Beyond conflict
Putting the focus on health in the Middle East

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The power of ‘can-do’

Maziar Mike Doustdar, senior vice president in Novo Nordisk International Operations, shares his views on why giving up is never an option in the battle against diabetes in the Middle East and North Africa.

I left Iran as a child after the Islamic revolution to the United States and lived there with my uncle before reuniting with my parents in Austria at the age of 17. Austria is where I attended my higher education and it is also where I found my employment with Novo Nordisk, 22 years ago. Meanwhile, I have lived in seven countries and worked for Novo Nordisk in five.

So what is the connection between my past and the present? My life-long education and experience has shown me that people, no matter their nationality, ethnic background or religious beliefs, are equal in their desire to do better and contribute to the communities where they live.

My responsibility covers 153 countries where more than 200 million people are living with diabetes. I have many of the best minds in the world, 4,280 and growing, helping me to make sure that our products are available, affordable and accessible, and that the necessary treatment is there so more people with diabetes can live a life free from complications.

Carrying out this responsibility is no easy task. But what is both challenging and exciting is the multi-cultural and multi-national backdrop in which my job takes place.

A region on the rise

In this issue of TBL Quarterly, we zoom in on the Middle East and North Africa which is a part of the world that is close to my heart. Not only do I have roots in the area, it also has the world’s highest comparative prevalence of diabetes in adults (10.9%) according to the International Diabetes Federation.

At the same time it is an ever-changing and fast-moving area with many opportunities to make a difference.

But it is definitely not without challenges. Political instability, unrest and conflicts are just some of the realities we face in our day-to-day operations. In Novo Nordisk, we must focus on the battle against diabetes which sadly is still far from being won with 35 million people currently living with diabetes in the region – a number estimated to almost double by 2035.

But what helps me sleep at night, assured that we made a difference today and will do the same tomorrow, is the energy and ‘can-do’ attitude of my colleagues. ‘Impossible’ does not exist in their dictionary. When they initiate a programme, project or cooperation at the community or national level, they simply never throw in the towel.

Meet the people on the ground

In the following pages, I will introduce you to six ‘can-do’ colleagues working in some of the most challenging countries in the Middle East and North Africa. Their strength lies in the way Novo Nordisk does business, with an open and collaborative approach and a responsibility to arrive at mutually benefitting solutions.

I think anyone would agree with me that heading up our office in Israel and the Palestinian territories is an incredible challenge. Since 2003, Larry Adelson has taken on this task and succeeded in creating not only one of the best places to work in the region but also managed to create a diverse team that does not let religious or ethnic differences interfere with their work to help people with diabetes. We also introduce you to the important work currently being done by the World Diabetes Foundation in the Palestinian territories.
Sometimes, in the face of challenges too big to tackle alone, we must work with others. In Qatar, where incidence of diabetes and risk factors such as obesity are increasing beyond our ability to stop them, Herluf Nis Thomsen has teamed up with Mærsk Oil in the ‘Action on Diabetes’ programme that together with local partners is raising awareness of diabetes, helping those at risk avoid it, and supporting people living with diabetes.

Then we follow in the footsteps of Sadeq Al Dahhan, who works in Iraq where the job is never just another day at the office.

In Algeria, Asma Sadeddine does not accept that people with diabetes must choose between adhering to the rules of Ramadan and maintaining good control of their diabetes. Asma believes you can have both and she and her team have proven that Novo Nordisk can be a catalyst for change.

Novo Nordisk has been working in Egypt for many years. During times of political uncertainty and conflict, our commitment to people living with diabetes has never wavered and our presence has been solid. General Manager, Mohamed El Dababy, explains the history of our commitment and what is in store for the future.

Social media has played a large role in the region. According to the 5th Arab Social Media Report, more than 10 million tweets come out of the Middle East and North Africa every day. Our General Manager in Iran, Cem Ozenc, is one of those social media savvy and is using social media to not only stay attuned to what is going on, but also as a way to attract employees and support his work.

These six people are just the tip of the iceberg when it comes to Novo Nordisk employees changing diabetes in the Middle East and North Africa. Together, we all share a responsibility to improve the lives of the millions of people who rely on our products. We must learn from the past, look forward, and continue this incredible and successful journey together in the future.

MAZIAR MIKE DOUSTDAR
Senior Vice President, International Operations
Novo Nordisk
Facing the numbers
– Diabetes in the Middle East and North Africa

The Middle East and North Africa takes up a noteworthy position on the world stage. The region has vast reserves of oil and natural gas that make up a vital source of energy globally, it has a rich cultural heritage that goes back thousands of years and it is currently the hotspot for a number of armed conflicts. The region also takes centre stage when it comes to the diabetes pandemic.

Prevalence* (%) estimates of diabetes (20-79 years), 2013.

Securing insulin supply in Israel and the Palestinian territories is challenging, not least since the latest outbreak of conflict. In the local Novo Nordisk office, they do not let religious or ethnic differences interfere with their work to help people with diabetes.

In 1984, a young American by the name of Larry Adelson travelled across Europe and eventually to Israel. As many other young people he wanted to experience how it was like to stay in a Kibbutz, a unique Israeli rural community where people live and work together. Little did he know that this would change his life. Not only did he meet his future wife, he also fell in love with the country he has called home for much of the past 30 years.

Today Larry works as General Manager in Novo Nordisk’s office in Kfar Saba, located about 25 km north of Tel Aviv, where he together with 120 colleagues works to change the lives of people with diabetes in Israel and the Palestinian territories. 2014 is an important year for the office as it marks 25 years of operations in the country. These celebrations will be a bit modest due to the recent military conflict between Israel and Gaza which is now thankfully ended.

And although the office has seen its share of conflicts in the past 25 years, the latest outbreak of fighting in early July has meant that employees have had to conduct business not quite as usual.
Ensuring insulin supply

The Novo Nordisk office serves both Israel and the Palestinian territories where around 450,000 people are living with diabetes1 and has been the main supplier of insulin in Palestine for the past 12 years. But despite the geographical proximity, they are two very different markets. “The Israeli health system is much more developed and modern insulin is reimbursed,” says Larry. “In Palestine, which is divided into the West Bank and Gaza, insulin is supplied partly through tender sales to the Ministry of Health and partly through the United Nations Relief and Works Agency for Palestine Refugees (UNRWA).”

Providing access to care for people with diabetes is particularly challenging in the Palestinian territories that have an official diabetes prevalence rate of 9%. According to the World Diabetes Foundation the situation on the ground is actually much worse with figures as high as 12 to 15% being mentioned2. Clinics are under pressure and it is not easy to get insulin into Gaza due to recent fighting in the southern part of Israel close to the Gaza border.

Novo Nordisk has no direct employees in Gaza, but just before the conflict started, they managed to ship a big insulin delivery to Gaza, ensuring that patients in the region have enough supplies for the next few months. Yet this was no extraordinary action. According to Larry, the affiliate always ensures delivery of large quantities to Gaza, in case something unexpected happens, although it can sometimes be difficult to assess what is needed and how to get it there.

Patient training disrupted by air raids

But it is not only delivering the products to the patients that can be challenging. Other types of activities that Novo Nordisk employees and local partners engage in are also impacted by the conflict. To illustrate this, Larry recalls an incidence told by one of the office’s diabetes nurses, Alina, who provides training for diabetes patients:

“The nurse had scheduled a patient training in Azrikam which is a village in the Southern part of Israel. During the training they started hearing sirens so they went straight down to the basement and the patient started to feel very blurred and dizzy. His wife and two granddaughters were very anxious and concerned about him. After realising he was experiencing a hypoglycemic event\(^3\), she sat him down and gave him a piece of chocolate she had in her purse. After five minutes he was already feeling much better and tested his blood sugar level which was back to normal. The whole family thanked her for helping and providing a sense of security.”

Work at the Novo Nordisk office in Kfar Saba has also been disrupted several times due to air raid warnings. “For a period, there were air raids every day, so employees had to go to a shelter in the building, but nobody was harmed. However, there are employees who themselves or whose family members have had to enter into military service, so it has been a very tense period,” Larry says.

In the rest of the country, most employees have been able to carry on with their activities. However the employees working in the southern parts were at one point banned from travelling - and even from leaving their homes to ensure their safety.

Diversity at work
As a natural reflection of the environment in which they are situated, the Novo Nordisk office is highly diverse. Not only do they have a high degree of female employees, particularly in the management team, they also have a mix of Jewish, Muslim and Christian staff among sales representatives.

But politics must not interfere with work, Larry states. With an American background, he has often himself been confronted with critical questions about the US and the country’s policies and here he learned an important cultural lesson. “I am not a representative for the policy my homeland espouses and that is also true for my colleagues. You have to separate the individual from the nation or the religion to which he or she belongs.”

In tough times like the recent conflict, Larry’s team unites as a strong group despite their different backgrounds. It is also reflected in the fact that for two consecutive years, the Novo Nordisk office in Israel has been awarded the ‘Best Place to Work’ award for an international pharmaceutical company. Here, they have been highlighted for their outstanding management-employee relationship and good opportunities for career development.

Promoting healthy lifestyles in the community
Another thing that contributes to creating a sense of unity in the team is the volunteer work that Larry and his colleagues engage in outside work. One activity is the office’s collaboration with the non-profit organisation ‘Bikes 4 All’ which is set up for the benefit of underprivileged cyclists in Israel. The organisation has approx. 70 branches across the country that provide bicycle lessons for children, mostly from low socio-economic background. One of the branches is intended for children with special needs that require physical and emotional help in order to ride a bicycle.

As part of the office’s TakeAction\(^4\) efforts, initiated by People & Organisation Director Shahar Tevel and her team, employees volunteer once a week to assist the children to bike in one of the city’s parks. They also help build tailor-made bikes that fit the needs of the children and assisted with the construction of a bike shed. On top of this, employees volunteer to provide lessons for children from all ‘Bikes 4 All’ branches regarding healthy lifestyles and nutrition.

“It is a great opportunity to help the children get access to sports – not least because handicapped children often have a higher risk of developing diabetes as they are less physically active – and it is an excellent way for us to engage with our local community,” says Shahar.

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\(^3\) Low blood sugar.

\(^4\) TakeAction is Novo Nordisk’s corporate volunteering programme.
The World Diabetes Foundation (WDF) and its partners have been active in Gaza and the West Bank for years – and are making real progress, despite the challenges.

The WDF aims to alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of the disease. Not surprisingly, Palestine has been a focus area for the Foundation since its creation in 2002.

It all began with a small project in Israel. With WDF funding, the Danish NGO DanChurch Aid and the Augusta Victoria Hospital set up a diabetes care clinic for Palestinians at the hospital, which is located in East Jerusalem. However, the worsening security situation made it increasingly difficult for Palestinians to get there. In response, the hospital started a bus service that could bring patients from Ramallah and other parts of the West Bank to the hospital; however, this proved impractical due to long delays and waits.

So the partners tried a new approach: building capacity within the West Bank and Gaza. Through a series of projects, they provided training, upgraded Palestinian clinics, and strengthened and expanded awareness about diabetes among Palestinians. Along the way, Augusta Victoria Hospital became a diabetes centre of excellence for the Palestinian population.

WDF has also worked closely with another partner: the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). As a major health provider in the area, UNRWA runs a clinic in every refugee camp and serves 35% of the population in the West Bank and 70% of the population in Gaza. With WDF funding, UNRWA built a centre of excellence for diabetes care in the West Bank, and launched a project addressing diabetes foot care in Gaza.

A separate joint project is working to improve diabetes care for Palestinian refugees in 131 UNRWA clinics throughout the region. That brings the total number of WDF projects helping Palestinians since 2002 to nine: four completed and five active.

Work continues despite conflict
On July 8, war broke out between Israel and Gaza. So far, the WDF’s partners in the area are reporting only minor delays and problems, says Jakob Sloth Yigen Madsen, the WDF Programme Coordinator for Palestine.

“It’s really commendable, given the situation,” he says. “But the war has of course had negative effects on our efforts in Gaza; we’ll learn more about the impact and plans to overcome the delays in the months ahead.”

The knowledge gained helping Palestinians could be useful in other refugee situations as well, says Anders Dejgaard, managing director of the WDF.

“There are high incidences of diabetes in refugee camps and very difficult problems with access to care,” he says. “So these projects are very important, and can be seen as front runners for similar projects in other parts of the world where these camps exist.”
In Qatar, living standards have soared but so has the incidence of diabetes and risk factors such as obesity. The partnership programme ‘Action on Diabetes’ has been set up to change this.

What was not too long ago a shoreline of flat sand is now a well-developed palm-fringed waterfront promenade with glass and steel towers. The promenade, known as the Corniche, extends for several kilometres along the bay in Doha, the capital city of Qatar. Along the Corniche lie luxury hotels, trimmed parks, government buildings and public museums. The Corniche would appear to be a popular location among walkers, bikers and joggers, but today, a Sunday afternoon in Mid-August, there are hardly any people.

“It’s too hot,” says Herluf Nis Thomsen, who has been living in Qatar for more than two years now. “During summers, temperatures reach almost 50°C and most people retreat indoors to the comfort of air-conditioning.”

The Corniche also illustrates the transformation that Qatar has experienced in just a few decades. The discovery of oil during World War II transformed the economy of Qatar where fishing and pearl hunting used to be the main source of revenue. Today, the country of around 1.7 million people ranks as the world’s richest country per capita.

A less flattering ranking
But the country also ranks high in some less enviable categories – Qatar has one of the world’s greatest prevalence of obesity and diabetes. “Like other oil-rich nations, Qatar has leaped across decades of development in a short time, leaving behind the physically demanding life for sedentary lifestyles, servants and fast food,” says Herluf. “At the same time, there is generally a low awareness of lifestyle diseases and what causes them.”

A 2012 national survey on the non-communicable diseases (NCD) risk factors issued by the Supreme Council of Health in Qatar showed that 51% of Qataris eat less than five servings of fruit and/or vegetables on average per day, 46% of Qataris are found to have low levels of physical activity and 70% of Qataris are overweight (of which 41% are obese). Obesity is a serious risk factor for chronic diseases, including diabetes. According to the International Diabetes Federation (IDF), 22.9% of adults have diabetes – this ranks Qatar 10th globally in terms of the proportion of people aged 20-79 with diabetes. And 40% of people who have diabetes are unaware of their condition.

Time for change
The situation threatens to derail the growth path of Qatar. Not only does diabetes have a great impact

1 CIA World Factbook. Available at: https://www.cia.gov/library/publications/the-world-factbook/rankorder/200rank.html
on the individual facing a life-long burden of disease management and potential complications, it also puts a considerable economic burden on the national healthcare system and society at large. In 2010 alone, Qatar spent $2.6 billion USD on healthcare, of which 18% was spent on diabetes.

Although diabetes is a condition which is much less expensive to prevent than to treat, Qatar has primarily focused on the treatment of the disease rather than preventing it. But this is changing. According to Herluf, Qatar has made developing a world class public health system one of its key goals through its National Vision 2030 and realised that implementing strategic initiatives for the proactive prevention of diabetes is crucial to the future success of the country. But for the outlook to change, action is needed.

The first step towards change was taken by Mærsk Oil who has a strong presence in Qatar due to the nature of its operations. As part of its corporate social responsibility programme, Mærsk Oil wanted to make a positive contribution to the health and wellbeing of employees and future employees, their families, and the broader community of Qatar. However, they needed a partner with expertise within healthcare and therefore turned to Novo Nordisk. With soaring diabetes rates in Qatar and in its neighbouring countries, it seemed natural for Novo Nordisk to take part in this.

Together, the two companies decided to launch the Action on Diabetes programme in 2011 to assist the Qatari authorities in raising awareness of diabetes, reducing the incidence of diabetes by helping those at risk to avoid it and by giving people already living with diabetes advice on how to manage their health better. And in 2012 Herluf relocated to Qatar to take up the position as project manager for Action on Diabetes.

A participatory approach
According to Herluf, Qatar has a distinctive healthcare environment, where there are only a few major organisations that provide services and care for people with diabetes. The rationale behind Action on Diabetes is to work in partnership with these local key players to make a real difference for people who either are at risk or have already developed diabetes.

In addition to Mærsk Oil and Novo Nordisk, the partnership consists of the Qatari Supreme Council of Health who is in charge of hospitals that provide a comprehensive range of services to people diagnosed with diabetes and pre-diabetes, the Primary Health Care Corporation who run health centres that most often are first point of contact for people with diabetes, and finally the non-profit Qatar Diabetes Association.

In Action on Diabetes, each partner brings their unique competencies to the table and has an active say in the development of the programme. And although Herluf acknowledges that it can be challenging to reach consensus among the different organisations, it is also what makes the programme successful. “The programme builds on existing healthcare structures, facilitates collaboration between the different entities and prompts local ownership – all factors that contribute to making the initiative more sustainable,” says Herluf.

The programme consists of three pillars:
- research to establish a baseline of knowledge about diabetes in Qatar and identify gaps and areas for intervention.
- education to increase the knowledge of healthcare professionals and patients.
- raising awareness of diabetes, including its causes, risk factors, symptoms and management among the general population.

Throughout the year, Action on Diabetes is involved in a range of activities within the three pillars that all aim to contribute to reversing the diabetes outlook in the country.
Screening at the mall
When asked to highlight one particular activity, Herluf points to the public screening campaigns that the programme undertakes in the air-conditioned malls which are the preferred place to go for Qataris on weekends during the warm Summer months. Here, screening booths with diabetes specialists are set up that provide free diabetes testing for anyone interested and advice is given on how to promote a healthier lifestyle. The screenings are conducted in collaboration with all partners of the programme and have proven to be an effective way to reach out to Qataris.

“If we want to win the fight against diabetes, we must ensure that diabetes is not only something that we talk about and treat in hospitals. It needs to start much earlier out there among the broader population,” says Dr. Mohsen Mismar, Manager of Adult Health division, Primary Health Care Corporation.

Individuals identified as being at risk of developing diabetes were given a consultation with a diabetes educator and were referred to suitable healthcare centres and physicians. In 2014 alone, the mall outreach activities resulted in 2,750 individuals being screened. The same setup has also been applied to one of the biggest supermarket chains in Qatar, Al Meera, which led to additional screenings of 8,900 individuals. And this is just a fraction of the initiatives carried out under the Action on Diabetes umbrella.

Planning for the future
But despite good results, Herluf acknowledges that behavioural change takes times in a country that has embraced motorised transportation, a taste for high-carbohydrate diet and is known for a climate that does not encourage outdoor activity.

However, with the elevated focus on diabetes Herluf is optimistic about the future of health in Qatar and points to a survey that indicates that the population’s understanding of diabetes is slowly improving. And as a partner in Action on Diabetes and now also a member of the Qatar National Diabetes Commission that is responsible for developing the country’s national strategy on diabetes, he is committed to continue the work that has been started.

Currently a plan for how the Action on Diabetes programme should continue in the coming years is under development and Novo Nordisk is also exploring how aspects of the partnership model can be replicated in other countries in the region where many are experiencing similar rapid growth as Qatar. And in the end, it may contribute to reversing the diabetes trend that a rise in a country’s wealth leads to a corresponding downturn in health.

A day on the job in Baghdad

Here is a day in Baghdad as told by Sadeq

November 14, 2013: The first thing I wake up to is the image of a man with complications due to diabetes. He is sitting in a private clinic telling the doctor that he can’t afford any new medication and that his financial state is too poor. An image like this is a big motivation to get on with my day.

Today, I am planning to visit one of our important stakeholders in the largest specialist diabetes centre in Iraq. Our meeting is for 09:00 and the centre is in the north of Baghdad. On a calm day, the commute would take me about 35 minutes. But due to a car bomb from a recent terrorist attack, the police are searching all cars and military check points have sprung up around the city. By the time I reach the centre, I am about two hours late.

Though the meeting didn’t take more than 15 minutes, the results after months of planning and hard work were magnificent to me. I believe that soon it will be the first time in years that our pre-mix analogue insulin product will be available in one of the biggest diabetes centres in Iraq (a month after, the biggest diabetes centre in the Southern Iraq also made it available). Filled with a good deal of self-satisfaction, I don’t think about the long journey ahead of me returning to the office. It means that the patient whose image sticks in my mind can get his new medicine very easily for free.

As soon as I’m back in the office, I realise that there is only an hour until I need to leave again. Last month I had an idea to organise a big diabetes awareness event. Many of the people living in Baghdad are unaware they have diabetes, leading to complications.

I am organising the event to mark World Diabetes Day with my colleagues in Novo Nordisk Iraq and together we finish packing and make our way to the only shopping mall in the west of Baghdad. I choose the mall for its safety. There is frequently a large presence of security guards around the mall and this helps to deter attacks like the recent car bombing.

Sadeq Al Dahhan is working for Novo Nordisk in Iraq. Together with his wife, Sadeq lives in Baghdad where, in the course of a normal day, his work takes him from one end of the city to the other. Compared to his colleagues living in other countries, working in Baghdad is not the same ‘normal day’.
We have organised the event together with the Iraqi International Federation of Medical Students’ Association. The medical students are a huge help and the event is a big success. By the end of the day, we were able to help more than 350 people, either by giving them detailed information about diabetes or by testing their blood sugar.

For those whose blood sugar levels were high, we encouraged them to seek medical advice from a diabetes specialist (later we learned that many of the people who took our advice discovered they had diabetes).

Recently, Sadeq was promoted to product manager, taking a big step in his career, but also new challenges. He is now responsible for a series of upcoming events in the midst of a declining security situation with five provinces in Northern Iraq experiencing heavy conflict. When asked about these changes, Sadeq replied:

“Just like every other day, I will continue to do my job and help our patients, anywhere, no matter what the dangers are.”

Novo Nordisk has been supplying insulin to Iraq since 1965 and currently employs 12 people at the Baghdad office. According to the International Diabetes Federation, around 1.2 million people are living with diabetes in Iraq and it is estimated that more than 60% of them are undiagnosed1.

For Muslim people living with diabetes, the fasting month of Ramadan can be challenging. A campaign in Algeria is helping people with diabetes to balance their health and their religion during Ramadan.

A family is gathered in a home in Algiers, the capital of Algeria. In the living room several generations have come together, they have put on their finest clothes, they exchange loud cheers and big smiles. Music from a radio fills the room and the sound blends with the scents of green mint tea and fruit-flavoured juices. On the table are big copper trays full of delicacies such as dates stuffed with almond paste, rice pudding and honey-soaked pastries.

Malika Bouchayeb and her family are celebrating Eid al-Fitr which marks the end of the fasting month of Ramadan observed by millions of Muslims across the world as one of the five pillars of Islam. For the next couple of days they will be pampering their taste buds while celebrating the most important feast in the Muslim calendar. And with the variety of sugary dishes, it is no wonder that Eid is also sometimes referred to as ‘Sweet Eid’.

For Malika, this Eid is special. Malika has had type 2 diabetes since 2005 and although the Ramadan is supposed to be a month of spirituality and celebration, it has often been a time of distress for her because she has felt torn between her religion and her diabetes. When fasting, she had no energy and had a hard time controlling her blood sugar - fearing low blood sugar levels during the day as well as soaring high blood sugar levels when indulging in heavy meals after sunset. When she did not fast, she felt guilty not least because people around her questioned why she was not doing so. But this year she feels different.

No food, no water, no medication
Diabetes is a condition that requires careful management, blood sugar control, appropriate diet and for many also adherence to insulin. However, this is not exactly compatible with the tradition of fasting during the month of Ramadan where Muslims restrain from food, water and even medication from dawn to sunset.

A widely quoted population-based study (EPIDIAR)¹ of diabetes and its characteristics during Ramadan covering 12,243 people in 13 countries, has shown that 43% of patients with type 1 diabetes and 79% of patients with type 2 diabetes fast during Ramadan. Coupled with a high global prevalence of diabetes, it is estimated that worldwide more than 50 million people with diabetes fast during Ramadan².

Despite the fact that the Quran makes exceptions for the sick, pregnant women, children and anyone for whom it would cause physical harm, many Muslims with diabetes insist on fasting and find it difficult not to due to social pressure and stigma. Also, they may experience conflicting messages from imams and healthcare professionals. So many of them embark on the month of fasting without seeking advice from a healthcare professional. But by doing so, they put

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themselves at risk, particularly those who are using insulin.

For people with diabetes fasting is associated with multiple complications such as severe dehydration, thrombosis and dangerously low blood sugar levels (hypoglycaemia). The EPIDIAR study found that the frequency of severe hypoglycaemic events is 4.7 higher in type 1 patients fasting during Ramadan compared to outside the Ramadan and 7.2 higher in type 2 patients. Paradoxically, excessively high blood sugar levels (hyperglycaemia) is also a problem during Ramadan because people tend to overeat when the fast is broken after sunset. And after the end of Ramadan patients often experience difficulties getting their blood sugar under control, too.

Balancing religious beliefs with medical needs

Algeria is an example of a country with a predominant Muslim population (99%) and a large number of people living with diabetes. According to the International Diabetes Federation, more than 1.6 million people in Algeria have diabetes and the majority of them are keen to fast during Ramadan.

“Managing diabetes during Ramadan is a big concern in our country. For many, religion is more important than their health and it is challenging to make people aware of the risks associated with fasting,” says Asma Sadeddine, project manager in Novo Nordisk Algeria.

Psycho-social issues often explain why people with diabetes fast during Ramadan although many are not supposed to according to medical recommendations. Often, individuals face strong pressures from family members, the community and their own conscience which has been highlighted in several studies. That is why many people with diabetes let their strong belief compromise their health, which was also the case for Malika.

“There is a need to make both patients and healthcare professionals more familiar with the risks associated with fasting and to raise awareness among the general population, so that we can reduce the social stigma associated with not fasting,” says Asma. “But at the same time, we must also acknowledge that religious beliefs play an important role in people’s lives and take a culturally sensitive approach to how diabetes can best be managed during Ramadan.”

Partners and pragmatism

Novo Nordisk was the first pharmaceutical company in Algeria to decide that something had to be done to improve the situation for people with diabetes. For five consecutive years, they have now been working to raise awareness about this issue with the ‘Diabetes and Ramadan’ campaign.

The campaign takes place two months before and during Ramadan and is carried out in collaboration with local stakeholders. According to Asma, who has been running the campaign for the past four years.

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years, a key strength of the campaign has been the involvement of partners representing both religious leaders, in the form of the Ministry of Religious Affairs, and the health community, including the National Diabetes Federation (FAAD), the National Society of Diabetes (SADIAB) and local diabetes associations.

Although it can be challenging to align messages among stakeholders with different perspectives, the partners have managed to take a pragmatic approach that both considers the religious context and the medical risks associated with fasting and they have agreed on formal guidelines that put the patient’s wellbeing at the centre.

One of the key objectives has been to encourage patients to consult with their doctor before taking a decision about fasting during Ramadan. The campaign has informed about the risks and provided specific recommendations on how to better handle their diabetes if they do choose to fast. Here, one concrete tool has been the development of an educational brochure, ‘Novopoche Diabetes and Ramadan’, which has been distributed widely via doctors, educational sessions and at awareness days organised for patients. In 2014, 8,600 patients were educated on how to manage their diabetes during Ramadan.

Another key activity of the campaign is to inform and train healthcare professionals to help them better support and advise their patients. This first and foremost includes general training in 1-day workshops where external experts speak about risks and recommendations when advising patients. In 2014, the campaign resulted in 90 paramedicals and 100 doctors being trained. In addition, Novo Nordisk has also developed material that includes advice on Ramadan to be used by medical representatives in their product promotion.

A catalyst for change

Each year activities are evaluated to help next year’s campaign. “It is important for us that we continue to refine our activities to increase impact,” says Asma. “For example, medical content of the campaign is updated based on the latest scientific evidence. And what was new this year was specific training sessions for diabetes nurses working in our educators’ local networks. This is a great way to expand outreach to patients.”

Looking back at five years with the ‘Diabetes and Ramadan’ campaign, Asma is happy to see the positive change that it has created. Not only has the campaign made a difference to the many patients and healthcare professionals who have participated in the training, but it is also increasing the general awareness about diabetes through media outreach which has helped decrease the social pressure put on people with diabetes and the stigma associated with not fasting. In addition, a clinical study is currently being carried out to better understand how medicine affects blood sugar levels and quality of life for people with type 2 diabetes during Ramadan with the aim to inform better and more tailored treatment.

And although the ‘Diabetes and Ramadan’ campaign has been customised for Algeria, it addresses a global issue which other countries with Muslim populations can benefit from. Asma is therefore engaged in sharing best practices with Novo Nordisk offices across the region as well as in Malaysia and India.

For Malika in Algiers, it is all about the local change. She is now able to make decisions about her fasting on more informed grounds after having discussed the issue with her doctor and participated in patient education. During Ramadan she monitors her blood glucose levels several times each day, she is careful about what she eats at the sunset meal and discontinues the fast if she needs to do so without feeling guilty. It means she can now enjoy this year’s Eid celebrations with an even bigger smile and without the bittersweet feeling of having had to compromise either her health or her faith.
In 2011, former Egyptian president Hosni Mubarak stepped down after widespread civil revolution swept the country. In the years following, waves of protest rose and fell. Many companies, including those providing healthcare and medicine to the Egyptian market, adopted a ‘wait-and-see’ position until things settled down. Novo Nordisk was not one of them.

The present: “We need to be here”
Most people try to avoid risk and uncertainty. Companies are no different. To avoid costs, and ultimately failure, is a clear rationale for companies to shun risk and uncertainty, and in some cases, choose not to enter or invest in markets. For the millions of people with diabetes living in Egypt, the risk to their health by far outweighed all others.

At the start of the Arab Spring in 2011, the International Diabetes Federation estimated that approx. 7 million people were living with diabetes in Egypt. By 2013, the number had increased to 7.5 million making Egypt the country with the 9th highest number of people with diabetes in the world. The increase is a loud call to action and the reason why Novo Nordisk made a decision early on to neither slow down nor hold back from investing in Egypt.

“Undiagnosed and untreated diabetes has a devastating effect on both the individual and wider society,” says Mohamed El Dababy, general manager of Novo Nordisk Egypt. “We see statistics from 2013 that on average 237 deaths a day are caused by diabetes. With the right care, education and treatment, this doesn’t have to happen. Being here is how we are a part of the solution.”

Looking ahead, the rise in diabetes prevalence in the country is not likely to slow down anytime soon. Key diabetes risk factors, including obesity (nearly 70% of the population is above normal BMI index) and an aging population, will contribute to an almost doubling of people living with diabetes by 2035. This is a future scenario Mohamed is working to change.


“We have a good idea of what works and will continue to bring our innovation and experience to Egypt,” says Mohamed. “As a company, we have had focus on diabetes for more than 90 years and Egypt has played a special part in our history.”

The past: “Close ties”
Novo Nordisk has had close ties with Egypt for many years and established an office in Cairo in 1952. At the time, Novo Nordisk’s founding scientist, Hans Christian Hagedorn, made several journeys to the country.

A decade later, former Egyptian president Gamel Abdel Nasser (president from 1956 to 1970) was diagnosed with type 2 diabetes3. As a result of his personal experience with diabetes and a better understanding of the treatment, he made insulin widely available across the country.

With the availability of insulin, there became a need to improve diagnosis and treatment. Novo Nordisk Egypt decided to take diabetes awareness on the road. Replicating a model that colleagues had used successfully in other parts of the world, a bus was outfitted with equipment and staffed with medical personnel to offer screening and education as it toured around Egypt. The bus was a joint initiative between Novo Nordisk, the Egyptian Ministry of Health and the National Institution for Diabetes and Endocrinology. It began touring in 2007 and within the first month, it had visited 20 different locations and had more than 21,000 visitors.

Despite all these efforts and more, the number of people today achieving treatment targets, a measurement of long-term blood sugar control, is only a fraction of the 7.5 million living with diabetes. Left uncontrolled, diabetes related complications may lead to health risks including heart disease, kidney and bladder failure, blindness and foot and leg infections. Access and availability of treatment is better today, but there is plenty yet to do.

The future: “Securing a better health”
Fortunately, the future health of people with diabetes is being addressed. The Ministry of Health has always been concerned with securing and upgrading diabetes care in Egypt. In 2013, Novo Nordisk and the Ministry began exploring what a national diabetes programme would need to look like to secure a healthier future.
So far, Novo Nordisk and the Ministry are working on a national diabetes programme that will target actions to improve prevention, treatment and healthcare delivery and collaboration. “What we aim to create is a snow-ball effect, first by establishing 26 new state-of-the-art clinics of excellence in diabetes care,” explains Mohamed.

Mohamed and the Ministry believe that the clinics will play a pivotal role in bringing diabetes care up to recognised international standards. Once the standards are reached, health outcomes should improve and the costly complications associated with uncontrolled diabetes should fall.

“Treating complications is costly. By avoiding these costs, resources can be released to focus on diabetes prevention, patient education and better treatments,” adds Mohamed.

Hopes are for the national diabetes programme to be launched in the near future once details and planning are being finalised.

To stop the number of people with diabetes from reaching more than 13 million by 2035, primary prevention efforts will focus on increasing awareness of type 2 diabetes risk factors and educate people at risk on how to improve their health. Legislation is also being proposed that will encourage restaurants to use healthier ingredients and label the caloric and fat content of their meals.

For the millions already living with diabetes, secondary prevention of diabetes complications is key. But delayed treatment and costly medical care remain a challenge.

“We need to agree on and create a standard environment for care,” explains Mohamed. “Healthcare professionals across Egypt need to use a common standard of treatment, patient education and begin monitoring and sharing information. Without this, the quality of treatment varies to a high degree with some patients not receiving the quality of care they need.”

The first step will be to establish the clinics in cooperation with the Ministry of Health all over Egypt over a five-year period. The clinics will be fully operated by the Ministry with training support provided by Novo Nordisk Egypt as well as financial incentives for performance based on patients reaching pre-defined blood sugar targets. The clinics will also be equipped with an electronic management system for patients’ files and medical equipment to diagnose and treat diabetes complications.

Lastly, Novo Nordisk Egypt, under the supervision of the National Diabetes Institute, will support healthcare professional training with a focus on team building, i.e. team work in diagnosing and treating patients. Continuous Medical Education will also be delivered to a range of healthcare professionals, including cardiovascular physicians, dieticians, certified diabetes educators and nurses.

“Improving the health and wellbeing of people with diabetes is a team effort and creates a harmony among the different healthcare professionals involved,” says Mohamed. “The problem is that there are not enough resources to train everyone involved on how this can be done. We want to change this.”

Despite future predictions of worsening prevalence of diabetes, Mohamed is convinced that an alternative exists. What it will take is commitment, patience and time.

“Novo Nordisk has been working to improve health in Egypt for more than 60 years and we will be here many years to come. We don’t take a ‘wait-and-see’ approach,” says Mohamed.

**Insulin production goes local**

In September 2014, Novo Nordisk took another important step to form even closer ties with Egypt. Under the auspices of the Egyptian Ministry of Health, Novo Nordisk has partnered with the Egyptian Company for Production of Vaccines, Sera and Drugs (EGYVAC) to start human insulin production.

The partnership will start by working together to increase the capacity of the existing manufacturing site. By 2018, the site is expected to produce 10 million vials annually, meeting the majority of Egypt’s need for insulin.

“The partnership is a unique example of cooperation between the public and private sector and represents an important phase in Egypt’s medical track record,” says Mohamed El Dababy, general manager, Novo Nordisk Egypt. “The partnership will enable us to transfer know-how of insulin manufacturing to Egypt and most importantly it will enable us to better serve Egypt’s 7.5 million people with diabetes.”
Cem Ozenc recently took over the role as General Manager for Novo Nordisk’s operations in Iran. Here, he talks about how social media can be a powerful tool for engaging with patients and staying attuned with political and social developments in the market.

**Could you briefly tell about your background?**
I was born in Istanbul and have a BSc. Pharmacy degree from Istanbul University. I knew that I wanted to have an international career in pharmaceuticals, so I equipped myself with the things which I thought would be instrumental in my future career, including learning foreign languages, having summer internships at international pharmaceutical companies and traveling frequently to understand cultural differences. I joined the industry in Turkey in 2003 as a medical representative in one of the largest Turkish pharmaceutical companies, and in 2005 I started working for Novo Nordisk.

**You are very active on various social media platforms, when did you start and why?**
I started to engage on Facebook quite early in 2007 and began to use it more often when I moved to Denmark in 2008. At the time, I was an expat living abroad and trying to stay in touch with my close friends, colleagues and family living in Turkey. In 2008, I established the first Novo Nordisk employee group on Facebook and in less than three months, more than 500 employees from all around the world had joined.

**Do you have a favourite social media platform? Why?**
My first favourite was Facebook, but after some time I found it a bit static. Then Twitter arrived. I started to engage a lot, following the news, people, hobbies and topics that I am interested in. I am still using Twitter frequently because it gives me much more freedom. Unlike Facebook, Twitter lets you interact with people you don’t know and makes you gain new friends that share the same interests. I also use LinkedIn, Instagram, Foursquare, Google+ and some others quite often.

**Do you differentiate between your personal vs. professional use of social media?**
Yes, of course. I use Facebook, Instagram, YouTube and Foursquare mainly for personal use. On the other hand, I engage a lot with professional content on Twitter and LinkedIn. Twitter is a great tool to share news about the diabetes epidemic, Novo Nordisk, our social and environmental responsibility activities, and attracting talented young people.

**Do you take part in social media conversations related to sustainability?**
I have been pretty active on Twitter on this subject, also interacting with external stakeholders to inform them about our company’s Triple Bottom Line (TBL). I believe we need to make more noise and work harder to explain what TBL really is and why it makes us different than other companies.

**What are the opportunities when using social media from a diabetes care perspective?**
I believe there are tremendous opportunities using social media when interacting with people with diabetes. We know that despite all our efforts, diabetes awareness is still low.

Many disease-specific groups, including diabetes, have developed on social media sites. They have become important sources of information, support, and engagement for patients. Social media can serve as a mechanism of empowerment, which is especially important for people with diabetes. We should embrace the fact that many patients are interested in gaining extra support from social media.
Do you have an example of how you have made a difference to patients by engaging on social media?
One example was when I was tweeting about diabetes facts last year at World Diabetes Day. Quite a few Turkish tweeters interacted with me about the type 2 diabetes prevalence figures. They had a family history of type 2 diabetes and asked me if they could be at risk. I advised them to consult their doctor and get tested. One of them was diagnosed with early type 2 diabetes after a week and thanked me for sharing information about diabetes.

Do you have any examples of how social media has added value to your work?
I am working in countries where searching the job market and attracting the right talents is difficult as there are no service providers in this area. For instance, we use LinkedIn to scan the market and to recruit the best people possible. In addition, I use social media to gather information about competitors and learn about the political, social and industrial developments in our countries which can help us to revisit our short- and long-term strategy.

Many people in the pharmaceutical industry are afraid of making mistakes when using social media. Is there a justification for this fear? And do you think pharma companies should be more transparent on social media?
I don’t think there is anything to be afraid of in using social media in our industry. People and patients can reach out for whatever information they want and interact with people who are sharing the same views or problems. The question is, do we want to be a part of this or not?

Transparency is the new operating standard in today’s business world and also when using social media. Transparency is about being open, honest, and accountable which is deep-rooted in the Novo Nordisk Way [Novo Nordisk’s corporate values], so why be afraid of this?

I think people worry too much about bringing their personal selves into business, when I think the way to succeed in today’s world is to make your business more personal.

Social media has been acknowledged for its role during the Arab Spring. Is there something unique about the power of social media in the Middle East?
Of course! Social media was one of the most important and necessary conditions for the Arab Spring movements. It made a difference because it fundamentally changed the way people think about their options.

The Arab Spring movements involved a networked public of generally younger people, which was ‘structurally different’ than prior movements. The past authoritarian Middle Eastern regimes had been accustomed to controls on traditional media but were unable to keep up with the rapid pace of Twitter and Facebook.
About Novo Nordisk and the Triple Bottom Line

Headquartered in Denmark, Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. The company also has leading positions within haemophilia care, growth hormone therapy and hormone replacement therapy. We believe that a healthy economy, environment and society are fundamental to long-term value creation. This is why we manage our business in accordance with the Triple Bottom Line business principle and consider the financial, environmental and social impact of our business decisions.

2014 marks the 10-year anniversary of the Triple Bottom Line in Novo Nordisk. In 2004, Novo Nordisk’s shareholders voted to amend the company’s Articles of Association to make the Triple Bottom Line an integral part of Novo Nordisk’s objectives.

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