

Diabetes care in developing countries

DRWF was pleased to recently support the work of the International Insulin Foundation through the supply of diabetes awareness necklaces. Project Coordinator, David Beran, here writes about the work of the IIF and why it is important that we consider all those people living in the developing countries



David Beran, with the Zambian team

Who are the IIF?

The International Insulin Foundation (IIF) is a UK registered charity, and was established by leading academics and physicians in the field of diabetes to seek ways of improving access to insulin, the equipment for its delivery and the education for its use for people with Type 1 diabetes, their families and carers in developing countries. In order to achieve these objectives, a clear analysis of the constraints to insulin access and diabetes care is needed. The IIF's view is that increasing the supply of insulin through donations or other means offers only temporary relief and that the root of the problems need to be identified and tackled.

The IIF's work

The IIF, in collaboration with local partners, carries out an in-depth assessment of the health system looking at different aspects of the country's organisation of medical supplies and care using a protocol it has developed. This protocol is made up of different questionnaires aimed at getting different people's perspectives on the problems that people with diabetes face accessing insulin and proper diabetes care.

Once all this information is collected the IIF writes a report on the situation and propos-

es a series of recommendations to help improve the situation. The IIF has carried out this assessment in Mozambique and Zambia, where it is currently working with the respective Ministries of Health and Diabetes Associations to improve the well being of people with diabetes in these countries.

Why diabetes and insulin in developing countries?

The first patient to receive insulin was Leonard Thompson in 1922. Since then it has been widely available in the Western World. The situation is quite different in developing countries where people still die as they do not have regular access to insulin. This is due to poor management at central medical stores, excessive costs, a health service that lacks resources and diabetes not being a priority.

In both Mozambique and Zambia, policies by which care for chronic conditions is subsidised in part or in full, exist. However, in practice, patients have to pay for their insulin, either because this policy is not applied or there is a lack of insulin at public facilities. In Mozambique the average price, for a patient, per vial in the public sector was £1.00 compared to £7.00 in the private sector. Prices for insulin in Zambia were slightly higher with a vial costing £1.20 in the public sector and £7.50 in the private sector.

Accessing insulin is only one part of the problem. For insulin delivery, syringes are needed. These again are not always available. In Mozambique patients were able to obtain syringes at public pharmacies at £0.02 each, but as was often the case, when these were out of stock they had to pay as much as five times this price in private pharmacies.

A person with diabetes needs to be able to test his/her blood on a regular basis. Glucometers and the strips for these meters are not accessible to patients as they can cost as much as a month to two month's salary. Most facilities receive free glucometers from different companies or Western Aid agencies, but the strips cost about £0.15 each and the hospitals do not have the means to buy this equipment. Also as there is a regular change of models the strips often are no longer produced for the older models that these facilities have.

All aspects of treatment cost a lot of money and average income in most developing

countries is as low as £560.00 per annum. On top of the direct costs of treatment other costs include cost of transportation and cost of food. Some people in Mozambique and Zambia live on one meal a day, which is not possible for people with diabetes. All these costs add up and make the life of a person with diabetes and his/her family very difficult.

Even with all these supplies present, patients still face the challenge of accessing trained healthcare workers. It is not rare for people to travel more than 4 hours to access a health facility. For people with diabetes the only facilities that provide appropriate care are mainly in large cities. The lack of supplies and adequate training also lead to patients being misdiagnosed. Interviews with patients and physicians suggest that when patients present with the three classical symptoms of diabetes (polydipsia, polyuria and weight loss) they are often misdiagnosed as having HIV/AIDS or other conditions, while patients presenting with diabetic ketoacidosis or in coma may be classified as having cerebral malaria.

Another barrier is that the government does not view diabetes as important. The IIF estimates that there are about 920 people with Type 1 diabetes in Mozambique and about 1,201 in Zambia. This compared to 3,197,200 cases of malaria in Mozambique and a prevalence of HIV/AIDS of 19,950 per 100,000 in Zambia.

The IIF views its role to also show that people with diabetes are important and that they should not be forgotten.



Training of the interviewers at the Diabetes Association of Mozambique

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