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PRESS RELEASE

**Launch of Diabetes Foundation Report on insulin-requiring diabetes in
sub-Saharan Africa**

**US\$ 125 per year is what it would cost to ensure that a child with
Type 1 diabetes survives until adulthood**

London, United Kingdom. 11 July 2005 – The **International Insulin Foundation (IIF)** has drawn attention to the plight of people, and especially children, in the developing world with insulin-requiring diabetes. The Foundation's work has shown that it is possible to improve services for patients with this disease so that treatment for survival is possible, even in the world's poorest countries.

As stated by Dr. Nigel Unwin, Medical Officer of the Diabetes Unit of the World Health Organization (WHO), "We can learn much from the excellent work of IIF on the current barriers and opportunities for improving diabetes care in Africa. Their work complements other WHO and IDF [International Diabetes Federation] initiatives and will help to provide much needed guidance on practical and achievable steps to better diabetes care".

The Diabetes Foundation Report on insulin-requiring diabetes in sub-Saharan Africa

With the support of the **Diabetes Foundation** (UK registered charity Registered Charity No. 292317) the IIF has prepared a report on insulin-requiring diabetes in sub-Saharan Africa. This report highlights problems both for health systems for patients' access to diabetes care and insulin.

This report aims to look at the current situation of insulin-requiring diabetes in sub-Saharan Africa and propose some concrete actions that can be taken to tackle this problem. It is based on the work carried out by the IIF from November 2002 until December 2004 in Mali, Mozambique and Zambia. This report adds substantially to the current data on diabetes in sub-Saharan Africa as well as to the body of knowledge on the management of chronic conditions in resource poor settings.

"This report illustrates the need for immediate action to integrate non-communicable disease care and especially diabetes care in the healthcare programmes of African countries. The consequences of not doing so will lead to disastrous consequences due to complications of diabetes." - Professor Jean-Claude Mbanya, a Vice-President of the IDF, and Chair of the IDF Task Force on Insulin, Test Strips and Other Diabetes Supplies.

US\$125 dollars per year

Patients with insulin-requiring diabetes need a constant supply of insulin, syringes to deliver the insulin, monitoring and reviews with trained healthcare workers. The IIF's work estimates that all these costs amount to approximately US\$ 125 per year for a child. This represents almost 35% of annual income per family in most countries in sub-Saharan Africa.

Without these elements, people with this condition will face serious complications and even death.

What needs be done

Lack of insulin at an affordable price is only one of the factors, which makes life precarious for the diabetic child in Africa. Also necessary are improvements in the health system to deal with people with chronic disease, including:

- continuing supplies of drugs
- availability of diagnostic tools
- health worker training and retention
- patient education

all of which are vital in the management of diabetes and other chronic diseases, including epilepsy, asthma and high blood pressure, as well as HIV/AIDS and Tuberculosis.

Insulin-requiring diabetes (Type 1 diabetes)

Insulin-requiring diabetes is caused by the destruction of insulin producing cells in the pancreas. Insulin is vital for the survival of patients suffering from this type of diabetes and must be administered daily throughout the life of the patient by injection. The IDF estimates that there are 5.3 million people world-wide who suffer from Type 1 diabetes, and thus require insulin every day.

Diabetes is a chronic condition that affects people of all ages in all areas of the world. Inadequate care can lead to serious health complications such as blindness, kidney failure, neuropathy (degeneration of nerves and nervous system), amputation, heart attacks and death.

The first patient to be treated with insulin was a Canadian child by the name of Leonard Thompson in 1922. Over 80 years after the first patient received this life saving treatment many people with diabetes in the developing world still have difficulties accessing insulin. This leads to a life expectancy, which can be as low as 7 months for a child in rural sub-Saharan Africa compared to over 50-60 years for a child diagnosed in Europe.

The establishment of the IIF, by leading academics and physicians in the field of diabetes, as a concerted effort to improve the prospects for Type 1 diabetic patients in the world's poorest countries. The IIF was established with the aim of prolonging the life and promoting the health of people with diabetes in developing countries by improving the supply of insulin and education in its use.

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 is not sustainable and that the root of the problem is what needs to be solved. This led the IIF to carry out in-depth country assessments in Mali, Mozambique and Zambia.

If you would like information about the IIF and its work please contact:

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