



International
Diabetes
Federation

GLOBAL DIABETES SCORECARD

TRACKING PROGRESS FOR ACTION





**International
Diabetes
Federation**

International Diabetes Federation

166 Chaussée de La Hulpe
B-1170, Brussels
Belgium
info@idf.org

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means without the written prior permission of the IDF.

Requests to reproduce or translate IDF publications should be addressed to:

IDF Communications
166 Chaussee de La Hulpe
B-1170, Brussels, Belgium
by fax at +32-2-5385114
or by e-mail at communications@idf.org

© International Diabetes Federation, 2014

This document is also available at www.idf.org



IDF gratefully acknowledges the support of Bupa - leading international healthcare group - in this project.

ACKNOWLEDGEMENTS

Scorecard editorial team:

Beatriz Yáñez Jiménez, Sheree Dodd, Courtney Scott, Olivier Jacqmain.

Informal Advisory Group:

Evariste Bouenizabila, Chair IDF Africa Region
João Nabais, Chair IDF Europe Region
Adel El-Sayed, Chair IDF MENA Region
Serge Langlois, Chair IDF NAC Region
Edwin Jiménez Sancho, Chair IDF SACA Region
Veenoo Basant Rai, Chair IDF SEA Region
Nam H Cho, Chair IDF WP Region
Charlotte Rulffs Klausen, Danish Diabetes Association
Ahmed Reja, Ethiopian Diabetes Association
Nancy Larco, Haiti Diabetes Association
Sidartawan Soegondo, Indonesian Diabetes Association
Adolfo Pérez-Comas, PRADE
Abdullah Al-Hamaq, Qatar Diabetes Association
Sir George Alleyne, PAHO
Phillipa Tucker, Aids Accountability International
Andrew Smith, Bupa
Fiona Adshead, Bupa

Other Contributors:

Petra Wilson, David Cavan, David Chaney, Lydia Makaroff, Katherine Ogurtsova, Dominique Robert, Delphine Sartiaux, Aneta Tyszkiewicz, David Hallam, Sara Webber, Florencia Aguirre, Katie Gallagher, Leonor Guariguata, Daniel Howarth, Kerry Lydon, Belma Malanda, Sophie Peresson, Lorenzo Piemonte, Lala Rabemananjara, Merry Rivas González, Daniella Chinicci, Ute Linnenkamp, Laura Zini, Lucy Hadley, Annabey Whitehead
+ representatives of 125 IDF Member Associations.

GLOBAL
DIABETES
SCORECARD
TRACKING PROGRESS FOR ACTION

FOREWORD

Diabetes poses an immense global challenge. Individuals, families, communities and economies are all threatened by the seemingly unstoppable rise of this disease. But IDF's relentless efforts to highlight the evidence and promote solutions are producing progress.

Building on the United Nations (UN) Summit of 2011, global leaders have now signed up to an historic commitment to reduce premature deaths from diabetes and other NCDs by 25% by 2025. They have also agreed a Global Action Plan designed to achieve a range of measurable targets on diabetes and NCDs. Thanks to campaigning by the global diabetes community, those goals include halting the rise in diabetes and obesity as well as promises of action on prevention and care.

Margaret Chan, Director-General of the World Health Organization (WHO), has powerfully argued: "What gets measured, gets done." However, a significant drawback is that the global targets remain voluntary and will have to be monitored to ensure they are delivered. There are also no means or mechanism for people with diabetes to track the progress their governments are making.

IDF's *Global Diabetes Scorecard* can be the means to monitoring progress so that words on paper translate into actions on the ground for the 382 million people living with diabetes. It builds on the experience of the response to HIV/AIDs, in which accountability and civil society monitoring were crucial in driving a decade of action. It does not just score countries on how much health spending goes towards diabetes but covers a whole range of indicators including national plans and programmes, services for prevention and care and rights and engagement. And this innovative report presents the information in a graphic format to create a powerful impact.

Creating the Scorecard has been a major piece of work and I am very grateful to those global health experts and representatives of Member Associations whose advice was crucial in developing the survey tools and analysis. My thanks also go to Bupa – IDF's global partner – which has generously supported this project.

I particularly want to pay tribute to the 125 Member Associations who painstakingly completed the surveys used to generate this compelling analysis. The Member Associations work tirelessly for people with diabetes and the findings in this report represent their knowledge and views on how far their national governments have come in supporting those with diabetes and providing hope for those at risk of the disease.

Key themes emerge from this first Scorecard, which sets a benchmark for on-going monitoring. Across the globe, health systems emerge as a stronger-performing element but it is evident more focus needs to be put on preventive policies, financing and rights. IDF's *Global Diabetes Plan* provides a blueprint for national action and I urge governments not already doing so to work with their appropriate diabetes associations in policy-making. Hearing the expert voice of people with diabetes at the heart of government can only strengthen programmes and actions.

I am confident this Scorecard will be a powerful tool for effective national advocacy and campaigning. We will feed the data into IDF's global advocacy. Our aim is to celebrate progress, highlight good practice and offer expert support where countries can do more. Working with the global diabetes community, IDF will continue tracking progress to stimulate effective action for the many millions living with or at risk of diabetes.



Sir Michael Hirst
President
International Diabetes Federation

TABLE OF CONTENTS

EXECUTIVE SUMMARY	8	<u>Greece</u>	<u>47</u>
		<u>Ireland</u>	<u>48</u>
		<u>Italy</u>	<u>49</u>
		<u>Kazakhstan</u>	<u>50</u>
		<u>Lithuania</u>	<u>51</u>
		<u>Luxembourg</u>	<u>52</u>
		<u>Norway</u>	<u>53</u>
		<u>Poland</u>	<u>54</u>
		<u>Slovenia</u>	<u>55</u>
		<u>Spain</u>	<u>56</u>
		<u>Switzerland</u>	<u>57</u>
		<u>Turkey</u>	<u>58</u>
		<u>United Kingdom</u>	<u>59</u>
AFRICA REGION	14	MIDDLE EAST AND NORTH AFRICA REGION	60
<u>Cameroon</u>	<u>16</u>	<u>Egypt</u>	<u>62</u>
<u>Democratic Republic of Congo</u>	<u>17</u>	<u>Iran</u>	<u>63</u>
<u>Ethiopia</u>	<u>18</u>	<u>Iraq</u>	<u>64</u>
<u>Gambia</u>	<u>19</u>	<u>Jordan</u>	<u>65</u>
<u>Ghana</u>	<u>20</u>	<u>Libya</u>	<u>66</u>
<u>Guinea</u>	<u>21</u>	<u>Maroc</u>	<u>67</u>
<u>Kenya</u>	<u>22</u>	<u>Oman</u>	<u>68</u>
<u>Nigeria</u>	<u>23</u>	<u>Pakistan</u>	<u>69</u>
<u>Republic of Congo</u>	<u>24</u>	<u>Saudi Arabia</u>	<u>70</u>
<u>Rwanda</u>	<u>25</u>	<u>Sudan</u>	<u>71</u>
<u>Senegal</u>	<u>26</u>	<u>Syria</u>	<u>72</u>
<u>South Africa</u>	<u>27</u>	NORTH AMERICA AND CARIBBEAN REGION	74
<u>Tanzania</u>	<u>28</u>	<u>Anguilla</u>	<u>76</u>
<u>Togo</u>	<u>29</u>	<u>Antigua And Barbuda</u>	<u>77</u>
<u>Uganda</u>	<u>30</u>	<u>Aruba</u>	<u>78</u>
<u>Zambia</u>	<u>31</u>	<u>Barbados</u>	<u>79</u>
<u>Zimbabwe</u>	<u>32</u>	<u>Belize</u>	<u>80</u>
EUROPE REGION	34		
<u>Albania</u>	<u>36</u>		
<u>Armenia</u>	<u>37</u>		
<u>Austria</u>	<u>38</u>		
<u>Belgium</u>	<u>39</u>		
<u>Bulgaria</u>	<u>40</u>		
<u>Czech Republic</u>	<u>41</u>		
<u>Denmark</u>	<u>42</u>		
<u>Finland</u>	<u>43</u>		
<u>France</u>	<u>44</u>		
<u>Georgia</u>	<u>45</u>		
<u>Germany</u>	<u>46</u>		

Bermuda	81
Canada	82
Curacao	83
Dominica	84
Guyana	85
Haiti	86
Jamaica	87
Mexico	88
Montserrat	89
Saint Lucia	90
USA	91

SOUTH AND CENTRAL AMERICA REGION [92](#)

Argentina	94
Bolivia	95
Brazil	96
Chile	97
Colombia	98
Costa Rica	99
Dominican Rep.	100
El Salvador	101
Guatemala	102
Nicaragua	103
Paraguay	104
Peru	105
Puerto Rico	106
Uruguay	107
Venezuela	108

SOUTH-EAST ASIA REGION [110](#)

Bangladesh	112
India	113
Maldives	114

Mauritius	115
Nepal	116
Sri Lanka	117

WESTERN PACIFIC REGION [118](#)

Australia	120
China	121
Fiji	122
Hong Kong	123
Indonesia	124
Japan	125
Malaysia	126
Mongolia	127
New Zealand	128
Papua New Guinea	129
Philippines	130
Singapore	131
Taiwan	132
Thailand	133
Tonga	134

APPENDICES [136](#)

Methods and analysis	136
Scorecard survey	138
IDF member associations	147

EXECUTIVE SUMMARY

BACKGROUND

Diabetes is a personal and social calamity and imposes unacceptably high burdens on individuals, their families and national economies.

The International Diabetes Federation's (IDF) most recent estimate¹ is that 382 million people – or 8.3% of all adults – have diabetes; including 175 million adults who have the disease but are undiagnosed. The numbers will continue to rise, reaching 592 million in a generation.

An epidemic on such a scale requires significant and concerted international action and the world's governments are beginning to take note and take action. In September 2011, UN Member States unanimously adopted the *Political Declaration on the Prevention and Control of Non-communicable Diseases (NCDs)*.² They recognised diabetes and other NCDs – cancer, cardiovascular disease and chronic respiratory disease –

as major challenges to social and economic development in the 21st Century.

In signing the Declaration, governments right across the world made a statement of intent to accelerate progress on diabetes and NCDs. Political leaders signed up to 22 commitments that cover the spectrum of the required diabetes response from prevention to treatment.³

Full implementation and enforcement of these commitments at the country level will improve treatment and care for the many millions of people living with diabetes worldwide and initiate real change in prevention for the millions more at risk.

On 7 November 2012, in follow up to the UN Political Declaration, governments agreed to a Global Monitoring Framework for NCDs, including a set of nine voluntary targets and 25 monitoring and surveillance indicators. Of huge significance to the global diabetes community was the first-ever international target for diabetes – to “halt the rise in diabetes and obesity”.

104

countries
completed
the Scorecard
survey

1. International Diabetes Federation. *IDF Diabetes Atlas*, sixth edition. IDF. Brussels, 2013.
2. *A/66/L.1 Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*.
3. *A/66/L.1 Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. It contains 22 action-orientated commitments that include national leadership and ownership; early diagnosis and treatment; prevention; health system strengthening; research and development; resourcing; international cooperation, multisectoral action and partnerships; and monitoring and evaluation.

Four other targets are also of paramount importance for the global diabetes community:

- Reduce premature mortality by 25% by 2025;
- Achieve 80% availability of affordable basic technologies and essential medicines for NCDs;
- Ensure at least 50% of eligible people receive drug therapy and counselling (including glycaemic control);
- Reduce physical inactivity by 10%.⁴

Governments will have to report regularly to WHO and the UN on their progress against these targets. The first comprehensive review and assessment of progress achieved in NCDs since the Political Declaration will be carried out at the UN in 2014.

The Global Monitoring Framework and targets will strengthen data collection on the global burden and status of diabetes and NCDs. However, there is still no formal mechanism in place to measure progress on the Political Declaration. Civil society, therefore, has to take an important role in monitoring government progress on diabetes at national and global levels.

Other health and development precedents have shown how civil society monitoring and shadow reporting have been effective in the successful implementation of political commitments. A particularly successful example is the HIV/AIDS community. After the UN General Assembly Special Session adopted the *Declaration of Commitment on HIV/AIDS* in 2001, advocates established the importance of 'citizens monitoring' in strengthening advocacy, assessing national progress on HIV/AIDS and providing balance and objectivity to government progress reports.

Citizen's monitoring has also been a powerful means to increase the engagement and ownership of people in national responses to health and development issues.

4. A/NCD/2, *Report of the Formal Meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators and a set of voluntary global targets for the prevention and control of noncommunicable diseases.*

5. Full or partial implementation.

50%
of countries
report having
a national
diabetes plan⁵

THE GLOBAL DIABETES SCORECARD

A key priority for IDF is to develop and extend the evidence-base on diabetes and the response to it in order to strengthen advocacy on behalf of people with diabetes. In partnership with Bupa, we have developed a Global Diabetes Scorecard to measure progress on the Political Declaration and other important global diabetes commitments and priorities.^{6,8}

The Scorecard contains the views of IDF's Member Associations on how far their national governments have progressed by December 2013 and sets the baseline for future monitoring.

From the start the Scorecard has been designed to mobilise Member Associations to engage in country-level monitoring of government commitments to diabetes. The Scorecard enables the global diabetes community to track and report progress on diabetes, to highlight areas of good practice and to identify areas that may need targeted advocacy to encourage government action.

METHODS

The indicators in the Scorecard were based on the commitments of the Political Declaration and the targets of the Global Monitoring Framework. The details were developed through consultations with an Informal Advisory Group, including IDF Regional Chairs, representatives of IDF Member Associations and external experts.

The Informal Advisory Group supported an online questionnaire to collect the data using the survey software Qualtrics. The closed-ended questions use globally applicable indicators, and space was provided to allow for further elaboration of answers.

The survey questions were designed to assess countries' activities and policies using a four-colour coding system, progressing from red to green. Each answer to a question corresponded to a pre-determined level of progress. For example, the answers to the question on national diabetes plans scored red for 'no plan', orange for a plan that is not implemented, yellow for a partially implemented plan and green for fully implemented. The full survey is available in the appendix.

37

countries
report
adopting
the Global
Monitoring
Framework

6. A/RES/61/225, *World Diabetes Day*. 18 January 2007.
7. International Diabetes Federation. *International Charter of Rights and Responsibilities of People With Diabetes*. IDF, Brussels, 2011.
8. International Diabetes Federation. *Global Diabetes Plan 2011-2021*, September 2011.

The Scorecard survey consisted of 35 questions in the following 6 sections, with the detailed areas of investigation set out in the brackets:



National plans and policies, including prevention policies (national diabetes plans and strategies; national NCD plans; policies to limit intake of fat; sugar and salt; and policies to promote physical activity);



Health systems and access to care (provision of services for prevention, diagnosis, treatment and prevention of secondary complications; provision of self-management education; specialised services for vulnerable populations; and percentage of cost of services covered);



Monitoring and surveillance systems (formalised monitoring and data collection on diabetes-related indicators, such as diabetes prevalence and risk factors);



Government budgeting and finance for diabetes (allocation of government funding for diabetes and, if funding exists, whether it is directed towards prevention or treatment);



Engagement and rights (the extent to which government is engaging the local Member Associations in policy making, and whether the government has enacted laws or charters to protect the rights of people with diabetes);



National adoption of the Global Monitoring Framework for NCDs.

DATA COLLECTION AND RESPONSES

In October 2013, all existing Member Associations of IDF were sent an invitation to participate in the online Scorecard survey. In addition, to promote participation in the project, IDF held an interactive workshop at the World Diabetes Congress in December 2013. The aim of the workshop was to provide in-person assistance to support completing the survey as accurately and completely as possible.

Prior to the workshop, 36 Member Associations had completed the survey online. Approximately 100 of them attended the workshop in Melbourne, where some verified and clarified their previously submitted responses, and others completed a paper version of the survey for the first time.

When the survey submission period ended in December 2013, a total of 104 country surveys had been received. These responses were analysed to be included in the Scorecard report. In some cases, Member Associations from the same country collaborated on answering the questions and a total of 125 participated in the project (see full list in the Appendix).

14

countries have integrated diabetes self-management education into care

ANALYSIS

The survey was analysed using a point-based system. Each answer was assigned a colour code, based on the level of progress and implementation.

The points were added up for each section, and each section given an overall colour based on the points accrued. Sections on plans and policies and health systems had more total points available.

The data for each country were colour coded and the scores calculated separately by two analysts. In a few cases, further clarification on some answers was sought from the Member Association. Those who participated in the survey were given the opportunity to preview and verify the information contained on their country page in this report. Full details of the scoring system and points per section are available in the appendix.

The relative decrease in diabetes-related mortality that was associated with an increase in diabetes-related health expenditures was calculated using a linear regression controlling for gross domestic product, with region and life expectancy as fixed effects. The analysis was based on data from the World

Bank, the sixth edition of the *IDF Diabetes Atlas*, and the *2012 Revision of the UN World Population Prospects*.

When reading each country report it should be noted that some descriptions are similar, even if the colour awarded is different. This arises in countries that achieved a score close to the cut-off point of a banding: for example, countries that achieved a low green score may be described similarly to those who achieved a high yellow score.

AT A GLANCE FIGURES

The summary country page also provides information from the sixth edition of the *IDF Diabetes Atlas* under 'At a glance'. This information includes diabetes prevalence, health expenditures per person with diabetes, diabetes-related deaths and number of people with undiagnosed diabetes.

The symbol (*) in the 'At a glance' tables means that the estimate of diabetes prevalence is based on extrapolation from similar countries.

44%

of
governments
have taken
no action on
rights

SUMMARY OF FINDINGS

The knowledge and views that IDF's Member Associations have provided for the Scorecard have helped create a comprehensive picture of governments' responses to the challenge of diabetes. Health systems and provision of treatment have been identified as an area of strength across regions and most countries. Although treatment, including government funding for diabetes treatment and testing supplies, was frequently an area of relative strength in most countries, a number also reported that the level provided is still not enough to cover the people with diabetes living in that country.

Prevention, including funding for prevention programmes, has been identified as an area needing improvement across most regions and countries. Preventive nutrition and physical activity policies are particularly lacking, with few countries having comprehensive or fully implemented policies. Given the importance of nutrition and physical activity in preventing type 2 diabetes, this is an area of urgent need.

Diabetes self-management education is also limited or not fully integrated with the care process in the vast majority of countries. Self-management education is critical for the prevention of costly and debilitating secondary complications of diabetes.

Funding for diabetes was often cited as inadequate, and though a policy or plan may be in place it is very often not fully funded and therefore not fully implemented.

Monitoring and surveillance systems are extremely mixed throughout the regions, with some countries having fully-fledged systems in regular operation, and other countries just beginning to monitor and collect data formally.

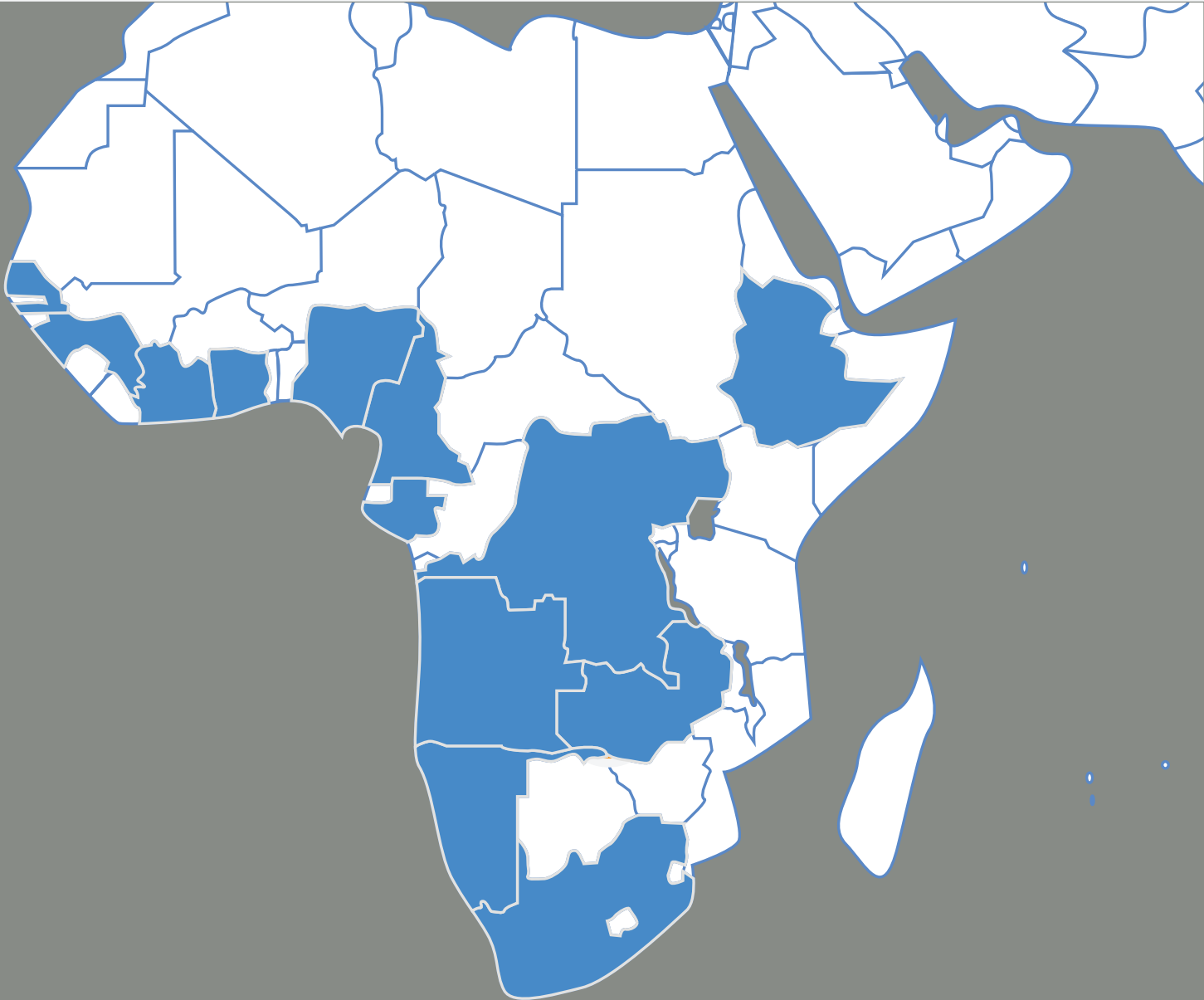
It is clear from the data collected that progress on the Global Monitoring Framework for NCDs is at an early stage. Only 37 out of 104 countries surveyed have adopted it for use at the national level.

Overall, as expected, there was vast variation in government policies for diabetes between and within regions. Most countries scored either orange or yellow, indicating that progress is being made but many areas of the *Political Declaration* and Global Monitoring Framework will require significant work to reach a level of desired progress.

When interpreting these findings it is important to note that a "green" on the Scorecard represents a range of good practices – and many countries may be unable to attain that level at this time.

28
countries
report not
having
preventive
nutrition
policies

AFRICA REGION



AFRICA at a glance (2013)

Adult population (20-79) in millions	408	Diabetes expenditure / person with diabetes (USD)	202
Diabetes cases (20-79) in millions	19.8	Diabetes related deaths (20-79)	522,631
Diabetes regional prevalence (%)	4.8	Number of people with undiagnosed diabetes (20-79) in millions	12.4

The Africa Region (AFR) is facing a health timebomb with diabetes having an increasing impact on people of working age. In Africa more than three-quarters of deaths due to diabetes in 2013 were in people under the age of 60.

With diabetes hitting people in the prime productive years, the threat to Africa's economic development is clear. Currently around 20 million people have diabetes – a prevalence of 4.9% - but over the next two decades the number of people with diabetes is expected to more than double, threatening many of the development gains Africa has achieved.

The challenge for governments is to strengthen existing health systems to improve health for people currently with diabetes and to prevent the projected almost two-fold increase in diabetes prevalence.

According to the data from IDF Member Associations in the Region, the majority of countries in Africa are beginning to make progress in responding to diabetes and score in the low to middle range of the colour spectrum. It appears from the Scorecard analysis that many African countries need to take a stronger strategic approach to diabetes. The majority of countries obtain low scores for national plans and policies.

Prevention policies in the Region are extremely varied and preventive nutrition policies are rarely comprehensive or fully implemented.

Policies for marketing to children are rare, but are reported to be under development in a number of countries. While physical activity policies are more common, they are often only partially implemented. Diabetes self-management education is limited in the vast majority of countries.

Health system policies are the strongest performing area in the AFR countries with the majority of governments scoring in the middle of the colour spectrum. Monitoring and surveillance systems are emerging, with half of the countries reporting partial implementation. Four countries in the Region have implemented the WHO STEPwise approach to chronic disease risk factor surveillance (<http://www.who.int/chp/steps/manual/en/>). However, even in these stronger areas very few countries in the Region obtain high scores.

The majority of countries also score orange or yellow for their budgeting and finance policies, demonstrating they are putting resources into dealing with the challenge. However, the funding remains inadequate. The sixth edition of the *IDF Diabetes Atlas* reports that at USD 4 billion, AFR has the lowest health expenditures of any of the IDF Regions. The majority of countries achieve moderated scores in the area of rights and empowerment.

Approximately half of the countries in the Region have so far adopted the Global Monitoring Framework for NCDs.

17

AFR countries provided their input to this survey

59%

report having a national diabetes plan*

47%

have adopted the Global Monitoring Framework

29%

report not having any preventive nutrition policies

*full or partial implementation



CAMEROON

Cameroon's stronger performance comes in its policies on health systems and access, while monitoring and surveillance are weak. The Member Association reports that basic practice in the monitoring of blood glucose is not appropriate as the provision of affordable testing materials is inadequate. Policies on nutrition need to be implemented.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.4%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Cameroon has a fully implemented national diabetes plan and a partially implemented NCD plan. One Ministry in addition to Ministry of Health is introducing NCD policies and the Government has developed policies on nutrition – except for saturated and trans fats. Only the policy on sugar is fully implemented, while that on physical activity is partially implemented.



In Cameroon the health system provides self-management education as an integral part of diabetes care and specialised services are available for women. Services are provided for prevention, diagnosis, treatment and prevention of secondary complications, but not universally: less than 20% of the population has insurance.



There is no framework for monitoring and surveillance of diabetes in Cameroon.



The Government allocates funding for diabetes as part of general NCD funding but subsidises only self-monitoring of blood glucose and insulin.



The Member Association is minimally engaged in policy-making. No Government action taken on rights.



Global Monitoring Framework:
Not adopted.

CAMEROON at a glance (2013)

Adult population (20-79) in 1000s	10,199.41	Diabetes expenditure / person with diabetes (USD)	116
Diabetes cases (20-79) in 1000s	497.98	Diabetes related deaths (20-79)	13,822
Diabetes raw national prevalence (%)	4.88	Number of people with undiagnosed diabetes (20-79) in 1000s	229.07



CONGO (REP. OF)

The Republic of Congo is performing more strongly on health systems and access policies than in other areas. The Member Association reports that the health system remains weak due to lack of finances and political will. Existing plans need to be implemented and appropriate policies adopted to respond to the diabetes challenge. Stronger engagement with the Member Association could harness relevant expertise to support the needs of people with diabetes.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.7%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



There is a national plan for diabetes and another for NCDs, neither of which are implemented due to lack of funding. There are no policies on nutrition or promotion of physical activity.

There is no social security; healthcare and medicines need to be paid out of pocket by the people with diabetes. Services are provided for diagnosis, treatment, prevention of secondary complications and self-management education, although these are not universal. There are specialised services for women.



The Government has not introduced a framework for the monitoring and surveillance of diabetes. Plans have been developed but no action has been taken to implement them.

No public funding is allocated to diabetes or NCDs. A public-private partnership involving the Ministry of Health, Diabaction Congo and the World Diabetes Foundation supports a programme.



The Government offers minimal scope for engagement. Government actions are limited to information and awareness campaigns.

Global Monitoring Framework: Adopted.



REPUBLIC OF CONGO at a glance (2013)

Adult population (20-79) in 1000s	2,091.03	Diabetes expenditure / person with diabetes (USD)	146
Diabetes cases (20-79) in 1000s	114.57	Diabetes related deaths (20-79)	2,549
Diabetes raw national prevalence (%)	5.48*	Number of people with undiagnosed diabetes (20-79) in 1000s	52.70



CONGO (DEM. REP. OF)

The Democratic Republic of Congo is performing better in national plans and policies and in health systems and access than in other areas. The Member Association reports that there is significant inequality between Kinshasa, the capital, and rural areas of the country. Existing policies and plans need to be fully implemented and Government engagement with the Member Association could harness relevant expertise to support the needs of people with diabetes.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



The Government has introduced national diabetes and NCD plans, both partially implemented. There is a fully implemented policy to promote physical activity. Other policies on nutrition are only partially implemented.



The health system provides – but not universally – services for the prevention, early diagnosis, treatment of diabetes and prevention of secondary complications. There is only limited availability of self-management education. Specialised services are provided for pregnant women and people with type 1 diabetes.



The country has a framework for monitoring and surveillance of diabetes that includes incidence/prevalence of diabetes, level of salt intake and harmful use of alcohol. It is not routinely implemented and receives little political support.



The Member Association reports that information on funding is not made available.



The Member Association reports an absence of Government action in this field.



Global Monitoring Framework:
No information available.

DEMOCRATIC REPUBLIC OF CONGO at a glance (2013)

Adult population (20-79) in 1000s	29,663.00	Diabetes expenditure / person with diabetes (USD)	34
Diabetes cases (20-79) in 1000s	1,594.11	Diabetes related deaths (20-79)	33,280
Diabetes raw national prevalence (%)	5.37*	Number of people with undiagnosed diabetes (20-79) in 1000s	1,196.94



ETHIOPIA

Ethiopia is performing more strongly in monitoring and surveillance than in other areas. The Member Association reports that the work on NCDs and diabetes at Government level is in its infancy because the Government has only recently begun to understand the challenge and threat of diabetes in the country. The Member Association and NCD consortium is working closely with the Federal Ministry of Health and pressing for the adoption of the Global Monitoring Framework.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.2%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



National plans on diabetes and NCDs are in development in Ethiopia; there is an NCD focal unit at the Ministry of Health that has just begun to work on the response to diabetes and NCDs. Policies to regulate marketing of certain foods and beverages to children and to promote physical activity are in development.

Government funding only covers free services for people with a poverty certificate but the Member Association reports the costs in public facilities are very low. Services for treatment and prevention of secondary complications are not universally provided and there are no services for prevention and early diagnosis. Self-management education is limited, and no specialised services are provided for vulnerable groups.



The Government is developing a framework for the monitoring and surveillance of diabetes that will include: incidence/prevalence of obesity, premature mortality from NCDs, prevalence of raised blood pressure, as well as tobacco use and availability and affordability of essential NCD medicines and basic technologies.

The Government allocates funding for diabetes as part of the general health system budget. Only insulin and oral medication for diabetes are currently funded, but the Government is working on funding for an awareness-raising programme to strengthen prevention.



The Member Association and other civil society groups contribute to policy-making. No Government action taken on rights.

Global Monitoring Framework: Not adopted.



ETHIOPIA at a glance (2013)

Adult population (20-79) in 1000s	42,487.79	Diabetes expenditure / person with diabetes (USD)	29
Diabetes cases (20-79) in 1000s	1,852.23	Diabetes related deaths (20-79)	34,262
Diabetes raw national prevalence (%)	4.36 *	Number of people with undiagnosed diabetes (20-79) in 1000s	1,390.75



GAMBIA

Gambia's best performance comes in the segment covering policies for health systems and access. Major progress is required to develop appropriate policies and a system of monitoring if Gambia is to meet the challenge of diabetes. Stronger engagement with the Member Association could harness relevant expertise to support the needs of people with diabetes.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.3%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Gambia has a national diabetes plan in the process of development. There are no policies on nutrition, promotion and access to healthy food or marketing to children, but policies to promote physical activity are in development. One other Ministry apart from Health is introducing NCD policies.



The health system provides - but not universally - services for the treatment of diabetes and prevention of secondary complications. However, below 50% of the cost is covered. Diabetes self-management education is only available on a limited basis. Services are not provided for prevention, early diagnosis or for vulnerable population groups.



Gambia has no framework for the monitoring and surveillance of diabetes.



Diabetes services are only funded within general health service provision.



The Government offers minimal scope for engagement. No Government action on rights and discrimination.



Global Monitoring Framework:
No information available.

GAMBIA at a glance (2013)

Adult population (20-79) in 1000s	800.25	Diabetes expenditure / person with diabetes (USD)	50
Diabetes cases (20-79) in 1000s	12.40	Diabetes related deaths (20-79)	205
Diabetes raw national prevalence (%)	1.55	Number of people with undiagnosed diabetes (20-79) in 1000s	9.31



GHANA

Ghana is performing more strongly in policies for health systems and access, monitoring and surveillance and budget and financing than in other areas. The Member Association reports that Ghana does not have guidelines for the management of NCDs. To meet the challenge of diabetes the Government should introduce appropriate policies and enforce those already in place, strengthen the monitoring and surveillance and extend services for prevention of secondary complications, as well as for diabetes self-management education.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Ghana is developing a national diabetes plan; a national NCD plan exists but is not implemented. One Ministry in addition to the Ministry of Health is introducing NCD policies. The Government is partially enforcing policies to produce healthy food and to regulate marketing of certain foods and beverages to children. There are no policies to promote physical activity.

The health system provides universal services for diabetes treatment. Services for prevention, early diagnosis, prevention of secondary complications and self-management education are provided with limited availability. No specialised services are provided for any vulnerable population group and less than 50% of the cost of services is covered.



Ghana has a framework for the monitoring and surveillance of diabetes but it is not routinely implemented. This framework includes incidence/prevalence of diabetes and prevalence of raised blood pressure.

The Government allocates funds from the general health system budget for diabetes. Funding includes diabetes prevention and early diagnosis. The Ministry of Health supports diabetes awareness month and World Diabetes Day celebrations.



The Member Association contributes to policy-making. No Government action on rights and discrimination.

Global Monitoring Framework:
No information available.



GHANA at a glance (2013)

Adult population (20-79) in 1000s	13,125.24	Diabetes expenditure / person with diabetes (USD)	123
Diabetes cases (20-79) in 1000s	440.00	Diabetes related deaths (20-79)	8,529
Diabetes raw national prevalence (%)	3.35 *	Number of people with undiagnosed diabetes (20-79) in 1000s	330.38



GUINEA

Guinea is beginning to take action to respond to the challenge of diabetes and there are positive aspects in its policies on health systems and access. The Member Association reports that, thanks to a public-private partnership, insulin is guaranteed to children and the price has significantly reduced for people with type 2 diabetes. Official engagement with the Member Association could harness expertise to support progress.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.2%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Guinea has a partially implemented national diabetes plan; a national NCD plan exists but has not been implemented. There are some partially implemented policies on the production of and access to healthy food and the promotion of physical activity. There are no policies to regulate marketing of certain food and beverages to children or to limit ingredients such as salt and sugar.



Services for the full range of diabetes care and prevention, as well as for the prevention of secondary complications are provided but not universally. Self-management education is an integral part of diabetes care and specialised services are available for indigenous people, pregnant women and children under five. The Government does not cover costs.



There is a framework for the monitoring and surveillance of diabetes that includes prevalence of premature mortality caused by NCDs but it is not routinely implemented.



A social security health system does not exist. However, the Government allocates funds from the general NCDs budget to diabetes. Funding covers early diagnosis, treatment and the prevention of secondary complications of diabetes.



The Government does not engage the Member Association in policy-making. No Government action on rights and discrimination.



Global Monitoring Framework: Adopted.

GUINEA at a glance (2013)

Adult population (20-79) in 1000s	5,488.95	Diabetes expenditure / person with diabetes (USD)	50
Diabetes cases (20-79) in 1000s	215.84	Diabetes related deaths (20-79)	3,965
Diabetes raw national prevalence (%)	3.93	Number of people with undiagnosed diabetes (20-79) in 1000s	162.06



KENYA

Kenya is taking some significant action across all areas. The Member Association reports a range of challenges including gestational diabetes, diabetic ketoacidosis, diabetes in children, chronic kidney disease and amputations. Strengths within the system are the quality of self-management education, efforts to raise awareness and the national diabetes programme. Services are being devolved to bring them closer to people with diabetes and involve them in improving quality and access.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.3%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Kenya has a fully implemented inter-Ministry diabetes plan. A NCD plan exists but has not been implemented. A range of policies on nutrition exist: those for saturated and trans fats have been fully implemented but those on the production of and access to healthy food only partially. Other policies are being developed.

The health system provides a range of services for diabetes care and prevention. However, only 50% of health costs are covered via cost-sharing in public hospitals and there is limited availability of self-management education. Specialised services exist for women, rural poor, elderly, refugees, displaced people and infants of mothers with diabetes.



A framework for diabetes monitoring and surveillance exists but is not routinely implemented. It includes: diabetes incidence/prevalence, prevalence of obesity, high blood pressure and tobacco use, level of physical inactivity and harmful use of alcohol. A WHO STEPS survey is underway.

The diabetes plan is funded by the World Diabetes Foundation through a public-private partnership. The Government allocates funds for diabetes as part of the general NCD budget and covers prevention, treatment and prevention of secondary complications.



The Member Association contributes to policy-making. A Parliamentary Bill including the protection of rights of people with diabetes is in progress.

Global Monitoring Framework: Adopted.



KENYA at a glance (2013)

Adult population (20-79) in 1000s	20,908.23	Diabetes expenditure / person with diabetes (USD)	61
Diabetes cases (20-79) in 1000s	749.25	Diabetes related deaths (20-79)	20,350
Diabetes raw national prevalence (%)	3.58	Number of people with undiagnosed diabetes (20-79) in 1000s	562.57



NIGERIA

Nigeria's strongest performance is in the monitoring and surveillance of diabetes, while the weakest is in its financial support of diabetes services. The Member Association reports that all the Federation states have adopted and approved a national NCD policy and plan in late 2013, which will now be implemented. Stronger official engagement with the Member Association could harness relevant expertise to support the needs of people with diabetes.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Nigeria has partially implemented national diabetes and NCDs plans and there is cross-Government discussion of policies. Policies on saturated and trans fats, salt and sugar as well as the production of and access to healthy food are in development. Policies to promote physical activity exist but are only partially implemented.



The health system provides – but not universally – services for diagnosis, treatment and the prevention of secondary complications. Self-management education is available on a limited basis and there are no services for diabetes prevention or for vulnerable population groups. The health system covers less than 50% of the costs.



The Nigerian Government is developing a framework for the monitoring and surveillance of diabetes. It will include diabetes incidence/prevalence and incidence of raised blood pressure and tobacco consumption.



The Government allocates minimal funding for diabetes but has recently started to provide free insulin for homeless people with type 1 diabetes.



The Government offers limited scope for engagement. There have been official information and awareness campaigns but no action rights.



Global Monitoring Framework: Adopted.

NIGERIA at a glance (2013)

Adult population (20-79) in 1000s	78,628.36	Diabetes expenditure / person with diabetes (USD)	137
Diabetes cases (20-79) in 1000s	3,921.50	Diabetes related deaths (20-79)	105,091
Diabetes raw national prevalence (%)	4.99 *	Number of people with undiagnosed diabetes (20-79) in 1000s	1,803.89



RWANDA

Rwanda's best performance is in policies relating to health systems and access, while other areas – especially monitoring and surveillance – are weak. The Member Association reports that a range of activities and initiatives on NCDs have been developed, but an appropriate national policy is lacking. The Government needs to make progress on relevant plans and ensure appropriate monitoring and surveillance.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Rwanda has diabetes and NCD plans in development and some cross-Government involvement in introducing NCD policies. A National NCD Office has been established. Policies exist to promote access to healthy food and physical activity but are only partially enforced. Regulations on marketing to children are in development.



Insurance covers 90% of primary care costs. The health system provides services for the prevention, early diagnosis and treatment of diabetes (only insulin, glibenclamide and metformin) but not universally. Availability of diabetes self-management education is limited. Services are not provided for the prevention of secondary complications or for vulnerable population groups.



There is no framework for the monitoring and surveillance of diabetes in Rwanda.



The Government allocates funding for diabetes as part of the general health system budget.



The Member Association contributes to policy-making through consultations or regular meetings.



Global Monitoring Framework: Adopted.

RWANDA at a glance (2013)

Adult population (20-79) in 1000s	5,339.84	Diabetes expenditure / person with diabetes (USD)	109
Diabetes cases (20-79) in 1000s	234.00	Diabetes related deaths (20-79)	5,464
Diabetes raw national prevalence (%)	4.38 *	Number of people with undiagnosed diabetes (20-79) in 1000s	175.70



SENEGAL

Senegal's stronger performances come in its policies on the health system and access and the monitoring and surveillance of diabetes. The Member Association reports that the Government is very aware of the economic and social consequences of diabetes in the country and has good will but funding is insufficient.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Senegal has a partially enforced NCD plan and some cross-Government action on NCDs. A diabetes plan exists but is not implemented. Some policies on nutrition are partially implemented; others to promote the production of and access to healthy food and to regulate marketing to children exist but are not implemented. There are fully enforced policies to promote physical activity.



The health system provides comprehensive services for diabetes care and prevention but not universally. Specialised services are provided for women, indigenous people, rural poor and people in vulnerable situations. Provision of self-management education is limited. Retired civil servants and children under 5 years old receive cover for health care.



A framework for the monitoring and surveillance is in development. The framework is comprehensive and includes most relevant indicators.



The Government allocates funds for diabetes from the general health system budget. Treatment and awareness and educational activities are covered.



No information available.



Global Monitoring Framework:
No information available.

SENEGAL at a glance (2013)

Adult population (20-79) in 1000s	6,432.60	Diabetes expenditure / person with diabetes (USD)	116
Diabetes cases (20-79) in 1000s	208.59	Diabetes related deaths (20-79)	3,474
Diabetes raw national prevalence (%)	3.24 *	Number of people with undiagnosed diabetes (20-79) in 1000s	156.62



SOUTH AFRICA

South Africa is performing more strongly in policies of health systems and access. The Member Association reports that, although the Government has taken a great interest in NCDs, it is still much more focused on tuberculosis and HIV. Policies have been much discussed but they have not yet been implemented. A monitoring framework should be introduced.

Some diabetes-related deaths (3.6%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



South Africa is developing diabetes and NCD plans and there is some cross-Government discussion of policies. A policy to limit salt is partially implemented; others on saturated and trans fats, sugar and promotion of physical activity are in development. No policies exist on production of and access to healthy food or regulation of marketing to children.



The health system provides comprehensive services for diabetes care and prevention, but implementation is not universal due to lack of funds or maladministration. The Member Association reports that the quality of treatment is poor. The system covers between 50 and 80% of the cost. Self-management education is limited and there are no specialised services for vulnerable population groups.



There is no framework for the monitoring and surveillance of diabetes in South Africa.



The Government allocates funding for diabetes as part of the general NCD budget. NGOs receive no economic support from the Government for diabetes education, prevention or supplies.



The Government offers minimal scope for engagement. No Government action taken on rights.



Global Monitoring Framework: Not adopted.

SOUTH AFRICA at a glance (2013)

Adult population (20-79) in 1000s	31,983.32	Diabetes expenditure / person with diabetes (USD)	935
Diabetes cases (20-79) in 1000s	2,646.05	Diabetes related deaths (20-79)	83,114
Diabetes raw national prevalence (%)	8.27	Number of people with undiagnosed diabetes (20-79) in 1000s	1,217.18



TANZANIA (UNITED REP. OF)

Tanzania is making some progress, especially on monitoring and surveillance. The Government is trying to respond to the diabetes challenge through the health system but the funding allocated does not meet the needs. The Government should make a start on policies to promote healthy eating and physical activity and introduce laws to protect people with diabetes who can face discrimination and stigma.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.2%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Tanzania has partially implemented national diabetes and NCDs plans; the NCD Strategy developed in 2008 is now being revised. There is some cross-Ministry work on the issue. There are no policies on nutrition and the regulation of marketing to children is in development. Physical activity is only part of the primary school curriculum.



All people with diabetes are exempt from cost-sharing in public health facilities and the National Health Insurance Fund covers all diabetes medicines and blood glucose test strips for employees in public institutions. Treatment and the prevention of secondary complications are universally provided; prevention and diagnosis are not. Availability of self-management education is limited.



Tanzania has a comprehensive framework covering most relevant diabetes indicators. This is implemented through both a routine survey and a WHO STEPS survey.



The Government allocates funding for diabetes as part of the general health system budget, but this only covers treatment.



The Member Association participates in policy-making. No Government actions taken to protect people with diabetes.



Global Monitoring Framework: Not adopted.

TANZANIA at a glance (2013)

Adult population (20-79) in 1000s	21,870.03	Diabetes expenditure / person with diabetes (USD)	63
Diabetes cases (20-79) in 1000s	1,706.93	Diabetes related deaths (20-79)	47,144
Diabetes raw national prevalence (%)	7.80	Number of people with undiagnosed diabetes (20-79) in 1000s	1,281.65



TOGO

Togo is performing strongly on monitoring and surveillance of diabetes. The Member Association reports that a WHO STEPS survey was conducted in 2010; the next one is due in 2014. To respond to the diabetes challenge the Government needs to allocate more resources for diabetes prevention and control and mobilise all national actors.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.4%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Togo has a Strategic Plan on NCDs in the process of implementation and a national diabetes plan partially implemented. The new health policy integrates the prevention and control of NCDs. There are no policies on nutrition but a policy to promote physical activity is partially implemented. There is some cross-Government discussion of NCD policies.



The health system provides comprehensive services for diabetes. However, only civil servants have the costs partially covered and the majority of people cannot afford the services. Specialised services are provided for women, rural poor and vulnerable groups, such as children and people with HIV. Availability of self-management education is limited.



Togo has a comprehensive framework for the monitoring and surveillance of diabetes that is routinely implemented. Figures for all indicators are gathered through a WHO STEPS survey.



The Government allocates funding for diabetes as part of the general health system budget, providing no information on the amount. The Member Association reports this budget is inadequate, which makes the implementation of early detection and management programmes impossible.



The Member Association participates in policy-making. No Government actions on rights.



Global Monitoring Framework: Adopted.

TOGO at a glance (2013)

Adult population (20-79) in 1000s	3,234.46	Diabetes expenditure / person with diabetes (USD)	74
Diabetes cases (20-79) in 1000s	130.15	Diabetes related deaths (20-79)	2,516
Diabetes raw national prevalence (%)	4.02	Number of people with undiagnosed diabetes (20-79) in 1000s	97.72



UGANDA

Uganda needs to make progress in a range of areas if it is to respond effectively to the challenge of diabetes. The Member Association reports that the Government priority is communicable diseases. However, relevant experts and policy officers in the Ministry of Health have drafted a NCD plan: it will be debated in Parliament, following discussion in the Ministry of Health.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.3%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Uganda's NCD policy is being discussed. A national diabetes plan plus a set of policies on nutrition, regulation of marketing and physical activity are also in development. So far only the Ministry of Health has been involved in developing relevant policies.



The health system provides a full range of diabetes care and prevention services – but not universally. Self-managed education is provided on a limited basis. Less than 50% of the costs are covered, as the Government's health spending priority is communicable diseases. There are no specialised services for vulnerable population groups.



There is no framework for the monitoring and surveillance of diabetes indicators and actions in Uganda.



The Government allocates funding for diabetes treatment as part of the general health system budget. Public funding for NCDs is very small and only enough to run the NCD Office at the Ministry of Health - most of the funds come from WHO and NGOs.



The Member Association participates in policy-making and raises awareness among the population. No Government actions on rights.



Global Monitoring Framework: Not adopted.

UGANDA at a glance (2013)

Adult population (20-79) in 1000s	15,106.73	Diabetes expenditure / person with diabetes (USD)	79
Diabetes cases (20-79) in 1000s	625.05	Diabetes related deaths (20-79)	21,461
Diabetes raw national prevalence (%)	4.14 *	Number of people with undiagnosed diabetes (20-79) in 1000s	469.32



ZAMBIA

Zambia is making progress on responding to the diabetes challenge. Monitoring is strong and action is being taken across Government to develop policies. The Member Association hopes that the NCD Strategic Plan will scale up services and provide more trained health care professionals. Most diabetes and NCD medicines are included in the new essential list from the Government, which is expected to improve availability.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.5%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Zambia introduced a National NCD Strategy Plan in 2013 and it is now partially implemented. The NCD Unit at the Ministry of Health plans diabetes prevention activities. Many Ministries have introduced NCD policies, including fully enforced policies to regulate food and beverage marketing to children and partially implemented policies on promoting physical activity. Other policies on the production of and access to healthy food are in development.



The health system provides the full range of diabetes care and prevention services – although not universally. Specialised services are available for women but provision of self-management education is limited. Between 50 and 80% of the costs of diabetes care or services are covered.



Zambia has a fully implemented framework for the monitoring and surveillance of diabetes covering most relevant diabetes indicators. This is implemented through a WHO STEPS survey and the indicators will be included in the National Health Surveillance Systems.



Funding for diabetes comes from the general NCD budget: prevention and control programmes are covered, but limited by available funds. The Ministry of Health's NCD Unit also plans annual diabetes activities but the inadequate scale of the funding limits the interventions.



The Member Association contributes to policy-making. General laws on protecting people with disabilities exist.



Global Monitoring Framework: Adopted.

ZAMBIA at a glance (2013)

Adult population (20-79) in 1000s	6,137.26	Diabetes expenditure / person with diabetes (USD)	161
Diabetes cases (20-79) in 1000s	193.92	Diabetes related deaths (20-79)	7,599
Diabetes raw national prevalence (%)	3.16 *	Number of people with undiagnosed diabetes (20-79) in 1000s	145.60



ZIMBABWE

Zimbabwe is making progress on diabetes treatment and is beginning to develop a monitoring framework but the country needs to move forward on national plans and policies to respond to the challenge of diabetes. The Member Association reports that the Ministry of Health is now recognising its work, but no financial support is provided and limited information is available to it.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.2%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Zimbabwe has a partially implemented diabetes plan and a national NCD plan in development, both of them elaborated without consulting the Member Association. There are some partially implemented policies on the production of and access to healthy food.



The health system provides universal services for treatment and for specific population groups, including women, indigenous people and rural poor. However, less than 50% of costs are covered. Services for prevention, diagnosis and treatment are provided, though not universally, and self-management education is of limited availability.



A framework for the monitoring and surveillance of diabetes is in development. The intention is that this will include most relevant diabetes indicators.



Funding for diabetes comes from the general NCDs budget; it includes prevention and early diagnosis. However, the Member Association reports that figures are not available.



The Government offers minimal scope for engagement, although the Ministry of Health recognises the Member Association's work on diabetes.

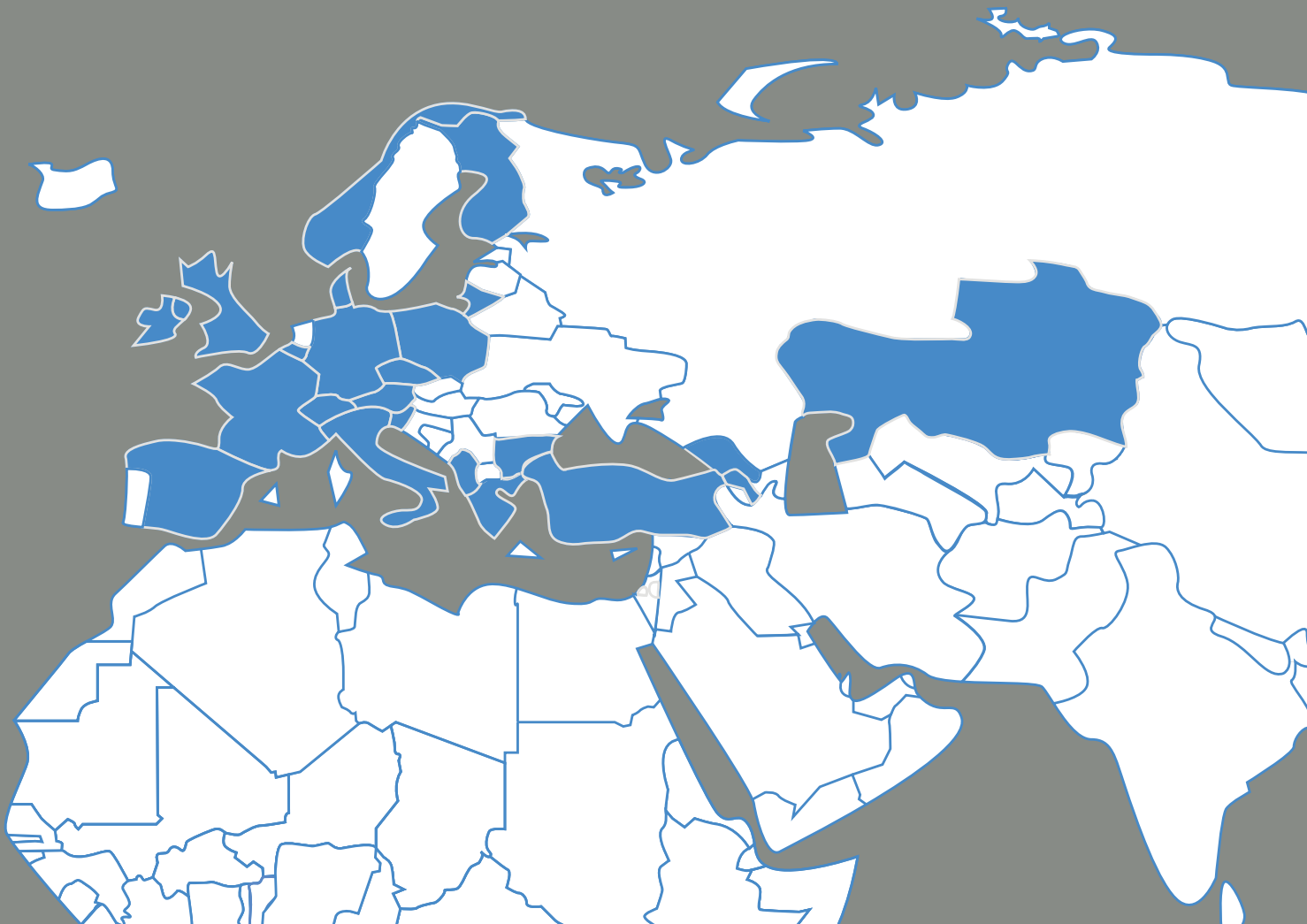


Global Monitoring Framework: Adopted.

ZIMBABWE at a glance (2013)

Adult population (20-79) in 1000s	6,799.80	Diabetes expenditure / person with diabetes (USD)	54
Diabetes cases (20-79) in 1000s	600.67	Diabetes related deaths (20-79)	31,347
Diabetes raw national prevalence (%)	8.83	Number of people with undiagnosed diabetes (20-79) in 1000s	451.01

EUROPE REGION



EUROPE at a glance (2013)

Adult population (20-79) in millions	659	Diabetes expenditure / person with diabetes (USD)	2,615
Diabetes cases (20-79) in millions	56.3	Diabetes related deaths (20-79)	619,847
Diabetes regional prevalence (%)	8.5	Number of people with undiagnosed diabetes (20-79) in millions	20.1

Across the Europe Region (EUR) approximately 56 million people have diabetes – a prevalence of 8.5%. In the next two decades, the number of people with diabetes is expected to increase by more than 20%. The challenge for governments across Europe is to maintain their health systems and increase preventive policies in the context of an ageing population.

According to the data from IDF Member Associations in the Region, the majority of countries in Europe are making progress in responding to diabetes achieving a moderate score. In general, the Member Associations throughout the Region expect a high level of official response to the epidemic and are of the opinion that their governments could take stronger action on diabetes. The scores reflect this.

It appears from the analysis that many European countries need to take a stronger strategic approach to diabetes. Approximately a third of the countries do not have a national diabetes plan and only one country reports a plan that is fully implemented.

Prevention policies are mixed, with most countries having policies that are partially implemented or in development. Policies regulating marketing to children are less common and, while physical activity policies are more prevalent, they are often only partially implemented. Diabetes self-management education is limited in half of the countries.

Health system policies are the strongest performing area in the EUR countries, with the overwhelming majority of governments achieving high scores within this area. Monitoring and surveillance systems are also an area of strength, with five countries in the highest level of performance.

The majority of countries also achieve high scores for their budgeting and finance policies. However, the sixth edition of the *IDF Diabetes Atlas* reports wide variation in Europe in the amount of healthcare spending on diabetes.

Nine of the countries in the Region have so far adopted the Global Monitoring Framework for NCDs.

24

EUR countries provided their input to this survey

42%

report having a national diabetes plan*

5

have integrated diabetes self-management education

29%

report not having any preventive nutrition policies

*full or partial implementation



ALBANIA

Albania is making progress in some areas but a national diabetes plan still needs to be developed. The Member Association reports that, although diabetes is one of the most prevalent diseases, it has not been in the focus of the Ministry of Health until recently.

Some diabetes-related deaths (2.4%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



There is no national diabetes plan but a national NCD plan is in development. Policies to limit saturated and trans fat, salt and sugar and to promote physical activity and the access to healthy food are being developed by more than one Ministry apart from Health.



The health system universally provides diabetes treatment. Services for diagnosis and prevention of secondary complications are partially provided and self-management education is of limited availability. 50-80% of the cost of these services is covered. Services for prevention are not provided.



A framework for diabetes monitoring and surveillance is in development. It will include diabetes prevalence/incidence, prevalence of raised blood pressure and tobacco use, and availability and affordability of essential NCD medicines and basic technologies.



The National Institute of Insurance and Health Care is responsible of the reimbursement of diabetes medicines and services. The Member Association reports that, despite its advocacy efforts, test supplies are still not reimbursed.



The Government offers minimal scope for engagement. However, the situation has improved in the last three years and World Diabetes Day is now part of the national activities calendar of the Ministry of Health.



Global Monitoring Framework:
No information available.

ALBANIA at a glance (2013)

Adult population (20-79) in 1000s	2,155.27	Diabetes expenditure / person with diabetes (USD)	347
Diabetes cases (20-79) in 1000s	60.31	Diabetes related deaths (20-79)	833
Diabetes raw national prevalence (%)	2.80	Number of people with undiagnosed diabetes (20-79) in 1000s	21.15



ARMENIA

Armenia's stronger performance comes in its budget and financing, while the area of rights and empowerment remains weak. The Member Association reports that the Government provides insulin and other glucose-lowering medicines free to people with diabetes. Action on diabetes could be strengthened by the completion and implementation of diabetes and NCD plans.

Some diabetes-related deaths (1.2%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are in development and there is a good cross-Government approach to NCDs. Preventive measures include fully implemented policies on salt content of foods and promotion of physical activity, while several other policies are in development.

The health system provides – although not universally – services for diagnosis, treatment and prevention of secondary complications but not diabetes prevention. Between 50 and 80% of costs are covered. Specialised services are provided for people in vulnerable situations, although availability of self-management education is limited.



A framework for diabetes monitoring and surveillance is in development, including incidence/prevalence of diabetes, prevalence of obesity, tobacco use and level of salt intake. Type 1 and 2 diabetes are monitored by gender and age groups.

The Government allocates specific funding for diabetes, including early diagnosis and treatment.



The Government offers minimal scope for engagement but has developed information and awareness campaigns to support the rights of people with diabetes.

Global Monitoring Framework: Not adopted.



ARMENIA at a glance (2013)

Adult population (20-79) in 1000s	2,082.11	Diabetes expenditure / person with diabetes (USD)	187
Diabetes cases (20-79) in 1000s	54.95	Diabetes related deaths (20-79)	979
Diabetes raw national prevalence (%)	2.64 *	Number of people with undiagnosed diabetes (20-79) in 1000s	19.27



AUSTRIA

Austria's strength lies in its health system; services covering the spectrum of diabetes care are provided. The Member Association reports that there has been no action on protecting the rights of people with diabetes, the existing monitoring and surveillance framework needs consistent implementation, and policies on prevention should be implemented.

A large proportion (47.1%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Austria has national diabetes and NCD plans which are only partially implemented. There is some cross-Ministry work on NCDs. Austria has developed policies on promoting healthy nutrition and physical activity but they are only partially implemented.



The health system is performing at a high level. Universal services for prevention and treatment of diabetes, secondary complications and co-morbidities are provided. More than 80% of the cost of care is covered and specialised services are provided for pregnant women with diabetes. Self-management education is fully integrated into care.



There is a monitoring and surveillance framework; however, it is not routinely implemented.



The Member Association reports that the costs of diabetes-related services are covered by a mixture of direct Government funding and general/public insurance refunds.



The Government has not taken specific action to protect the rights of people with diabetes. No information on engagement provided.



Global Monitoring Framework: Not adopted.

AUSTRIA at a glance (2013)

Adult population (20-79) in 1000s	6,365.47	Diabetes expenditure / person with diabetes (USD)	5,498
Diabetes cases (20-79) in 1000s	589.93	Diabetes related deaths (20-79)	4,507
Diabetes raw national prevalence (%)	9.27	Number of people with undiagnosed diabetes (20-79) in 1000s	215.86



BELGIUM

EUR

Belgium’s strength lies in its policies on budget and financing, while progress needs to be made in national plans and policies to respond to the diabetes challenge. The Member Associations report there is no national coherent plan due to the different regional responsibilities for diabetes prevention and care.

A large proportion (46.5%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



There are no national diabetes or NCD plans. The Government has taken limited action to introduce preventive policies with only partially enforced policies on the production of healthy food and promotion of physical activity. There is no cross-Government focus on NCDs.



The health system universally provides services for early diagnosis, treatment and prevention of secondary complications – services for prevention are not universal and there is limited availability of self-management education. More than 80% of costs are covered but specialised services are not provided for vulnerable groups.



There is a fully implemented framework for diabetes monitoring and surveillance that includes availability and affordability of essential NCD medicines and basic technologies and coverage of multidrug therapy and counselling to prevent heart attacks and strokes.



The Government allocates specific funding for diabetes, including prevention, treatment and prevention of secondary complications. However, prevention and early diagnosis funding is not necessarily covered in the whole of Belgium, due to the different regional responsibilities.



The Government offers minimal scope for engagement. Laws are enforced to protect the rights of people with diabetes.



Global Monitoring Framework:
No information available.

BELGIUM at a glance (2013)

Adult population (20-79) in 1000s	7,984.75	Diabetes expenditure / person with diabetes (USD)	5,487
Diabetes cases (20-79) in 1000s	514.82	Diabetes related deaths (20-79)	4,160
Diabetes raw national prevalence (%)	6.45	Number of people with undiagnosed diabetes (20-79) in 1000s	188.37



BULGARIA

Bulgaria is making progress towards national plans and health system policies that provide for people with diabetes. However, funding is insufficient and more effort is needed to protect the rights of people with diabetes, as the Member Association reports these are currently insufficient and discrimination occurs. Existing prevention policies should be fully implemented.

Some diabetes-related deaths (4%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Bulgaria does not have a national diabetes plan. However, recent Member Association/Government collaborations may lead to one. There is a national NCD plan and some cross-Government NCD policy discussion. Action is being taken on nutrition, physical activity and marketing to children but policies are either not fully implemented or in development.



The health system provides - not universally - a full range of diabetes care and prevention services. More than half of the cost is funded but price and coverage varies for type 1 and type 2 diabetes. Self-management education is an integral part of diabetes care and specialised services are provided for women with diabetes.



There is a framework for monitoring and surveillance covering diabetes incidence/prevalence, obesity and raised blood pressure, but it is not routinely implemented.



The Member Association reports diabetes funding comes from the general health system but is insufficient; for instance, it does not provide for enough blood glucose testing strips. The funding covers early diagnosis, treatment and prevention of secondary complications.



The Government offers minimal scope for engagement. The Member Association reports that people with diabetes are covered by laws relating to labour and disabled persons.



Global Monitoring Framework: Adopted.

BULGARIA at a glance (2013)

Adult population (20-79) in 1000s	5,588.92	Diabetes expenditure / person with diabetes (USD)	545
Diabetes cases (20-79) in 1000s	426.69	Diabetes related deaths (20-79)	6,621
Diabetes raw national prevalence (%)	7.63	Number of people with undiagnosed diabetes (20-79) in 1000s	149.60



CZECH REPUBLIC

EUR

The Member Association in the Czech Republic describes a health system that supports people with diabetes and involves regular monitoring and surveillance. However, the national diabetes plan needs to be implemented and the Government could strengthen action on diabetes by enacting preventive nutrition policies and engaging more with civil society.

A moderate proportion (13.8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



The Czech Republic has a national diabetes plan but it is not implemented. There is some cross-Government discussion of NCD policies but no policies for nutrition or marketing to children have been adopted. The Member Association reports some diabetes-related grants but no direct Government-sponsored initiatives.



The health system provides the full range of diabetes care and prevention. Self-management education programmes exist but are not an integral part of care. Mandatory health insurance covers more than 80% of the cost of diabetes treatment. There are no specialised services for vulnerable populations.



A monitoring and surveillance framework is routinely implemented and covers diabetes incidence/prevalence, obesity, premature NCD mortality, raised blood pressure and NCDs medicines and technologies.



The Government allocates specific funding for diabetes. It covers prevention, early diagnosis, treatment and prevention of secondary complications.



The Government offers minimal scope for engagement. People with diabetes are protected under general rights laws.



Global Monitoring Framework:
No information available.

CZECH REPUBLIC at a glance (2013)

Adult population (20-79) in 1000s	8,190.15	Diabetes expenditure / person with diabetes (USD)	1,610
Diabetes cases (20-79) in 1000s	755.70	Diabetes related deaths (20-79)	7,619
Diabetes raw national prevalence (%)	9.23	Number of people with undiagnosed diabetes (20-79) in 1000s	276.51



DENMARK

Denmark is a high performing country with universal access to all aspects of diabetes care. Multiple prevention polices are in place and self-management education is available. The existing national diabetes plan could be updated and fully implemented, as the Member Association advocates. The monitoring and surveillance framework could be expanded.

A large proportion (54.8%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Denmark has national diabetes and NCD plans which have been partially implemented and there is a strong cross-Government approach to NCD policies. Policies related to sugar, trans fat, production of and access to healthy food and regulation of marketing to children are in place and fully enforced.



The health system provides services for prevention, early diagnosis, treatment and prevention of secondary complications, and more than 80% of the cost is covered. Self-management education is available and specialised services are provided for women.



A monitoring and surveillance framework is in place but not routinely implemented. It includes incidence/prevalence of diabetes, raised blood pressure, availability of NCD medicines and technologies, and the prevention of heart attack and stroke.



The Government allocates specific funding for diabetes which covers prevention, early diagnosis, treatment and prevention of secondary complications.



The Government invites the Member Association to participate in policy-making. Denmark has ratified the UN convention on discrimination of persons with disabilities.



Global Monitoring Framework: Adopted.

DENMARK at a glance (2013)

Adult population (20-79) in 1000s	4,041.69	Diabetes expenditure / person with diabetes (USD)	7,272
Diabetes cases (20-79) in 1000s	346.73	Diabetes related deaths (20-79)	3,208
Diabetes raw national prevalence (%)	8.58	Number of people with undiagnosed diabetes (20-79) in 1000s	126.87



FINLAND

Finland is taking significant action against diabetes and its health system provides extensive services. The Member Association reports that, although the Global Monitoring Framework has not formally been adopted, data is gathered through national surveys and new figures will be available in 2014. Areas for additional action include introducing more prevention services.

A large proportion (41.9%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national diabetes plan is fully implemented; a national NCD programme exists but has not been implemented. One Ministry in addition to the Ministry of Health has introduced NCD policies. Some policies on salt, sugar and saturated and trans fats are partially enforced; policies on regulating marketing to children and promoting physical activity are in development.



The health system provides universal services for early diagnosis, treatment and prevention of secondary complications; prevention services are partially provided. More than 80% of costs of services are covered. Self-management education is an integral part of diabetes care and specialised services are provided for women and indigenous people.



A framework for diabetes monitoring and surveillance exists but is not routinely implemented. It includes incidence/prevalence of diabetes and prevalence of premature mortality due to NCDs.



The Government allocates specific funding for diabetes, collected from gambling activities by Finland's Slot Machine Association (RYA); it includes treatment and prevention of secondary complications.



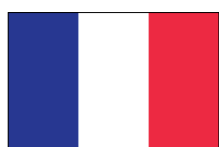
The Member Association contributes to policy-making. The Government has signed a patients' charter to protect the rights of people with diabetes.



Global Monitoring Framework: Not adopted.

FINLAND at a glance (2013)

Adult population (20-79) in 1000s	3,946.20	Diabetes expenditure / person with diabetes (USD)	4,547
Diabetes cases (20-79) in 1000s	349.14	Diabetes related deaths (20-79)	2,898
Diabetes raw national prevalence (%)	8.85	Number of people with undiagnosed diabetes (20-79) in 1000s	127.75



FRANCE

France has strong practices in monitoring and surveillance and a health system that covers most costs; areas for improvement include the completion of NCD and diabetes plans. The Member Association campaigns strongly in the field of health and social policies and works to mobilise key stakeholders to tackle the diabetes epidemic. It is pressing the Government to make diabetes a priority in the future Public Health Law.

A large proportion (47.7%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



France has no national diabetes or NCDs plans, but separate regional plans may operate. The Government has implemented policies to promote the production of and access to healthy food and taken some action to encourage physical activity. Preventive nutrition policies exist but the Member Association believes these should be strengthened.



The health system covers more than 80% of individual costs, but primary and secondary prevention strategies are not sufficiently developed. Services for diagnosis and treatment of secondary complications are not universally provided. Specialised services are available for people with NCDs, but self-management education struggles to develop as it is too hospital-centred.



A comprehensive monitoring and surveillance framework is routinely implemented and covers all relevant diabetes indicators.



The Member Association reports that public funding is allocated to diabetes as part of the general health budget. About 18.000 million euros are allocated yearly to diabetes treatment – this figure includes multiple chronic diseases.



The Member Association contributes to policy and is working for the inclusion of action on prevention in the new national strategy, currently under development



Global Monitoring Framework:
Not adopted.

FRANCE at a glance (2013)

Adult population (20-79) in 1000s	45,009.94	Diabetes expenditure / person with diabetes (USD)	5,406
Diabetes cases (20-79) in 1000s	3,374.70	Diabetes related deaths (20-79)	22,953
Diabetes raw national prevalence (%)	7.50	Number of people with undiagnosed diabetes (20-79) in 1000s	1,234.80



GEORGIA

Georgia is beginning to make some progress with the development of a NCD plan. Monitoring, prevention and early diagnosis services and self-management education are areas for improvement. The Member Association reports that recent Government changes may improve care and resources for people with diabetes.

Some diabetes-related deaths (2.5%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Georgia is developing a national NCD plan; however, there is no national diabetes plan. There is some cross-Government discussion of NCD policies, including the development of a policy to regulate marketing to children. No other nutrition regulation or physical activity policies are in place.



The health system provides some services for diabetes treatment and prevention of secondary complications but none for prevention and diagnosis. No costs are covered for the general population and self-management education programmes are limited. Specialised services are provided for refugees and internally displaced populations.



While there is no formal framework for monitoring and surveillance, the Member Association reports that raised blood pressure and tobacco use are being measured by NGOs or professional groups.



The Member Association reports that specific funding is allocated for diabetes, covering insulin, test strips and complications screening only for children and adolescents. State funding for the treatment of diabetes has been in place for the past three years.



The Government does not engage the Member Association in policy-making and has taken no action on rights.



Global Monitoring Framework: Adopted.

GEORGIA at a glance (2013)

Adult population (20-79) in 1000s	3,151.13	Diabetes expenditure / person with diabetes (USD)	383
Diabetes cases (20-79) in 1000s	93.42	Diabetes related deaths (20-79)	1,481
Diabetes raw national prevalence (%)	2.96 *	Number of people with undiagnosed diabetes (20-79) in 1000s	32.75



GERMANY

Germany is performing well in providing services and funding for diabetes treatment. There is no national diabetes plan as the Government is discussing the utility of such plans and considering other approaches. Preventive nutrition policies need strengthening and monitoring and surveillance should be incorporated into a formal framework and carried out regularly.

A large proportion (41.8%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Germany does not have a national diabetes or NCD plan although there is some cross-Ministerial discussion around introducing NCD policies. A policy to limit or eliminate trans fat is in development; however, there are no other nutrition or physical activity promotion policies in place.



The health system provides services for diabetes treatment and prevention of secondary complications (such as a foot screening programme) covering more than 80% of costs. No services are provided for prevention or early diagnosis. Self-management education programmes are available. The Member Association reports no regular financing for test strips for people with type 2 diabetes or oral hypoglycaemic.



While there is no formal framework for monitoring and surveillance, there are several single measures. These include incidence/prevalence of diabetes, obesity, salt intake, tobacco and prevention of heart attack and strokes.



Specific funding is allocated for diabetes treatment. People with NCDs are protected from paying more than 1% of their income for treatment.



The Member Association reports the Government is not receptive to engaging it in policy-making. A common law for patients' rights exists that protects people with diabetes.



Global Monitoring Framework: Adopted.

GERMANY at a glance (2013)

Adult population (20-79) in 1000s	63,281.33	Diabetes expenditure / person with diabetes (USD)	4,718
Diabetes cases (20-79) in 1000s	7,559.78	Diabetes related deaths (20-79)	62,460
Diabetes raw national prevalence (%)	11.95	Number of people with undiagnosed diabetes (20-79) in 1000s	2,766.12



GREECE

Greece is performing well in providing services through its health system and in protecting the rights of people with diabetes. To meet the challenge of diabetes the existing plans and policies, including the national diabetes plan, need to be fully implemented and monitoring and surveillance should be carried out regularly.

A large proportion (21.6%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Greece's national diabetes plan is only partially implemented and the NCD plan has not been implemented. There is some cross-Ministerial discussion of action on NCDs. Policies to regulate salt and promote the production of and access to healthy food exist but are only partially enforced, as are policies to regulate marketing to children and to promote physical activity.



The health system provides services for diabetes diagnosis and treatment, as well as the prevention of secondary complications. Preventive services are also provided but not universally. Between 50-80% of costs are covered and there is a wide range of specialised services for vulnerable populations. Availability of self-management education is limited.



Greece has a formal monitoring and surveillance framework but it is not routinely implemented. It covers a wide range of indicators including diabetes incidence and prevalence, obesity and raised blood pressure.



Funding for diabetes is part of general health system funding and covers prevention and treatment.



The Government engages the Member Association in policy-making and there are laws and regulations to protect the rights of people with diabetes.



Global Monitoring Framework: Not adopted.

GREECE at a glance (2013)

Adult population (20-79) in 1000s	8,336.17	Diabetes expenditure / person with diabetes (USD)	2,453
Diabetes cases (20-79) in 1000s	584.60	Diabetes related deaths (20-79)	4,906
Diabetes raw national prevalence (%)	7.01	Number of people with undiagnosed diabetes (20-79) in 1000s	213.91



IRELAND

Ireland is performing well with its health system and provision of treatment although appropriate policies and services for prevention are both needed. Current monitoring and surveillance could be strengthened by a formal framework and regular implementation. The national diabetes plan remains to be implemented.

A large proportion (47.2%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Ireland has a national diabetes plan; however, it has not been implemented. There is some cross-Ministerial discussion of action on NCDs. Preventive policies for nutrition and physical activity are not in place.



The health system provides universal services for diabetes treatment and prevention of secondary complications. Preventive and diagnostic services are also provided but not universally. More than 80% of costs are covered and self-management education is an integral part of diabetes care where available.



While Ireland does not have a formal monitoring and surveillance framework, individual surveillance is carried out on the availability of NCD medicines and technologies and the prevention of heart attacks and strokes.



The Member Association reports that funding is provided for early diagnosis and treatment, although it is inadequate to meet the needs.



The Government supports Member Association participation in policy-making. No information available on action to protect rights.



Global Monitoring Framework:
No information available.

IRELAND at a glance (2013)

Adult population (20-79) in 1000s	3,209.30	Diabetes expenditure / person with diabetes (USD)	5,598
Diabetes cases (20-79) in 1000s	207.49	Diabetes related deaths (20-79)	1,568
Diabetes raw national prevalence (%)	6.47 *	Number of people with undiagnosed diabetes (20-79) in 1000s	75.92



ITALY

Italy's health system is performing strongly and the monitoring and surveillance framework is regularly implemented. A national diabetes plan is in place but it needs to be fully implemented. Policies and services for preventing diabetes could be strengthened.

A large proportion (32.2%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



While Italy's national diabetes plan has been partially implemented, there is no NCD plan. Policies are in place and fully implemented for the production of healthy food, while policies on access to healthy food and marketing to children are partially implemented. No action has been taken to limit salt, sugar or fats.



The health system provides universal services for diabetes treatment and prevention of secondary complications and more than 80% of costs are covered. Prevention and diagnostic services are partially provided. Self-management education programmes exist and specialised services are available for women with diabetes and for people with multiple complications.



Italy has a formal monitoring and surveillance system that is regularly implemented and includes most relevant indicators.



The Member Associations report that the Government provides funding to cover more than 80% of the costs of diabetes-related services. However, resources are limited for research and there are delays in approving new medicines.



The Member Associations participate in policy making. Laws exist to protect the rights of people with diabetes but Member Associations report they are not adequately enforced.



Global Monitoring Framework:
No information available.

ITALY at a glance (2013)

Adult population (20-79) in 1000s	45,637.20	Diabetes expenditure / person with diabetes (USD)	3,501
Diabetes cases (20-79) in 1000s	3,626.04	Diabetes related deaths (20-79)	26,728
Diabetes raw national prevalence (%)	7.95	Number of people with undiagnosed diabetes (20-79) in 1000s	1,326.77



KAZAKHSTAN

Kazakhstan is performing well in the provision of services and funding for treatment. Self-management education and policies for prevention need strengthening. The country lacks a national diabetes plan and the Government could add additional components to the monitoring and surveillance framework.

A moderate proportion (4%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Kazakhstan is developing a national NCD plan and some Ministries apart from health are discussing NCD policies. There is no national diabetes plan. Policies to promote physical activity and some preventive nutrition policies are in place but only partially implemented.



The health system provides universal services for diabetes treatment while other elements of diabetes care are partially provided. More than 80% of costs are covered, but self-management education is limited. Specialised services are provided for women and indigenous people.



A monitoring and surveillance framework exists and is routinely implemented. It includes incidence/prevalence of diabetes, obesity, and premature mortality from NCDs.



The Government allocates specific funding for diabetes, which includes funding for treatment and early diagnosis.



The Member Association contributes to policy-making and the Government has legislated to protect the rights of people with diabetes.



Global Monitoring Framework: Adopted.

KAZAKHSTAN at a glance (2013)

Adult population (20-79) in 1000s	10,796.49	Diabetes expenditure / person with diabetes (USD)	655
Diabetes cases (20-79) in 1000s	526.01	Diabetes related deaths (20-79)	10,932
Diabetes raw national prevalence (%)	4.87 *	Number of people with undiagnosed diabetes (20-79) in 1000s	184.42



LITHUANIA

Lithuania is performing well in its health system policies and in the provision of diagnostic and treatment services. Policies and services for prevention should be enacted and implemented. Monitoring and surveillance is needed and funding for diabetes should be widened.

A moderate proportion (8.1%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Lithuania is developing a new national diabetes plan, as past plans are no longer in place or were not funded. Some Ministries are discussing introducing NCD policies. The Member Association reports no preventive nutrition policies but that a physical activity policy is in development.



The health system universally provides services for early diagnosis and treatment, while primary and secondary prevention services are provided but not universally. Self-management education programmes exist and specialised services are provided for women with diabetes. More than 80% of costs are covered through an obligatory insurance fund.



The Member Association reports that there is no monitoring and surveillance framework in Lithuania.



The Government allocates funding for diabetes as part of its funding for NCDs. The funding is provided for treatment only.



The Government offers minimal scope for engagement. A patient's rights charter exists to protect the rights of people with diabetes.



Global Monitoring Framework: Adopted.

LITHUANIA at a glance (2013)

Adult population (20-79) in 1000s	2,263.70	Diabetes expenditure / person with diabetes (USD)	1,142
Diabetes cases (20-79) in 1000s	110.95	Diabetes related deaths (20-79)	1,731
Diabetes raw national prevalence (%)	4.90	Number of people with undiagnosed diabetes (20-79) in 1000s	38.90



LUXEMBOURG

Luxembourg's strength lies in its health system and treatment coverage. A diabetes plan and monitoring framework are in development, both of which will significantly strengthen the national response to diabetes. Actions to protect the rights of people with diabetes are lacking and self-management education could be improved.

A large proportion (55.3%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Luxembourg is developing national diabetes and NCD plans. Policies to promote physical activity are also in development. Other preventive nutrition policies are not in place and there is no cross-Government approach to NCDs.



The health system provides universal services for treatment. Services for prevention, early diagnosis and prevention of secondary complication are also provided but not universally. More than 80% of the cost is covered. Self-management education is available but does not have an important role in the care process.



A monitoring and surveillance framework is in development. It will cover incidence/prevalence of diabetes, obesity, premature NCD mortality, raised blood pressure, and use of tobacco.



The Government allocates funding for diabetes through the general health system funding.



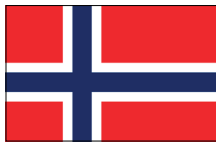
The Member Association contributes to policy-making. No Government actions to protect the rights of people with diabetes.



Global Monitoring Framework:
No information available.

LUXEMBOURG at a glance (2013)

Adult population (20-79) in 1000s	384.17	Diabetes expenditure / person with diabetes (USD)	10,206
Diabetes cases (20-79) in 1000s	22.22	Diabetes related deaths (20-79)	174
Diabetes raw national prevalence (%)	5.78	Number of people with undiagnosed diabetes (20-79) in 1000s	8.13



NORWAY

Norway is a high-performing country with a well-functioning health system that provides services across the spectrum of diabetes care. Funding is directly allocated to diabetes and self-management education is well integrated with care. The diabetes plan and preventive nutrition and physical activity policies could be fully implemented.

A large proportion (59.2%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Norway has national diabetes and NCD plans awaiting implementation. Preventive nutrition and physical activity policies are in place and partially implemented, and regulations on marketing of unhealthy foods and drinks to children have been implemented.



The health system provides services for prevention, early diagnosis, treatment and prevention of complications. More than 80% of the cost is covered, and self-management education is an integral part of diabetes care.



Norway lacks data and diabetes registries for monitoring incidence and prevalence of diabetes in the adult population.



The Government allocates funding specifically for diabetes; this includes prevention and early diagnosis. The Member Association receives some funds directly from the Parliament.



The Member Association is invited to participate in policy-making. General laws exist against discrimination including protections for people with diabetes.



Global Monitoring Framework: Adopted.

NORWAY at a glance (2013)

Adult population (20-79) in 1000s	3,554.38	Diabetes expenditure / person with diabetes (USD)	10,369
Diabetes cases (20-79) in 1000s	209.87	Diabetes related deaths (20-79)	1,359
Diabetes raw national prevalence (%)	5.90	Number of people with undiagnosed diabetes (20-79) in 1000s	76.79



POLAND

Poland's strength lies in its health system, which covers more than 80% of costs for diabetes treatment and prevention of secondary complications. The NCD plan could be further implemented and nutrition policies should be explored. Monitoring and surveillance is an area for significant improvement.

A moderate proportion (8.9%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Poland has a national NCD plan that has been partially implemented but no national diabetes plan. Some non-Health Ministries are discussing introducing NCD policies. Policies to promote physical activity are partially implemented but there are no preventive nutrition policies.



The health system provides services for treatment and prevention of secondary complications; it also provides early diagnosis services but not universally. More than 80% of costs are covered. Prevention services are not provided and self-management education is limited. Specialised services are available for children and pregnant women with diabetes.



The Member Associations report that there is no monitoring and surveillance of diabetes.



The Government allocates funding for diabetes as part of its general health system funding.



The Member Associations contribute to policy-making but no Government actions on rights have been taken.



Global Monitoring Framework: Not adopted.

POLAND at a glance (2013)

Adult population (20-79) in 1000s	28,907.31	Diabetes expenditure / person with diabetes (USD)	1,037
Diabetes cases (20-79) in 1000s	1,879.69	Diabetes related deaths (20-79)	21,329
Diabetes raw national prevalence (%)	6.50	Number of people with undiagnosed diabetes (20-79) in 1000s	659.02



SLOVENIA

Slovenia's strength lies in its health system and the coverage of services for diabetes treatment and prevention of secondary complications. Diabetes and NCD plans remain to be implemented and preventive nutrition policies are lacking. Monitoring and surveillance could be more routinely implemented.

A large proportion (20.7%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Slovenia has a partially implemented national diabetes plan and a NCD plan waiting for implementation. Some Ministries are discussing NCD policies. Policies to promote physical activity are only partially implemented and there is a policy to regulate marketing to children but it is not enforced.



The health system provides services for diabetes treatment and the prevention of secondary complications. Prevention and early diagnosis are provided but not universally. More than 80% of the costs are covered. Self-management education programmes exist but no information was available on specialised services for vulnerable groups.



A monitoring and surveillance framework exists but is not routinely implemented. It covers incident/prevalence of diabetes, obesity, raised blood pressure, availability of NCD medicines and technologies and the prevention of heart attacks and strokes.



The Government allocates funding for diabetes as part of its general health system funding. This includes funding for diabetes treatment and prevention of secondary complications.



The Member Association contributes to policy-making. Information not available on action on rights.



Global Monitoring Framework: Adopted.

SLOVENIA at a glance (2013)

Adult population (20-79) in 1000s	1,584.71	Diabetes expenditure / person with diabetes (USD)	2,405
Diabetes cases (20-79) in 1000s	163.78	Diabetes related deaths (20-79)	1,486
Diabetes raw national prevalence (%)	10.33	Number of people with undiagnosed diabetes (20-79) in 1000s	59.93



SPAIN

Spain's monitoring and surveillance system is comprehensive although not routinely implemented, and the health system provides services at no cost. However, existing national plans and policies are not fully implemented and preventive policies are less developed. The Government could introduce protection for the rights of people with diabetes.

A large proportion (31.1%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Spain has national diabetes and NCD plans but they are only partially implemented. There is no cross-Ministry action on NCDs. A policy to regulate marketing to children exists and is partially enforced. Nutrition policies covering salt and trans fat are in development.



The health system provides services for early diagnosis and healthcare is free. Services for diabetes prevention and treatment and the prevention of secondary complications are also provided but not universally. Self-management education programmes are limited. The Member Association reports wide regional variation in available services.



A monitoring and surveillance framework is in place. While it is not routinely implemented, it includes all relevant indicators.



The Government allocates funding for diabetes as part of its general health system funding.



The Member Association contributes to policy-making, specifically in developing the National Strategy on Diabetes. No Government actions on rights.



Global Monitoring Framework: Not adopted.

SPAIN at a glance (2013)

Adult population (20-79) in 1000s	35,007.54	Diabetes expenditure / person with diabetes (USD)	3,295
Diabetes cases (20-79) in 1000s	3,790.77	Diabetes related deaths (20-79)	25,202
Diabetes raw national prevalence (%)	10.83	Number of people with undiagnosed diabetes (20-79) in 1000s	1,387.04



SWITZERLAND

Switzerland's strength lies in its health system and the provision treatment services at no cost. The Government is developing a national NCD plan, a monitoring and surveillance framework and some prevention-related policies. There is no national diabetes plan, no action has been taken on rights and self-management education needs strengthening.

A large proportion (59.4%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Switzerland is developing a national NCD plan and there is some cross-Government discussion about introducing NCD policies. Policies to promote physical activity and regulate marketing to children are also in development. Nutrition policies on salt and the production of healthy food are partially implemented.



The health system provides services for diabetes treatment and the prevention of secondary complications; the cost of treatment is fully covered. Diagnosis services are not universally provided, and there are no prevention services reported. Self-management education is limited. No specialised services are available for vulnerable population groups.



A monitoring and surveillance framework is in development.



The Government allocates funding for the full range of diabetes care as part of its general health system funding.



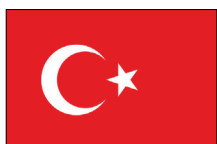
The Member Association contributes to policy-making. No Government action taken on rights.



Global Monitoring Framework: Adopted.

SWITZERLAND at a glance (2013)

Adult population (20-79) in 1000s	6,032.61	Diabetes expenditure / person with diabetes (USD)	9,873
Diabetes cases (20-79) in 1000s	449.22	Diabetes related deaths (20-79)	2,579
Diabetes raw national prevalence (%)	7.45	Number of people with undiagnosed diabetes (20-79) in 1000s	164.37



TURKEY

Turkey's health system provides diabetes care services with 80% of costs covered. Some nutrition policies are in place and other policies are in development. However, there has been no action to protect rights and the Member Associations argue that self-management education should be reimbursed. The diabetes plan should be fully implemented.

A moderate proportion (7.3%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Turkey has a national diabetes plan that has been partially implemented. There is some cross-Government discussion of NCD policies and policies related to trans fat and physical activity are in development. Policies on salt, healthy food production and regulation of marketing to children exist and are partially enforced.



The health system provides universal services for treatment; services for early diagnosis and prevention of secondary complications are provided partially. Over 80% of costs are covered and specialised services provided for indigenous people and the rural poor. Prevention services are not provided and there is limited availability of self-management education.



A monitoring and surveillance framework is in development.



The Government allocates funding for diabetes as part of its general health system funding and this covers treatment.



The Member Associations contributes to policy-making. No Government action taken on rights.



Global Monitoring Framework: Information not available.

TURKEY at a glance (2013)

Adult population (20-79) in 1000s	48,294.33	Diabetes expenditure / person with diabetes (USD)	866
Diabetes cases (20-79) in 1000s	7,043.29	Diabetes related deaths (20-79)	59,786
Diabetes raw national prevalence (%)	14.58	Number of people with undiagnosed diabetes (20-79) in 1000s	2,469.38



UNITED KINGDOM

The United Kingdom is performing well on health system policies and rights. National diabetes plans are being implemented in Wales and developed in Scotland and Northern Ireland. Some preventive policies exist including a voluntary agreement with the food and drink industry, but the Member Association believes these programmes do not go far enough.

A large proportion (36%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Nations of the United Kingdom, except England, are developing or implementing national diabetes plans and there is some cross-Government discussion of NCD policies. The Government has partially implemented a policy on healthy food access, banned junk food advertising during TV programmes aimed at under-16s and promoted a healthier lifestyles programme.



The health system provides services for the full range of diabetes care. While more than 80% of costs are covered, the Member Association reports geographical variation in the services provided. Availability of self-management education is limited. Specialised services are provided for groups such as pregnant women and the elderly.



A monitoring and surveillance framework is routinely implemented in the United Kingdom. This includes incidence/prevalence of diabetes, raised blood pressure and use of tobacco.



The Government allocates funding for the full range of diabetes care and prevention as part of its general health system funding. Funding allocation varies by local area.



The Member Association contributes to policy-making. Laws exist to protect all people with disabilities from discrimination including people with diabetes.

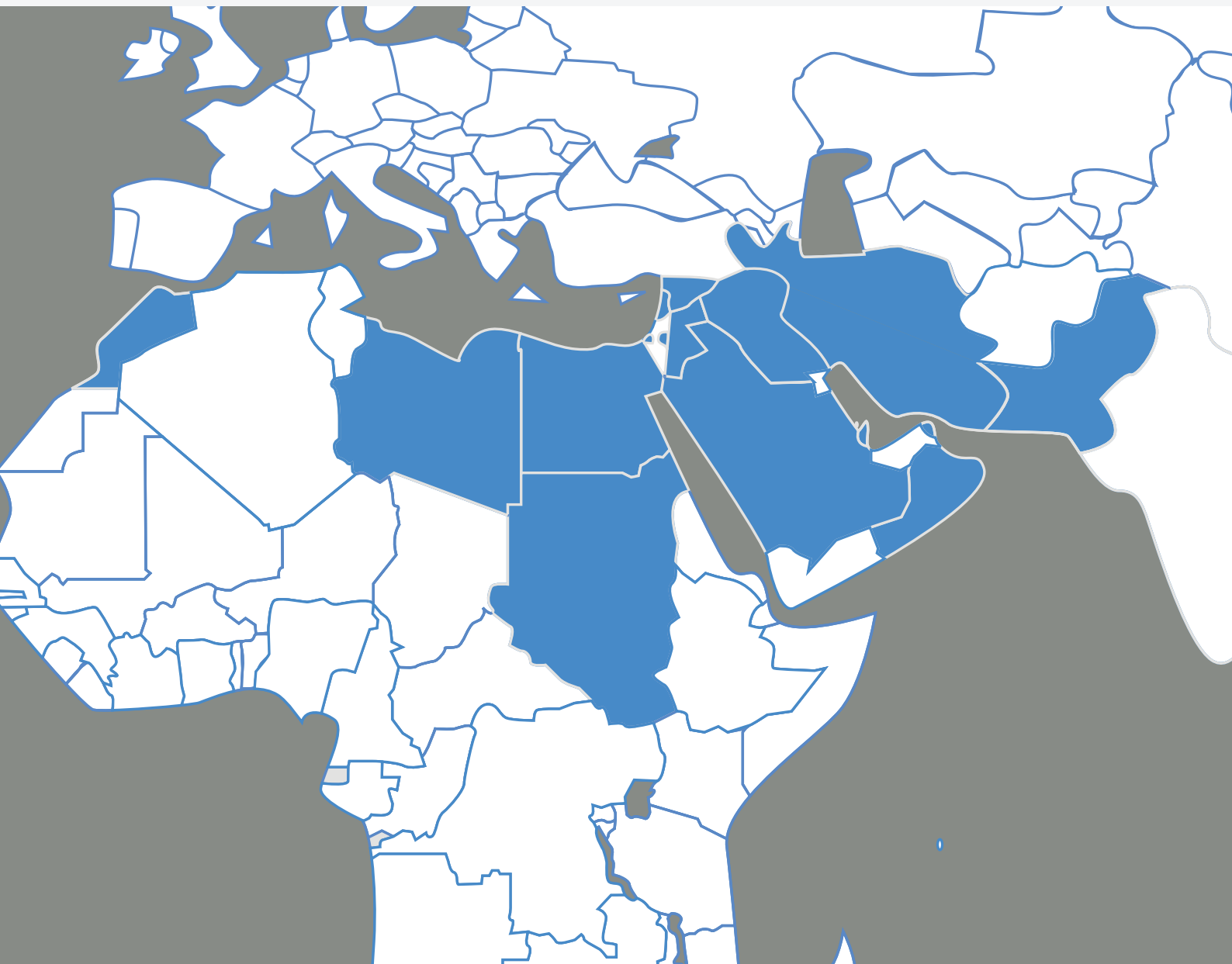


Global Monitoring Framework: Not adopted.

UNITED KINGDOM at a glance (2013)

Adult population (20-79) in 1000s	45,307.03	Diabetes expenditure / person with diabetes (USD)	3,994
Diabetes cases (20-79) in 1000s	2,974.95	Diabetes related deaths (20-79)	24,897
Diabetes raw national prevalence (%)	6.57	Number of people with undiagnosed diabetes (20-79) in 1000s	1,088.54

MIDDLE EAST AND NORTH AFRICA REGION



MIDDLE EAST AND NORTH AFRICA at a glance (2013)

Adult population (20-79) in millions	375	Diabetes expenditure / person with diabetes (USD)	393
Diabetes cases (20-79) in millions	34.6	Diabetes related deaths (20-79)	367,699
Diabetes regional prevalence (%)	9.2	Number of people with undiagnosed diabetes (20-79) in millions	16.8

INTRODUCTION



The Middle East and North Africa Region (MENA) is one of the global diabetes hotspots. Across the Region, more than one in ten people have diabetes - approximately 35 million people. In the next two decades, the number of people with diabetes is expected to almost double.

Faced with a challenge on this scale, governments in MENA will need to provide services and programmes for prevention in order to stem the rising tide of diabetes.

According to the data from IDF Member Associations in MENA, the majority of countries in the Region are making progress in responding to diabetes; however, a third of countries obtain a red score. About half of the countries achieve a moderate score for national policies and plans, with the rest falling at the lower end of the spectrum, pointing to a need to expand and strengthen diabetes policies.

Policies on prevention need significant strengthening. More than half of countries do not have preventive nutrition policies and a third have no physical activity policies. Policies regulating marketing to children are limited or not enforced.

In the majority of countries diabetes self-management education is limited and in no country is such education reported as being an integral part of diabetes care.

Health system policies are the strongest performing area in the MENA countries with all countries scoring orange or higher. The status of monitoring and surveillance systems varies across the Region, with some countries achieving a high score, but the majority are achieving a low to moderate rating.

The majority of countries are providing some funding to respond to the diabetes challenge and score in the middle of the spectrum for their budgeting and finance policies. However, the sixth edition of the *IDF Diabetes Atlas* reports that only 2.5% of global health expenditure on diabetes is spent in the MENA Region.

Fewer than half of the countries in the Region have adopted the Global Monitoring Framework for NCDs to date.

11

MENA countries provided their input to this survey

73%

report having a national diabetes plan*

0

countries report integrated diabetes self-management education

36%

report not having any physical activity policies

*full or partial implementation



EGYPT

Egypt's stronger performances come in its health systems policies and budget and financing, while progress needs to be made in national plans and preventive policies. The Member Association reports that services for treatment and the prevention of secondary complications are shared by the Government, the insurance system, private sector and NGOs.

Some diabetes-related deaths (1.5%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Egypt has a partially implemented diabetes plan. The Member Association proposed it and the Government and other civil society groups were invited to discuss it. One Ministry apart from Health is working on the NCD agenda but only a policy to promote physical activity is being developed.



The health system provides free insulin in Government hospitals and women and people in vulnerable situations receive specialised services. Prevention, early diagnosis and prevention of secondary complications are not universally provided and availability of self-management education is limited. Medical insurance covers all Government employees with diabetes and the Member Association reports that there is universal health coverage for low resources populations.



There is no framework for the monitoring and surveillance of diabetes but the Government gathers data on the incidence/prevalence of diabetes. NGOs carry out some monitoring and surveillance in limited areas.



The Government allocates funding for diabetes as part of the general NCDs budget, including prevention, early diagnosis and treatment.



The Government offers minimal scope for engagement and has taken no action on rights, but the Member Association has developed awareness campaigns.



Global Monitoring Framework:
No information available.

EGYPT at a glance (2013)

Adult population (20-79) in 1000s	48,276.39	Diabetes expenditure / person with diabetes (USD)	176
Diabetes cases (20-79) in 1000s	7,510.60	Diabetes related deaths (20-79)	86,478
Diabetes raw national prevalence (%)	15.56	Number of people with undiagnosed diabetes (20-79) in 1000s	3,755.30



IRAN (ISLAMIC REP. OF)

Iran's stronger performances come in its monitoring and surveillance and budget and financing, while the area of rights and empowerment is weak. The Member Association reports a national diabetes plan has existed since 1978; it was revised in 2003 and implemented from 2004 in rural areas, and 2009 in urban areas.

A moderate proportion (5.6%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



There is a fully implemented national diabetes plan, while implementation of the NCD plan is only partial. Policies to regulate marketing to children and those promoting physical activity are partially enforced and others relating to nutrition are in development. There is a strong cross-Government approach to NCDs.



The health system provides universal and comprehensive services for diabetes care and treatment. The percentage of costs covered is between 50 and 80%. Specialised services are provided to the rural poor and there is limited availability of self-management education.



A framework for the monitoring and surveillance of diabetes exists but is not routinely implemented. It includes all indicators except for availability of essential NCD medicines and technologies and the coverage of services to prevent heart attack and strokes.



The Government allocates specific funding for diabetes, covering prevention, early diagnosis, treatment and prevention of secondary complications.



The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework:
No information available.

IRAN at a glance (2013)

Adult population (20-79) in 1000s	52,145.45	Diabetes expenditure / person with diabetes (USD)	471
Diabetes cases (20-79) in 1000s	4,395.93	Diabetes related deaths (20-79)	38,002
Diabetes raw national prevalence (%)	8.43	Number of people with undiagnosed diabetes (20-79) in 1000s	2,197.96



IRAQ

Iraq needs to make progress across a range of areas to respond to the diabetes challenge, most notably in preventive policies. The Member Association reports very limited provision of medicines and facilities, resulting in the majority of people with diabetes not receiving the necessary care. A programme of NCD screening is to be launched.

A moderate proportion (4.3%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Iraq has a partially implemented national diabetes plan and a NCD screening programme is in development. Several Ministries are discussing preventive NCD policies but none has yet been developed.



The health system provides services for early diagnosis, treatment and prevention of secondary complications of diabetes, but not universally. Less than 50% of the costs are covered. Services for prevention and self-education management are not provided, although there are specialised services for women.



A not routinely implemented framework exists. Data collected includes incidence/prevalence of obesity and prevalence of raised blood pressure. The Member Association reports that the Government does not recognise the importance of registering medical data.



The Government allocates funding for diabetes as part of the general health system budget. It mainly includes provision of medicines, screening and diagnosis facilities and treatment of secondary complications.



The Government does not involve the Member Association in policy-making and has taken no action on rights.



Global Monitoring Framework:
Partially adopted for use at national level.

IRAQ at a glance (2013)

Adult population (20-79) in 1000s	16,473.21	Diabetes expenditure / person with diabetes (USD)	540
Diabetes cases (20-79) in 1000s	1,226.22	Diabetes related deaths (20-79)	17,643
Diabetes raw national prevalence (%)	7.44	Number of people with undiagnosed diabetes (20-79) in 1000s	613.11



JORDAN

Jordan is providing services for the treatment of diabetes but more progress is needed across all other areas to respond to the challenge of diabetes, especially in monitoring and surveillance. The Member Association reports that insulin is provided free of charge to children under 14 years old.

A moderate proportion (6.2%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Jordan has a partially implemented NCD programme; a national diabetes plan exists but has not been implemented. Policies on promoting physical activity are partially enforced; those on regulating marketing to children are in development. One Ministry apart from Health is discussing other NCD policies.



The health system provides universal services for treatment and specialised services for women and the rural poor. Early diagnosis services are not universally provided and availability of self-management education is limited. Less than 50% of costs are covered.



There is no framework for the monitoring and surveillance of diabetes.



The Government allocates funding for diabetes as part of the general health system budget.



The Member Association contributes to policy-making through consultations. No Government action on rights.



Global Monitoring Framework: No information available.

JORDAN at a glance (2013)

Adult population (20-79) in 1000s	4,091.78	Diabetes expenditure / person with diabetes (USD)	598
Diabetes cases (20-79) in 1000s	356.33	Diabetes related deaths (20-79)	3,111
Diabetes raw national prevalence (%)	8.71	Number of people with undiagnosed diabetes (20-79) in 1000s	178.17



LIBYA

Libya is performing strongly on health systems and access and in budget and financing, but the framework on monitoring and surveillance and preventive policies could be fully implemented. The Member Association reports that the Government covers drug therapy for diabetes and all NCDs.

A moderate proportion (6%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



There is a partially implemented national plan on NCDs and another on diabetes managed by the National Committee for the Prevention of Diabetes and Obesity. Policies on the production of and access to healthy food, and promotion of physical activity are partially implemented; one Ministry apart from Health is discussing other NCD policies.



The health system provides universal services for the full range of diabetes care and prevention and more than 80% of the cost is covered. Specialised services for women, indigenous people and rural poor are provided and self-management education programmes exist and are widely available.



A framework for the monitoring and surveillance of diabetes exists but is not routinely implemented. It covers a wide range of indicators with only measurement of premature NCD mortality, physical inactivity and action to prevent heart attacks and strokes excluded.



The Government allocates specific funding for diabetes, including prevention, early diagnosis, treatment and prevention of secondary complications.



The Government offers minimal scope for engagement but has enforced laws and regulations to protect rights.



Global Monitoring Framework: Not adopted.

LIBYA at a glance (2013)

Adult population (20-79) in 1000s	3,784.70	Diabetes expenditure / person with diabetes (USD)	576
Diabetes cases (20-79) in 1000s	319.13	Diabetes related deaths (20-79)	2,728
Diabetes raw national prevalence (%)	8.43 *	Number of people with undiagnosed diabetes (20-79) in 1000s	159.57



MOROCCO

Morocco is making some advances in responding to the challenge of diabetes with some strength in policies on plans, health systems and monitoring. The Member Association reports that, despite the advances, there is little coordination between Government and civil society. Plans and policies should be fully implemented to strengthen the response.

Some diabetes-related deaths (2.6%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are partially implemented. More than one Ministry is discussing NCD policies; those on the production of and access to healthy food are fully enforced, while regulation of marketing to children and promotion of physical activity are partially implemented. Policies on nutrition are in development.



The health system provides services – but not universally – for the range of diabetes care and treatment. More than 80% of costs are covered and essential medicines are available in hospitals and health centres. Availability of self-management education is limited but there are comprehensive specialised services for vulnerable population groups.



A framework for monitoring and surveillance exists and includes a wide range of indicators. However, it is not routinely implemented, health-care staff are not involved and IT is rarely used.



The Government provides funding for diabetes as part of the general health system budget, covering the range of services. The Member Association reports that despite recent efforts, the budget for diabetes and NCDs remains inadequate.



The Government offers minimal scope for engagement but has developed awareness campaigns on rights. The 2011 Constitution includes the right to healthcare and non-discrimination.



Global Monitoring Framework: Adopted.

MOROCCO at a glance (2013)

Adult population (20-79) in 1000s	20,454.88	Diabetes expenditure / person with diabetes (USD)	260
Diabetes cases (20-79) in 1000s	1,491.29	Diabetes related deaths (20-79)	9,426
Diabetes raw national prevalence (%)	7.29	Number of people with undiagnosed diabetes (20-79) in 1000s	745.64



OMAN

Oman has strength in its diabetes monitoring and surveillance but needs to make more progress on national plans and policies. Further efforts on prevention are needed to respond more effectively to the diabetes epidemic.

A moderate proportion (11%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are partially implemented. There is some cross-Government discussion of NCD policies; some on the production and access to healthy food are already partially enforced and the others on regulating marketing to children and promoting physical activity are in development.



The health system provides universal services for early diagnosis and treatment; those to prevent secondary complications are partially provided. More than 80% of the costs are covered but there is limited availability of self-management education. Specialised services exist for women, children and teenagers. No prevention services are provided.



There is a fully implemented framework for the monitoring and surveillance of diabetes, including all the proposed indicators except from level of physical inactivity and harmful use of alcohol.



The Government allocates funding for diabetes as part of the general health system budget, covering early diagnosis, treatment and prevention of secondary complications.



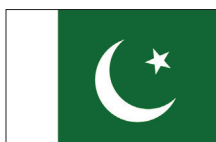
The Member Association is invited to participate in policy-making and advisory bodies. No information available on rights.



Global Monitoring Framework: Adopted.

OMAN at a glance (2013)

Adult population (20-79) in 1000s	2,493.25	Diabetes expenditure / person with diabetes (USD)	863
Diabetes cases (20-79) in 1000s	199.78	Diabetes related deaths (20-79)	1,214
Diabetes raw national prevalence (%)	8.01	Number of people with undiagnosed diabetes (20-79) in 1000s	81.31



PAKISTAN

Pakistan is beginning to take action to respond to the challenge of diabetes but progress needs to be made on a national plan and preventive policies, as well as monitoring and surveillance. The Member Association reports that diabetes and NCD services are insufficient due to budget restraints and inadequate distribution of funding.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.4%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



A NCD plan is in development with the support of IDF and a diabetes plan exists but needs to be implemented; previous national plans have not been implemented. There is some cross-Government discussion of NCD policies and those on nutrition, production of and access to healthy food and regulation of marketing to children are in development.

The health system provides – but not universally – services for diabetes treatment and prevention of secondary complications. Less than 50% of costs are covered and there is limited availability of self-management education. Specialised services are provided for women and rural poor but no services for prevention and early diagnosis.



There is no framework for diabetes monitoring and surveillance. Private partners and associations are carrying out some monitoring efforts but the Member Association reports these are not sufficient.

The Government provides funding for diabetes as part of the general health system budget but the Member Association reports that diabetes receives an insignificant share. Specific funding through private and international collaborators is also very limited.



The Government offers minimal scope for engagement. The Member Association suggests more serious media efforts are needed to spread the message of the awareness campaigns.

Global Monitoring Framework:
Not adopted.



PAKISTAN at a glance (2013)

Adult population (20-79) in 1000s	99,369.82	Diabetes expenditure / person with diabetes (USD)	46
Diabetes cases (20-79) in 1000s	6,712.70	Diabetes related deaths (20-79)	87,354
Diabetes raw national prevalence (%)	6.76	Number of people with undiagnosed diabetes (20-79) in 1000s	3,356.35



SAUDI ARABIA

Saudi Arabia needs to make progress across a range of areas to respond to the diabetes challenge. Particular areas for action are national plans and policies and monitoring and surveillance and national plans and policies areas. The Member Association reports that there is a lack of collaboration between relevant Government bodies to prevent diabetes.

A moderate proportion (12.4%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



There is a national diabetes plan in development but no NCD plans or policies. No Ministries apart from Health are discussing the response to the diabetes challenge.



The health system provides services for early diagnosis and treatment, although not universally. Less than 50% of the costs are covered and no services exist for diabetes prevention. Specialised services are provided for women but availability of self-education management is limited.



There is no framework for the monitoring and surveillance of diabetes.



The Government allocates funding for diabetes as part of the general health system budget.



The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework: Not adopted.

SAUDI ARABIA at a glance (2013)

Adult population (20-79) in 1000s	18,056.84	Diabetes expenditure / person with diabetes (USD)	943
Diabetes cases (20-79) in 1000s	3,650.89	Diabetes related deaths (20-79)	22,113
Diabetes raw national prevalence (%)	20.22	Number of people with undiagnosed diabetes (20-79) in 1000s	1,485.91



SUDAN

Sudan needs to make progress in all areas in order to respond to the diabetes challenge. A national plan that includes a range of preventive policies should be implemented and funding needs to increase.

Some diabetes-related deaths (1.2%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are partially implemented. There is some cross-Government discussion of NCD policies and those on regulating marketing to children and promoting physical activities are already in development.



The health system provides – although not universally – services for treatment and prevention of secondary complications. Prevention and early diagnosis services are not provided. Less than 50% of the cost is covered and availability of self-management education is limited. No specialised services are provided for vulnerable population groups.



There is no framework for diabetes monitoring and surveillance, although data is gathered on incidence/prevalence of diabetes, prevalence of raised blood pressure and tobacco use and level of physical inactivity.



The Government provides funding for diabetes as part of the general health system budget, but does not specifically cover prevention, early diagnosis, treatment or prevention of secondary complications.



The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework: Adopted.

SUDAN at a glance (2013)

Adult population (20-79) in 1000s	18,119.53	Diabetes expenditure / person with diabetes (USD)	170
Diabetes cases (20-79) in 1000s	1,402.22	Diabetes related deaths (20-79)	25,342
Diabetes raw national prevalence (%)	7.74 *	Number of people with undiagnosed diabetes (20-79) in 1000s	701.11



SYRIAN ARAB REPUBLIC

Syria is a country in crisis and faces huge challenges to make any response to the diabetes epidemic. The Member Association reports that since the civil war started in 2011 all healthcare services have been affected and the availability of medicines has greatly decreased. As a result many people with diabetes cannot access or afford essential medicines, especially those in refugee camps.

Some diabetes-related deaths (1.7%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are partially implemented, but no prevention policies are being discussed or developed by any Ministry.

The diabetes centres and the public hospitals provide free diabetes diagnosis and treatment, as well as insulin and oral hypoglycaemic agents, covering around 50% of the people with diabetes in the country. The rest of the people are covered by the private sector.



There is no framework for diabetes monitoring and surveillance.

The Government provides funding for diabetes as part of the general health system budget.



The Government offers minimal scope for engagement. No action on rights.

Global Monitoring Framework: Not adopted.



SYRIA at a glance (2013)

Adult population (20-79) in 1000s	11,757.75	Diabetes expenditure / person with diabetes (USD)	161
Diabetes cases (20-79) in 1000s	868.83	Diabetes related deaths (20-79)	8,203
Diabetes raw national prevalence (%)	7.39 *	Number of people with undiagnosed diabetes (20-79) in 1000s	434.41

NORTH AMERICA AND CARIBBEAN REGION



NORTH AMERICA AND CARIBBEAN REGION at a glance (2013)

Adult population (20-79) in millions	335	Diabetes expenditure / person with diabetes (USD)	7,169
Diabetes cases (20-79) in millions	36.7	Diabetes related deaths (20-79)	292,895
Diabetes regional prevalence (%)	11	Number of people with undiagnosed diabetes (20-79) in millions	9.9

INTRODUCTION



Diabetes is a huge burden on healthcare budgets in the North America and Caribbean Region (NAC) where approximately 37 million people have diabetes – a prevalence of 9.6%. Over the next 20 years the number of people with diabetes is expected to increase by close to 40%.

Governments face a dual challenge: to find the funding to provide the level of services required and introduce a range of preventive policies to halt the predicted rise.

According to the data from IDF Member Associations in the Region, the majority of countries in NAC are making some progress in responding to the challenge of diabetes and score in the middle of the colour spectrum. This means that some policies and plans for diabetes are largely in place but they require strengthening and expansion. Half of the countries have national plans and policies which are either partially implemented or in development.

The status of prevention policies is mixed, with countries having nutrition policies at every stage of development and implementation. Over half either have no policy on marketing to children or it is only partially enforced, and the same is true for policies to promote physical activity. Diabetes self-management education

is limited in nearly two-thirds of the countries in the Region and integrated into diabetes care in only three countries.

The NAC countries collectively are performing well in their policies on health systems and access, with the majority of countries achieving moderate to high scores. Similarly, more than half of the countries in the Region are reporting budgeting and financing for diabetes achieving a yellow or green score. This is reflective of findings presented in the sixth edition of the *IDF Diabetes Atlas*. The Atlas estimates that health expenditure in North America and the Caribbean accounts for almost half of the world's diabetes related-healthcare spending, the majority of which is spent by the USA.

Rights and empowerment policies is the area where the Region has the most improvement to make. In addition, monitoring and surveillance could be strengthened as only half of the countries have monitoring and surveillance frameworks; the remaining half either have no framework or it is not implemented. However, two countries in the Region have implemented the WHO STEPwise approach to chronic disease risk factor surveillance (<http://www.who.int/chp/steps/manual/en/>).

The majority of countries in the Region have not yet adopted the Global Monitoring Framework for NCDs.

16

NAC countries provided their input to this survey

50%

report having a national diabetes plan*

2

have adopted the Global Monitoring Framework

38%

have no physical activity policies

*full or partial implementation



ANGUILLA

Anguilla's best performance comes in its health system, which provides services across the spectrum of diabetes care. National diabetes and NCD plans are being developed; however, the Government does not currently allocate funding to diabetes. No preventive policies are in place and no action has been taken to protect the rights of people with diabetes.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



Anguilla is in the process of developing national diabetes and NCD plans. The Member Association does not report any preventive policies related to nutrition or physical activity, beyond physical education being part of the school curriculum. There is no cross-Ministry discussion of NCDs.



The health system provides services for diabetes treatment and prevention of secondary complications. Prevention and early diagnosis are also provided but not universally. Although there is no national health plan, many people (34% of the population in 2001) have a private medical insurance. Specialised health services are provided for women but availability of self-management education is limited.



Information not available.



The Government allocates funding to diabetes, although it is not specific. It covers prevention, diagnosis and treatment.



The Government offers minimal scope for engagement.



Global Monitoring Framework: Information not available.

ANGUILLA at a glance (2013)

Adult population (20-79) in 1000s	9.12	Diabetes expenditure / person with diabetes (USD)	-
Diabetes cases (20-79) in 1000s	1.19	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	13.07 *	Number of people with undiagnosed diabetes (20-79) in 1000s	0.30



ANTIGUA AND BARBUDA

The health system in Antigua and Barbuda is functioning well and covers the spectrum of diabetes care. Diabetes medicines and technologies are free of charge, but self-management education should be extended. Additional policies for prevention should be put in place and existing policies, including the NCD plan, implemented.

A moderate proportion (8.8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national NCD plan that includes diabetes exists, but has not been implemented. There is cross-Government discussion of NCD policies. Preventive nutrition and physical activity policies are in development or partially implemented.

The health system provides a full range of services for diabetes care and prevention. More than 80% of the cost is covered and diabetes medicines and technologies are provided free of cost at point of care. Specialised services are provided for non-ambulatory elderly people. Availability of self-management education is limited.



A framework for monitoring and surveillance is in development; it will cover obesity, premature NCD mortality and the availability of medicines and technologies.

The Government allocates funding for diabetes through the general health system funding.



The Member Association participates in policy-making. Information on protection of the rights of people with diabetes is not available.

Global Monitoring Framework: Not adopted.



ANTIGUA AND BARBUDA at a glance (2013)

Adult population (20-79) in 1000s	58.13	Diabetes expenditure / person with diabetes (USD)	935
Diabetes cases (20-79) in 1000s	7.84	Diabetes related deaths (20-79)	97
Diabetes raw national prevalence (%)	13.48 *	Number of people with undiagnosed diabetes (20-79) in 1000s	2.17



ARUBA

Aruba's health system is performing well and there is a strong foundation for monitoring and surveillance. Some policies to prevent diabetes are in place or in development, but existing plans and policies should be fully implemented and self-management education integrated into diabetes care.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



A national diabetes plan is partially implemented and a NCD plan is in development. Policies to promote physical activity are fully implemented and regulations on marketing to children are partially enforced. Policies on the production of and access to healthy food are in development. There is some cross-Ministry action on NCDs.



The health system provides services for the full range of diabetes care and prevention. More than 80% of the cost is covered and self-management education programmes are available.



A framework for monitoring and surveillance is in place but not routinely implemented. It covers a wide range of diabetes indicators including incidence/prevalence, obesity and physical inactivity.



The Government allocates funding for the full spectrum of diabetes care through the general health system funding.



The Member Association contributes to policy-making. No information available on Government actions on rights and discrimination.



Global Monitoring Framework: Not adopted.

ARUBA at a glance (2013)

Adult population (20-79) in 1000s	73.51	Diabetes expenditure / person with diabetes (USD)	-
Diabetes cases (20-79) in 1000s	12.63	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	17.18 *	Number of people with undiagnosed diabetes (20-79) in 1000s	3.50



BARBADOS

The health system and monitoring and surveillance are the areas of strength in Barbados. National diabetes and NCD plans have been developed but still need to be fully implemented. Areas for improvement include policies for physical activity, extending self-management education programmes and increasing prevention services in the health system.

A moderate proportion (10.9%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are partially implemented. Policies to limit or eliminate key additives and to improve the production of and access to healthy food are in place and partially implemented. However, there are no policies to promote physical activity.



The health system provides universal services for diabetes treatment with more than 80% of the cost covered. Services covering diabetes prevention, early diagnosis and the prevention of secondary complications are also available but not universally. Diabetes self-management education is limited.



A framework for monitoring and surveillance is in place but is not routinely implemented. It covers a wide range of diabetes indicators including incidence/prevalence, obesity and physical inactivity.



The Government allocates funding for diabetes through general funding for NCDs and includes funding for early diagnosis of diabetes.



The Government offers minimal scope for engagement. No information on Government actions on rights and discrimination.



Global Monitoring Framework: Information not available.

BARBADOS at a glance (2013)

Adult population (20-79) in 1000s	204.70	Diabetes expenditure / person with diabetes (USD)	1,156
Diabetes cases (20-79) in 1000s	29.94	Diabetes related deaths (20-79)	270
Diabetes raw national prevalence (%)	14.63	Number of people with undiagnosed diabetes (20-79) in 1000s	8.30



BELIZE

Belize is taking a large step with the development of national diabetes and NCD plans. Access to the health system remains a challenge in parts of the country and funding for diabetes is lacking. Further work in the area of monitoring and surveillance is a priority and actions are required to protect the rights of people with diabetes.

Some diabetes-related deaths (3.3%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are in development, with the collaboration of Pan American Health Organization and local NGOs. Other plans and policies related to diabetes and NCDs, including preventive nutrition and physical activity, are not in place.



Access to health services varies by geographic area. In the south part of the country, people receive some Government assistance for medicines and lab testing through a National Health Insurance system. Other areas of the country do not have access to this service. Availability of self-management education is limited.



There is no monitoring and surveillance framework.



There is a national health Insurance programme, but funding is not adequate and not all the country is covered.



The Government offers minimal scope for engagement. The Government has taken no actions on rights and discrimination.



Global Monitoring Framework:
No information available.

BELIZE at a glance (2013)

Adult population (20-79) in 1000s	182.10	Diabetes expenditure / person with diabetes (USD)	377
Diabetes cases (20-79) in 1000s	24.43	Diabetes related deaths (20-79)	275
Diabetes raw national prevalence (%)	13.42	Number of people with undiagnosed diabetes (20-79) in 1000s	6.11



BERMUDA

The health system is the strength of Bermuda as it provides a range of services for diabetes, although not universally. A monitoring and surveillance framework is in development. However, there is no diabetes plan and information about plans, policies and Government funding is limited.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



There is no national diabetes plan. Further information about the national plans and policies is not available.

The health system provides - not universally - services for diabetes prevention, diagnosis, and treatment, as well as prevention of secondary complications. More than 50% of the cost for services is covered. Diabetes self-management education programmes are available.



The Government is in the process of developing a monitoring and surveillance framework including diabetes incidence/prevalence, obesity and raised blood pressure.

Information about Government funding for diabetes is not available.



Information about Government engagement and actions to protect the rights of people with diabetes is not available.

Global Monitoring Framework: Information not available.



BERMUDA at a glance (2013)

Adult population (20-79) in 1000s	45.94	Diabetes expenditure / person with diabetes (USD)	-
Diabetes cases (20-79) in 1000s	6.83	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	14.86	Number of people with undiagnosed diabetes (20-79) in 1000s	1.89



CANADA

Canada's diabetes strategy is funded by the Government and both the health system and monitoring framework are performing well. Responsibility for care and treatment is devolved to the Provinces, producing geographical variations in services. Gaps in self-management services and education need to be filled. The Canadian Diabetes Association has recently launched a Diabetes Charter with a common vision for diabetes prevention, management, support and care.

A large proportion (50.6%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national diabetes plan is in place and partially implemented; Quebec has also a partially implemented NCD plan. Ministries across Government are discussing NCD policies. National nutrition policies for salt and trans fat have been partially implemented and there are some provincial initiatives on access to healthy foods and marketing to children.



The health system provides services for the full range of diabetes care and treatment. National health coverage is in place, but people with diabetes face barriers to self-management through gaps in public coverage and/or lack of access to private insurance. In particular there are some gaps in self-management education, although Quebec has fully integrated it into care.



The diabetes monitoring and surveillance framework is routinely implemented and includes incidence and prevalence. A range of other relevant indicators are reported on through separate systems.



The Government provides funding for the Canadian Diabetes Strategy and specific funding is provided for diabetes research. Diabetes funding also exists through the general health system funding.



The Member Associations contribute to policy-making. The rights of the people with diabetes are protected by general anti-discrimination laws.



Global Monitoring Framework: Adopted.

CANADA at a glance (2013)

Adult population (20-79) in 1000s	25,836.71	Diabetes expenditure / person with diabetes (USD)	6,177
Diabetes cases (20-79) in 1000s	2,638.00	Diabetes related deaths (20-79)	17,239
Diabetes raw national prevalence (%)	10.21	Number of people with undiagnosed diabetes (20-79) in 1000s	730.99



CURAÇAO

Curaçao's health system provides funded services with integrated self-management education. However, the Member Association reports that the Government funding allocation is not sufficient. Completion of work on the national diabetes plan and the introduction of policies on fats, sugar and salt would strengthen the response to the diabetes challenge.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



A national diabetes plan is in development. Policies to promote access to healthy food are in place and fully implemented, while those to promote physical activity are limited to schools. There are no other preventive nutrition policies.

The health system provides services for the spectrum of diabetes care and more than 80 % of the cost is covered. Self-management education is an integral part of diabetes care which includes the prevention of secondary complications. Specialised services are provided for women and the rural poor.



A diabetes monitoring and surveillance framework is in development.

The Government allocates funding specifically for diabetes; however, the Member Association reports it is too low. It includes early diagnosis, diabetes education and screening.



The Member Association participates in policy-making and provides information and awareness campaigns, including information on the rights of people with diabetes.

Global Monitoring Framework: Information not available.



CURAÇAO at a glance (2013)

Adult population (20-79) in 1000s	112.14	Diabetes expenditure / person with diabetes (USD)	-
Diabetes cases (20-79) in 1000s	20.92	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	18.65 *	Number of people with undiagnosed diabetes (20-79) in 1000s	5.80



DOMINICA

The health system is the strong point of Dominica. The Government is developing national action plans and some prevention policies are already in place. However, the cost of primary health care is not covered and there is no formal monitoring and surveillance framework.

A moderate proportion (4.8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are in development and more than one Ministry beyond Health are introducing NCD policies. Policies for the production of and access to healthy food are partially implemented and a policy to limit or eliminate trans fat is in development. Information on other preventive nutrition and physical activity policies is not available.



The health system provides a range of services, though prevention and early diagnosis are not universally available. Specialised services are provided for a variety of groups. There is limited availability of self-management education. Individuals pay for primary health care out-of-pocket.



There is no framework for monitoring and surveillance but some data on indicators including incidence and prevalence of diabetes are available from a recent WHO STEPS survey.



The Government allocates funding for diabetes as part of its general health system funding, covering a range of diabetes related aspects.



The Member Association participates in policy-making. Information on actions to protect the rights of people with diabetes is not available.



Global Monitoring Framework: Adopted.

DOMINICA at a glance (2013)

Adult population (20-79) in 1000s	45.86	Diabetes expenditure / person with diabetes (USD)	536
Diabetes cases (20-79) in 1000s	5.18	Diabetes related deaths (20-79)	47
Diabetes raw national prevalence (%)	11.29 *	Number of people with undiagnosed diabetes (20-79) in 1000s	1.29



GUYANA

Guyana's best performing area is its health system, which provides a range of services although cost is not fully covered. National plans are in place but remain to be fully implemented. Funding, preventive services and policies, and services for early diagnosis are areas for improvement if Guyana is to respond to the diabetes challenge.

Some diabetes-related deaths (1.9%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are in place and partially implemented. Preventive nutrition and physical activity policies are either not in place or information about them is not available. No Ministries apart from Health are discussing NCD policies.



The health system provides a range of services, though early diagnosis is not universally provided. Self-management education is limited. Less than 50% of the cost of services is covered and individuals who have the means use the private health care system.



A Committee has been set up to develop a monitoring and surveillance system covering diabetes incidence/prevalence, obesity, raised blood pressure and salt intake.



The Government does not allocate funding for diabetes.



The Government offers minimal scope for engagement and has taken no actions on rights and discrimination.



Global Monitoring Framework: Information not available.

GUYANA at a glance (2013)

Adult population (20-79) in 1000s	427.23	Diabetes expenditure / person with diabetes (USD)	292
Diabetes cases (20-79) in 1000s	60.15	Diabetes related deaths (20-79)	1,098
Diabetes raw national prevalence (%)	14.08 *	Number of people with undiagnosed diabetes (20-79) in 1000s	15.04



HAITI

Haiti is a country with severe problems but it is taking a significant step forward in developing a national diabetes plan. The health system is currently unable to provide basic services for people with diabetes and Government funding for diabetes is not available. The Government signed the 2011 UN Political Declaration on NCDs but needs to take action to put commitments into practice.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national diabetes plan is in development. Other plans and policies are not in place.



The health system is not providing adequate services, the cost is not covered and there is limited availability of self-management education.



There is no monitoring and surveillance framework.



The Government does not allocate funding for diabetes.



The Government offers minimal scope for engagement and has taken no action to protect the rights of people with diabetes.



Global Monitoring Framework: Not adopted.

HAITI at a glance (2013)

Adult population (20-79) in 1000s	5,547.92	Diabetes expenditure / person with diabetes (USD)	92
Diabetes cases (20-79) in 1000s	309.51	Diabetes related deaths (20-79)	6,302
Diabetes raw national prevalence (%)	5.58	Number of people with undiagnosed diabetes (20-79) in 1000s	91.00



JAMAICA

Jamaica is performing well in having fully implemented national plans and integrating self-management education in its care programmes. Monitoring and surveillance is also a strong point. Preventive nutrition policies should be expanded and action taken to prevent secondary complications and protect the rights of people with diabetes.

Some diabetes-related deaths (3.2%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are in place and fully implemented. More than one Ministry apart from Health is introducing NCD policies. Policies to promote physical activity are fully implemented; those for regulating marketing to children and production of and access to healthy food are in development. There are no policies on sugar, salt and fats.



The health system provides a range of diabetes services; however, prevention of secondary complications is not universally available. More than 50% of the cost of services is covered. Self-management education is an integral part of diabetes care and specialised services are provided for people who are physically or mentally challenged.



The monitoring and surveillance framework covering most relevant indicators is fully implemented.



The Government allocates funding for diabetes through its general funding of NCDs. It includes funding for the spectrum of diabetes care.



The Member Association participates in policy-making. Information on Government actions on rights and discrimination is not available.



Global Monitoring Framework: Information not available.

JAMAICA at a glance (2013)

Adult population (20-79) in 1000s	1,685.58	Diabetes expenditure / person with diabetes (USD)	358
Diabetes cases (20-79) in 1000s	178.52	Diabetes related deaths (20-79)	1,814
Diabetes raw national prevalence (%)	10.59	Number of people with undiagnosed diabetes (20-79) in 1000s	44.63



MEXICO

The strength of Mexico is its recent development of a national diabetes plan; in addition discussions are taking place to strengthen Government action on diabetes. However, the health system is currently unable to provide adequate self-management education or prevention of secondary complications. Monitoring and surveillance could be conducted more frequently.

A moderate proportion (8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



In November 2013 the National Strategy for the Prevention and Control of overweight, obesity and diabetes was launched and there are discussions about future plans that will be compulsory. Some preventive nutrition and physical activity policies are in place and partially implemented.



The health system provides a range of diabetes services; however, only treatment is universally provided. The Member Association reports that due to time limitations for consultations, providers are unable to include prevention of complications and self-management education is very limited. Less than 50% of costs are covered.



A formal monitoring and surveillance framework is in development. Currently, a national health survey is conducted every 6 years and covers a range of relevant indicators.



The Government allocates funding for diabetes through its general funding of the health system.



The Government offers minimal scope for engagement and has taken no actions on rights, despite the Member Association reporting a high degree of workplace discrimination.



Global Monitoring Framework:
Not adopted, but some aspects already in place.

MEXICO at a glance (2013)

Adult population (20-79) in 1000s	74,137.43	Diabetes expenditure / person with diabetes (USD)	834
Diabetes cases (20-79) in 1000s	8,723.42	Diabetes related deaths (20-79)	70,281
Diabetes raw national prevalence (%)	11.77	Number of people with undiagnosed diabetes (20-79) in 1000s	2,180.85



MONTSERRAT

The health system in Montserrat is its strong point, with diabetes care and medicines free of charge. National plans and policies are in place and at various stages of implementation. Areas for improvement include expanding the monitoring and surveillance framework and strengthening Government actions to protect the rights of people with diabetes.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



National diabetes and NCD plans are in place and fully implemented and multiple Ministries are introducing NCD policies. Policies for healthy food production and access are fully implemented and policies for physical activity and marketing to children are partially enforced. Policies on fats, salt and sugar are in development.



The health system provides a range of diabetes services and self-management education is an integral part of diabetes care. Specialised services are provided for the elderly. Diabetes care and medicines are provided free at all clinics.



A monitoring and surveillance framework covering diabetes incidence/prevalence and obesity is in place and routinely implemented.



The Government allocates funding for diabetes through its general funding of NCDs. It includes funding for early diagnosis, treatment and prevention of secondary complications.



The Government offers minimal scope for engagement but it has conducted awareness campaigns with rights based components.



Global Monitoring Framework: Information not available.

MONTSERRAT at a glance (2013)

Adult population (20-79) in 1000s	-	Diabetes expenditure / person with diabetes (USD)	-
Diabetes cases (20-79) in 1000s	-	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	-	Number of people with undiagnosed diabetes (20-79) in 1000s	-



SAINT LUCIA

Saint Lucia introduced universal health coverage in 2006 and is taking steps to improve its health system and monitoring and surveillance. Developed plans and policies remain to be fully implemented and there is no diabetes plan. Self-management education and coverage for children with diabetes are areas that need improvement.

A moderate proportion (5.8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national NCD plan is in place but has not been implemented; there is no national diabetes plan. There is some cross-Ministry discussion of NCD policies, and policies for the production of and access to healthy food are in development.



The Government introduced the first phase of universal health coverage in 2006. However, the Member Association reports that there is no comprehensive approach to management and care, and medicines are only free in the public sector. Treatment is not comprehensive. There is no insurance coverage for children with diabetes or self-management education.



The monitoring and surveillance framework is not routinely implemented. A WHO STEPS survey was conducted in 2012 and the Ministry of Health is committed to using this as a surveillance tool every 6 years.



The Government budgeting system does not allow for targeted funding, but as a result of policy decisions funding is allocated for the provision of diabetes medicines.



The Member Association contributes to policy-making. No Government actions on rights and discrimination.



Global Monitoring Framework: Not adopted.

SAINT LUCIA at a glance (2013)

Adult population (20-79) in 1000s	118.27	Diabetes expenditure / person with diabetes (USD)	665
Diabetes cases (20-79) in 1000s	9.88	Diabetes related deaths (20-79)	92
Diabetes raw national prevalence (%)	8.35 *	Number of people with undiagnosed diabetes (20-79) in 1000s	2.47



UNITED STATES OF AMERICA

The strength of the United States lies in the area of engagement and rights. At national level few plans and policies have been implemented, though individual States may have additional policies. The health system provides services, though not universally, and cost is covered primarily through private health insurance. To respond to the diabetes challenge a formal monitoring framework needs to be established.

A large proportion (60.3%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national diabetes plan has been partially implemented but there is no national NCD plan. Policies to regulate marketing to children are partially enforced and others supporting the production of and access to healthy food are in development. Individual states and communities have some initiatives beyond that of the Federal Government.



The health system provides the full range of diabetes services but not universally. A Government programme provides health care and specialised services for some of America's population living below an established poverty line. Availability of self-management education is limited.



The US Government collects data on diabetes incidence and obesity prevalence but it does not have a system for specifically monitoring indicators.



The Government allocates funding for diabetes through its general funding for NCDs, covering funding for prevention.



The Member Associations contributes to policy-making. Laws and regulations are in place to protect people with diabetes.



Global Monitoring Framework: Not adopted.

UNITED STATES OF AMERICA at a glance (2013)

Adult population (20-79) in 1000s	223,937.51	Diabetes expenditure / person with diabetes (USD)	9,800
Diabetes cases (20-79) in 1000s	24,401.77	Diabetes related deaths (20-79)	192,725
Diabetes raw national prevalence (%)	10.90	Number of people with undiagnosed diabetes (20-79) in 1000s	6,761.73

SOUTH AND CENTRAL AMERICA REGION



SOUTH AND CENTRAL AMERICA at a glance (2013)

Adult population (20-79) in millions	301	Diabetes expenditure / person with diabetes (USD)	1,087
Diabetes cases (20-79) in millions	24.1	Diabetes related deaths (20-79)	226,371
Diabetes regional prevalence (%)	8	Number of people with undiagnosed diabetes (20-79) in millions	5.8

INTRODUCTION



South and Central America (SACA) is a Region in economic transition. Diabetes already poses a significant challenge but, as urbanisation continues and populations grow older, it will become an increasing health priority.

An estimated 24.1 million people – more than 8% of the population – have diabetes. This number is expected to increase by almost 60% within the next two decades.

According to the data from IDF Member Associations in the Region, the majority of countries in SACA are making progress in responding to diabetes, with more than half of countries scoring in the upper-middle range of the colour spectrum. More than half of the 15 countries who responded have a national diabetes plan that is either fully or partially implemented.

Prevention policies are varied and preventive nutrition policies that do exist are in various stages of implementation. About half of the countries either do not have a marketing to children policy or have one that is not enforced. Physical activity policies are more common; however, in nine countries with a policy it is only partially implemented. Diabetes

self-management education is limited in the vast majority of countries in the Region.

Health systems policies are the strongest performing area, with two-thirds of countries achieving a high score. Correspondingly, the majority of countries score moderately on budgeting and resourcing. According to the sixth edition of the *IDF Diabetes Atlas*, the Region spends about 13% of its total healthcare budget on adults with diabetes.

The status of monitoring and surveillance systems varies widely, with four out of 15 countries reporting no monitoring system in place. In the area of rights and empowerment, almost all of the countries score in the middle of the colour spectrum.

Of the 15 countries who responded, only three have formally adopted the Global Monitoring Framework for NCDs.

15

SACA countries provided their input to this survey

47%

report having a national diabetes plan*

0

countries report integrated diabetes self-management education

33%

have no preventive nutrition policies

*full or partial implementation



ARGENTINA

Argentina is performing well especially in the fields of monitoring and rights. The Member Associations report that the Government could add a policy to limit consumption of sugar, increase availability of diabetes self-monitoring education and implement or more effectively enforce existing policies.

A moderate proportion (14.2%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Argentina has national diabetes and NCD plans but they are only partially implemented; there is some cross-Ministry discussion of NCD policies. The Government has developed policies on nutrition - with the exception of action on sugar - and physical activity but they are not fully implemented.



The health system supports the prevention, early diagnosis and treatment of diabetes; however, services are not universally provided and the cost is only 50-80% covered. Availability of self-management education is limited although there are specialised services for women, indigenous people and the homeless.



Argentina has a framework for monitoring and surveillance covering multiple indicators for diabetes but it is not routinely implemented.



The Government allocates funding for diabetes as part of the funding for NCDs and covers treatment and prevention of secondary complications.



Member Associations contribute to policy-making. Laws on rights and discrimination exist.



Global Monitoring Framework: Not adopted.

ARGENTINA at a glance (2013)

Adult population (20-79) in 1000s	26,894.20	Diabetes expenditure / person with diabetes (USD)	1,174
Diabetes cases (20-79) in 1000s	1,607.80	Diabetes related deaths (20-79)	15,328
Diabetes raw national prevalence (%)	5.98	Number of people with undiagnosed diabetes (20-79) in 1000s	386.68



BOLIVIA (PLURINATIONAL STATE OF)

Bolivia's stronger performance is in its policies on health systems and access, while the budget and financing area is weak. The Member Association reports that Bolivia does not train specialists in diabetes, although the Government is encouraging the creation of a medical residency in endocrinology and diabetes.

Some diabetes-related deaths (1.5%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



The National NCD Office is working on a prevention plan that should be debated in the National Assembly in 2014. Policies to promote physical activity are in development, but are only being discussed by the Ministry of Health. There are no policies on nutrition and regulation of marketing to children, although a law on access and prevention may be discussed during the year by the National Assembly.



The health system provides – although not universally – services for the full range of diabetes care and prevention. Specialised services are provided to women and elderly people but self-management education is not available. Costs of diabetes care are only covered for 30% of the population – those eligible under social insurance - although public provision is low-cost.



There is a framework for the monitoring and surveillance of diabetes in development. The Parliament is expected to approve the legislation in 2014.



Only some regions allocate funding for diabetes. The universal maternal insurance covers diagnosis and treatment of diabetes during pregnancy in public healthcare facilities.



The Government offers minimal scope for engagement and has taken no actions on rights and discrimination.



Global Monitoring Framework: Not adopted.

BOLIVIA at a glance (2013)

Adult population (20-79) in 1000s	5,743.72	Diabetes expenditure / person with diabetes (USD)	185
Diabetes cases (20-79) in 1000s	361.09	Diabetes related deaths (20-79)	5,260
Diabetes raw national prevalence (%)	6.29	Number of people with undiagnosed diabetes (20-79) in 1000s	86.84



BRAZIL

Brazil is performing well in the monitoring of diabetes, while the area of rights and equality is weak. The Member Associations report that the greatest recent progress has been the provision of no-cost medicines for NCDs. Brazil should fully implement or enforce plans and policies already in existence; stronger engagement with the Member Associations would benefit people with diabetes.

A large proportion (15.7%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Brazil has partially implemented diabetes and NCD plans. The Ministry of Health developed a NCD Strategic Action Plan (2011-2022), although its objectives do not exactly correspond to those in the Global Monitoring Framework. Policies on fats are fully implemented; other prevention policies are partially enforced. More than one Ministry apart from Health is discussing NCD policies.



The health system provides the full range of services for diabetes care and prevention but not universally. The Federal Government covers 50-80% of costs, including basic medicines under prescription and testing strips for people with type 1 diabetes. There is limited availability of self-management education. Specialised services are provided to women and indigenous people.



Brazil has implemented a framework for the monitoring and surveillance of diabetes covering all relevant indicators.



The Government allocates funding for diabetes treatment as part of the general NCDs budget.



The Government offers minimal scope for engagement. A Federal Law protects the right to diabetes treatment.



Global Monitoring Framework:
Not adopted.

BRAZIL at a glance (2013)

Adult population (20-79) in 1000s	131,959.75	Diabetes expenditure / person with diabetes (USD)	1,477
Diabetes cases (20-79) in 1000s	11,933.58	Diabetes related deaths (20-79)	124,687
Diabetes raw national prevalence (%)	9.04	Number of people with undiagnosed diabetes (20-79) in 1000s	2,870.03



CHILE

Chile's stronger performances come in its policies on health systems and monitoring and surveillance. The Member Associations report that a basic medicine supply is permanently available in healthcare centres. Areas for improvement include extending self-management education and the implementation of preventive policies.

A large proportion (17.1%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Chile has fully implemented plans on diabetes and NCDs. There is some cross-Government discussion of NCD policies and, so far, policies on saturated and trans fats and salt are partially implemented, while others are in development. The Member Association reports that Chile has many laws and programmes designed to respond to diabetes risk factors.



The health system universally guarantees most services for diabetes care, although prevention is not universally provided and there is limited availability of self-management education. Specialised services are provided to women, indigenous people, rural poor and others in vulnerable situations. More than 80% of the cost is covered.



A framework exists which covers most relevant indicators, though it is not routinely implemented. The Member Associations report that the monitoring indicates low adherence to treatment.



The Government allocates funding for diabetes as part of the general health system, covering early diagnosis and treatment. Nutrition education and prevention of foot complications are only partially covered. Other complications, including retinopathy, receive separate funds.



The Member Associations participate in policy-making. A law on the rights and responsibilities of all patients assures equity and equality.



Global Monitoring Framework: Not adopted.

CHILE at a glance (2013)

Adult population (20-79) in 1000s	12,098.93	Diabetes expenditure / person with diabetes (USD)	1,320
Diabetes cases (20-79) in 1000s	1,253.96	Diabetes related deaths (20-79)	8,473
Diabetes raw national prevalence (%)	10.36	Number of people with undiagnosed diabetes (20-79) in 1000s	301.58



COLOMBIA

Colombia's Government is working to respond to the NCD challenge and is performing well in policies on health system and access. The Member Associations report that people with diabetes in rural areas who are reliant on the public sector do not receive the same quality of care as those who can use the private system.

A moderate proportion (7%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Colombia has a fully implemented national NCD plan; a diabetes plan is in development. There are partially enforced policies to regulate marketing to children while other preventive policies are in development. The Institute of Colciencias of Colombia is funding a grant to develop national guidelines for the management of diabetes.



The health system provides universal treatment services; other services are partially provided. Primary care services are provided for women, indigenous people, rural poor and people displaced by violence. Availability of self-management education is limited. The health system is being reformed, but the focus is on reducing costs rather than improving quality of services.



A framework for monitoring and surveillance of diabetes is in development and will include all relevant indicators except for level of physical inactivity.



The Government allocates funding for diabetes as part of the general NCDs budget, which is run by private healthcare providers under Government supervision. There is a good provision of treatments for diabetes and its complications.



The Member Associations participates in policy-making. No Government actions on rights, despite people with diabetes facing discrimination over access to work.



Global Monitoring Framework: Adopted.

COLOMBIA at a glance (2013)

Adult population (20-79) in 1000s	29,989.29	Diabetes expenditure / person with diabetes (USD)	606
Diabetes cases (20-79) in 1000s	2,135.38	Diabetes related deaths (20-79)	15,373
Diabetes raw national prevalence (%)	7.12	Number of people with undiagnosed diabetes (20-79) in 1000s	513.56



COSTA RICA

Costa Rica is beginning to take action to respond to the diabetes challenge but the Government needs to fully implement plans and policies. The Member Association reports that, although many policies have been approved, more action needs to be taken and policies implemented to support citizens to live healthy lives with diabetes.

A moderate proportion (15.4%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Costa Rica has partially implemented diabetes and NCD plans. There are fully implemented policies on trans fat and access to healthy food, while other preventive nutrition policies and promotion of physical activity are only partially enforced. There is some cross-Government discussion of NCD policies.



The health system provides the full range of diabetes care and prevention services but not universally. Social security covers more than 90% of the population. Specialised services are provided for women but there is limited availability of self-management education.



A framework for the monitoring and surveillance of diabetes is in development; it will include all relevant indicators. The Member Association reports a lack of research in early diabetes diagnosis and risk factor intervention.



The Government allocates funding for diabetes as part of the general health system budget, covering early diagnosis. The Member Association reports that there are no early detection programmes for the diabetic foot, which is only managed when there evidence of damage.



The Government offers minimal scope for engagement. Information and awareness campaigns exist but there are no long-term Government actions.



Global Monitoring Framework: Adopted.

COSTA RICA at a glance (2013)

Adult population (20-79) in 1000s	3,227.93	Diabetes expenditure / person with diabetes (USD)	1,290
Diabetes cases (20-79) in 1000s	218.81	Diabetes related deaths (20-79)	1,376
Diabetes raw national prevalence (%)	6.78	Number of people with undiagnosed diabetes (20-79) in 1000s	52.62



DOMINICAN REPUBLIC

Dominican Republic's strength lies in its health system policies, while the diabetes plan and policies need improvement. The Member Associations report that, apart from the specialisation in endocrinology, trainings for healthcare staff in diabetes and diabetic foot management are only available yearly. There are diabetes education campaigns targeted to the general population.

Some diabetes-related deaths (4%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans exist, but are only partially implemented. Policies to promote the production of and access to healthy food and physical activity are partially enforced. Policies on salt, sugar and regulation of marketing to children are being discussed by several Ministries apart from Health. There are no policies on saturated and trans fats.



The health system provides services for the full range of diabetes care and prevention. More than 80% of the costs are covered, and people without insurance have access to free consultation, hospitalisation and subsidised medicines. Specialised services are provided to women and rural poor but self-management education is of limited availability.



There is a framework for the monitoring and surveillance of diabetes, although not routinely implemented. It measures incidence/prevalence of diabetes, prevalence of obesity and premature NCD mortality among others.



The Government allocates funding for diabetes as part of the general NCD budget, subsidising primary and secondary prevention. There is only one hospital managing the majority of people with diabetes in the country.



The Member Associations contribute to policy-making. Many information and awareness campaigns have been run.



Global Monitoring Framework: Adopted.

DOMINICAN REPUBLIC at a glance (2013)

Adult population (20-79) in 1000s	6,123.91	Diabetes expenditure / person with diabetes (USD)	410
Diabetes cases (20-79) in 1000s	652.87	Diabetes related deaths (20-79)	7,175
Diabetes raw national prevalence (%)	10.66	Number of people with undiagnosed diabetes (20-79) in 1000s	157.02



EL SALVADOR

El Salvador needs to make progress in responding to the challenge of diabetes: a national plan and preventive policies should be implemented and a framework for monitoring diabetes developed. The Member Association reports that the last data on diabetes prevalence in the country was collected in 2006.

Some diabetes-related deaths (3.5%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



El Salvador has a national NCD plan in development, but no preventive policies have been discussed so far. The country has a programme focusing on NCDs in older people but it does not prioritise diabetes and neglects healthy lifestyles. Children and young adults are not included. Some guidelines on NCDs for the overall population will be published in 2014.

The health system provides only treatment services and not universally; specialised services are also provided to women. Costs are not covered beyond some free medicines. Self-management education is only provided by the Diabetes Association of El Salvador (ASADI), but it does not receive financial or logistic support from the Government.



There is no framework for the monitoring and surveillance of diabetes.

The Government allocates no specific funding for diabetes and only some medicines are provided at no cost to people with diabetes: glibenclamide, metformin and insulin.



The Government offers minimal scope for engagement and has taken no actions on rights and discrimination.

Global Monitoring Framework: Not adopted.



EL SALVADOR at a glance (2013)

Adult population (20-79) in 1000s	3,597.82	Diabetes expenditure / person with diabetes (USD)	351
Diabetes cases (20-79) in 1000s	338.77	Diabetes related deaths (20-79)	3,481
Diabetes raw national prevalence (%)	9.42 *	Number of people with undiagnosed diabetes (20-79) in 1000s	81.47



GUATEMALA

Guatemala needs to make progress in responding to the diabetes challenge including extending services to cover treatment. A national plan and preventive policies should be fully implemented and a framework for monitoring diabetes developed. The limited data used to estimate the number of people with diabetes in the country is provided by the Pan American Health Organization.

Some diabetes-related deaths (3.1%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Guatemala has partially implemented a national plan for the prevention and control of NCDs and their risk factors. Policies to promote physical activity have also been partially enforced; no other NCD policies are being discussed in the Government.



The health system provides services - not universally - for the prevention and early diagnosis of diabetes. Specialised services are provided for the rural poor but there is limited self-management education available. The cost of the services is only covered for workers enrolled in the social security system. No services for treatment and the prevention of secondary complications are provided in public facilities.



There is no framework for the monitoring and surveillance of diabetes.



The Government allocates no funding for the prevention, care and treatment of diabetes, despite the Member Association requests.



The Government does not involve the Member Association in policy-making and has taken no actions on rights and discrimination.



Global Monitoring Framework: Not adopted.

GUATEMALA at a glance (2013)

Adult population (20-79) in 1000s	7,369.56	Diabetes expenditure / person with diabetes (USD)	336
Diabetes cases (20-79) in 1000s	661.05	Diabetes related deaths (20-79)	7,997
Diabetes raw national prevalence (%)	8.97	Number of people with undiagnosed diabetes (20-79) in 1000s	158.98



NICARAGUA

Nicaragua needs to make progress across a range of areas to respond to the challenge of diabetes. A national diabetes plan and preventive policies should be implemented ,as well as a more comprehensive framework for monitoring and surveillance. Self-management education should be introduced. The Member Association reports that it is difficult to find official information about the situation of diabetes in the country.

Some diabetes-related deaths (1.6%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Nicaragua has a national diabetes plan in development and there are some policies to promote physical activity but they are not implemented. There is no discussion on developing any other NCD policies, as the Government's focus remains on communicable diseases.

Primary and secondary healthcare services are free of charge for all citizens. However, resources are very limited, so only consultations are guaranteed; treatment coverage is probably only 25%. Specialised services are provided to women and rural poor. There are no self-management education programmes, although some healthcare professionals provide information to people with diabetes on their own initiative.



A framework for the monitoring and surveillance of diabetes does exist but is not routinely implemented. Data collection is limited to coverage of multidrug therapy and counselling to prevent heart attack and strokes.

Diabetes funding comes from the general health system budget, covering the salaries of healthcare professionals, purchase of medicines, tests and hospital care. Some funds come from cooperation agencies, but figures are not made public.



The Government offers minimal scope for engagement and has taken no actions on rights and discrimination.

Global Monitoring Framework:
No information available.



NICARAGUA at a glance (2013)

Adult population (20-79) in 1000s	3,358.99	Diabetes expenditure / person with diabetes (USD)	155
Diabetes cases (20-79) in 1000s	344.31	Diabetes related deaths (20-79)	3,308
Diabetes raw national prevalence (%)	10.25	Number of people with undiagnosed diabetes (20-79) in 1000s	82.81



PARAGUAY

Paraguay's strength is in its policy on budget and financing. It has also adopted a national diabetes plan but a framework for monitoring and surveillance needs to be developed and implemented. The Member Association reports that, although the Government is working to make the health system inclusive, progress remains to be achieved.

A moderate proportion (5.8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Paraguay has a fully implemented national diabetes plan and a national NCD plan in development, although work on NCDs remains the sole responsibility of the Ministry of Health. Policies on salt and promoting physical activity are partially implemented, while those on the production of and access to healthy food and regulation of marketing to children are in development.



The health system provides services – although not universally – for the full range of diabetes care and prevention. Specialised services are also available for indigenous people. The availability of self-management education is limited.



There is no framework for the monitoring and surveillance of diabetes.



The Government allocates specific funding for diabetes, covering early diagnosis and treatment.



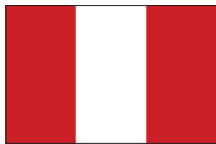
The Government offers minimal scope for engagement but the Member Association is working to ensure the enforcement of the Law on diabetes from 2002.



Global Monitoring Framework:
Not adopted.

PARAGUAY at a glance (2013)

Adult population (20-79) in 1000s	3,835.90	Diabetes expenditure / person with diabetes (USD)	545
Diabetes cases (20-79) in 1000s	236.81	Diabetes related deaths (20-79)	2,243
Diabetes raw national prevalence (%)	6.17 *	Number of people with undiagnosed diabetes (20-79) in 1000s	56.95



PERU

Peru needs to make progress across a range of areas to respond to the diabetes challenge. A national plan for diabetes should be developed and implemented including a range of preventive policies. The Member Association reports that 62.2% of the people diagnosed with diabetes have access to public or a private health insurance.

A moderate proportion (4.8%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



There are no plans or preventive policies for NCDs in place and only a policy to regulate marketing to children is in development. A sub-programme on healthcare staff training depends on the Ministry of Health for funding but receives very little. A primary healthcare guide for diabetes has been developed, but is awaiting Ministerial approval for publication.



The Integral Health Insurance (covering 60% of the Peruvians, mainly the poor population) does not provide services for prevention or self-management education; diagnosis and prevention of secondary complications are partially provided. It only covers oral agents, plus insulin for people with type 1 diabetes. Specialised services are provided for children under 5 years old. Around 40% of the costs need to be paid out of pocket.



There is no framework for the monitoring and surveillance of diabetes. However, data is collected on incidence/prevalence of diabetes and prevalence of raised blood pressure and tobacco use.



The Government allocates funding for diabetes as part of the general NCDs budget.



The Government offers minimal scope for engagement. Specific regulations or laws on rights and discrimination exist.



Global Monitoring Framework: Not adopted.

PERU at a glance (2013)

Adult population (20-79) in 1000s	18,365.03	Diabetes expenditure / person with diabetes (USD)	426
Diabetes cases (20-79) in 1000s	786.26	Diabetes related deaths (20-79)	5,407
Diabetes raw national prevalence (%)	4.28	Number of people with undiagnosed diabetes (20-79) in 1000s	189.09



PUERTO RICO

Puerto Rico's strength lies in its monitoring and surveillance of diabetes, while progress is only now being made in the area of national plans and policies. Existing policies on nutrition and physical activity should be fully implemented and self-management education made more widely available.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



A national NCD plan exists, but has not been implemented; there is no specific plan for diabetes. Policies on trans fat, production of and access to healthy foods and promotion of physical activity exist but are not fully implemented. There is some cross-Government discussion on NCD policies.



The health system provides the full range of services for diabetes care and prevention but about 10% of the population is not covered by the national health insurance. Specialised services are provided to women and rural poor but there is limited availability of self-management education.



A routinely implemented framework is in place for the monitoring and surveillance of diabetes. It covers incidence/prevalence of diabetes, prevalence of obesity, raised blood pressure and tobacco use, level of physical inactivity and harmful use of alcohol.



The Government receives federal funds from the US Center for Disease Control and Prevention. This covers primary prevention of diabetes and prevention of secondary complications.



The Member Association contributes to policy-making. Puerto Rico has introduced a charter of rights for people with diabetes.



Global Monitoring Framework:
Not adopted.

PUERTO RICO at a glance (2013)

Adult population (20-79) in 1000s	2,552.28	Diabetes expenditure / person with diabetes (USD)	-
Diabetes cases (20-79) in 1000s	393.48	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	15.42	Number of people with undiagnosed diabetes (20-79) in 1000s	109.03



URUGUAY

Uruguay's stronger performance comes in its policies on health systems and access, while the area of monitoring and surveillance is its weakness. The introduction of the NCD plan, now in development, and improved data could increase the national response to the diabetes challenge. The Member Associations report that the Government has developed a number of nutrition initiatives to promote healthy eating in schools.

A large proportion (17.2%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



While there is no national plan for diabetes, a plan on NCDs is in development. Policies to promote physical activity are partially implemented; other policies on nutrition and regulating marketing to children are in development by more than one Ministry other than Health.



The health system provides universal services for early diagnosis, treatment and prevention of secondary complications; primary prevention services are available but not universally. 50-80% of costs are covered and some diabetes medicines provided at low cost. Specialised services are provided to women and homeless people. There is limited availability of self-management education.



There is no framework for the monitoring and surveillance of diabetes.



The Government allocates funding for diabetes as part of the general health system budget, subsidising diabetes treatment.



The Government offers minimal scope for engagement. Since 2005 the Member Associations have called for the 1971 law on the rights of people with diabetes to be updated, without success.



Global Monitoring Framework:
No information available.

URUGUAY at a glance (2013)

Adult population (20-79) in 1000s	2,266.86	Diabetes expenditure / person with diabetes (USD)	1,358
Diabetes cases (20-79) in 1000s	143.81	Diabetes related deaths (20-79)	1,004
Diabetes raw national prevalence (%)	6.34 *	Number of people with undiagnosed diabetes (20-79) in 1000s	34.59



VENEZUELA (BOLIVARIAN REPUBLIC OF)

Venezuela is taking some action across most areas to respond to the diabetes challenge. That response could be strengthened by the full implementation of plans and policies, as well as the monitoring and surveillance framework. The Member Associations report that there is a law on diabetes in development that, when approved, will ensure access of supplies for treatment.

A moderate proportion (9.9%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Venezuela has partially implemented national diabetes and NCD plans. Policies on trans fat are fully implemented; those on saturated fat, sugar, production of and access to healthy food, regulation of marketing to children and promotion of physical activity are only partially enforced. No Ministries apart from Health are discussing NCD policies.



The health system provides – but not universally – the full range of services for diabetes prevention and care; less than 50% of the costs are covered. Specialised services are provided to women and rural poor; there is limited availability of self-management education.



A framework for the monitoring and surveillance of diabetes is partially implemented and includes incidence/prevalence of diabetes, prevalence of raised blood pressure and tobacco consumption and level of salt intake. There is a National Registry on diabetes but it is not routinely updated.



The Government allocates funding to diabetes as part of the general NCDs budget, subsidising treatment including access to some diabetes medicines and testing equipment.



The Government does not engage the Member Associations in policy-making. A law relating to diabetes is in development.



Global Monitoring Framework:
No information available.

VENEZUELA at a glance (2013)

Adult population (20-79) in 1000s	18,646.42	Diabetes expenditure / person with diabetes (USD)	808
Diabetes cases (20-79) in 1000s	1,232.04	Diabetes related deaths (20-79)	9,966
Diabetes raw national prevalence (%)	6.61	Number of people with undiagnosed diabetes (20-79) in 1000s	296.30

SOUTH-EAST ASIA REGION



SOUTH-EAST ASIA at a glance (2013)

Adult population (20-79) in millions	883	Diabetes expenditure / person with diabetes (USD)	83
Diabetes cases (20-79) in millions	72.1	Diabetes related deaths (20-79)	1,200,001
Diabetes regional prevalence (%)	8.2	Number of people with undiagnosed diabetes (20-79) in millions	35.1

INTRODUCTION



Rapid development has driven a fast-growing epidemic of diabetes in South-East Asia (SEA). Across the Region, approximately 72 million people have diabetes - close to one-fifth of all adults with diabetes in the world. As South-East Asia continues to undergo large-scale urbanisation and life expectancy rises, the diabetes prevalence in the Region is estimated to increase by 70% in the next two decades.

Diabetes is increasingly affecting individuals in the Region in their most productive years. This will pose a challenge to governments working to improve the economic situation in their countries. More than half of the deaths due to diabetes occur in people under 60 years of age and one quarter in people under 50 years of age.

The small number of countries surveyed across SEA makes it difficult to generalise across the Region. Furthermore, according to the data provided by IDF Member Associations in the region, there is striking variation between countries. Only one of the six countries reports not having a national diabetes plan. However, the remaining countries have plans that are either in development or not fully implemented.

The areas surveyed which have the most countries scoring yellow or higher are health systems and monitoring. Nevertheless, even in these areas there remain countries that score poor and have been awarded a red.

Preventive nutrition policies and those regulating marketing to children range in development and implementation status. Physical activity policies are equally distributed between being in development and being partially implemented. While self-management education is an integral part of care for diabetes in two countries, it is limited or not available in the remaining countries surveyed.

Rights and empowerment is a further area for improvement. Five of the six countries that responded achieved low to moderate scores.

Four countries out of six surveyed have formally adopted the Global Monitoring Framework for NCDs.

6

SEA countries provided their input to this survey

33%

report having a national diabetes plan*

2

have integrated diabetes self-management education

3

have no action on rights

*full or partial implementation



BANGLADESH

Bangladesh's stronger performances come in its health systems policies and monitoring and surveillance, while the area of rights and empowerment needs improvement. The Member Association, which is the largest healthcare provider in the country after the Government, reports to work closely with it.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.2%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national diabetes plan is fully implemented, while a NCD plan is in development. Policies on promoting physical activity are partially enforced but several other policies on nutrition and regulation of marketing to children are in development by more than one Ministry other than Health.



The health system provides comprehensive services for diabetes care and prevention; self-management education is an integral part of diabetes care. Specialised services are provided for women, rural poor and people in vulnerable situations. However, costs are not covered.



The Member Association works as an extended arm of the Government on diabetes and implements a comprehensive framework for the monitoring and surveillance of diabetes, including most relevant indicators.



The Government allocates some funding for care and treatment as part of the general health system budget. However, this funding is extremely limited in light of the demand. The Member Association generates its own funding through cross-financing and raising donations.



The Member Association works closely with the Government. Action on rights is limited to general information and awareness campaigns.



Global Monitoring Framework:
Adopted.

BANGLADESH at a glance (2013)

Adult population (20-79) in 1000s	92,271.61	Diabetes expenditure / person with diabetes (USD)	41
Diabetes cases (20-79) in 1000s	5,089.04	Diabetes related deaths (20-79)	102,139
Diabetes raw national prevalence (%)	5.52	Number of people with undiagnosed diabetes (20-79) in 1000s	2,218.82



INDIA

India's stronger performance is in its monitoring and surveillance of diabetes. The Member Association reports that diabetes and NCDs are now a priority for the Government. Fully implementing the national diabetes plan will be important as a response to the significant challenge of diabetes in India. Ensuring services are more widely available and finding more resources would be important.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans exist but are only partially implemented due to the challenge of India's large infrastructure and resource constraints. Policies on trans fat, production of and access to healthy food and regulating marketing to children are partially enforced. Some cross-department discussion of NCD policies.



The health system provides - not universally - a full range of services for diabetes care and prevention, although costs are not covered. Specialised services are provided for rural poor; however, there is limited availability of self-management education.



There is a framework for monitoring and surveillance: it covers all proposed indicators but is not routinely implemented.



The Government provides funding for diabetes as part of the general health system budget, subsidising diabetes prevention, early diagnosis and treatment, as well as prevention of secondary complications.



The Government offers minimal scope for engagement. No information available about rights.



Global Monitoring Framework: Adopted.

INDIA at a glance (2013)

Adult population (20-79) in 1000s	760,429.73	Diabetes expenditure / person with diabetes (USD)	84
Diabetes cases (20-79) in 1000s	65,076.36	Diabetes related deaths (20-79)	1,065,053
Diabetes raw national prevalence (%)	8.56	Number of people with undiagnosed diabetes (20-79) in 1000s	31,919.96



MALDIVES

Maldives is allocating funding to diabetes but the Government needs to make progress across a number of elements, including preventive policies, to respond to the scale of the diabetes challenge. The Member Association reports that it conducts programmes on diabetes self-management throughout the country.

A moderate proportion (6.5%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



The Ministry of Health develops a NCD strategic plan every five years but there is no specific diabetes programme. Some Ministries apart from Health are discussing NCD policies; currently, only one policy on promoting physical activity is in development.



Government healthcare facilities provide services for people with diabetes, although specialised diabetes clinics do not exist. The current national insurance scheme covers all the cost of these services but the most modern insulin analogs are not available in the country.



There is no framework for the monitoring and surveillance of diabetes.



The Government allocates funding for diabetes as part of the general health system budget, subsidising treatment.



The Government offers limited scope for engagement. No action on rights.



Global Monitoring Framework:
Not adopted.

MALDIVES at a glance (2013)

Adult population (20-79) in 1000s	207.97	Diabetes expenditure / person with diabetes (USD)	852
Diabetes cases (20-79) in 1000s	7.88	Diabetes related deaths (20-79)	98
Diabetes raw national prevalence (%)	3.79 *	Number of people with undiagnosed diabetes (20-79) in 1000s	3.87



MAURITIUS

Mauritius is performing well across all areas, providing comprehensive care and implementing a wide-ranging monitoring framework. Its response will be further strengthened by the implementation of the national diabetes plan. The Member Association reports all public hospitals employ full-time diabetologists and have foot care clinics.

A moderate proportion (4.4%) of diabetes-related deaths have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



While Mauritius has a fully implemented national NCD plan, the diabetes plan is only partially implemented. There is a strong cross-Government approach to NCD policies and those on access to healthy food and regulating marketing to children are fully enforced. Others promoting physical activity and production of healthy food are partially enforced.



The health system provides services for the full range of diabetes care and prevention; self-management education is an integral part of diabetes care. Specialised services are provided to women, rural poor and elderly people. All healthcare services are free, including medicines and surgical interventions.



A routinely implemented framework for the monitoring and surveillance of diabetes exists and includes most relevant indicators, except for coverage of multidrug therapy and counselling to prevent heart attack and strokes.



The Government allocates specific funding for diabetes, covering diabetes prevention, early diagnosis and treatment, as well as the prevention of secondary complications.



The Member Association is invited to participate in policy-making or advisory bodies. Information and awareness campaigns exist.



Global Monitoring Framework: Adopted.

MAURITIUS at a glance (2013)

Adult population (20-79) in 1000s	882.02	Diabetes expenditure / person with diabetes (USD)	558
Diabetes cases (20-79) in 1000s	143.61	Diabetes related deaths (20-79)	1,781
Diabetes raw national prevalence (%)	16.28	Number of people with undiagnosed diabetes (20-79) in 1000s	70.44



NEPAL

Nepal is beginning to respond to the diabetes challenge by developing a national plan and a monitoring framework as well as policies to prevent diabetes. The Member Association reports that the Ministry of Health has recently developed a roadmap and a multi-sectoral NCD action plan with technical and financial support from WHO and the Russian Government

The low level of diabetes-related health expenditures has prevented a very small proportion (0.3%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are in development. There is some cross-Government discussion of NCD policies – and some governing trans fat, the regulation of marketing to children and promotion of physical activity are already in development.



The health system provides – but not universally – services for prevention, early diagnosis, treatment and prevention of secondary complications. Less than 50% of the cost is covered. Specialised services are only provided to elderly people. Self-management education is not provided.



There is a framework for monitoring and surveillance in development – so far none of the proposed indicators is included.



The Government allocates funding for diabetes as part of the general health system budget and there are not separate resources for prevention, early diagnosis, treatment or prevention of secondary complications.



The Member Association contributes to policy-making. No action taken on rights.



Global Monitoring Framework: Adopted.

NEPAL at a glance (2013)

Adult population (20-79) in 1000s	14,933.22	Diabetes expenditure / person with diabetes (USD)	39
Diabetes cases (20-79) in 1000s	674.12	Diabetes related deaths (20-79)	14,531
Diabetes raw national prevalence (%)	4.51	Number of people with undiagnosed diabetes (20-79) in 1000s	293.92



SRI LANKA

Sri Lanka's stronger performances come in its national plans and policies and budget and financing. The Member Association reports that primary healthcare is free in Government hospitals, including medical consultation and medicines. The country's response to diabetes would be strengthened if existing plans and policies were fully implemented, and self-management education was more widely available.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.9%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



Partially implemented national plans exist for diabetes and NCDs. More than one Ministry apart from Health have introduced several policies on nutrition, regulation of marketing to children and promotion of physical activity, again only partially enforced.



The health system provides - not universally - services for prevention, early diagnosis, treatment and prevention of secondary complications. Less than 50% of cost is covered. Specialised services are provided to women and refugees. There is limited availability of self-management education.



No information was provided about the existence of a monitoring and surveillance framework. However, the Member Association reports that the Government is monitoring salt intake.



The Government allocates funding to diabetes as part of the general NCDs budget, subsidising both education for health care professionals on the prevention of type 2 diabetes and care to prevent secondary complications.



The Member Association is invited to contribute to policy-making. No Government action taken on rights.



Global Monitoring Framework:
No information available.

SRI LANKA at a glance (2013)

Adult population (20-79) in 1000s	14,033.05	Diabetes expenditure / person with diabetes (USD)	127
Diabetes cases (20-79) in 1000s	1,128.01	Diabetes related deaths (20-79)	16,276
Diabetes raw national prevalence (%)	8.04	Number of people with undiagnosed diabetes (20-79) in 1000s	553.29

WP WESTERN PACIFIC REGION



WESTERN PACIFIC at a glance (2013)

Adult population (20-79) in millions	1,613	Diabetes expenditure / person with diabetes (USD)	640
Diabetes cases (20-79) in millions	138.2	Diabetes related deaths (20-79)	1,868,811
Diabetes regional prevalence (%)	8.6	Number of people with undiagnosed diabetes (20-79) in millions	74.7

The Western Pacific (WP) Region is home to just over a third of the total number of people with diabetes in the world. Approximately 138 million people have diabetes – the largest number of any Region and a prevalence of 8.6% of the population.

Many countries in the Region are experiencing a rapid rise in diabetes, with China leading the way. Within the next two decades, the number of people with diabetes in the Western Pacific is expected to rise by 46% percent.

In order to provide for the increasing number of people with diabetes, governments will need to strengthen health systems. They will also need to put in place comprehensive diabetes prevention policies to help stem the oncoming tide.

According to the data from IDF Member Associations in the WP, the majority of countries have begun to put the necessary policies in place, with all but two of the 15 countries that responded scoring in the middle of the colour spectrum. But there has to be a greater focus on implementing those policies. While only one country reports not having a national diabetes plan, in all but one of the remaining countries the policies are not yet fully implemented.

Monitoring and surveillance is a well-performing area, with nine countries scoring green. One country in the Region has implemented the WHO STEPwise approach to chronic disease risk factor surveillance (<http://www.who.int/chp/steps/manual/en/>). The health system policies are also strong and all countries have scored yellow or higher

Prevention policies in the Region are notably diverse and require strengthening and further implementation. All countries but one report some kind of a preventive nutrition policy in various states of development or implementation. Policies for regulating marketing to children, on the other hand, are limited, and four countries report having no policies to promote physical activity. Diabetes self-management education is limited in most countries.

The majority of countries have budgets that include funding for diabetes; five countries score a green. Rights and engagement is an area with relatively lower progress, with no country scoring green.

Eight countries out of fifteen surveyed have adopted the Global Monitoring Framework for NCDs.

15

WP countries provided their input to this survey

47%

report having a national diabetes plan*

2

have integrated diabetes self-management education

27%

have no preventive physical activity policies

*full or partial implementation



AUSTRALIA

Australia is performing strongly in monitoring and the Government provides funding for the full range of care. However the Member Association reports that funding is not sufficient and diabetes is often lost within NCD programmes. The introduction of a range of preventive policies and programmes would boost Australia's response to the diabetes challenge.

A large proportion (48.9%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



Australia is developing a new national plan for diabetes and its NCD plan is partially implemented. Preventive policies are limited – with most healthy food/eating policies voluntary, variable and partially implemented, as is the case with those promoting physical activity. However, there is a strong cross-Government approach to NCDs.



The health system provides universal services for diabetes treatment, while services for primary and secondary prevention, screening and diagnosis are not universally provided. 50-80% of cost is covered. There is limited availability of self-management education but specialised services are provided to different groups including women with gestational diabetes and indigenous people.



There is a comprehensive framework for the monitoring and surveillance of diabetes covering all relevant indicators but it is not routinely implemented.



The Government allocates specific funding for some elements of diabetes care and prevention. However, for many diabetes services funding is included in the general medical service funding.



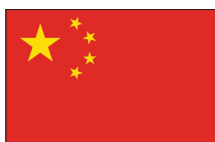
The Member Association contributes to policy-making and a charter of patient rights is in place.



Global Monitoring Framework: Adopted.

AUSTRALIA at a glance (2013)

Adult population (20-79) in 1000s	16,504.80	Diabetes expenditure / person with diabetes (USD)	6,473
Diabetes cases (20-79) in 1000s	1,648.86	Diabetes related deaths (20-79)	9,765
Diabetes raw national prevalence (%)	9.99	Number of people with undiagnosed diabetes (20-79) in 1000s	814.54



CHINA

Action on diabetes is beginning in China but it needs to be intensified to respond to the scale of the challenge in the country. A significant issue is the difference in diabetes care in China's cities and rural areas, caused by major imbalances in regional economic development and health insurance policies. The Member Association reports that it is difficult for people with type 1 diabetes to complete university education and obtain Government jobs.

Some diabetes-related deaths (2.4%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



China has national plans for diabetes and NCDs but they are only partially implemented; there is some cross-Government development of policies. Policies to regulate salt and trans fats exist and are enforced while those covering production of healthy food and physical education are only partially implemented.



The health system provides universal services for diagnosis while services for primary and secondary prevention and treatment are partially provided. Some specialised services for pregnant women exist in cities. Between 50-80% of the cost of diabetes care and services is covered but provision of self-management education is limited.



China is implementing a framework for the monitoring and surveillance of diabetes. It covers the incidence and prevalence of diabetes and raised blood pressure.



The Government allocates funding for diabetes as part of the general NCD budget. It includes early diagnosis through an annual screening for hypertension and raised blood sugar. Treatment is not covered.



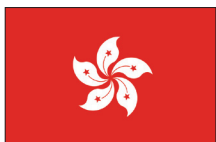
The Member Association contributes to policy-making and the Government has run information campaigns.



Global Monitoring Framework:
No information available.

CHINA at a glance (2013)

Adult population (20-79) in 1000s	1,023,050.42	Diabetes expenditure / person with diabetes (USD)	333
Diabetes cases (20-79) in 1000s	98,407.38	Diabetes related deaths (20-79)	1,271,003
Diabetes raw national prevalence (%)	9.62	Number of people with undiagnosed diabetes (20-79) in 1000s	53,238.39



CHINA, HONG KONG SAR

Hong Kong is beginning to take action on diabetes but this needs to be increased to respond effectively to the scale of the challenge. Plans should be fully implemented and work begun on developing a framework for the monitoring and surveillance of diabetes. Increased funding would be a significant benefit to people with diabetes, their families and carers.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



Hong Kong has diabetes and national NCD plans but neither have been fully implemented; another Ministry apart from Health is introducing NCD policies. Policies to regulate saturated and trans fats, sugar and salt exist and are being enforced. However, no action has been taken to promote the production of healthy food and physical activity.



The health system provides universal services for diabetes treatment and the prevention of secondary complications; diagnostic services are not universally provided and there is limited availability of self-management education. Specialised services are provided for the elderly and children. However, less than 50% of the cost of diabetes care and services is covered.



There is no framework for the monitoring and surveillance of diabetes. However, data is collected on obesity, salt intake and alcohol and tobacco consumption.



The Government allocates funding for diabetes as part of the budget for NCDs and this includes funding for the prevention of secondary complications.



The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework: No information available.

HONG KONG at a glance (2013)

Adult population (20-79) in 1000s	5,679.94	Diabetes expenditure / person with diabetes (USD)	1,678
Diabetes cases (20-79) in 1000s	540.02	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	9.51	Number of people with undiagnosed diabetes (20-79) in 1000s	266.77



FIJI

Fiji has taken action to respond to the diabetes challenge by introducing a range of preventive policies and is developing a national diabetes plan. The Member Association is urging the Government to go further and provide specific diabetes funding, as well as to ensure the full implementation of its comprehensive monitoring framework.

Some diabetes-related deaths (1.4%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Fiji has a partially implemented NCD plan and work is in progress to develop a diabetes plan. There is strong cross-Government action on NCDs and a range of preventive policies on fats, salt and sugar are partially implemented while marketing regulations are enforced. Other relevant policies are currently in development.



The health system provides universal services for diabetes prevention; early diagnosis, treatment and prevention of secondary complications are partially provided. At least 80% of costs are covered. Women can access specialised services but availability of self-management education is limited. The Member Association reports that budgetary constraints prevent the continuous supply of medicines.



A framework for the monitoring and surveillance of diabetes exists covering all relevant indicators but the Member Association says its coverage is partial and a cohesive national programme is needed.



The Government allocates funding for diabetes as part of the general NCD budget, covering early diagnosis and treatment. The Member Association is pressing strongly for separate diabetes funding.



The Member Association contributes to policy-making. No Government actions on rights, despite some people with type 1 diabetes facing discrimination at work.



Global Monitoring Framework: Adopted.

FIJI at a glance (2013)

Adult population (20-79) in 1000s	543.06	Diabetes expenditure / person with diabetes (USD)	231
Diabetes cases (20-79) in 1000s	57.64	Diabetes related deaths (20-79)	1,055
Diabetes raw national prevalence (%)	10.61	Number of people with undiagnosed diabetes (20-79) in 1000s	31.18



INDONESIA

Indonesia is beginning to take action on diabetes but needs to strengthen its response to meet the scale of the challenge, notably in the area of preventive policies. The Member Association reports a very small budget for NCD programmes but a national insurance scheme for part of the population is planned from this year.

The low level of diabetes-related health expenditures has prevented a very small proportion (1%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



National plans for diabetes and NCDs exist in Indonesia, but have not been implemented. Preventive policies are limited to only one covering the regulation of salt which is in development.



The health system provides universal services for diabetes treatment and the prevention of secondary complications; there are no prevention services and those covering early diagnosis are partially provided. Less than 50% of costs are covered. Specialised services are provided to women and rural poor but availability of self-management education is limited.



There is no framework for the monitoring and surveillance of diabetes but data on a range of indicators has been collected through national health surveys since 2007 .



The Government allocates funding for diabetes as part of the general health system budget, subsidising diabetes prevention services.



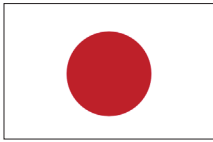
The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework:
No information available.

INDONESIA at a glance (2013)

Adult population (20-79) in 1000s	154,061.95	Diabetes expenditure / person with diabetes (USD)	143
Diabetes cases (20-79) in 1000s	8,554.17	Diabetes related deaths (20-79)	172,601
Diabetes raw national prevalence (%)	5.55	Number of people with undiagnosed diabetes (20-79) in 1000s	4,627.80



JAPAN

Japan's strength comes in its policies on budget and financing as well as monitoring and surveillance. Further progress could be made in preventive policies and stronger engagement with the Member Association could benefit people with diabetes.

A large proportion (32.1%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



National diabetes and NCD plans exist and are partially implemented. One Ministry apart from Health has adopted NCD policies, including partially enforced policies on salt, production of and access to healthy food, and marketing to children. Policies on saturated fat and sugar are in development.



The health system provides universal services for diabetes treatment; services for prevention, early diagnosis and prevention of secondary complications are partially provided. Between 50 and 80% of the costs of these services are covered. Self-management education programmes exist but no specialised services are provided for vulnerable groups.



There is a fully implemented framework for diabetes monitoring and surveillance, including all proposed indicators except for prevalence of harmful use of alcohol.



The Government allocates specific funding for diabetes, including prevention and early diagnosis services.



The Government offers minimal scope for engagement. There are regulations to protect basic human rights, but no specific action on diabetes.



Global Monitoring Framework: Adopted.

JAPAN at a glance (2013)

Adult population (20-79) in 1000s	95,304.38	Diabetes expenditure / person with diabetes (USD)	4,054
Diabetes cases (20-79) in 1000s	7,203.78	Diabetes related deaths (20-79)	64,680
Diabetes raw national prevalence (%)	7.56	Number of people with undiagnosed diabetes (20-79) in 1000s	3,558.67



MALAYSIA

Malaysia is performing strongly in the area of monitoring and surveillance. However, the Government could boost action in some areas to meet the scale of the diabetes challenge, including the full implementation of preventive policies. The Government has considered policies such as tax deductions for diabetes medicines.

Some diabetes-related deaths (3.4%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Malaysia has national plans for diabetes and NCDs but neither is fully implemented. There is a strong cross-Government focus on NCDs. Fully-enforced policies on sugar and access to healthy food exist, while those on the production of healthy food and physical activity are partially implemented. There is no policy regulating marketing to children.



The health system provides universal treatment services, while other services are partially provided. Specialised services are provided to women, indigenous people and rural poor. There is limited availability of self-management education. Information is not available on the level of cost coverage.



There is a comprehensive framework for the monitoring and surveillance of diabetes covering prevention and diagnosis.



The Government allocates funding for diabetes as part of the general health system budget, subsidising diabetes prevention and early diagnosis.



The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework:
No information available.

MALAYSIA at a glance (2013)

Adult population (20-79) in 1000s	18,919.44	Diabetes expenditure / person with diabetes (USD)	468
Diabetes cases (20-79) in 1000s	1,913.24	Diabetes related deaths (20-79)	24,049
Diabetes raw national prevalence (%)	10.11	Number of people with undiagnosed diabetes (20-79) in 1000s	1,035.06



MONGOLIA

Mongolia's stronger performance comes in its monitoring and surveillance, while action on national plans and policies could be boosted. The Member Association reports that only 50% of diabetes medicines are covered by the Government: glucometers, test strips, syringes and needles are not covered.

Some diabetes-related deaths (1.1%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans are partially implemented. Several Ministries apart from Health are developing a range of NCD policies on the production of and access to healthy food, regulation of marketing to children and promotion of physical activity. These will be included in the new National NCD Programme 2014-2020.



The health system provides – not universally – comprehensive services for diabetes care and treatment. Less than 50% of the cost of these services is covered. Specialised services are provided for women and rural poor but there is limited availability of self-management education.



A framework for diabetes monitoring and surveillance exists but is not routinely implemented. It includes all relevant indicators except availability and affordability of NCD essential medicines and basic technologies and action to prevent heart attacks and strokes.



The funding allocated for diabetes by the Government is part of the Health Project (2008-2013) of the Millennium Challenge Account, USA. It includes prevention and early diagnosis.



The Member Association is invited to contribute to policy-making. The Government has developed information and awareness campaigns.



Global Monitoring Framework: Adopted.

MONGOLIA at a glance (2013)

Adult population (20-79) in 1000s	1,807.39	Diabetes expenditure / person with diabetes (USD)	214
Diabetes cases (20-79) in 1000s	135.75	Diabetes related deaths (20-79)	3,053
Diabetes raw national prevalence (%)	7.51	Number of people with undiagnosed diabetes (20-79) in 1000s	73.44



NEW ZEALAND

New Zealand is performing strongly in monitoring and funds care to a high level. The Member Association reports significant expectations on primary care professionals to step up and deliver the support needed for an ever-growing number of people living with diabetes. The response would be strengthened by the introduction of preventive policies.

A large proportion (34%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national diabetes plan is partially implemented and a NCD programme is in development. The Government has established a high level group with consumer representation to review diabetes-specific service issues and requirements. It has also announced a community-based healthy families initiative to tackle the underlying causes of poor health (including obesity, smoking and excessive drinking).



The health system universally provides services for early diagnosis, diabetes treatment and prevention of secondary complications; primary prevention services are partially provided. Availability of self-management education is limited but specialised services are provided to a wide range of groups including women and indigenous people. At least 80% of the costs are covered.



There is a fully implemented framework for diabetes monitoring and surveillance, covering a wide range of indicators. The only exceptions are obesity, premature NCD mortality and physical inactivity.



The Government allocates specific funding for diabetes, including early diagnosis, treatment and the prevention of secondary complications.



The Member Association is invited to participate in policy developments. The Government has run appropriate information and awareness campaigns.



Global Monitoring Framework: Adopted.

NEW ZEALAND at a glance (2013)

Adult population (20-79) in 1000s	3,125.05	Diabetes expenditure / person with diabetes (USD)	4,040
Diabetes cases (20-79) in 1000s	342.68	Diabetes related deaths (20-79)	2,145
Diabetes raw national prevalence (%)	10.97	Number of people with undiagnosed diabetes (20-79) in 1000s	169.28



PAPUA NEW GUINEA

Papua New Guinea is taking important action in its health systems policies but advances are needed across other areas to respond to the diabetes challenge. The Member Association reports that the rise in diabetes prevalence is not translated into data being gathered by the Ministry of Health, available technologies are extremely limited (especially for foot and eye examinations) and facilities are overcrowded.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national diabetes plan exists but has not been implemented. A NCD plan is in development. There is no cross-Government approach to NCDs and the only preventive policy introduced and enforced is the regulation of salt. Treatment guidelines and diabetes management training for health workers in provincial hospitals have been developed by HOPE worldwide, the Ministry of Health and IDF.



The health system provides – not universally - services for early diagnosis and treatment. More than 80% of the cost is covered. Availability of self-management education is limited but some specialised services are provided for women and indigenous people. Medicines are often not available in public facilities, forcing people with diabetes to subsidise their own medication.



There is no framework for diabetes monitoring and surveillance.



The Government allocates limited funding to cover diabetes treatment. If medicines are available, people with diabetes pay less than one dollar for their medication. The Diabetes Treatment Guidelines and diabetes training have been funded by IDF.



The Government offers minimal scope for engagement and has taken no action on rights.



Global Monitoring Framework: Not adopted.

PAPUA NEW GUINEA at a glance (2013)

Adult population (20-79) in 1000s	3,745.41	Diabetes expenditure / person with diabetes (USD)	133
Diabetes cases (20-79) in 1000s	203.70	Diabetes related deaths (20-79)	5,230
Diabetes raw national prevalence (%)	5.44 *	Number of people with undiagnosed diabetes (20-79) in 1000s	110.20



PHILIPPINES

Philippines has a balanced performance across all areas but the response would be strengthened by fully implemented policies, introducing self-management education and a monitoring framework. The Member Association reports that the national insurance does not cover diabetes, so most people with diabetes have to pay out of pocket for the services provided. Private insurance companies also offer limited diabetes coverage.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.9%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national NCD plan is partially implemented and a national diabetes programme is in development. There is a strong cross-Government approach to NCDs resulting in partially enforced policies on saturated and trans fats, salt and promotion of physical activity. Policies on the production of and access to healthy food are in development.



The health system provides – although not universally – the full range of services for diabetes prevention and care. Specialised services are provided for women and people with complications, but no self-management education is offered. Costs of these services are not covered.



A framework for diabetes monitoring and surveillance is in development. It will include incidence/prevalence of diabetes, prevalence of obesity and tobacco use, level of physical inactivity and coverage of multidrug therapy and counselling to prevent heart attacks and strokes.



The Government allocates funding for diabetes as part of the general NCDs budget, including prevention, early diagnosis and treatment.



The Member Association is invited to contribute to policy-making through consultations or regular meetings. The Government has developed information and awareness campaigns.



Global Monitoring Framework:
Adopted.

PHILIPPINES at a glance (2013)

Adult population (20-79) in 1000s	54,210.53	Diabetes expenditure / person with diabetes (USD)	154
Diabetes cases (20-79) in 1000s	3,256.21	Diabetes related deaths (20-79)	54,535
Diabetes raw national prevalence (%)	6.01	Number of people with undiagnosed diabetes (20-79) in 1000s	1,761.61



SINGAPORE

Singapore is performing strongly in its policies of health systems and access, while rights and empowerment is clearly an area where more efforts are needed. The response to the diabetes challenge will be strengthened with the introduction of a national diabetes plan and relevant preventive policies. Engagement with the Member Association would benefit people with diabetes.

A large proportion (25.4%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national NCD programme is partially implemented and a national diabetes plan is in development. There is a growing cross-Government focus on NCDs; a policy on regulating marketing to children is partially enforced and another to promote physical activity is in development.



The health system provides universal services for the full range of diabetes prevention and care. Specialised services are provided for women and children and self-management education is an integral part of diabetes care. These services are subsidised by the Government.



There is a fully implemented framework for diabetes monitoring and surveillance, including incidence/prevalence of diabetes and prevalence of obesity, raised blood pressure and tobacco consumption.



The Government allocates funding for diabetes as part of the general health system budget, including funding for relevant non-profit organisations.



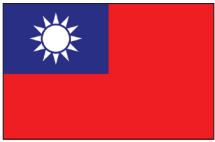
The Government does not engage the Member Association in policy-making and has taken no actions on rights.



Global Monitoring Framework:
No information available.

SINGAPORE at a glance (2013)

Adult population (20-79) in 1000s	4,058.27	Diabetes expenditure / person with diabetes (USD)	2,508
Diabetes cases (20-79) in 1000s	498.19	Diabetes related deaths (20-79)	4,134
Diabetes raw national prevalence (%)	12.28	Number of people with undiagnosed diabetes (20-79) in 1000s	246.11



TAIWAN

Taiwan is performing very strongly. Diabetes is recognised as an important issue in the country. There is a certification programme for health care professionals (including physicians, nurses, dietitians and pharmacists) who are rewarded for quality performance in the field of diabetes. A Public Nutrition Act is being drafted to complete the implementation of preventive policies.

Due to a lack of local data, the decrease in diabetes-related deaths associated with diabetes-related health expenditures was unable to be calculated for this region.



Taiwan has fully implemented national diabetes and NCD plans; many Ministries are involved in the development of NCD policies. The implementation of nutrition policies is not yet complete but regulators can prescribe restrictions on the sales and advertising of certain foods whose consumption can easily lead to obesity.



The health system supports diabetes prevention, early diagnosis and treatment as well as the prevention of secondary complications. Services are universally provided and costs fully covered with the exception of insulin pumps for type 1 diabetes and test strips for type 2 diabetes. Education is an integral part of diabetes care.



Taiwan has a framework for monitoring and surveillance covering all relevant diabetes indicators. This is implemented through a routine periodic survey that collects comprehensive health data.



The Government allocates specific funding for diabetes and covers the full range of diabetes prevention and treatment. Support groups and diabetes education material are also funded.



Member Associations and other civil society groups contribute to policy-making. The Government has delivered awareness campaigns.



Global Monitoring Framework: Adopted.

TAIWAN at a glance (2013)

Adult population (20-79) in 1000s	17,605.38	Diabetes expenditure / person with diabetes (USD)	1,129
Diabetes cases (20-79) in 1000s	1,721.06	Diabetes related deaths (20-79)	-
Diabetes raw national prevalence (%)	9.78	Number of people with undiagnosed diabetes (20-79) in 1000s	850.20



THAILAND

Thailand's stronger performance comes in its monitoring and surveillance and budget and financing, while the area of national plans and policies is weak in comparison. The country's response to diabetes would be strengthened by more preventive policies. The Member Association reports that key medicines are included in the national drug list and 100% covered.

Some diabetes-related deaths (1.6%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



A national diabetes plan is partially implemented and the Ministry of Public Health has recently announced the development of a NCD plan. There is some cross-Government discussion on NCD policies and some are in development including promoting physical activity, production of healthy food and regulating salt and sugar content. Regulations on marketing to children are partially enforced.



The health system provides universal diagnosis and treatment services - primary and secondary prevention services are also provided. More than 80% of the cost of these services is covered. Specialised services are provided to rural poor, but there is limited availability of self-management education.



A framework for diabetes monitoring and surveillance exists but is not implemented. It includes all relevant indicators except for salt intake. An electronic monitoring system is in the process of being set up.



The Government allocates specific funding for diabetes, including prevention, early diagnosis and prevention of secondary complications to a certain limit. Testing supplies are currently being considered for financing.



The Member Association is invited to contribute to policy-making. No action taken on rights.



Global Monitoring Framework: Not adopted, but a submission has been sent for its adoption.

THAILAND at a glance (2013)

Adult population (20-79) in 1000s	49,049.75	Diabetes expenditure / person with diabetes (USD)	256
Diabetes cases (20-79) in 1000s	3,150.67	Diabetes related deaths (20-79)	66,943
Diabetes raw national prevalence (%)	6.42	Number of people with undiagnosed diabetes (20-79) in 1000s	1,704.51



TONGA

Tonga is performing strongly with its health system policies and monitoring framework. Its response to the challenge of diabetes could be improved by the introduction of preventive policies targeted on the population at large.

Some diabetes-related deaths (2.1%) have been prevented due to previous diabetes-related health expenditures. Increased funding for cost-effective diabetes prevention and treatment is needed.



Tonga has a NCD strategy that is multisectoral and involves a number of Government departments, NGOs and other civil society groups; there is no separate plan for diabetes. Some preventive policies have been introduced, such as screening and lifestyle interventions, although these are largely targeted on schoolchildren rather than the general population.



The health system provides the full range of services for diabetes care and treatment to most people, with the exception of remote islands. There is no self-management education available. Specialised services are provided to a wide range of groups including women. All services and medicines are free.



There is a comprehensive framework for the monitoring and surveillance of diabetes, covering all relevant indicators. Tonga participated in the WHO STEPS in 2004 and 2012 and the Ministry of Health carries out on-going screening.



Funding exists as part of the health systems budget as well as from projects directed to diabetes and NCDs provided by agencies such as WHO, TongaHealth, JICA (Japan International Cooperation Agency), IDF and AusAID.



The Member Association participates in policy-making. No action has taken on rights but the Member Association says no discrimination has been reported.



Global Monitoring Framework: Adopted.

TONGA at a glance (2013)

Adult population (20-79) in 1000s	53.39	Diabetes expenditure / person with diabetes (USD)	307
Diabetes cases (20-79) in 1000s	7.02	Diabetes related deaths (20-79)	106
Diabetes raw national prevalence (%)	13.14	Number of people with undiagnosed diabetes (20-79) in 1000s	3.80

APPENDIX – METHODS AND ANALYSIS

The *Global Diabetes Scorecard* reports the IDF Member Associations' views on the situation in their respective countries. The information was gathered using an online questionnaire split into six sections.

The data collected was analysed using a point-based system: each answer was assigned a colour code based on the level of progress and implementation. Broadly the colours represent:

- **RED:** no existence of policy or development
- **ORANGE:** policy or development exists or is planned – no action has yet been taken
- **YELLOW:** policy or development exists, is funded and implementation has started
- **GREEN:** policy or development exists, is funded and being fully implemented

Each question contained also the option "I don't know" which was assigned a grey colour and zero points.

The colour of the first five sections is based on the points accrued, following these guidelines:

Section	Number of individual questions	Maximum possible points	Section colour coding by points	
National diabetes plans and policies	11	84	Red	0 – 20
			Orange	> 20 – 41
			Yellow	> 41 – 62
			Green	> 62 – 84
Policies on health systems and access	7	42	Red	0 – 9
			Orange	10 – 20
			Yellow	21 – 31
			Green	32 – 42
Monitoring and surveillance Budget and financing Rights, empowerment and equality	2	12	Red	0
			Orange	1 – 4
			Yellow	5 – 8
			Green	9 – 12

The last section of the questionnaire, the Global Monitoring Framework, received a separate colour code based on adoption at a national level:

- **RED:** not adopted
- **GREEN:** adopted
- **ORANGE:** not adopted but some aspects are already in place

In the survey sent to Member Associations this section consisted of a number of questions regarding the targets defined by the Global Monitoring Framework. However, it was apparent from the answers provided by Member Associations that most countries have not yet made significant progress towards these targets in the first year following the Global Monitoring Framework adoption at international level.

The factors that correlated with diabetes-related mortality were modelled using the following variables: total adult population (20-79 age range), total number of adults with diabetes, diabetes raw prevalence, mean diabetes health expenditure per person with diabetes, country gross domestic product (GDP) per capita, and total cases of diabetes-related deaths. On the basis of country/territory-specific diabetes prevalence and diabetes-related mortality, a theoretical rate of death in people with diabetes was calculated, adjusted to UN estimates of life expectancy for each country/territory.

The pure association between diabetes-related health expenditure and diabetes-related mortality was extracted using a linear regression controlling for GDP with region and life expectancy as fixed effects. If this component was removed from mortality figures, the remaining mortality figure would be the diabetes-related mortality in that country in the hypothetical situation when no money was spent on diabetes-related health

expenditure. Colours were assigned using a rule of equal intervals (25%) between global maximum and minimum.

The analysis was based on the information from the World Bank, the sixth edition of the *IDF Diabetes Atlas*, and the 2012 revision of the UN World Population Prospects. No information was available or some data were missed for the following countries/territories: Anguilla, Aruba, Bermuda, Curaçao, Democratic Republic of the Congo, Hong Kong, Montserrat, Puerto Rico, and Taiwan.

APPENDIX – SCORECARD SURVEY

NATIONAL DIABETES AND NONCOMMUNICABLE DISEASES (NCD) PLANS AND POLICIES

1. Does a national diabetes plan or programme exist in your country? Select the response you most agree with.

A National Diabetes Programme provides a co-ordinated approach to improving the organisation, accessibility and quality of diabetes prevention and care. This comprehensive policy or action plan usually covers:

- The main types of diabetes, i.e. type 1, type 2 and gestational diabetes;
- A continuum of care from primary prevention to treatment and palliative care;
- Resources, services and systems that support prevention and care.

- Yes, a diabetes plan exists and is fully implemented
- Yes, a diabetes plan exists but is only partially implemented (e.g. not in all regions or provinces)
- Yes, a diabetes plan exists but has not been implemented
- Yes, a diabetes plan is in development or in the process of consultation
- There is no diabetes plan in my country
- Don't know

2. Do you see evidence of other ministries or government departments (apart from health) introducing policies related to NCDs? This could include the ministries of finance, transportation, agriculture, education, or urban planning, among others.

For example, a finance policy to tax unhealthy food where the revenues are used for making healthy eating more affordable.

- Yes, more than one ministry or government department (apart from health) have developed policies related to NCDs
- Yes, one ministry or government department (apart from health) has developed policies related to NCDs
- No, but some ministries (apart from health) are discussing it
- No, not at all
- Don't know

3. Does a national NCD plan or programme exist in your country?

A national NCD plan or programme coordinates action across the four main NCDs (diabetes, cardiovascular disease, cancer and chronic lung disease) and provides an integrated approach to improving the organisation, accessibility and quality of NCD prevention and care.

- Yes, an NCD plan exists and is fully implemented
- Yes, an NCD plan exists but is only partially implemented (e.g. not in all regions or provinces)

- Yes, an NCD plan exists but has not been implemented
- Yes, an NCD plan is in development or in the process of consultation
- There is no NCD plan in my country
- Don't know

4. Does your government have a policy to limit or eliminate any of the following nutrients and ingredients in foods and beverages? Select one answer in each row. (NB: each row was scored separately)

	Policy exists and is fully implemented	Policy exists but is only partially implemented	Policy exists but has not been implemented	Policy is in development	No policy	Don't Know
Saturated fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trans fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Does your government have any of the following national nutrition and agriculture policies? Select one answer in each row. (NB: each row was scored separately)

	Policy exists and is fully implemented	Policy exists but is only partially implemented	Policy exists but has not been implemented	Policy is in development	No policy	Don't Know
Policies to promote production of healthy food, including fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies to promote access to healthy food, including fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Does your government have policies to regulate marketing of certain foods and beverages to children?

- Policies exist and are fully enforced
- Policies exist but are only partially enforced
- Policies exist but are not enforced
- Policies are in development
- No policy
- Don't know

7. Does your government have policies to create environments which promote physical activity? These would include policies in schools and workplaces.

- Policies exist and are fully implemented
- Policies exist but only partially implemented
- Policies exist but have not been implemented
- Policies are in development
- No policy
- Don't know

8. Please provide any additional comments related to the national diabetes and NCD plans and policies in your country.

POLICIES ON HEALTH SYSTEMS AND ACCESS

9. Does the health system provide services for diabetes in any of the following areas? Select one answer in each row. (NB: each row was scored separately)

Examples of prevention services: nutrition, physical activity and weight management programmes (group or individual).
 Examples of early diagnosis: targeted screening of people with risk factors.
 Examples of treatment services: medications and testing supplies, clinical monitoring, self-management education.
 Examples of prevention of secondary complications: foot and eye examinations, weight assessment, dietary advice/counseling.

	Yes	Yes, but not universally provided	No	Don't know
Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of secondary complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Does the health system provide diabetes self-management education? Select the response you most agree with.

- Diabetes self-management education is an integral part of diabetes care at the time of diagnosis, on an on-going basis, and on request
- Diabetes self-management education programmes exist and are widely available (for example, at the primary health care level)

- Diabetes self-management education programmes exist but with limited availability
- No, diabetes self-management education is not available in my country
- Don't know

11. Does the health system provide specialised or additional services for any of the following populations? Select all that apply.

- Women
- Indigenous people
- Rural poor
- People living in vulnerable situations. Please describe the population(s) which fits this definition in your country:
- Other. Please describe:
- None of the above
- Don't know

12. Is the cost of receiving diabetes care or services covered by insurance or a national health plan? To the best of your knowledge select the estimated percent of coverage.

- | | |
|---|---|
| <input type="radio"/> 80% or more of the cost is covered | <input type="radio"/> The cost is not covered |
| <input type="radio"/> Between 50 and 80% of the cost is covered | <input type="radio"/> Don't know |
| <input type="radio"/> Less than 50% of the cost is covered | <input type="radio"/> Other. Please explain: |

13. Please provide any additional comments related to the policies on health systems and access in your country. This can include information on any issues relating to quality of treatment, medicines or technologies and the availability/distribution of supplies of medicines or technologies.

MONITORING AND SURVEILLANCE

14. Does a framework for monitoring and surveillance of diabetes indicators and actions exist? Select the response you most agree with.

- Monitoring and surveillance framework exists for diabetes and is routinely implemented
- Monitoring and surveillance framework exists for diabetes but is NOT routinely implemented
- Monitoring and surveillance framework for diabetes is in development
- No system or framework for monitoring and surveillance of diabetes
- Don't know

15. If a monitoring and surveillance framework exists in your country, does it include any of the following elements? Select all that apply.

- Diabetes incidence and/or prevalence
- Obesity prevalence
- Premature mortality from NCDs
- Level of physical inactivity
- Raised blood pressure prevalence
- Level of salt intake
- Harmful use of alcohol
- Prevalence of current tobacco use
- Availability and affordability of essential NCD medicines and basic technologies
- Coverage of multidrug therapy and counselling (including for people with diabetes) to prevent heart attack and strokes
- My country does not have monitoring or surveillance for diabetes
- None of the above
- Don't know

16. Please provide any additional comments related to the monitoring and surveillance for diabetes and NCDs in your country.

BUDGET AND FINANCING

17. Does your government allocate funding to diabetes?

- Funding specifically allocated for diabetes
- Funding exists as part of general funding for NCDs
- Funding exists as part of general funding for health systems only
- No funding is allocated to diabetes
- Other. Please explain:
- Don't know

18. If there is funding for diabetes in your country, does it include any of the following? Select all that apply.

- Funding for diabetes prevention such as awareness campaigns or nutrition education
- Funding for early diagnosis of diabetes such as screening programmes

- Funding for treatment of diabetes such as providing testing supplies
- Funding for prevention of secondary complications such as a foot screening programme
- None of the above
- Other. Please explain:
- Don't know

19. Please provide any additional comments related to the budgeting and financing for diabetes in your country.

RIGHTS, EMPOWERMENT AND EQUALITY

20. Does your government support the engagement of diabetes civil society, NGOs and patient groups in policy development?

- Invitation to participate in policy-making or advisory bodies
- Invitation to contribute to policy-making through consultations or regular meetings with government representatives
- Minimal engagement or only occasional meetings with government representatives
- No engagement
- Other. Please explain:
- Don't know

21. Has your government taken action to protect fundamental rights and stop discrimination of people with diabetes?

- Laws and regulations to protect people with diabetes
- Existence of patient rights charter or signatory of IDF International Charter of Rights and Responsibilities
- Diabetes information/awareness campaigns with some rights based components
- No action
- Other. Please explain:
- Don't know

22. Please provide any additional comments related to rights, empowerment and equality.

NCD GLOBAL MONITORING FRAMEWORK

- 23. Has your government formally adopted the Global Monitoring Framework targets for use on a national level?**
- Adopted in my country for use at the national level
 - Not adopted
 - Don't know
 - Other. Please explain:
- 24. Since 2010, what national progress has been made on the Global Monitoring Framework target to halt the rise in diabetes?**
- Incidence/prevalence of diabetes decreased – by what percentage, if known.
 - Incidence/prevalence of diabetes has not changed
 - Incidence/prevalence of diabetes increasing – by what percentage, if known.
 - No data available
 - Don't know
- 25. Since 2010, what progress has been made on the Global Monitoring Framework target to halt the rise in obesity?**
- Incidence/prevalence of obesity decreased – by what percentage, if known.
 - Incidence/prevalence of obesity has not changed
 - Incidence/prevalence of obesity is increasing – by what percentage, if known.
 - No data available
 - Don't know
- 26. Since 2010, what progress has been made on the Global Monitoring Framework target to reduce premature mortality from NCDs by 25% by 2025?**
- Premature NCD mortality decreased – by what percentage, if known.
 - Premature NCD mortality has not changed
 - Premature NCD mortality increased - by what percentage, if known.
 - No data available
 - Don't know
- 27. Since 2010, what progress has been made on the Global Monitoring Framework target to reduce physical inactivity by 10%?**
- Physical inactivity has decreased – by what percentage, if known.
 - Physical inactivity has not changed

- Physical inactivity has increased – by what percentage, if known.
- No data available
- Don't know

28. Since 2010, what progress has been made on the Global Monitoring Framework target to reduce raised blood pressure by 25%?

- Raised blood pressure rate has decreased – by what percentage, if known.
- Raised blood pressure rate has not changed
- Raised blood pressure rate has increased – by what percentage, if known.
- No data available
- Don't know

29. Since 2010, what progress has been made on the Global Monitoring Framework target to reduce salt intake by 30%?

- Salt intake has decreased – by what percentage, if known.
- Salt intake has not changed
- Salt intake has increased – by what percentage, if known.
- No data available
- Don't know

30. Since 2010, what progress has been made on the Global Monitoring Framework target to reduce harmful use of alcohol by 10%?

WHO defines harmful use of alcohol as “the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes”.

- Harmful use of alcohol has decreased – by what percentage, if known.
- Harmful use of alcohol has not changed
- Harmful use of alcohol has increased – by what percentage, if known.
- No data available
- Don't know

31. Since 2010, what progress has been made on the Global Monitoring Framework target to reduce current use of tobacco by 30%?

- Current use of tobacco has decreased – by what percentage, if known.
- Current use of tobacco has not changed
- Current use of tobacco has increased – by what percentage, if known.
- No data available
- Don't know

32. Since 2010, what progress has been made on the Global Monitoring Framework target to achieve 50% coverage of drug therapy and counselling for those at risk of heart attack and stroke (including for people with diabetes)?

- Multidrug therapy coverage has increased. Percentage increase and total percentage availability, if known.
- Multidrug therapy coverage has not changed
- Multidrug therapy coverage has decreased. Percentage decrease and total percentage availability, if known.
- Multidrug therapy is not covered in my country
- No data available
- Don't know

33. Since 2010, what progress has been made on the Global Monitoring Framework target to achieve 80% availability of essential NCD medicines and technologies?

- Availability of NCD essential medicines and technologies has increased. Percentage increase and total percentage availability, if known.:
- Availability of NCD essential medicines and technologies has not changed. If known, please state the total percent availability in your country.
- Availability of NCD essential medicines and technologies has decreased. Percentage decrease and total percentage availability, if known.
- No data available
- Don't know

34. Please, provide any additional comments related to progress made on the Global Monitoring Framework for NCDs in your country.

35. Please, provide any further information you believe will be helpful in completing the Global Diabetes Scorecard for your country.

APPENDIX – IDF MEMBER ASSOCIATIONS

AFRICA REGION

Cameroon	Cameroon Diabetes Association
Dem. Rep. of Congo	Association Vaincre le Diabète au Congo
Ethiopia	Ethiopian Diabetes Association
Gambia	Gambian Diabetes Association
Ghana	National Diabetes Association
Guinea	Association Guinéenne d'Education et d'Aide aux Diabétiques
Kenya	Diabetes Kenya Association
Nigeria	Diabetes Association Of Nigeria
Rep. of Congo	Diabaction-Congo
Rwanda	Association Rwandaise des Diabétiques
Senegal	Association Sénégalaise de Soutien aux Diabétiques
South Africa	Diabetes South Africa
Tanzania	Tanzania Diabetes Association
Togo	Association Togolaise du Diabète
Uganda	Uganda Diabetes Association
Zambia	Diabetes Association of Zambia
Zimbabwe	Zimbabwe Diabetic Association

EUROPE REGION

Albania	Shoqata E Diabetit Ne Shqiperi
Armenia	Armenian Association of Diabetes
Austria	Österreichische Diabetes Gesellschaft
Belgium	Association Belge du Diabète Diabetes Liga
Bulgaria	Bulgarian Diabetes Association
Czech Rep.	SVAZ Diabetiku Cesken Republiky
Denmark	Diabetesforeningen
Finland	Finnish Diabetes Association
France	Association Française des Diabétiques
Georgia	Georgian Union of Diabetes and Endocrine Associations
Germany	DiabetesDE
Greece	Hellenic Diabetes Association
Ireland	Diabetes Federation of Ireland
Italy	FAND - Associazione Italiana Diabetici Associazione Medici Diabetologi

	Associazione Nazionale Italiana Atleti Diabetici
	Societa Italiana di Diabetologia
Kazakhstan	Diabetes Association of the Republic of Kazakhstan
Lithuania	Lithuanian Diabetes Association
Luxembourg	Association Luxembourgeoise du Diabète
Norway	Norges Diabetesforbund
Poland	Polskie Stowarzyszenie Diabetyków Polskie Towarzystwo Diabetologiczne
Slovenia	Zveza Drustev Diabetikov Slovenije
Spain	Sociedad Española de Diabetes
Switzerland	Schweizerische Diabetes-Gesellschaft
Turkey	Türk Diabet Cemiyeti Turkish Diabetes Foundation
United Kingdom	Diabetes UK

MIDDLE EAST AND NORTH AFRICA REGION

Egypt	Egyptian Diabetes Association
Iran	Iranian Diabetes Society
Iraq	Iraqi Diabetes Association
Jordan	Jordanian Society for the Care of Diabetes
Libya	Libyan Diabetic Association
Maroc	Ligue Marocaine de Lutte contre le Diabète
Oman	Oman Diabetes Society
Pakistan	Diabetic Association of Pakistan
Saudi Arabia	Saudi Diabetes and Endocrine Association
Sudan	Sudanese Diabetes Association
Syria	Syrian Diabetes Association

NORTH AMERICA AND CARIBBEAN REGION

Anguilla	Anguilla Diabetes Association
Antigua And Barbuda	Antigua and Barbuda Diabetes Association
Aruba	Aruba Diabetes Foundation
Barbados	Diabetes Association of Barbados

Belize	Belize Diabetes Association
Bermuda	Bermuda Diabetes Association
Canada	Canadian Diabetes Association Diabète Québec
Curacao	Sosiedat Kurasoleno di Diabetiko
Dominica	Dominica Diabetes Association
Guyana	Guyana Diabetic Association
Haiti	Fondation Haïtienne du Diabète et des Maladies Cardiovasculaires
Jamaica	Diabetes Association of Jamaica
Mexico	Federación Mexicana de Diabetes
Montserrat	Montserrat Diabetes Association
Saint Lucia	St Lucia Diabetic and Hypertensive Association
USA	American Association of Diabetes Educators American Diabetes Association

SOUTH AND CENTRAL AMERICA REGION

Argentina	Sociedad Argentina de Diabetes Liga Argentina de Protección al Diabético Asociación para el Cuidado de la Diabetes en Argentina Federación Argentina de Diabetes
Bolivia	Sociedad Boliviana de Endocrinología, Metabolismo y Nutrición
Brazil	Sociedade Brasileira de Diabetes Associação de Diabetes Juvenil Federação Nacional de Associações e Entidades de Diabetes
Chile	Sociedad Chilena de Endocrinología y Metabolismo Fundación Diabetes Juvenil de Chile
Colombia	Asociación Colombiana de Diabetes Federación Diabetológica Colombiana
Costa Rica	Asociación Nacional pro Estudio de la Diabetes, Endocrinología y Metabolismo
Dominican Rep.	Instituto Nacional de Diabetes, Endocrinología y Nutrición Sociedad Dominicana de Diabetes
El Salvador	Asociación Salvadoreña de Diabetes
Guatemala	Patronato de Pacientes Diabéticos de Guatemala
Nicaragua	Fundación Nicaraguense para la Diabetes

	Asociación de Padres de Niños y Jovenes Diabéticos de Nicaragua
Paraguay	Fundación Paraguaya de Diabetes
Peru	Asociación de Diabeticos Juveniles del Perú
Puerto Rico	Asociación Puertorriqueña de Diabetes
Uruguay	Asociación de Diabéticos del Uruguay Sociedad de Diabetología y Nutrición del Uruguay
Venezuela	Federación Nacional de Asociaciones y Unidades de Diabetes Sociedad Venezolana de Endocrinología y Metabolismo

SOUTH-EAST ASIA REGION

Bangladesh	Diabetic Association of Bangladesh
India	Diabetic Association of India
Maldives	Diabetes Society of Maldives
Mauritius	Mauritius Diabetes Association
Nepal	Nepal Diabetes Association
Sri Lanka	Diabetes Association of Sri Lanka

WESTERN PACIFIC REGION

Australia	Diabetes Australia
China	Chinese Diabetes Society
Fiji	Diabetes Fiji
Hong Kong	Diabetes HongKong
Indonesia	Persatuan Diabetes Indonesia
Japan	Japan Association for Diabetes Education and Care
Malaysia	Diabetes Malaysia
Mongolia	Mongolian Diabetes Association
New Zealand	Diabetes New Zealand
Papua New Guinea	Diabetic Association of Papua New Guinea
Philippines	Diabetes Philippines
Singapore	Association of Diabetes Educators Diabetic Society of Singapore
Taiwan	Taiwanese Association of Diabetes Educators Chinese Taipei Diabetes Association
Thailand	Diabetes Association of Thailand
Tonga	Tonga Diabetes Association



**International
Diabetes
Federation**



**International
Diabetes
Federation**