together in order to define innovative and effective responses to diabetes. On this point, DeeAnn Stahly, director of Global Political Affairs at Roche Diagnostics, stated that “successful diabetes care requires a strong commitment from society, government and the private sector”, and in support of this view, Dr Maimouna Bah Sangare, former minister of health, Guinea, further commented that the resource challenge cannot be overcome without building partnerships. This call was echoed by Derek Yach, senior vice president of Global Health Policy at PepsiCo and formerly with the NCD and Mental Health cluster at the World Health Organization, who stressed the need to overcome distrust for public-private partnerships to work, and advocated increased collaboration between the public and private sectors, not simply concerning primary healthcare, but also in industries that influence diet and lifestyle.

In their shared presentation on ‘Leveraging multi-stakeholder engagement in diabetes care’, Stéphane Besançon of the NGO Santé Diabète Mali and Dr Mamadou Namoury Traoré of the Ministry of Health in Mali demonstrated the positive impact their government experienced from partnering with NGOs. This collaboration has helped strengthen the prevention and management of diabetes through implementation of programmes to train doctors and nurses, conduct consultation and management of patients, and reduce the price of insulin by almost half.

A number of examples, ranging from private grant funding of specific NCD programmes, to innovative public-private partnerships across a range of sectors, were highlighted and singled out as a particularly effective mechanism for developing tools to reach poor communities that often have limited access to healthcare.

“We have a shared responsibility to fight this epidemic... If you want to walk fast, walk alone. If you want to walk far, walk together.”

_Lise Kingo, executive vice president and chief of staffs, Novo Nordisk_

“Progress on risk factor prevention and disease management will only succeed if robust, new and market-based private-public partnerships are established. The food, food service, sports goods, pharmaceutical and medical devices industries are already gearing up for partnerships in tangible ways with governments and NGOs as we get closer to the UN Summit. Let us grasp the opportunity together.”

_Dr Derek Yach, senior vice president, Global Health Policy, PepsiCo Inc._
Leveraging existing data sources better

The demand for updated diabetes data and analyses was raised by many speakers, with resource constraints cited as the primary reason for the lack of good data. Some participants asserted that researchers and administrators could do a better job of tapping into existing sources of data, such as individual healthcare clinics and NGOs. Derek Yach of PepsiCo supported this view and urged that, rather than focusing on the lack of available data and pursuing ambitious and pricy surveys, practitioners should leverage data that already exists and is accessible through the daily work in health clinics, to a greater extent than is the case today.

Since 2002, the World Diabetes Foundation (WDF) has supported 92 projects in 34 countries in the African region focusing on awareness, education and capacity building at local and regional level. Over one third of WDF programme funding is allocated to countries in sub-Saharan Africa. In addition, the WDF addresses the prevention and care of gestational diabetes, as well as eye-care and foot-care programmes in order to prevent and improve care towards these debilitating complications.

Many children in the developing world still die prematurely because their diabetes is not detected in time. This happens because their parents do not have access or the resources to obtain care, because health professionals do not have adequate knowledge about diabetes, or simply because the health systems fail to realise that making insulin available to these children is not merely about making treatment available - it is a matter determining whether these children will be given a chance to live.

The WDF therefore supports and collaborates with local governments, other organisations and the private sector to develop sustainable initiatives to address these issues and find long-term solutions.
The Forum cited numerous examples of the critical role that innovation has to play in shaping new responses to diabetes and other NCDs within the current resource constraints. Far from giving up in the face of the resource challenge, it is clear that decision-makers and healthcare professionals in the sub-Saharan African region are engaging in a number of programmes that make use of new technologies and relationships to approach the NCD issue in more cost-effective and efficient ways.

### Mobile solutions

**Dr Eva Njenga of the Kenya Diabetes Management and Information Center** described an initiative that uses mobile phone networks to improve the coordination of healthcare and outreach. Funded by the WDF, the programme brings together leading mobile communications provider Safaricom and the Kenyan Ministry of Health to distribute information on foot care to people with diabetes.

Delegates also heard about a number of creative initiatives from the Praekelt Foundation, which has launched mobile messaging solutions aimed at empowering HIV/AIDS patients to manage their own care. These could easily be repurposed to manage the treatment of diabetes and other chronic NCDs.

**Professor Robert Mash, from the Department of Family Medicine at Stellenbosch University**, pointed out that improving healthcare had “more to do with the organisation of care than gaps in skills and knowledge.” In this regard, Professor Mash highlighted the successful development of lower-cost channels for expanding the provision of care in the Western Cape province of South Africa. He described how his team, through another WDF-funded initiative, overcame the barriers to screening poor patients for diabetic retinopathy by training and equipping a community health worker to conduct door-to-door screenings and reducing the need for visits to clinics. This shift in procedure made it possible to sustainably provide a service that had previously been far outside the financial reach of many communities in the area.

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**The Praekelt Foundation’s ‘TxtAlert’ has reduced the number of missed appointments from 30% to 4% by sending patients follow-up text messages between appointments. Patients can opt into the system through their clinic, which sends out the messages. This simple, accessible solution is free for patients and very cost-effective for the clinic. Sustainability is enhanced by selling space at the end of the text messages.**
4. A broader policy focus on building healthy communities

Since prevention and care depend largely on individual lifestyles and economic means, the responsibility for intervention reaches beyond ministries of health and the broader healthcare community. Dr A. Motsoaledi, minister of health for the Republic of South Africa, highlighted how NCDs demand a shift from a narrow focus on treatment to a more holistic way of thinking about lifestyles and health. He noted that healthcare systems, although vital for meeting the challenge posed by NCDs, could not shoulder the burden alone. Decision-makers in sub-Saharan Africa, he said, will have to look across sectors to understand how decisions about nutrition, infrastructure and even culture increase vulnerability to diabetes.

Professor Jean Claude Mbanya of the International Diabetes Federation also emphasised the need for cooperation from other sectors to help people to improve their lifestyles. This cooperation should include incorporating awareness of NCD vulnerabilities into urban planning and infrastructure investments in order to ensure that living and working environments are designed to facilitate regular physical exercise. It should also encompass policies for agriculture, food production and distribution that directly impact the dietary choices available to consumers. In support of a cross-sectoral approach, Dr Mamphela Ramphele, the renowned South African executive chair of Letsema Circle, former managing director of the World Bank and vice chancellor of the University of Cape Town, argued that ministers of health must engage with ministers of rural development to direct a shift from a government-driven focus on primary care to a community-driven focus.

Emerging examples of this type of cross-sectoral policy integration include Uganda’s horizontal approach to healthcare delivery, which, as described by Dr Stephen Mallinga, minister of health for Uganda, involves coordination with the ministry of finance to enable integration of health considerations into the budgets of other ministries. While participants supported the statement by Susanne Volqvartz of the Danish NCD Alliance that “NCDs cannot be seen as the monopoly of the health sector”, many speakers recognised that a lot still remains to be done to sensitise other sectors to their critical role in shaping the health of individuals and communities.

“Now I’m an African whose child is dropped at the gate of the school, picked up at the gate of the school and dropped off in front of the TV at home”

Hon. Dr A. Motsoaledi, minister of health for the Republic of South Africa
5. Informing and empowering the individual

The Forum repeatedly emphasised the importance of anchoring approaches to diabetes in an understanding of the individual experience. As a chronic disease, much of the response to diabetes is in the hands of the individual living with the disease and his or her family. Dr Ernest Darkoh of BroadReach Healthcare, a consulting and implementation management firm, reminded participants that “80% (of people with diabetes) are not in clinics and hospitals, but are at home, at work and in school, where they are managing their own care”. A better understanding of the disease therefore allows individuals to more effectively take ownership of their health.

This realisation is the core of IDF’s new Africa Diabetes Care Initiative (ADCI) for 2010–2012, which was launched at the Forum by the Chair of the IDF African Region, Dr Silver Bahendeka. The initiative calls on all stakeholders to collaborate on implementing integrated chronic care models focused on informing and empowering patients and their communities. Dr Bahendeka highlighted the need for a programme to maximise resources and identify feasible and sustainable strategies for diabetes self-management in primary care and community settings.

The ADCI 2010–12 targets diabetes awareness and education, care of children with diabetes, prevention of diabetes, and self-management of the disease, and aims to:

- improve the quality of life for people living with diabetes through access to medical treatment and psychological support
- develop preventative methods to curb diabetes through extensive cooperation with a broad range of private and public stakeholders
- provide patients with the skills to make informed healthcare decisions.
- prevent the costly complications of diabetes

Dr Zulfiqarali G Abbas, a consultant physician from the AMC/MUHAS in Tanzania, showed that an integrated programme of education for both patients and healthcare professionals and HCP training can play a significant role in achieving better health outcomes. In a situation where “every 30 seconds a lower limb is lost due to diabetes”, diabetic foot projects in Tanzania financed by the WDF has reduced amputations by raising awareness of foot problems and empowering people to care for their feet.

**Awareness is key**

Underlining the importance of increased awareness, the First Lady of the Republic of South Africa, Madam Bongi Ngema Zuma, described the experiences of her own mother who lived with diabetes for much of her life. Noting how careful attention to diet and a healthy lifestyle had enabled her mother to continue to play a vital role in the life of her family, Madam Ngema Zuma emphasised the significance and positive impact basic education about diabetes can have on people with diabetes and their families.

Tshepo Mosese, a young South African performing artist living with Type 1 diabetes, spoke about his realisation that to stay healthy “you have to be your own doctor – (you have) to check your sugar, eat correctly and exercise”. He explained about the challenges of dealing with a healthcare system plagued by long queues, poor stocks of medication and cumbersome referrals. He also noted how the fear and stigma attached to HIV/AIDS and its visible prevalence in his community had prevented the timely detection of his diabetes: “When I suddenly lost a lot of weight in a very short time, I was terrified that I had AIDS, and it was only when I gathered the courage to see a doctor that I found out it was actually diabetes”.

Criselda Kananda, a South African journalist and media personality, shared her own experience of being HIV positive and of focusing on managing her condition without being made aware of the risk of diabetes and other NCDs. As a result, she made choices about diet and lifestyle that were advisable for managing HIV, but which, she later realised, had put her at serious risk of developing diabetes.

“In communicable diseases we know the disease agent (bacteria etc.). In NCDs what is the disease agent? It’s a very stubborn organism – the human being”

Hon. Dr A. Motsoaledi, minister of health, Republic of South Africa
6. Mobilising resources

Several participants suggested that the effectiveness of NCD campaigns to mobilise resources could be improved by learning from other successful efforts. The growing effectiveness of resource mobilisation and awareness in response to HIV/AIDS and other major infectious diseases was cited as a particularly relevant example. Dr Kaushik Ramaiya also argued for an approach to “start small with a good model and scale up” as a way of proving the impact of interventions and building a fact base of results before attempting to raise funding.

Resource mobilisation for diabetes and other NCDs has tended to feature more technical arguments presented by healthcare providers. By contrast, efforts to mobilise support in fighting infectious diseases have often focused on the experience of patients, and have featured a greater role for civil society and community advocates.

As the Forum ended, participants agreed on the need for a more broad-based approach incorporating a wider array of actors in mobilising support for NCDs. Efforts should go beyond the traditional communications approach of using expert testimony, and should instead make an emotional humanitarian appeal through the voices of those who are affected. As Lise Kingo of Novo Nordisk highlighted, the stories of the individuals affected by the disease must be told in order to give it a human face. Compelling stories that speak to the hearts and minds of decision-makers will play a more direct role in shaping political consensus in response to this challenge, as suggested by Sir George Alleyne, director emeritus of the Pan American Health Organization, who advocated a ‘fear factor’ and activist mentality in NCDs.

Taken together, these Forum conclusions can play a central role in the response to the challenges presented by NCDs. It is up to all stakeholders to leverage these experiences in their programmes and initiatives – either individually or in collaboration – and continue to share new lessons with each other and the global NCD community as they emerge.
4. Looking towards the UN Summit on NCDs

The upcoming United Nations Summit on NCDs in September 2011 offers a clear opportunity to build on the momentum triggered by the Forum and translate it into specific commitments by governments. The Forum featured focused discussions among representatives from ministries of health in sub-Saharan Africa in a roundtable setting and key civil society, UN, government and industry partners in plenary on how best to position sub-Saharan Africa’s priorities in the lead-up to this important event.

Many speakers advocated the importance of capturing the vast opportunity the Summit represents, including Professor Jean Claude Mbanya of the IDF, who noted that “The UN Summit on NCDs is a once-in-a-generation opportunity to have a long-overdue dialogue on the global risk posed by the NCD epidemic”.

Sir George Alleyne of the Pan American Health Organization described how limited resources for global health and the technical voices of supporters, when the solution is in fact political, had resulted in neglect of NCDs. While calling for a cohesive government action extending beyond the scope of ministries of health, Sir George Alleyne assigned the current open political door to the spectrum and size of political support, the increasingly vocal NCD community, good data and mobilisation of NGOs and the private sector.

“This Resolution and the upcoming Summit are an open political door, an opportunity that should be fully exploited (in order to achieve):

• national commitments to develop and adopt NCD policies
• comprehensive public sector approaches to reduce risk factors
• universal access to medicines and technologies for NCDs
• strengthening health systems through a focus on chronic care
• a comprehensive system of monitoring and evaluation of outcomes.”

Sir George Alleyne, director emeritus, Pan American Health Organization
Professor Jean Claude Mbanya shared plans developed by the NCD Alliance, an informal alliance of the International Diabetes Federation, the World Heart Federation, the Union for International Cancer Control and the International Union against Tuberculosis and Lung Disease, who together will use targeted advocacy and outreach to promote the recognition of NCDs as a global emergency.

The International Diabetes Federation shared its diabetes-specific work programme for the UN Summit on NCDs. In partnership with its network of stakeholders, the IDF will work to deliver:

- global advocacy for diabetes
- diabetes evidence and analysis
- the promotion of best practices and workable solutions
- mobilisation of members at the national and regional levels
- a strategic alliance for diabetes, including WHO, the World Economic Forum and other organisations.

The round table of African Health Ministers that took place during the Forum was an important first step towards formalising national commitments. The participating ministries agreed to:

- maintain a comprehensive NCD agenda rather than focusing on individual diseases
- ensure that the management and implementation of NCD interventions is integrated rather than focused on vertical programmes, acknowledging the links between infectious and non-infectious diseases
- renew their focus on strengthening healthcare systems, particularly at primary healthcare level
- lobby for new resources for NCD interventions without diverting funds from existing development support, while recognising concerns raised on the approach to securing new resources.

In addition to these high-level points of agreement, there was a general appeal to focus on raising awareness in the run-up to the Summit. “NCD awareness in general is low, but this can quickly change with the attention of the UN,” said Lise Kingo of Novo Nordisk. As part of the effort to raise awareness in advance of the Summit, the Minister of Health for Uganda, Dr Stephen Mallinga, emphasised the importance of speaking to the world about the real human impact of diabetes, noting that “We need to talk about our problems – people will listen”. Derek Yach of PepsiCo stressed the need to raise awareness through proactively developing country case studies that would provide situation analyses along with an action plan and budget.
Dr Kingsley Akinroye of the African Heart Network reminded participants of the importance of close coordination across the non-communicable diseases so as to present a fully aligned perspective at the Summit. To remind participants of the need for sustained efforts, Sir George Alleyne offered an analogy from athletics that underlined the importance of maintaining intensity and focus extending beyond September 2011, saying: “Don’t run up to the Summit, run through the Summit”.

The Diabetes Leadership Forum Africa 2010 confirmed African governments’ and other stakeholders’ commitment to make their voices heard in the preparations for the UN Summit. Ongoing collaboration between health ministers and other sectors of government, as well as among African governments and other stakeholders will be crucial to ensure that sub-Saharan Africa’s NCD agenda is formulated and advanced in the coming year.
At the Forum delegates pledged their commitment to confronting the challenge of diabetes and other NCDs by adding their signature to a map of sub-Saharan Africa.