



MEDIA BACKGROUNDER

Diabetes in the developing world

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Today, 70% of the estimated 285 million people living with diabetes live in the low- and middle- income countries of the world.¹

- The prevalence of diabetes has reached epidemic proportions. The WHO predicts that developing countries will bear the brunt of this epidemic in the 21st century, with approximately 70% of all new cases of diabetes expected to appear in the developing nations.²
- Although infectious diseases still constitute the leading cause of mortality and morbidity in developing countries, WHO predicts that non-communicable diseases such as diabetes, cardiovascular disease, cancer and chronic respiratory diseases will become the world's main disablers and killers within the next 25 years.
- The number of people with diabetes worldwide is expected to rise to 438 million by 2030. The largest increases will take place in the regions dominated by developing economies, i.e. countries, where health resources are needed to combat both infectious and chronic diseases. The greatest increase in prevalence rates are expected to be seen in Africa (98%) and Middle East and North Africa (94%)³.
- Type 2 diabetes constitutes about 85 to 95% of all diabetes in high-income countries and may account for an even higher percentage in low- and middle-income countries.⁴

Lack of sufficient diagnosis and treatment

- Worldwide, less than half of all people with diabetes are diagnosed; in developing countries less than half are aware of their condition. Undiagnosed diabetes accounted for 85% of those with diabetes in studies from South Africa, 80% in Cameroon, 70% in Ghana and over 80% in Tanzania. Without timely diagnoses and adequate treatment, complications and morbidity from diabetes rise exponentially⁵.
- Since type 2 diabetes often remains undiagnosed for several years, a significant number of people already have retinopathy and other complications at the time of diagnosis of diabetes. Retinopathy remains an important cause of visual loss in the developed world.
- The risk of leg amputation, heart disease and stroke are all significantly higher for people with diabetes. People with diabetes are in general 15 to 40 times more likely to require a lower limb amputation

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¹ IDF Diabetes Atlas, fourth edition, 2009

² IDF Diabetes Atlas, fourth edition, 2009

³ IDF Diabetes Atlas, fourth edition, 2009

⁴ IDF Diabetes Atlas, fourth edition, 2009

⁵ IDF Diabetes Atlas, fourth edition, 2009



compared to the general population. Diabetes is the most common cause of non-traumatic amputation of the lower limb.⁶

- The diabetes pandemic, which consists primarily of type 2 diabetes, has evolved in association with rapid cultural changes, aging populations, increasing urbanisation, dietary changes, decreased physical activity and other unhealthy lifestyles and behavioural patterns. Without effective prevention and control programmes, the incidence of diabetes will continue to rise globally.
- It may seem strange that the developing world, which is often associated with hunger and inadequate nutrition for children is now experiencing an epidemic in type 2 diabetes, a disease related to wealth and sedentary lifestyle. One reason is a dramatic increase in urbanisation. The world's urban population will likely increase by 3.1 billion between 2007 and 2050, passing from 3.3 billion to 6.4 billion. Consequently, people adapt the lifestyle from the industrialised countries causing diseases such as diabetes related to an urban lifestyle. It is also a fact that some people are genetically predisposed to developing diabetes and combined with lifestyle changes this risk of developing diabetes has become reality for many people in developing countries.

Diabetes costs – a burden for families and society

- Because of the chronic nature of the disease, the severity of its complications and the means required controlling them, diabetes is a costly disease. Mechanisms for financing health care are non-existent in most developing countries and health costs therefore typically represent out-of-pocket expenditure. The WHO estimates that 80% of people in developing countries pay directly for some or all of their own medicine⁷. In many instances, the choice is between health care and food or clothing, and such financial constraints inevitably result in under-consumption of health care services.
- The world suffers huge losses in form of foregone economic growth as a result of diabetes. Losses arise from the premature death and disability that untreated diabetes causes.
- In the poorest countries, people with diabetes and their families bear almost the whole cost of whatever medical care they can afford. In India for example, the poorest persons with diabetes spend an average of 25% of their total income on private care⁸.
- In developing countries, the prevailing poverty, ignorance, illiteracy and poor health consciousness further adds to the problem. Those who cannot afford or do not have access to even bare minimum healthcare facilities are likely to be diagnosed late and suffer from diabetes related complications (because of delay in diagnosis and/or improper treatment). Furthermore, many people with type 1 diabetes die before they are diagnosed, or soon after diagnosis, due to inadequate access to treatment.

⁶ WHO ([http://www.wpro.who.int/wpdd/downloads/Diabetes_text\(28-33\).pdf](http://www.wpro.who.int/wpdd/downloads/Diabetes_text(28-33).pdf))

⁷ WHO website

⁸ IDF Diabetes Atlas, third Edition, 2007

**General facts on health care in the developing world**

- The developing world carries 90% of the world's total disease burden, yet benefits from only 10% of global health resources⁹.
- The WHO estimates that one-third of the world population still lacks regular access to essential drugs, and this figure rises to over 50% in the least developed parts of Africa and Asia¹⁰. Barriers to healthcare access in developing countries include social and political factors, such as civil conflicts, lack of healthcare and education infrastructures and shortage of financial resources.

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The World Diabetes Foundation

The World Diabetes Foundation is dedicated to supporting prevention and treatment of diabetes in the developing world through funding of sustainable projects. The Foundation creates partnerships and acts as a catalyst to help others do more and strives to educate and advocate globally in an effort to create awareness, care and relief to those impacted by diabetes. The World Diabetes Foundation has funded 236 projects to date in 90 countries with a total project portfolio of USD 223.7 million, of which USD 76.6 million were donated by the Foundation.

The establishment of the World Diabetes Foundation was announced by its founding father Novo Nordisk A/S on World Diabetes Day 2001. The Foundation was legally established in February 2002. A donation programme by the founding company of a maximum of DKK 650 million over a period of ten years was approved by its General Assembly and shareholders in March 2002.

In March 2008, the shareholders of Novo Nordisk A/S approved an additional endowment of a maximum of DKK 575 million over another ten-year period, bringing the two endowments from Novo Nordisk A/S up to a total maximum of DKK 1.2 billion in the period 2001-2017, i.e. the equivalent of USD 255 million (exchange rate of 4.8). The Foundation is registered as an independent trust and governed by a board of six experts in the field of diabetes, access to health and development assistance.

For further information please visit our website: www.worlddiabetesfoundation.org

⁹ WHO website

¹⁰ WHO website