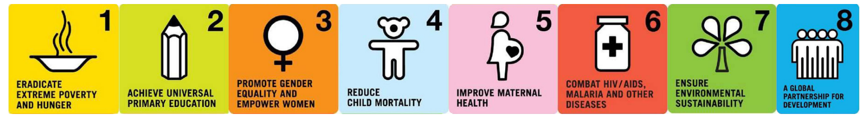
The Millenium Development Goals and Diabetes

We know how to treat and manage **diabetes** – let's do it now!



GOALS AND TARGETS from the Millennium Declaration

DIABETES AND THE MDGS

1 ERADICATE EXTREME POVERTY AND HUNGER

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Target 1B: Achieve employment for women, men and young people

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- **Diabetes is a poverty issue**: 80% of all people with diabetes live in lower and middle income countries. India has over 50 million people with diabetes. In sub-Saharan Africa 12.1 million people have diabetes. The diabetes epidemic has moved to low and middle income countries and threatens to reverse development (MDG) gains made in low income countries.
- **Diabetes affects the most vulnerable**: Studies in India have shown that people living in slums show especially high prevalence rates. Vulnerable indigenous peoples have a genetic predisposition to diabetes and some, such as the Australian aborigines, have very high rates of diabetes and serious complications.
- **Diabetes is a cause of poverty:** Lost income, lost jobs and high costs of treatment and complications (such as amputation, blindness, stroke, heart attack) can push poor families into destitution
- **Diabetes can be caused by malnutrition:** Poor and irregular nutrition can lead to diabetes, particularly during pregnancy.

2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

- **Diabetes limits education:** For households in low income countries, the financial and time burden of diabetes can negatively impact on children's educational attainment and performance, particularly so for girls.
- **Diabetes and education are linked:** In some contexts, people with more years of education have a lower chance of getting Type 2 diabetes.
- **Children with diabetes can have less access to education.** Children with Type 1 diabetes in some settings are denied entry to school.

3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

- **Increased vulnerability of girls and women to diabetes risk factors:** In regions with pronounced gender inequality, the low social status of girls and women equates to low nutritional status and dress and mobility codes restrict physical activity.
- **Women with diabetes face major barriers to health care:** Gender biases in power, resources, culture and the organisation of services constrain women with diabetes from accessing essential healthcare, resulting in more complications and deaths
- **Diabetes in a household places additional care burdens on girls & women:** girls can be removed from school to care for parents or siblings with diabetes. Women caring for family with diabetes can lose economic and social opportunities.
- **Women & girls are key agents of diabetes prevention:** Evidence shows that investing in girls achieves a range of health & socio-economic development goals. Women, as mothers and gatekeepers of household nutrition and lifestyle patterns, need to be at the forefront of the fight against diabetes.

4 REDUCE CHILD MORTALITY

Target 4: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

- **Untreated diabetes kills:** In some low-income countries, children with diabetes have a life expectancy of less than a year. Children receiving treatment should live long healthy lives.
- **Diabetes causes infant deaths:** Maternal diabetes is associated with low and very high birth weight babies and increases the chance of the child dying before or during birth.

5 IMPROVE MATERNAL HEALTH

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate

Target 5B: Achieve universal access to reproductive health by 2015

- **Diabetes is a neglected cause of maternal mortality:** Pre-gestational & gestational diabetes (GDM) is associated with life threatening delivery complications & adverse pregnancy outcomes such as macrosomia (high birth weight babies).
- **Increasing number of pregnancies complicated by diabetes:** Rising prevalence of obesity means more women of reproductive age have diabetes.
- **Gestational diabetes affects health of mother and child later in life:** Mothers with GDM are more likely to develop Type 2 later in life, and offspring have a 4-8 fold increased risk of diabetes.
- **Maternal malnutrition is key to the intergenerational transmission of diabetes:** Both maternal under & over nutrition increases the risk of future diabetes for the child.

International Diabetes Federation

The International Diabetes Federation promotes diabetes care, prevention and a cure worldwide.
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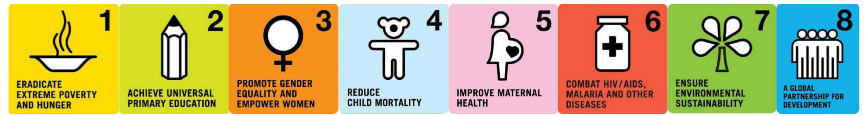
A Critical Connection



GOALS AND TARGETS from the Millennium Declaration

DIABETES AND THE MDGS

6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other diseases.

Diabetes risk increases in people with HIV/AIDS: HIV/AIDS patients who are infected with Hepatitis have a higher risk of developing diabetes.

Diabetes risks increased by anti-retroviral treatment (ART): The use of some ART can triple the risk of getting diabetes in people with HIV/AIDS.

Diabetes increases risk of developing TB: Diabetes patients are three times more likely to develop TB when infected. In India, 15% of TB is attributed to diabetes.

Diabetes and malaria are a deadly combination: A person with diabetes has a higher chance of suffering severe malaria, and higher chance of mortality.

7 ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Target 7B: Reduce biodiversity loss

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

Diabetes threatens sustainable development: Diabetes and climate change share common risks and common solutions. Type 2 diabetes is increasing everywhere in children & adolescents. This is a largely preventable public health disaster closely linked to obesity.
Well designed towns and cities with good public transport and food systems can increase physical activity and access to healthy food and simultaneously reduce diabetes risks and CO_2 emissions

Diabetes is more common among slum dwellers: Diabetes is not just a disease of affluence. There is a strong social gradient. Research has shown a diabetes prevalence of 10.3% in urban slums in India compared to the national average of 7.1%.

8 A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8A: Develop further an open, rule-based, non-discriminatory trading and financial system.

Target 8B: Address the special needs of the least developed countries

Target 8C: Address the special needs of landlocked countries and small island developing States

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Diabetes medicines do not reach all people or all markets: Many countries still apply tariffs and taxes on essential medicines for diabetes which limit affordability and access.

Diabetes is not recognized as a development priority: Diabetes and other non-communicable diseases (NCDs) account for 60% of all deaths in the developing world, but only 0.9% of US$22 billion international aid (ODA) spent on health in developing countries is spent on NCDs. WHO headquarters, with around 2,500 staff, has just one staff member dedicated to diabetes, a disease now affecting more than 300 million people.

Diabetes has hit small island states especially hard: Pacific island state Nauru has a 30.9% diabetes prevalence rate, ranking first in the world. Other small island states struggle to afford the treatment and care for high rates of diabetes and its complications, leading to increasing government deficits and their ability of repaying debt. The Commonwealth, with 32 small states as members, has recognized the threat of diabetes and called for a UN General Assembly Special Session (UNGASS) on NCDs.

Essential medicines for diabetes are often accessible nor affordable: In many low-income countries, insulin and other diabetes essential medicines are not affordable or accessible to the poor. Children and adults with Type 1 diabetes need insulin and syringes to survive.

Diabetes self-management technologies are not available for the poor: Accessible and appropriate technology for diabetes enables better management, reduces costs, and improves outcomes, substantially reducing the burden on the health system.

DON'T LET DIABETES UNDERMINE THE MILLENNIUM DEVELOPMENT GOALS

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