



WORLD **DIABETES** FOUNDATION

ANNUAL REVIEW 2015

THE WORLD DIABETES FOUNDATION INTERVENTIONS AND FOCUS AREAS

The World Diabetes Foundation was established in 2002 with the vision of being a catalyst for change. Its objective is to support prevention and treatment of diabetes in developing countries.

The WDF will facilitate implementation of the UN Sustainable Development Goals by striving to reduce the vulnerability of people served through its grants – addressing basic health needs, promoting equity (in particular gender equity), and fostering sustainable solutions.

The World Diabetes Foundation aims to attract and fund innovative partnership projects at the global, regional and national levels. Projects combine one or more interventions (the purpose of the activity) with one or more focus areas (the disease state the project addresses). The WDF has three interventions and six focus areas:

INTERVENTIONS

ACCESS TO CARE



PREVENTION



**ADVOCACY AND
STAKEHOLDER ENGAGEMENT**



FOCUS AREAS

TYPE 2 DIABETES



DIABETES FOOT CARE



DIABETES EYE CARE



PREGNANCY AND DIABETES



TYPE 1 DIABETES



TUBERCULOSIS AND DIABETES



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INTRODUCTION BY THE CHAIRMAN



A TRIBUTE TO OUR PIONEERS



*Dr Anil Kapur,
Chairman,
World Diabetes
Foundation*

The year 2015 was a time of change at the World Diabetes Foundation. Three Board Members retired at the end of 2014 and the new WDF Board was constituted in January 2015. I would like to briefly pay tribute to the contributions of these gentlemen in establishing and shaping the WDF.

We will always be thankful to Mr Lars Rebien Sørensen, the WDF's founding father. It was he who convinced the shareholders of Novo Nordisk A/S to fund the establishment of an independent foundation in 2002 dedicated to supporting prevention and treatment of diabetes in the developing world. His idea was that the World Diabetes Foundation should empower and nurture local leadership and initiatives to find locally relevant, sustainable solutions. Lars ensured that the WDF was adequately funded to carry out its mandate and, despite his hectic schedule, for 14 years he participated in all Board meetings and important WDF events. "The creation of the WDF was an important decision and I am satisfied that it has turned out well," he said in his usual modest style as he stepped down from the Board.

Professor Ib Christian Bygbjerg, as an original Board member, helped frame the WDF's Code of Conduct. His focus on equity, empathy, empowerment and inclusiveness has ensured that WDF projects target vulnerable populations and avoid the 'silo mentality'. Ib emphasised

the need for a public health approach to tackle the diabetes epidemic in the developing world; this is why the WDF has been able to bring attention to, and bridge the gap between, hitherto neglected links between communicable and non-communicable diseases and between maternal, newborn and child health and diabetes.

The esteemed Professor Pierre Lefèbvre served as Chairman of the WDF Board with great distinction for 12 years. With his long and distinguished career in the field of diabetes involving academics, research, policy and advocacy, he provided inspiration, credibility, wisdom and guidance to the WDF. Pierre has been a remarkable global ambassador and spokesperson for the fight against diabetes. His often repeated comment, when referring to the work of the WDF, "never before have so few done so much for the fight against diabetes," continues to motivate the WDF secretariat and our project partners.

The ongoing work of the WDF and its impact on diabetes care in the developing world bear testimony to these gentlemen's vision and contribution to the Foundation. Now I am pleased to welcome two distinguished colleagues to our Board, Professor Abdallah Daar and Mr Jacob Riis (see page 44-45), who are eager to join our battle against the diabetes pandemic.

A busy year for advocacy

Boards of directors play an important role in advocacy work and the WDF organised and participated in many



Area 25 Health Centre, Lilongwe, Malawi.

such events in 2015 (see page 10). Complementary meetings co-funded by the WDF in Sri Lanka and Denmark brought together a wide range of stakeholders to discuss best practices in primary prevention of type 2 diabetes. Recommendations generated at the Sri Lankan meeting are now assisting South East Asian efforts to reach the WHO Global Action Plan targets.

Over the last two years the WDF has supported the development of a global framework for GDM. In October, FIGO launched the results of this important work, The FIGO Initiative on Gestational Diabetes Mellitus. This is a welcome development and fulfils a pressing need identified by the WDF. We hope to be able to support the roll-out of the initiative in a few key target countries in the coming years.

In November the world's first International Summit on Tuberculosis and Diabetes was co-hosted by the WDF. At the end of the Summit, participants signed the Bali Declaration – the first official document addressing the international action needed to tackle the TB-diabetes co-epidemic.

Later in November, the WDF participated in the WHO Global Coordination Mechanism on NCDs meeting in Geneva, sharing lessons we have learned from funding projects in the developing world. Some of these projects have now developed into national programmes for NCDs and these experiences can be leveraged to help implementation of the WHO Global Action Plan for NCDs.

The newly-adapted Sustainable Development Goals (see page 8), together with the Global Action Plan, provide a framework and anchor for the WDF's work. Actions to address diabetes require collaboration between disciplines and disease areas, and a seamless connection between health promotion, disease prevention and care delivery. This is exactly what the WDF supports and promotes through many of our grassroots projects and advocacy platforms.

At the end of the year, the IDF's World Diabetes Congress in Vancouver provided the opportunity for the WDF Board to hear directly from project partners and stakeholders about their aspirations, needs and challenges to deal with the rising burden of diabetes in the developing world. It was heartening to note that both partners and stakeholders appreciate the support the WDF provides – a fitting tribute to the pioneers who helped establish this small but significant organisation, and to the WDF secretariat who continue to work hard as we remain committed to the fight against diabetes.

Finally, on behalf of the WDF Board and secretariat, I wish you all a very happy, healthy and fulfilling year ahead.

Dr Anil Kapur
Chairman
World Diabetes Foundation

FOREWORD BY THE MANAGING DIRECTOR



MEETING A GROWING NEED



*Dr Anders Dejgaard,
Managing Director,
World Diabetes
Foundation*

The numbers are alarming. The new IDF Diabetes Atlas, launched at the 2015 IDF World Diabetes Congress in Vancouver, Canada, estimates that 415 million people are now living with diabetes and the number will grow significantly if action is not taken. Close to 100 million people suffer some kind of eye damage and every 30 seconds a person has an amputation due to diabetes-related damage to the nerves and/or peripheral blood supply.

There's more: an estimated one in seven live births is affected by hyperglycaemia. Every 6 seconds a person dies due to diabetes – many more than HIV/AIDS, malaria and TB combined. And 80% of these disturbing events take place in the developing world. This is why the work the World Diabetes Foundation does is so important.

Meeting the challenge

This work kept the WDF very busy in 2015. Our Board approved 51 new projects addressing care and prevention of diabetes in 28 developing countries this year, bringing the total to 428 partnership projects (including global projects) in 113 countries since we started our work in 2002. Yet despite these efforts and their significant impact, the need for better diabetes care and services continues to grow.

Our advocacy work is another way of meeting this challenge. This was a strong year for advocacy at the WDF: in 2015 we sponsored and participated in many advocacy platforms; you can read about some of the most significant of these on page 10. A few other meetings in 2015 are also worth mentioning:

- The WDF had several presentations and stakeholder meetings at the 7th International Symposium on the Diabetic Foot, held in May at The Hague in the Netherlands.
- The Pan American Conference on Diabetes & Pregnancy, held in September in Lima, Peru, which we sponsored and arranged together with the Pan American Health Organization, drew together healthcare professionals and officials from 30 Latin American and Caribbean countries to discuss the prevention and treatment of GDM.
- Representatives from the WDF, including our Board, and our partners made presentations and shared learnings and best practices at the 2015 World Diabetes Congress in Vancouver, Canada, in November. We also took this opportunity to hold many fruitful meetings with both current and potential project partners.

Our Global Diabetes Walk is another very effective form of advocacy. In November, we held the biggest Global Diabetes Walk in our history, with almost 380,000 participants in 67 countries across the globe – and received lively coverage on social media.



The WDF's Mads Loftager Mundt (left) and Anders Dejgaard (second from left) visit project partners in Sudan.

In 2015, the WDF also became a registered, permanent participant of the WHO Global Coordination Mechanism for the prevention and control of non-communicable diseases (WHO GCM/NCD). This will be an exciting forum influencing the global implementation of the WHO Global NCD Action Plan 2013-2020, and the WDF is honoured to be a part of it.

An important year

Now we're at the start of 2016 and it promises to be an important year for the WDF. Global awareness of the huge threat that diabetes represents to public health, especially in the developing world, is growing. The new UN Sustainable Development Goals are among the catalysts challenging governments of member states to reduce premature mortality from NCDs by one third by 2030. As a result, there's a new energy behind efforts to establish and roll-out national action plans against NCDs. We will focus on how the WDF and its partners can best support these efforts when we review and update our strategy this year.

On the advocacy front, several new initiatives are already in place: we'll be participating in the East African Diabetes Conference in Dar el Salaam in March, the Women Deliver conference in Copenhagen in May and in WHO GCM/NCD dialogue meetings, to name just a few of our activities. Along the way, we will investigate opportunities for new strategic alliances within our interventions and focus areas, with a

special focus on strengthening alliances within diabetes eye care, foot care and primary prevention.

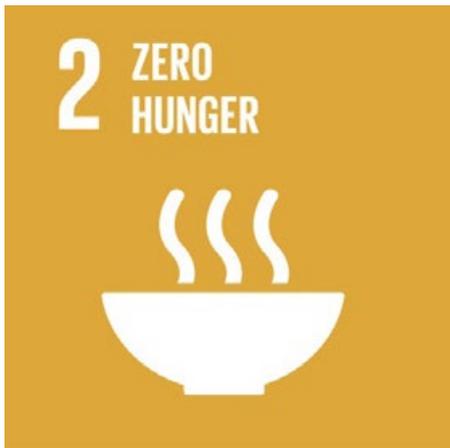
Knowledge sharing will be another theme for 2016. As our experience grows, so does the importance of sharing our learnings and resources. This year, we will focus on electronic medical records and registries, implementation of clinical impact indicators, and evaluations. We will also add useful documents to our website in focus area-specific toolboxes, with the aim of helping applicants conceive and write quality applications.

Finally, we will continue our important, rewarding visits with our partners. The secretariat and I gain great inspiration from seeing our projects in progress and appreciate the opportunities these visits provide to identify and stimulate further applications.

The goal today – as it was when the WDF was founded in 2002 – is to alleviate human suffering related to diabetes and its complications. We are looking forward to continuing this important work in the most effective and sustainable way in the coming year.

Dr Anders Dejgaard
Managing Director
World Diabetes Foundation

THE WDF AND THE SUSTAINABLE DEVELOPMENT GOALS



End hunger, achieve food security and improved nutrition, and promote sustainable agriculture



Ensure healthy lives and promote wellbeing for all at all ages



Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

INCREASED FOCUS ON **NON-COMMUNICABLE DISEASES** PROVIDES A FRAMEWORK AND 'FOOT IN THE DOOR' FOR THE WDF AND ITS PARTNERS.

The Sustainable Development Goals (SDGs), which follow and expand on the expiring Millennium Development Goals (MDGs), were approved at the United Nations Summit in September 2015 and took effect on 1 January 2016. Created as a plan of action for people, planet and prosperity, the 17 goals with 169 associated targets aim to strengthen universal peace in larger freedom through a revitalised global partnership in the next 15 years. But what do they mean for the World Diabetes Foundation and its partners?

"We are fully-aligned with the SDGs," says Dr Anders Dejgaard, Managing Director of the WDF. "And I trust that they will help us going forward, as they provide a 'foot in the door', with easier access to ministers of health and other key stakeholders in the countries where we operate."

Dr Anil Kapur, Chairman of the WDF, agrees: "The goals provide a framework and legitimacy for our efforts. I am delighted that the SDGs have a greater focus on NCDs and women and child health than the MDGs. The importance of multi-stakeholder engagement is also highlighted, which we have been advocating since our inception."

17 goals, 169 targets

Rooted in human rights principles and standards, the holistic SDGs cover every aspect of life, including poverty

reduction and inequality, sustainability and economic growth. However, with 17 ambitious goals and 169 targets addressing key issues in both developed and developing countries, the SDGs are extremely complex.

"One of the main challenges is that the goals are so broad. It is up to all stakeholders to identify which goals their work relates to and how they can contribute to achieving the relevant targets," points out Dr Kapur. "With regards to the WDF, several of the goals stand out as being directly related to what we are trying to achieve – in particular Goal 3 which aims to ensure healthy lives and promote wellbeing and 3.4 which focuses on reducing premature mortality from NCDs specifically."

Dr Dejgaard agrees: "All our projects are about supporting prevention of diabetes or optimising care of people affected by diabetes or its complications. This is completely aligned with target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment. This target will continue to be a guiding star for us going forward," he says.

Furthermore, Goal 2 which focuses on improving nutrition and Goal 5 which focuses on achieving gender equality are clearly linked to the WDF's efforts within primary prevention and maternal and child health, respectively.

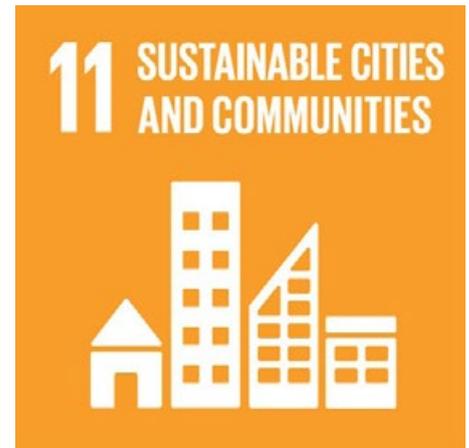
THE WDF'S WORK IS ESPECIALLY RELEVANT TO THE FOLLOWING SUSTAINABLE DEVELOPMENT GOALS:



Achieve gender equality and empower all women and girls



Reduce inequality within and among countries



Make cities and human settlements inclusive, safe, resilient and sustainable

“Gender equity is part of our Code of Conduct and focusing on gestational diabetes is important with regards to both maternal and child health,” explains Dr Dejgaard. “By targeting pregnancy and diabetes we aim to prevent diabetes in the future for the mother and child and reduce the risk of diabetes-related complications. Our projects here will clearly impact the target of reducing NCD-related deaths.”

In addition to these specific goals, the SDGs and the work of the WDF overlap in many other areas, points out Dr Kapur: “When you dig deeper and look at the targets associated with some of the goals that at first glance don’t seem to be so closely linked with our work, you can see that what we are doing will have an impact here too – for example Goal 4, which looks at education and promoting life-long learning, is linked to our work on primary prevention in schools; our projects with indigenous populations will impact Goal 10, which focuses on reducing inequality within and among countries; and Goal 11, which aims to make cities and human settlements safe has an indirect link with our projects targeting urban diabetes.”

Creating local projects, partnerships and ripples

The WDF has always promoted local ownership of sustainable initiatives, as set out in its Code of Conduct. The SDGs support this ideal, expanding opportunities and providing legitimacy and validation for local action and partnership at the grassroots level.

Dr Dejgaard notes that multi-stakeholder collaboration, which is highlighted in the SDGs, has always been intrinsic to the work of the WDF: “That the SDGs highlight the need to revitalise global partnership is very positive for us. Strengthening North-South and especially South-South co-operation will be key to achieving these goals,” he says.

Writing the goals was the easy part – the success of the Post-2015 Development Agenda hinges on financing and an effective system of monitoring, Dr Dejgaard says. Still, his overriding reaction towards the SDGs is positive: “As guidance the SDGs set the right direction and are a great global step. Fifteen years goes extremely quickly and the goals are very ambitious. The WDF will hopefully have a very active role in achieving the SDGs which are so interlinked with our work and vision.”

The WDF will further support the SDGs through its participation in the WHO Global Coordination Mechanism for the prevention and control of non-communicable diseases (WHO GCM/NCD). The WHO GCM/NCD aims to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020, which in turn will feed into the efforts made towards achieving the SDGs.

“The WDF is not a very big NGO, but I believe our work does create ripples. By leveraging our efforts through our partners and advocacy we will have a larger impact than our size might suggest,” concludes Dr Kapur.

ADVOCACY IN 2015



Exhibition Hall

Exhibition Hours

Sunday Oct 4	17:30 - 21:00
Monday Oct 5	09:00 - 17:00
Tuesday Oct 6	09:00 - 17:00
Wednesday Oct 7	09:00 - 17:00
Thursday Oct 8	09:00 - 17:00

Podiums

Coffee Stations

Internet Café

Cafeteria

#FIGO2015

Download the FIGO 2015 APP

ADVOCACY IS AN IMPORTANT TOOL FOR THE WORLD DIABETES FOUNDATION, WHICH IT UTILISES TO PUT DIABETES AND RELATED NCDs IN THE GLOBAL SPOTLIGHT. DURING A BUSY 2015 THE WDF'S ADVOCACY FOCUSED ON PRIMARY PREVENTION, GESTATIONAL DIABETES AND TUBERCULOSIS.

Since its inception, the World Diabetes Foundation has worked to move diabetes and related non-communicable diseases (NCDs) higher on the national, regional and global agendas. This is a priority for the WDF because these topics receive much less interest and funding than communicable diseases, despite the disproportionate and growing burden that NCDs pose to global health. The WDF also addresses overlapping issues, such as pregnancy and diabetes and tuberculosis (TB) and diabetes, which are becoming an increasing threat globally – especially to people in the developing world.

To achieve its advocacy goals, the WDF organises and supports summits, expert symposia, and stakeholder

and donor meetings. The WDF's advocacy work must be anchored within an internationally accepted framework: as a result, the WDF works closely with partners including the World Health Organization, the International Diabetes Federation, the International Federation of Gynaecology and Obstetrics (FIGO), the International Union against Tuberculosis and Lung Diseases (The Union), the International Working Group for the Diabetic Foot and many more.

The year 2015 was exceptionally busy for the WDF, with multiple advocacy initiatives in three key areas: primary prevention, gestational diabetes (GDM), and TB and diabetes.



WDF Programme Manager Jakob Sloth Yigen Madsen at the South East Asian regional forum.

PRIMARY PREVENTION: CHANGING BEHAVIOUR TO PREVENT DIABETES

Primary prevention programmes for type 2 diabetes commonly focus on changing unhealthy behaviours related to diet and exercise, either through broad awareness campaigns or efforts targeted at specific groups. Yet there is little scientific evidence available about whether these efforts actually achieve lasting benefits in either the short or long term. To address this, the WDF hosted two complementary meetings in 2015:

Sri Lanka – exploring best practices

More than 100 researchers, policymakers, healthcare professionals, programme managers and funding organisations attended a 3-day South East Asian regional forum in May to explore best practices for preventing and controlling type 2 diabetes and other NCDs. Hosted by the Asian Collaboration for Excellence in NCD Prevention and Control (ASCEND) Research Network, the Sri Lankan National Institute of Health Sciences (NIHS) and the WDF, the forum was opened by the Sri Lankan Minister for Health, Nutrition & Indigenous Medicine, the Honourable Dr Rajitha Senaratne.

Regional experts in the field and their students presented their research on the effective implementation of primary prevention programmes. Field trips to local community health programmes showed delegates first-hand what has been achieved. “The highlight of the forum was people’s willingness to share their creative experiences in relation to what is not working at the moment and what might work better in the future,” Professor Brian Oldenburg, ASCEND Program Director, says.

The forum’s formal report will be the basis for the region’s continuing efforts to reach the targets of the WHO Global Action Plan for the Prevention and Control of NCDs and for further workshops throughout South Asia.

Denmark – identifying priorities for future research

In August the WDF together with the Steno Diabetes Center gathered 16 global experts for a roundtable discussion on primary prevention of type 2 diabetes and behavioural change in low- and middle-income countries.

Participants from the United Nations and academia, with broad experience in prevention including vaccines, hygiene, obesity, HIV and diabetes, shared learnings about behavioural change from each of their sectors and then looked at what works, research gaps and possible impact indicators. “Other fields of public health have been addressing behaviour change related to disease risk and health improvement in communities in developing countries for more than 20 years,” explains Professor Oldenburg, who also attended the meeting. “There are learnings here which can be adapted to the challenge of NCDs.”

The roundtable ended with the agreement that there is an urgent need for more knowledge about how to provide effective, affordable, acceptable and sustainable primary prevention of diabetes in low- and middle-income countries. The next step is to investigate the feasibility of establishing an international association devoted to primary prevention of diabetes in order to increase awareness and other efforts to fight this important threat to public health.



WDF Board Chairman Anil Kapur at the International Summit on Tuberculosis and Diabetes.

TUBERCULOSIS AND DIABETES: AN UNHEALTHY PARTNERSHIP

According to a new WHO report, tuberculosis (TB) has overtaken HIV as the leading cause of death from an infectious disease. Diabetes triples the risk of developing TB and people with diabetes remain contagious with TB for longer, respond less well to TB treatment and have a higher likelihood of a recurrence of TB or of dying during TB treatment. The diabetes epidemic is therefore threatening TB control in developing countries.

Furthermore, TB worsens glycaemic control in people with diabetes and many people living with TB also have diabetes – yet many are undiagnosed. With an estimated 9 million cases of TB each year, the double burden of TB and diabetes is threatening to become a major public health crisis which will negatively impact the WHO’s End TB Strategy.

Co-epidemic

In November the world’s first International Summit on Tuberculosis and Diabetes took place over 2 days in Bali, Indonesia. “The rising prevalence of TB could derail efforts to meet targets including the UN Sustainable Development Goals,” explains Dr Anthony Harries, Senior Advisor and Director of the Department of Research for the International Union Against Tuberculosis and Lung Disease (The Union). “The Summit aimed to raise global awareness of the problem of TB-diabetes and get buy-in for global action.”

Hosted by the Ministry of Health for the Government of Indonesia, The Union and the WDF, the Summit gathered approximately 100 public health officials, leading

researchers, business and technology leaders and civil society representatives from around the world to discuss the latest scientific and clinical information on the state of the two diseases.

Professor Harries reports great enthusiasm at the Summit to take action against TB-diabetes. “There was a clear commitment from participants to revise the WHO-Union Collaborative Framework, to update the research agenda to tackle the two diseases, to persuade the WHO to consider developing and accepting a TB-diabetes indicator for the annual TB Reports, and to really work hand-in-hand with the media to educate people about the looming problem,” he says.

Bali Declaration

At the end of the Summit, participants signed the Bali Declaration – the first official document addressing the international action needed to tackle TB-diabetes and calling for faster international implementation of the WHO’s Collaborative Framework for Care and Control of Diabetes and Tuberculosis.

Key actions in the Declaration include bidirectional screening (testing people with TB for diabetes and vice versa), advocacy, capacity building to enable prevention, early diagnosis and treatment at the primary healthcare level, improved access to care at affordable prices and support for a robust research agenda.

“This is the first time we have had a clear international commitment and call-to-action to tackle a communicable and non-communicable disease together. This should be a pathfinder for future collaboration between the TB and diabetes camps,” says Professor Harries.



A delegate at DIP2015 speaks with WDF Managing Director Anders Dejgaard.

PREGNANCY AND DIABETES: A NEGLECTED HEALTH ISSUE

The International Diabetes Federation (IDF) estimates that one in six births is to a woman with some form of hyperglycaemia in pregnancy. While 16% of these cases may be due to pre-existing diabetes, 84% are due to gestational diabetes mellitus (GDM).

GDM, which develops during pregnancy, can lead to devastating consequences for the baby including malformations, macrosomia, birth injuries, still birth and postnatal hypoglycaemia if left untreated. Women with GDM are at increased risk of complications for the pregnancy and delivery and both mother and baby are at a greater risk of developing type 2 diabetes later in life. The occurrence of GDM parallels the prevalence of impaired glucose tolerance, obesity and type 2 diabetes in a given population – and as the prevalence of these conditions rises globally, so does the incidence of GDM.

Focusing on GDM is a low-cost intervention to improve maternal and child health today – and prevent diabetes in the next generation. Yet screening for GDM is not yet universal and this condition is often over-looked.

Global framework

Lack of consensus on diagnosis and care for GDM may partly explain why this has been a neglected issue. In May, WDF staff participated in DIP2015, a meeting exploring the latest science about diabetes in pregnancy. Over the last 2 years the WDF has also supported the development of a global framework for GDM, and WDF Chairman Dr Anil Kapur participated in the International

Federation of Gynecology and Obstetrics (FIGO) GDM Initiative Writing Group.

In October, Dr Kapur attended the release of the FIGO Initiative on Gestational Diabetes Mellitus: A Pragmatic Guide for Diagnosis, Management and Care, at the XXI World Congress of Gynecology and Obstetrics.

These comprehensive guidelines set out evidence-based guidance which encourages all countries to commit to universal screening of women for hyperglycaemia during pregnancy. "In low- and middle-income countries, where 90% of all cases of GDM are found, ascertainment of risk factors is poor owing to low levels of education and awareness and poor record keeping. The FIGO guidelines therefore recommend universal rather than risk-based testing," says Professor Moshe Hod, Chair of the Expert Group for the FIGO GDM Initiative.

Regional implementation

A FIGO Expert Working Group is now being established to guide the dissemination and implementation of the recommendations. "The guidelines were extremely well received globally but it is the next phase that will be even more challenging – implementation of this extensive document via capacity building, education and advocacy," Professor Hod says.

The WDF will continue to create awareness of the new guidelines and promote them among its partners. In September 2015, the WDF approved funding for an initiative led by global advocacy group Women Deliver, which aims to raise global awareness about GDM using the guidelines as an entry point.

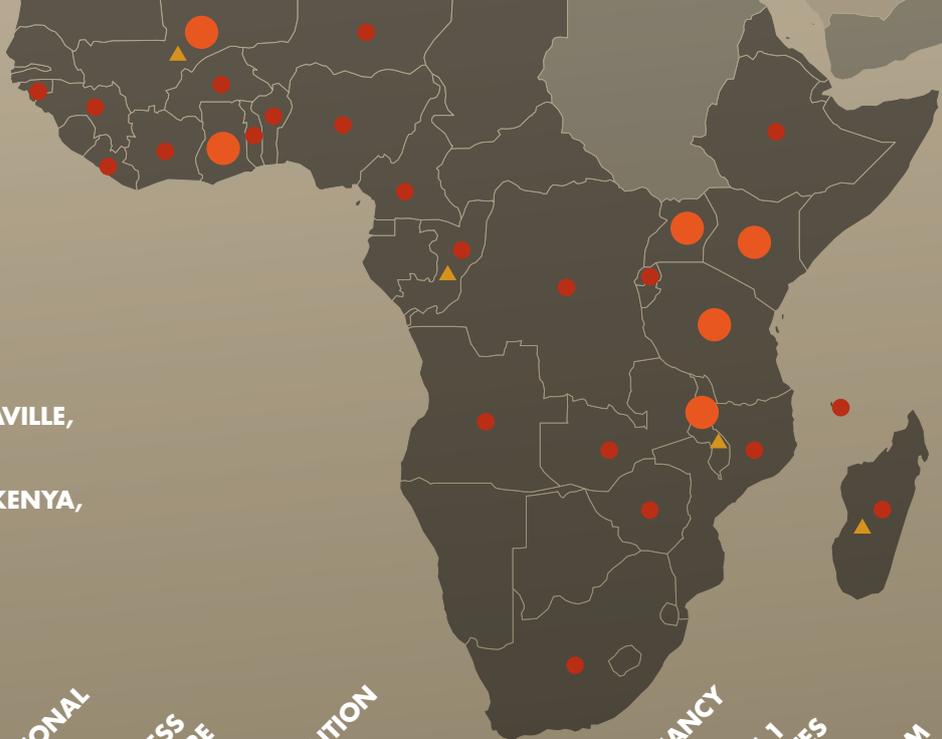
AFRICA REGION

65 ONGOING PROJECTS

64 COMPLETED PROJECTS

FUNDRAISING PROJECTS IN **CONGO-BRAZZAVILLE, MADAGASCAR, MALAWI AND MALI**

NATIONAL LEVEL PROGRAMMES IN **GHANA, KENYA, MALAWI, MALI, TANZANIA AND UGANDA**



	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
Africa regional	4	2		●					●	●
Angola	1									●
Bénin	2	1		●	●					
Botswana		1			●	●				
Burkina Faso	2			●	●	●		●		
Burundi		4		●	●					
Cameroon	1	7		●		●	●	●	●	●
Central African Republic		1		●	●					
Comoros	1			●		●				
Congo-Brazzaville	2			●	●	●		●	●	
DRC	3	4		●	●	●		●	●	
Eritrea		1		●	●					
Ethiopia	2			●			●			
Ghana	1	1	●	●			●			
Guinea Conakry	2			●		●			●	
Guinea-Bissau	1			●						
Ivory Coast	3			●		●				
Kenya	4	5	●	●	●	●	●	●		
Liberia	1			●						
Madagascar	1			●						
Malawi	7	2	●	●	●	●	●	●		●
Mali	1	4	●	●	●	●	●	●		
Mozambique	1	2		●						
Niger	1			●						
Nigeria	5	5		●	●	●		●		●
Rwanda	1	2		●	●					
Seychelles		2		●		●				
South Africa	3	7		●	●		●	●		●
UR Tanzania	5	10	●	●	●	●	●	●	●	
Togo	1	1		●						
Uganda	6	2	●	●	●	●	●	●	●	
Zambia	1			●						
Zimbabwe	2			●		●				

● Country with ongoing project(s)

● Country with national level programme(s)

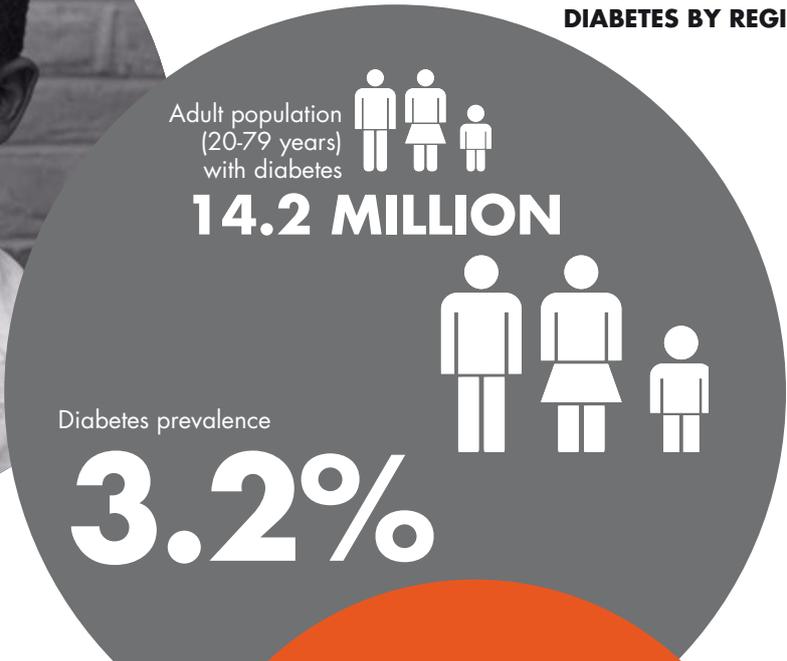
▲ Country with fundraising project(s)

● Ongoing

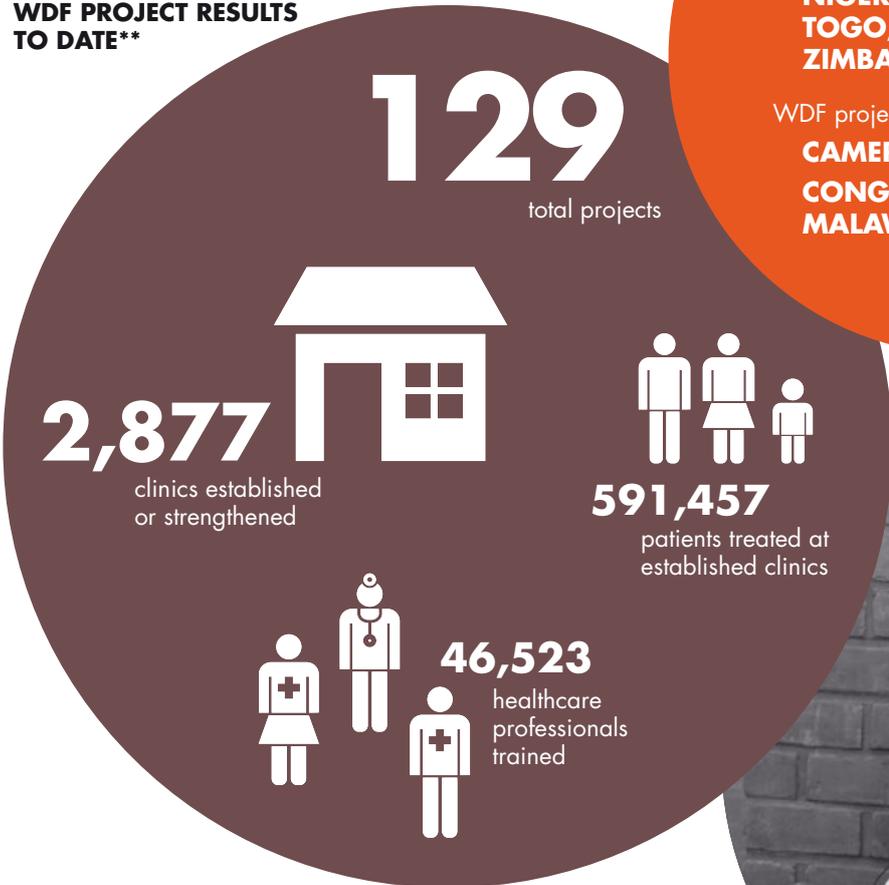
● Completed



DIABETES BY REGION*



WDF PROJECT RESULTS TO DATE**



*IDF Diabetes Atlas, 7th edition
 **All figures are estimates based on internal WDF reporting

MALAWI – AN AMBITIOUS PLAN GOES NATIONAL

A PROGRAMME BRINGING **DIABETES AND HYPERTENSION CARE** TO MILLIONS OF MALAWIANS IS LAUNCHED WITH **POETRY, DANCE AND SONG.**



Robert Chiwamba stepped to the microphone and began speaking – slowly, then faster, his sentences building in speed and intensity.

“BP yanga yakwera,” he said. “BP yanga yakwera!” The crowd of about 150 public officials, healthcare professionals, advocates and patients smiled – then chuckled – and finally howled with laughter.

The popular poet was poking fun at Malawians who use the phrase ‘my blood pressure has gone up’ to avoid unwanted tasks or rebukes. Yet his poem in Chichewa, the national language, ended with a serious message: “BP mukuidziwa inu?” (Do you know about blood pressure?) Hypertension and diabetes are serious diseases, he said. Get your facts straight, go for check-ups and stop making excuses.

Mr Chiwamba wrote the poem for this occasion – the launch of WDF14-938: Diabetes and Hypertension Control in Malawi. The launch, which was held on 30 September 2015 at the Area 25 Health Centre in Lilongwe, included official speeches, performances by traditional dancers and the health facility’s own band, and even a visit by masked Gule Wamkulu dancers, whose acrobatic finale fascinated invited guests and hospital patrons alike.

Hours later, participants were still chuckling about ‘BP yanga yakwera’. Dr Beatrice Mwangombwa, Malawi’s National Programme Manager for NCDs and Mental Health and the WDF’s partner on the project, was smiling as well.

“The launch went way beyond our expectations,” she said, noting that because she had no budget for a big event, her staff compensated with creativity. “It was just great.”

Airborne inspiration

The launch of Diabetes and Hypertension Control in Malawi was the culmination of years of work. It began in 2008, with the WDF’s first pilot programme in this small country in south-central Africa. Seven more projects followed, reaching millions of residents, mainly in the country’s south.

WDF14-938 is a national level diabetes programme that aims to improve access to diabetes care and prevention across the central and northern regions of Malawi. (National level diabetes programmes are formal, holistic strategies for improving diabetes policy, services and outcomes that are planned and coordinated by the Ministry of Health, conducted at the national, regional or state level, and include specific goals, milestones and a means of evaluation.)



Traditional dance at the launch of WDF14-938.

Dr Mwangomba's 'eureka' moment for this programme occurred on an airplane.

"When I was deployed to head the NCD programme in 2011, Malawi's NCD plan had just been established. It was my job to make it happen," she explains. "I held meetings and learned a lot: for example, that the comprehensive management of NCDs cannot just take place in hospitals – it has to start in communities."

"FIVE YEARS FROM NOW, I WANT TO SEE MORE MALAWIANS AWARE OF DIABETES AND HYPERTENSION AND THE RISK FACTORS, AND MORE HEALTH WORKERS EMPOWERED TO PREVENT AND MANAGE NCD COMPLICATIONS."

*Dr Beatrice Mwangomba
National Programme Manager for NCDs and Mental Health*

After learning from a WHO-supported NCD pilot project in Kasungu District Hospital that began in 2012, Dr Mwangomba started discussions with the WDF about the issue of community involvement. She spent months

thinking about this challenge and finally, on a plane trip to an international meeting about NCDs, the solution came together – and she jotted down the design for the national level programme onto post-it notes.

The project "had community awareness at its centre", she explains, and consisted of four elements:

- Mobilisation of patients and communities through education activities
- Capacity building of 69 targeted healthcare facilities through training programmes and provision of starter pack diagnostic kits
- Deployment of electronic medical record (EMR) systems
- Implementation of a comprehensive monitoring and evaluation framework for the national NCDs control programme

The concept harvested the knowledge and experience of a variety of partners, including Baobab Health Trust, the Diabetes Association Malawi, the WHO Malawi office and the Development Communications Trust (DCT) which specialises in community mobilisation through radio listening clubs in Malawian villages. The College of



8231

Nyambadwe

Blood pressure screening at the Queen Elizabeth Hospital Diabetes Clinic in Blantyre.

PATIENT PORTRAIT: DANISO KAUNDA

The turning point for Daniso Kaunda came when he stepped outside and the world shimmered. "It looked like water; like rain showers," he says, though he knew that it was a dry, sunny day. He could no longer deny that diabetes was stealing his sight. That moment, in 2013, was a long time coming. Daniso, who had diabetes in his family, was himself diagnosed with the disease in 1995. He took oral medications for five years but then stopped in the belief that his diabetes was gone. "I was careless," he says.

Fortunately, Daniso lives within reach of the Queen Elizabeth Central Hospital in Blantyre, Malawi, where three consecutive WDF projects to improve diabetes care in the region have been running since 2009.

At the hospital, Daniso attended diabetes education sessions and had his blood pressure and blood glucose checked. An eye examination revealed diabetic retinopathy and he was referred to the nearby Lion's Eye Hospital for laser treatment.

"I didn't know how serious diabetes was until I started coming here," Daniso says. "Now, I explain to others about diabetes and they listen. I say this is a disease and it won't leave until you die."

Today, this father of two is taking his medications and eating as well as possible – if healthy food is unavailable, "I've learned to eat a little bit until I can find healthier food," he says. And after four laser treatments, he's seeing his reward. "Before, I was having trouble reading my Bible and I can't sleep without reading two verses. Now, I'm able to read it again."



Medicine and JournAids, two key WDF project partners, were also consulted.

"The Ministry can't fight NCDs alone," Dr Mwangomba explains. "We can't fight NCDs without the involvement of stakeholders and other relevant partners; such partnerships are key to achieving the goals of Malawi's national NCDs control programme."

Aware and empowered

Work on the national level programme is now under way. The Ministry of Health's NCD Unit has already held a national harmonisation workshop, developed and printed tools such as patient education flipcharts, organised clinical management guidelines and conducted training designed to increase the capacity of the 69 selected health facilities.

Other partners are establishing village-level radio clubs, training peer-educators and raising awareness among village leaders. Still others are working to establish electronic medical records in six health facilities and roll out a monitoring framework.

"This project is taking WDF involvement in Malawi to a new level," says Mads Loftager Mundt, WDF Programme Coordinator. "It brings together learnings and partners from eight previous and present projects. The broad

involvement of partners from all levels of society and the ownership taken by the Ministry will increase its likelihood of success and sustainability."

Dr Mwangomba agrees that the project is big and ambitious. But with an NCD Action Plan in place, strong partners and a pragmatic, realistic project design, it is possible, she says.

"Five years from now, I want to see more Malawians aware of diabetes and hypertension and the risk factors, and more health workers empowered to prevent and manage NCD complications," she says.

"I hope that we will soon have a Malawi where NCD care is systematic and standardised, and anyone with NCDs knows where to go and what to do."

WDF14-938 AT A GLANCE

Focus area: type 2 diabetes

Duration: 2015-2018

Expected results: >1,700 healthcare professionals trained, 120 village campaigns conducted, 360,000 people reached through radio club activities, 450,000 people reached and 12,000 people screened through 16 district interventions, 15,000 people with diabetes provided with improved care, 6 sites with electronic monitoring and reporting systems fully operational

MIDDLE EAST AND NORTH AFRICA REGION

21 ONGOING PROJECTS

22 COMPLETED PROJECTS



	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
Regional	2			●	●					
Afghanistan	1	1		●						
Egypt	2	2		●	●	●		●		
Iran		2		●		●				
Jordan	1	1		●						
Pakistan	5	2		●		●		●	●	●
South Sudan	1			●						
Sudan	4	7		●		●	●	●	●	●
Tunisia	1			●	●					
West Bank and Gaza	2	6		●	●	●	●	●		
Yemen	2	1		●		●				

● Country with ongoing project(s)

● Country with national level programme(s)

▲ Country with fundraising project(s)

● Ongoing

● Completed



DIABETES BY REGION*

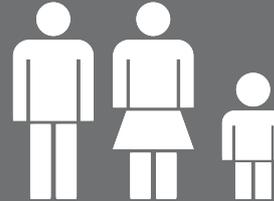
Adult population
(20-79 years)
with diabetes



35.4 MILLION

Diabetes prevalence

9.1%



IN 2015

WDF projects started in
PAKISTAN, YEMEN

WDF projects closed or closing in
**PALESTINE,
WEST BANK/GAZA,
REGIONAL**

**WDF PROJECT RESULTS
TO DATE****

43

total projects

870

clinics established
or strengthened



186,833

patients treated at
established clinics



12,563

healthcare
professionals
trained



*IDF Diabetes Atlas, 7th edition

**All figures are estimates based on internal WDF reporting

SUDAN – TAKING CARE TO THE NEXT LEVEL

DURING THEIR FIRST VISIT TO SUDAN IN 7 YEARS, WDF REPRESENTATIVES MET PARTNERS WHO HAVE BUILT A SOLID PLATFORM FOR DIABETES CARE AND ARE EAGER TO DO MORE.

Outside the Jabir Abuelizz Diabetes Center in Khartoum, a procession starts its way down the dusty street. Men in Western clothes walk alongside women in colourful robes, waving and snapping their fingers to the jazzy beat of a brass band.

Elsewhere in the world on 14 November this parade, with its energetic participants and many onlookers, would be a successful World Diabetes Day event in itself. But here in Khartoum it's just the beginning. A second walk is planned at the National Childhood Diabetes Center, followed by an exhibition of children's paintings and clay pots for cooling insulin, songs and speeches.

Then, in the evening, the main event: a nationally televised gala, featuring more speeches and songs, and a performance by Sudan's new diabetes ambassador, the singer Kamal Tarbas. Top Sudanese officials, including the assistant to the President, are among the guests. World Diabetes Foundation Managing Director Dr Anders Dejgaard and Programme Coordinator Mads Loftager Mundt are there as well.

"It's amazing to see how much is taking place," Mr Mundt says. "With the support of the WDF a solid platform for diabetes care has been built here and now our partners are planning to take it to the next level – it's great to see."

Professor Mohamed Ali Eltom, Chairman of the Diabetes Programs Promotion Organization (DPPO), agrees. "Diabetes in Sudan is different to what it was 10 years ago," he says, noting that many more people now receive care. "We're on our way"

Like a branching tree

Professor Eltom first learned about the WDF in 2003 at the International Diabetes Federation meeting in Paris. "I visited the WDF booth, though at the time I didn't know where to start. We had an overwhelming diabetes burden and no political support to address it."

"WE'RE IN A RACE WITH THE GROWING DIABETES PREVALENCE IN THIS COUNTRY. WE NEED NATIONAL ACTION, TAKEN BY THE GOVERNMENT AND SUPPORTED BY MULTI-SECTORIAL ACTORS – FOR THE SAKE OF OUR FUTURE GENERATIONS."

*Professor Mohamed Ali Eltom
Chairman of the Diabetes Programs Promotion Organization*

The first WDF project in Sudan, WDF03-061, began as rebels in Darfur were rising up against the government in Khartoum. Yet the project achieved its goals and drew attention to Sudan's growing diabetes problem. Then, in 2003, the Sudanese Ministry of Health established an NCD unit.

"It was very good timing," Professor Eltom says. "After that, new partners joined in with foot care, paediatric and gestational diabetes projects. It was like a branching tree."

More WDF projects followed. WDF10-518 established a skeleton of 30 diabetes associations across the country.



One of several World Diabetes Day Walks held on 14 November 2015 in Khartoum.

WDF08-369 established clinics for children with type 1 diabetes in each of the 16 states in the country. WDF08-359 established foot care clinics in all states – decreasing the number of amputations in the country significantly; by 2015 there were 11 foot care clinics in total.

Other accomplishments were independent of WDF funding. The growing diabetes community in Sudan raised funds for a new building for the National Childhood Diabetes Center, for example, and health authorities now support free access to insulin for children in most states of the country.

Strong actors, growing support

However, there were also challenges. When South Sudan separated into an independent country in 2011, coordination between north and south became difficult. To support diabetes care in the South, in 2013 the WDF approved a new project to establish basic structures for diabetes care in South Sudan, with the support of the DPPO.

The purpose of the November 2015 trip – the WDF's first field visit to the country since 2008 – was for WDF representatives to visit the ongoing projects and to discuss future ways to meet the needs of Sudan's growing diabetes population. It ended with a 4-hour meeting with all past and present WDF partners and representatives of the state and federal Ministries of Health. The meeting addressed lack of coordination among partners, lack of national funding for NCD prevention and care and other issues, and explored the potential for a national or regional level programme.

"It is great to see how much we have achieved in Sudan with significantly improved access to care for people living with diabetes. There are many strong actors and ministry support, both at federal and especially state level, seems to be growing," Dr Dejgaard says. "Now, we need to get everyone pulling in the same direction. To experience all these civil society and government actors dedicating this much time and effort gives us high hopes for the success of future programmes."

Professor Eltom is optimistic as well. Soon after the WDF delegation returned to Denmark he was contacted by the Ministry of Health in Khartoum. They had a building available: could it be useful as a diabetes clinic? Such gifts indicate official interest and support, he says – and those combating diabetes in Sudan need all the support they can get.

"We're in a race with the growing diabetes prevalence in this country," Professor Eltom says. "We need national action, taken by the government and supported by multi-sectorial actors – for the sake of our future generations."

PROJECTS IN SUDAN AT A GLANCE

The WDF has **4 ongoing** and **7 completed** projects in Sudan, and an additional project in South Sudan. For details, see worlddiabetesfoundation.org/projects

SOUTH-EAST ASIA REGION

44 ONGOING PROJECTS

56 COMPLETED PROJECTS

FUNDRAISING PROJECT IN **BANGLADESH**

NATIONAL LEVEL PROGRAMME IN **MAURITIUS**

- Maldives
- Mauritius
(not shown on map)

ONGOING PROJECTS COMPLETED PROJECTS NATIONAL LEVEL ACCESS TO CARE PREVENTION FOOT EYE PREGNANCY TYPE 1 DIABETES TB & DM

Bangladesh	4	5		●	●		●	●	
Bhutan	1	1		●	●		●	●	
India	34	40		●	●	●	●	●	●
India/China		1							●
India/Tanzania		1				●			
Maldives	1	1		●	●		●		
Mauritius	1	1	●	●		●	●	●	
Nepal	1	4		●			●		
Sri Lanka	2	2		●	●	●		●	●

● Country with ongoing project(s)

● Country with national level programme(s)

▲ Country with fundraising project(s)

● Ongoing

● Completed



DIABETES BY REGION*

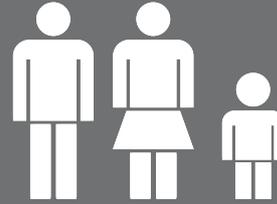
Adult population
(20-79 years)
with diabetes



78 MILLION

Diabetes prevalence

8.5%



IN 2015

WDF projects started in
INDIA

WDF projects closed or closing in
**INDIA, BANGLADESH,
SRI LANKA, MAURITIUS**

**WDF PROJECT RESULTS
TO DATE****

100

total projects

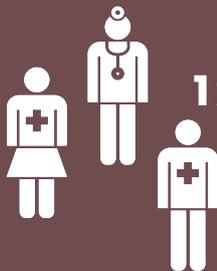
1,641

clinics established
or strengthened



3,630,157

patients treated at
established clinics



124,897

healthcare
professionals
trained



*IDF Diabetes Atlas, 7th edition

**All figures are estimates based on internal WDF reporting

BANGLADESH – PROTECTING THE NEXT GENERATION



THE WDF AND A LONG-TIME PARTNER MOUNT A **RESPONSE TO THE GROWING PROBLEM OF GESTATIONAL DIABETES** IN BANGLADESH.

On a cool October day, 14 pregnant women settle onto the colourful saris on the floor of the BRAC Maternity Centre in Mohammadpur, Dhaka. They listen carefully as a midwife, using a doll and flipchart, explains how to keep themselves and their unborn babies healthy.

Two BRAC community health workers (called Shastho workers) look on. Like the midwife, they have been trained in the detection and care of gestational diabetes (GDM) by the Bangladesh University of Health Sciences – a key WDF partner since 2010. Their job is to visit homes in a nearby Dhaka slum, providing antenatal care, checking for GDM and urging pregnant women to come to the clinic. It is thanks to them that many of the women are here today.

One of the health workers produces a photograph of a 5.2 kg baby delivered at the clinic the previous night. This was the largest baby the clinic had ever delivered, even though the mother was quite small, and she and her colleagues are clearly concerned by this potential manifestation of GDM.

“Such big babies are not healthy,” says the health worker. “We really need to take this seriously – to find women with GDM and get them the care they need.”

A difficult situation

Foetal macrosomia, a condition resulting in babies that weigh more than 4 kg, can complicate delivery and put the baby and mother at risk of injury during birth. It also increases both the baby's and mother's risk of health problems after birth and type 2 diabetes in adult life. It

is most often the result of maternal diabetes, obesity or excessive weight gain during pregnancy – and all three of these risk factors are widespread in Bangladesh.

“I HOPE THAT WHEN WE SUCCESSFULLY COMPLETE THE PROJECT, GDM AMONG BANGLADESHI WOMEN WILL BE COMBATED, THE ADVERSE CONSEQUENCES IN WOMEN AND CHILDREN WILL BE REDUCED AND QUALITY OF LIFE WILL BE IMPROVED. IN THE LONG-RUN, THIS SHOULD DECREASE THE INCIDENCE OF NCDS IN BANGLADESH.”

*Professor Begum Rowshan Ara
Bangladesh University of Health Sciences*

Declining poverty levels, combined with immigration from rural areas to the cities, mean that more Bangladeshis have access to processed foods high in calories and fat than ever before. Recent studies have shown that about 10% of pregnant mothers in Bangladesh suffer from GDM and like other types of diabetes in the country its incidence is rising.

Yet the response to diabetes in Bangladesh has long focused on clinical management rather than prevention. A lack of guidelines for diagnosing and treating GDM caused variations in how doctors handled the condition and uncertainty about how widespread the problem actually was.



Ms Nauruj Jahan leads an educational session at BRAC Maternity Centre in Dhaka.

“Considering the situation, we decided to create a project for improved management of GDM,” explains Professor Begum Rowshan Ara, Head of the Department of Reproductive and Child Health at the Bangladesh University of Health Sciences.

The result was WDF12-672: Capacity Development for Combating GDM in Bangladesh. The project divided the task of improving GDM care in Bangladesh into four steps:

1. Create consensus documents for the prevention, detection, management and follow-up of GDM
2. Train healthcare professionals for relevant GDM-related activities
3. Adapt/develop promotional and educational training materials
4. Conduct awareness and advocacy campaigns

The important first step – the guidance documents – were completed in 2014. Once these were in place, advocacy activities and training could begin. The doctors, nurses, nutritionists and community health workers at the Bangladesh University of Health Sciences were among those trained in the first wave. More will follow: the project’s goal is to provide standardised GDM training for 3,456 healthcare professionals working in clinics across the country.

Working together

Capacity Development for Combating GDM is the WDF’s ninth project in Bangladesh with a number of project

partners, including the Diabetic Association of Bangladesh (BADAS), and certainly not its last, says Susanne Olejas, Programme Manager for the World Diabetes Foundation.

“The good story about Bangladesh is that the relevant stakeholders are collaborating. BADAS is an umbrella for all organisations working with diabetes management. By networking with other areas of the healthcare system and working together these organisations are making the most of their limited resources.”

Eventually, Professor Rowshan says, the plan is to implement guidelines for management and prevention of GDM at the national level. The unstable political situation in Bangladesh in 2013 caused a number of delays – but Professor Rowshan believes the project will reach its goals. When it does, she says, the impact will be huge.

“I hope that when we successfully complete the project, GDM among Bangladeshi women will be combated, the adverse consequences in women and children will be reduced and quality of life will be improved. In the long-run, this should decrease the incidence of NCDs in Bangladesh.”

WDF12-672 AT A GLANCE

Focus area: Pregnancy and diabetes

Duration: 2013-2016

Expected results: Consensus documents created, 3,456 healthcare professionals trained, educational material developed, national awareness campaign conducted

WESTERN PACIFIC REGION



28 ONGOING PROJECTS

29 COMPLETED PROJECTS

FUNDRAISING PROJECTS IN
CAMBODIA, LAOS AND VIETNAM

NATIONAL LEVEL PROGRAMME IN **FIJI**

- Kiribati
- Marshall Islands
- Pacific islands
- Tonga
- (not shown on map)

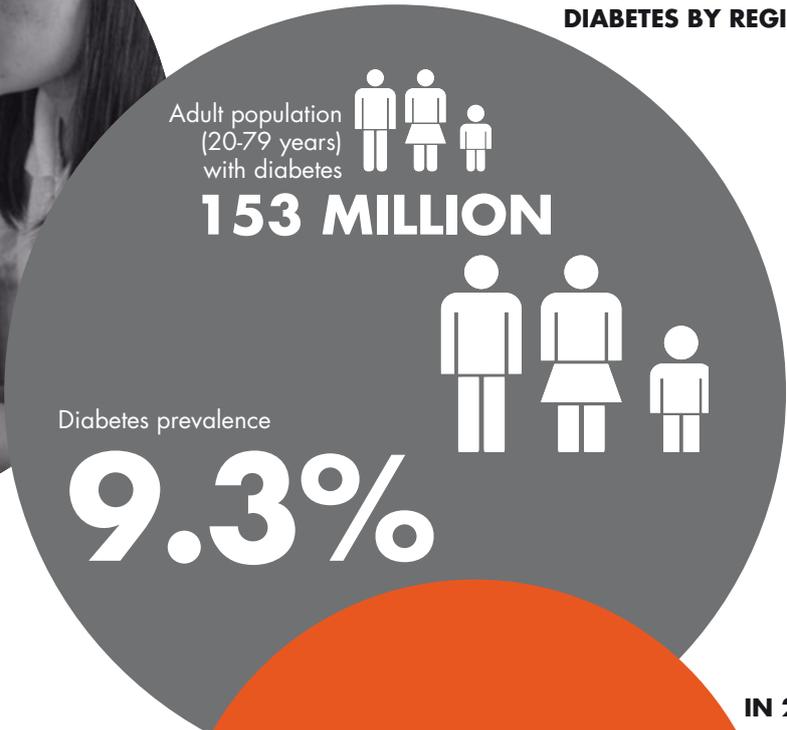
ONGOING PROJECTS COMPLETED PROJECTS NATIONAL LEVEL ACCESS TO CARE PREVENTION FOOT EYE PREGNANCY TYPE 1 DIABETES TB & DM

	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
Regional	1	2		●			●			●
Cambodia	2	3		●	●					●
China	12	5		●	●	●	●	●	●	●
China/India		1								●
Fiji	1	1	●	●		●	●			
Indonesia	4	6		●	●	●	●		●	●
Kiribati	1			●	●					
Marshall Islands		1			●					
Myanmar	1			●						
North Korea		1		●						
Pacific Islands		2		●						
Papua New Guinea	1			●	●			●		
Philippines	1			●		●				
Solomon Islands	1	1		●			●			
Thailand	1	4			●	●	●			
Tonga		1				●	●			
Vietnam	2	1		●		●	●			

● Country with ongoing project(s) ● Country with national level programme(s) ▲ Country with fundraising project(s) ● Ongoing ● Completed

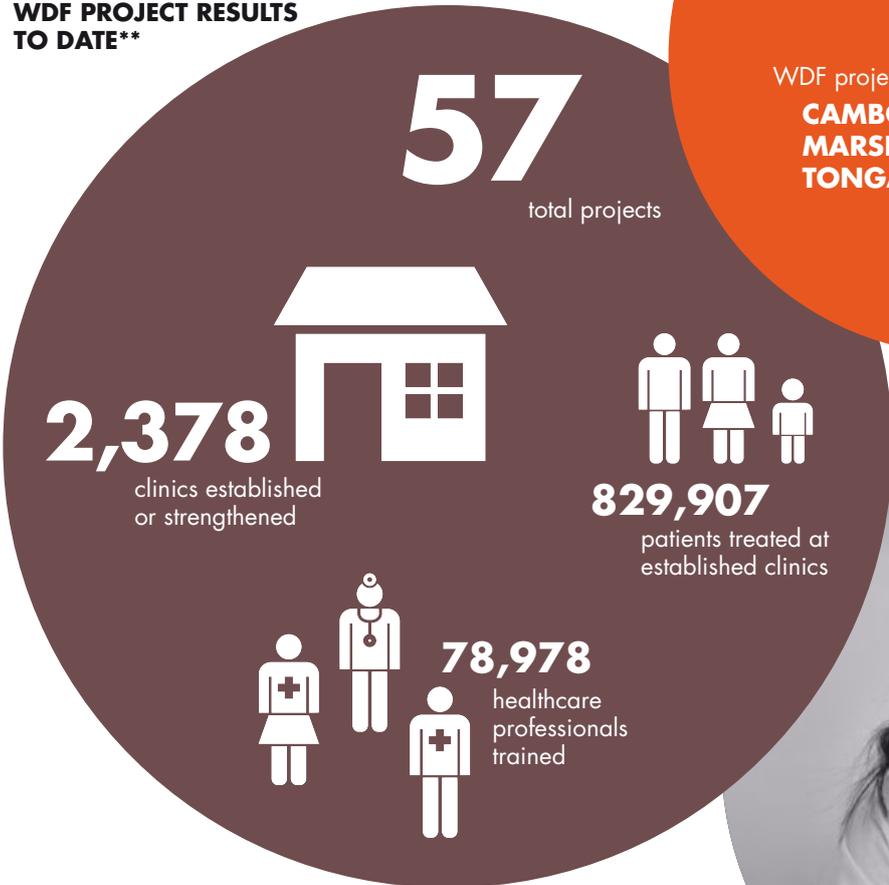


DIABETES BY REGION*



IN 2015

WDF PROJECT RESULTS TO DATE**



*IDF Diabetes Atlas, 7th edition
**All figures are estimates based on internal WDF reporting

PHILIPPINES – BRINGING CARE TO THE BARANGAY



A SUCCESSFUL PROJECT GAINS FOOT CARE SERVICES AND SPREADS ACROSS THE SOUTHERN PHILIPPINES, WITH THE WDF'S HELP.

Friday is Diabetes and Heart Day at the Puan Health Center in Davao City. And on this September Friday, the clinic is bustling.

Near the entrance of this shaded, open air building, a barangay (village) health worker takes weight, height and waist measurements. Nearby, another interviews a man about his history and potential risk factors for diabetes. In a corner, a nurse uses a flipchart to teach a woman about blood glucose and nutrition. In the back, a midwife debrides the foot of a man lying behind a screen.

Dorlinda O Ceynas, a public health nurse, is taking blood glucose measurements. "Before, there wasn't much focus on NCDs. Now, we offer education and training every week and can say come in – and if you need to come back, we will be here," she says.

This much-needed care came to Barangay Puan by way of the CVD Program, a partnership between local health authorities and the NGO Handicap International (HI). The

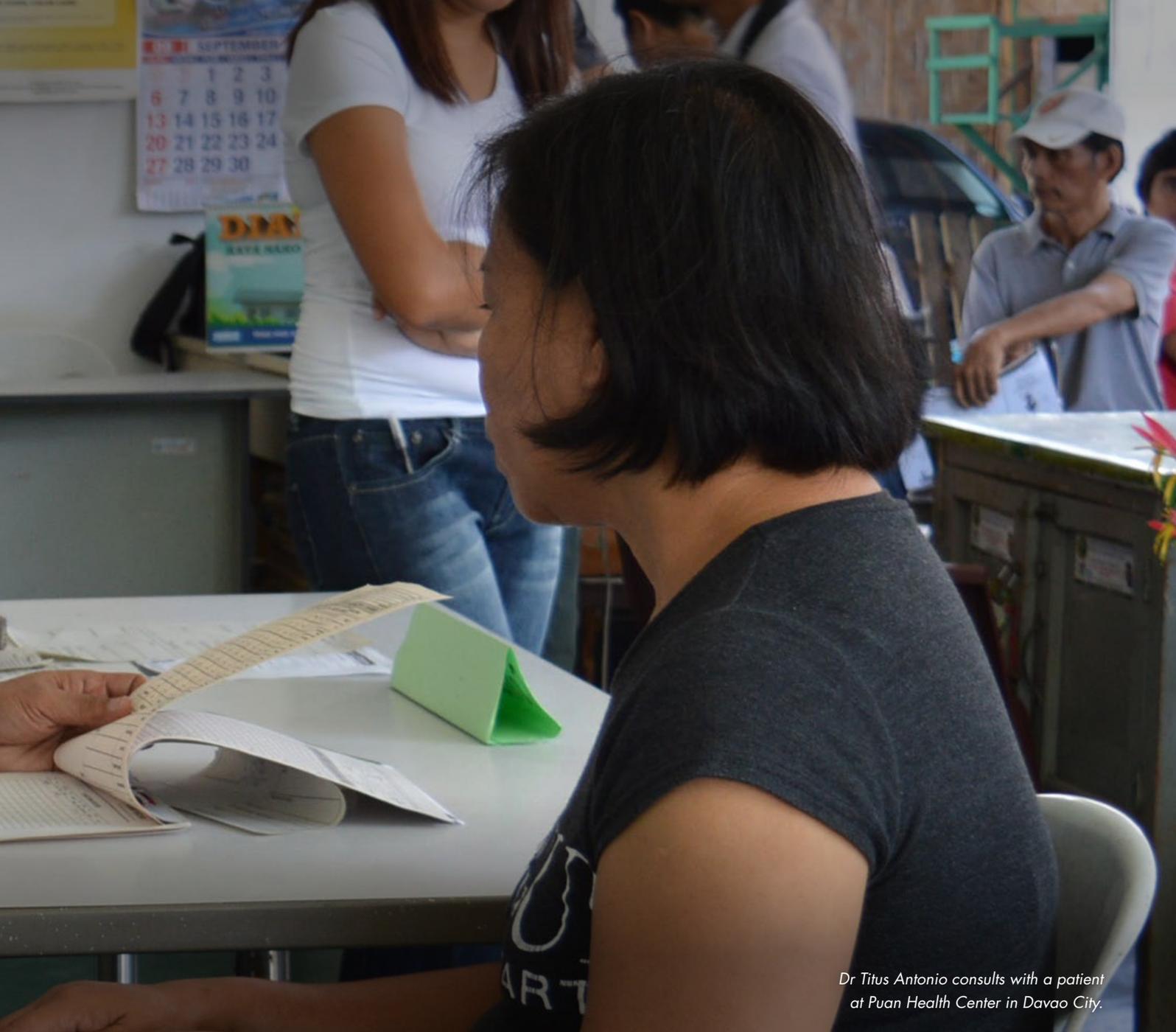
WDF became involved in 2013, adding diabetes foot care and wound treatment to the project and expanding it across the region.

Dr Titus Antonio, a surgeon and foot care expert who manages at least 11 health centres throughout the Talomo South health district, spends each Friday here, offering a steady stream of consultations.

"With the help of the CVD Program, many have come to recognise that diabetes is a very important disease that needs to be taken care of," he says. "People are now seeking services, because they know they're available. If they come, we can monitor and advise them in proper time and that is good."

Diabetes hotspot

The Philippines, which is ranked in the top 15 in the world for diabetes prevalence, is one of the world's emerging diabetes hotspots. The country is home to more than



Dr Titus Antonio consults with a patient at Puan Health Center in Davao City.

4 million people diagnosed with the disease – and many more who are unaware they have diabetes. Despite this, the scene at Puan Health Center is unusual. Most diabetes care in the Philippines is provided by large hospitals – and many people with diabetes only visit these hospitals once they have developed serious complications like foot ulcers from the disease.

Switching to a preventive, primary care model is not easy, though. Priorities for healthcare budgets and spending are made at the local level and often change when local governments do. The primary care system lacks doctors and other healthcare professionals and is geared toward acute care – not preventing and treating chronic diseases.

In 2003, the Philippines launched a national integrated NCD plan to improve matters. This was an important step, but the plan was complex and difficult to implement, so HI offered to help the local government in the Davao region with the task.

HI proposed a multidisciplinary approach, involving all those working in a barangay health centre. The idea was to create a set of diabetes protocols, define roles and responsibilities, and provide training, tools and support materials. “We put everyone on board with a role for each, with the objective of making everyone more efficient,” explains Mr Richard Erick Caballero, Project Manager for HI.

“DIABETES AND HEART DISEASE ARE AT THE TOP OF MORBIDITY AND MORTALITY LISTS IN THE PHILIPPINES. THE FIGURES ARE ALARMING. OURS IS THE ONLY DIABETES PROJECT IN THE PHILIPPINES OF THIS SCALE AND QUALITY AND I’M PROUD OF THAT, BUT THERE’S A LOT OF WORK LEFT TO DO.”

*Mr Richard Erick Caballero
Project Manager, Handicap International*



THE PHILIPPINES IS HOME TO MORE THAN **4 MILLION PEOPLE** DIAGNOSED WITH DIABETES.

All processes and materials would be appropriate for poor- to medium-resource settings. A referral system would be created, keeping those needing primary care in the barangays closest to their homes and sending those needing more specialised care to district and regional hospitals.

HI called this the CVD Program and when Mr Caballero and his colleagues approached health officials in Davao City about piloting it, they received an enthusiastic response. "NCDs are a major cause of morbidity and mortality these days and we need to address them," says Dr Abdullah Dumama, Regional Director of the Department of Health, Davao Region. "But the Department of Health can't do it alone – we can never reach our goals without partners."

Simple but effective

By 2013, the CVD Program was successfully rolled out across Davao City. But HI was eager to do more – and that would require new funding. The organisation contacted the WDF with a proposal.

The result was WDF13-843: Increasing access to quality, multidisciplinary diabetes care. The project added foot care and wound treatment to the CVD Program and expanded it to 252 barangays across the Davao region. The project quickly surpassed its goals, expanding to a total of eight local government units, instead of the three originally planned.

"People were sending us letters, asking us to implement the project in their areas," Mr Caballero says. His three-

person project team managed by finding efficiencies of scale in their budget and by seeking help from local partners wherever possible, he says.

Mette Skar, WDF Programme Coordinator, visited the project in September 2015. The project is the WDF's first in the Philippines and Ms Skar was impressed with what she saw. "It is simple but effective. Patients and healthcare providers have ownership and it has established a strong system for gathering data," she says. "It was professionally designed and has been extremely well executed."

She notes that the project was warmly praised by Filipino health authorities, healthcare providers and patients she met on her visit. Yet Mr Caballero, whose parents and sister all have diabetes, says the work to combat diabetes in his country has just begun.

"Ours is the only diabetes project in the Philippines of this scale and quality and I'm proud of that," he says. "But there's a lot of work left to do."

WDF13-843 AT A GLANCE

Focus areas: type 2 diabetes, diabetes foot care

Duration: 2014 to 2017

Expected results: >20,000 people screened for diabetes and hypertension, >5,000 people with diabetes receive foot risk assessment, >1,000 people with diabetic foot complications managed in primary care facilities, foot care education and training materials adapted to local context and made available

PATIENT PORTRAIT: PEPITO TIÑA

It started with a foot wound. Pepito Tiña was worried about it enough to visit a private hospital near his home in Davao City, the Philippines. He was diagnosed with diabetes and sent home with instructions to keep the wound clean.

The first wound healed slowly, though, and then a second – the result of stepping on a screw in the tyre repair shop where he worked – got worse. Luckily, that was when Ruth Peñero, a barangay (village) health worker, arrived at his door. She told him about a new service, Diabetes and Heart Day, offered every Friday at Puan Health Center where he could receive care for his foot and education about how to manage his diabetes and prevent further injuries.

"I live near here, but I never took the time to visit. I'm grateful to Miss Ruth for telling me about the programme," he says.

Pepito's quiet dedication to his own care quickly made him a staff favourite. Myra Pacita Milano, a midwife who also provides foot care at the clinic, treated his wound and cut a hole in his rubber sandal to relieve the pressure while it healed. His foot quickly improved, as did the blood glucose levels recorded in his journal.

"I was scared, but the people here helped me overcome my fears," Pepito says. "I learned how to eat better and how to take care of my foot. Before, it was a very big wound. Now it feels better."



SOUTH AND CENTRAL AMERICA / NORTH AMERICA AND THE CARIBBEAN REGIONS



45 ONGOING PROJECTS

22 COMPLETED PROJECTS

FUNDRAISING PROJECTS IN **HAITI** AND **PERU**

NATIONAL LEVEL PROGRAMMES IN **HONDURAS, PARAGUAY** AND **PERU**

	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
SACA										
Regional		3		●		●				
Argentina	2			●						
Bolivia		4		●		●	●			
Brazil	4	3		●	●	●	●			
Brazil/Mexico	1									●
Chile		1		●						
Colombia	2	1		●	●	●		●		
Cuba	3			●				●		
Guatemala	3			●	●					
Honduras	1		●	●						
Nicaragua	3	1						●	●	
Paraguay	1		●	●						
Peru	4		●	●		●				●
NAC										
Regional		3		●		●				
Caribbean		4		●	●					
Dominican Republic	1			●						
Guyana	1			●	●		●	●		
Haiti	3			●				●		
Jamaica	1			●			●			
Mexico	15	1		●	●	●	●	●		
Surinam		1		●						

● Country with ongoing project(s)

● Country with national level programme(s)

▲ Country with fundraising project(s)

● Ongoing

● Completed



Adult population
(20-79 years)
with diabetes



South and
Central America

29.6 MILLION

North America
and the Caribbean

44.3 MILLION

Diabetes prevalence

South and
Central America

9.4%

North America
and the Caribbean

12.9%

IN 2015

**WDF PROJECT RESULTS
TO DATE****

67

total projects

WDF projects started in

**ARGENTINA, COLOMBIA,
GUATEMALA, HAITI, MEXICO,
PARAGUAY, PERU**

WDF projects closed or closing in

**MEXICO, COLOMBIA,
JAMAICA AND PANAMA**

1,184

clinics established
or strengthened



408,786

patients treated at
established clinics



17,761

healthcare
professionals
trained



*IDF Diabetes Atlas, 7th edition

**All figures are estimates based on internal WDF reporting

GUATEMALA – EXTENDING OUTREACH TO INDIGENOUS PEOPLES

PROJECTS REACHING OUT TO **TZ'UTUJIL- K'ACHIQUEL- AND K'ICHE'-SPEAKING MAYAS** MAKE A BIG IMPACT AND INSPIRE A COUNTRY-WIDE NCD STRATEGY.

Residents of Santiago Atitlán.

About 12 years ago, the road to the main city in Santiago Atitlán was paved. This changed the way of life for the indigenous peoples living in this remote volcanic region of Guatemala dramatically, explains Lyn Dickey, Development Director at the Hospitalito Atitlán, Solola and WDF project partner. "People used to walk to the mountains to chop wood and gather provisions, but today they ride the 3-wheeled tuk-tuks and eat junk food which is easily transported here from the city," she says.

"Paving the road definitely offset the balance of life. People want to be seen to be affluent; if they walk it appears they can't afford a tuk-tuk and buying unhealthy snacks and sugary beverages is easy. It's no wonder that the incidence of diabetes is increasing."

Victor Ramirez Ramirez, Project Coordinator Diabetes at the Hospitalito Atitlán and WDF project partner agrees: "People are buying their bad health."

Building trust

Mr Ramirez admits that diabetes wasn't on his radar until 2012, when the first WDF-funded project began in Guatemala. WDF11-669 focused on the indigenous peoples – Tz'utujil-speaking Mayas – who do not speak Spanish, the language of most healthcare professionals. Prior to the project, this marginalised and impoverished community, which is predisposed to diabetes, had limited access to cultural- and language-appropriate diabetes information and services.

The project established 12 diabetes clinics in Santiago Atitlán and the surrounding areas and trained 219 local healthcare workers in diabetes prevention, diagnosis and treatment. Arguably the highlight of the project outcomes was a booklet about diabetes written in Tz'utujil and Spanish and illustrated with images of Mayans in their traditional clothing. "Over half the indigenous population has no formal education and can't read or write," says Mr Ramirez. "Having information in their mother tongue with pictures they can relate to is therefore very important and helps to build trust between the patient and doctor."

Following the success of the project, WDF14-909 was launched in 2015. This ambitious sequel focused on three Maya ethnicities – Tz'utujil, K'achiquel, and K'iche' – a population of about 500,000 people. Illustrated booklets in all three languages now explain the risk of diabetes, raise awareness about prevention through diet and exercise and encourage health-seeking behaviour to improve diagnosis rates. TV spots have been produced in all three languages to reach a bigger audience. The project has also established 21 new clinics and strengthened 7 clinics – all of which has had a big impact on this rural area.

However, one of the biggest obstacles the project faces is acceptance, explains Ms Dickey. "This is a very religious community with strong beliefs. If someone has a high level of blood sugar and we explain that they need to take medicine, their response is often 'no, God gave me this; he wants me to have it and die from it'. It is therefore a challenge to explain that you can control and live happily with diabetes." Mr Ramirez experienced similar attitudes



1) A Mayan woman has her blood pressure checked in Santiago Atitlán.

when he worked with a vaccination programme for indigenous peoples: "15 years ago only 46% of children were vaccinated, but after a strong education campaign that figure has risen to 95%. I therefore know from personal experience that we can change attitudes and help people accept that suffering with diabetes is not inevitable."

The afternoon rush

As 30% of high school students in Santiago Atitlán are overweight or obese, education of the next generation is central to preventing diabetes. With the support of the Ministry of Education, WDF14-909 promotes the teaching of students in health science classes to make healthy choices. Stickers are given out that motivate students to make personal promises, such as walking for 30 minutes every day with a grandmother who has diabetes, or choosing healthy snacks over junk food.

"I am proud of what we have achieved with these two projects," says Mr Ramirez. "So many more people now know about diabetes and the importance of a healthy lifestyle. At 4pm every day, when the temperature is cooler, the paved road outside the hospital is packed with people running and exercising. This is the result of our work."

A country-wide strategy

The innovation and effectiveness of these two projects – plus another WDF project, WDF14-900, which is establishing a mobile system to address diabetes in densely populated low-income urban areas – caught the attention of the Pan American Health Organization (PAHO).

PAHO is concerned about the continuous increase in the diabetes prevalence in Guatemala, with NCDs, including diabetes, contributing to 47% of the deaths in the country. Following a visit to see the projects in action in Santiago Atitlán, PAHO, in collaboration with the Ministry of Health, secured additional funding for a new project, WDF15-1195.

"AT 4PM EVERY DAY, WHEN THE TEMPERATURE IS COOLER, THE PAVED ROAD OUTSIDE THE CLINIC IS PACKED WITH PEOPLE RUNNING AND EXERCISING. THIS IS THE RESULT OF OUR WORK."

*Mr Victor Ramirez Ramirez
Hospitalito Atitlán*

This project will formulate and pilot a country-wide NCD strategy in Guatemala in 2016 with a focus on rural and indigenous populations. "We want to use the initiatives of culturally-adapted materials for prevention, diagnosis and care, and integration with local government health services, as a generic model for the country," says Olivia J Brathwaite Dick, Adviser on NCDs and health promotion for PAHO in Guatemala. "By working together on this project with the Ministry of Health we hope we can make a real difference to people living with diabetes."

PROJECTS IN GUATEMALA AT A GLANCE

The WDF has **3 ongoing** projects and **1 completed** project in Guatemala.

For details, see worlddiabetesfoundation.org/projects

EUROPE REGION

8 ONGOING PROJECTS

12 COMPLETED PROJECTS

FUNDRAISING PROJECT IN **MOLDOVA**

NATIONAL LEVEL PROGRAMME IN **UZBEKISTAN**

ONGOING PROJECTS COMPLETED PROJECTS NATIONAL LEVEL ACCESS TO CARE PREVENTION FOOT EYE PREGNANCY TYPE 1 DIABETES TB & DM

Azerbaijan		1		●					
Georgia	2	1		●		●			
Kosovo	1	2		●	●	●			
Kyrgyzstan	2	2		●				●	
Moldova	1	1				●	●		●
Turkey	1			●					
Uzbekistan	1	5	●	●		●	●	●	

● Country with ongoing project(s)

● Country with national level programme(s)

▲ Country with fundraising project(s)

● Ongoing

● Completed



DIABETES BY REGION*

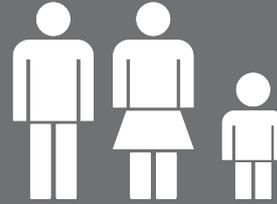
Adult population
(20-79 years)
with diabetes



59.8 MILLION

Diabetes prevalence

9.1%



IN 2015

WDF projects started in
KYRGYZSTAN

WDF projects closed or closing in
GEORGIA, MOLDOVA

**WDF PROJECT RESULTS
TO DATE****

20

total projects

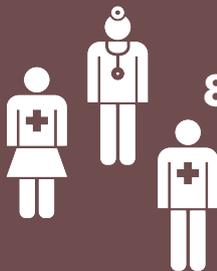
427

clinics established
or strengthened



42,559

patients treated at
established clinics



8,213

healthcare
professionals
trained



*IDF Diabetes Atlas, 7th edition

**All figures are estimates based on internal WDF reporting

KOSOVO – AFTER CONFLICT, IMPROVING CARE



THE WDF'S FIRST PROJECT IN EUROPE WAS IN KOSOVO. SEVEN YEARS AND THREE PROJECTS LATER, PEOPLE WITH DIABETES IN THIS WAR-TORN COUNTRY ARE RECEIVING BETTER CARE.

For Nurse Yllka Vejsa and her colleagues at the Diabetes Education Centre in Gjakova, Kosovo, diabetes complications are an all-too-common sight: “We see between 3,700-4,200 diabetes patients each year and almost half have one or more complication such as retinopathy, heart and kidney problems, or ulcerated feet,” she says.

This is the result of the risk factors that residents of this small, new nation, may experience every day, including high levels of conflict-related stress, high alcohol and tobacco consumption and – because diabetes is not well understood and often stigmatised – low levels of support and care for people diagnosed with the disease. Altogether this leads to poor diabetes control and many complications.

Yet the situation is improving. In 2008, a WDF-funded project succeeded in instituting a national diabetes protocol; since then, the WDF's partners in Kosovo have made real progress in adapting and reorganising the country's healthcare structures to better care for people with diabetes.

An impoverished land

After years of severe ethnic tension and civil unrest culminating in war, Kosovo declared independence from Serbia in 2008. The long and hard road to independence has led to more than half of Kosovo's population living in poverty today and a healthcare system with serious problems, explains Dr Luan Gola, Chief of Department for Diabetology and Endocrinology at the Institute for Occupational Health and NCDs, General Secretary for the Kosovo Association for Diabetes and Endocrinology, and WDF project partner.

“Due to the political and economic circumstances, healthcare for people with diabetes in Kosovo has lacked crucial elements such as proper education, diagnosis, treatment, foot care, diet, statistical data etc, for more than 20 years.”

Prolonged stress during the conflict, post-conflict lifestyle changes – including what Dr Gola calls “Coca-Cola colonisation” – and low awareness of diabetes among the population and primary care doctors have increased the number of people with diabetes in Kosovo, he continues. “Diabetes doesn't have a high priority on the political agenda and the lack of a health insurance system in Kosovo is a huge problem for people with diabetes.”

“WE WANT TO CREATE A POLICY FRAMEWORK ENSURING CONTINUED CARE FOR PEOPLE WITH DIABETES.”

*Dr Luan Gola
Institute for Occupational Health and NCDs*

The creation and approval of a national protocol for the treatment of type 1, type 2 and gestational diabetes was therefore a significant step forward for diabetes care in Kosovo. The protocol was produced as a result of WDF08-358, the first project ever funded by the WDF in Europe. “We knew the WDF was a leading organisation in improving diabetes care in developing settings, so we prepared a project application hoping to be able to change the situation in our own country,” says Dr Gola. “Working with the WDF we have found you can achieve very good results for diabetes care even in a country with a low national income.”



A patient undergoes a monofilament test at the Diabetes Education Centre in Gjakova.

This pioneering project established six regional centres for education, information and treatment of diabetes at the primary healthcare level and two centres for podiatry treatment at the secondary care level in regional hospitals.

Coalition against diabetes

But Dr Gola and his team didn't stop there. "The good news is that diabetes is preventable," points out Dr Gola. "Increasing health awareness is vital in a post-conflict setting, where eating healthy foods and taking regular exercise has often been neglected." Using the outcomes of the first project in Kosovo as its foundation, a second project – WDF11-624 – aimed to build an effective and sustainable prevention strategy, with teams of doctors, nurses and school educators as one of its cornerstones.

The project focused on primary prevention and prevention of diabetic foot complications and created a National Diabetes Association to improve lobbying and advocacy activities. The Ministry of Health and regional health structures helped to implement the project.

The result: "Advice for prevention, healthy eating, healthy lifestyle and diabetes-related advocacy in the country, both at the community and health system levels, have improved diabetes healthcare in Kosovo," Dr Luan says.

Using the momentum from the preceding projects, a third project, WDF14-867, is now working to consolidate these achievements with an even stronger focus on primary prevention, patient empowerment, lobbying and advocacy. "With this project we will continue to improve

awareness and promote the importance of diabetes," says Dr Gola. "By bringing together patient, professional and nurse associations, journalists and representatives of the Parliamentary Commission for Health we aim to establish a national coalition against diabetes."

Successes and high hopes

A good team with a strong network has been key to the success of the projects, says Mette Skar, WDF Programme Coordinator. "Dr Gola is very competent, well-respected and liked in the local communities. His next smile is never far away. It is clear when you meet him that he is committed to working for improvements in his country.

"Through each phase of the collaboration, Dr Gola has embarked on advocacy initiatives to strengthen the policies ensuring diabetes care in Kosovo," she continues. "This is one of the main strengths of the projects – moving from local level to the highest political level, despite the difficult political environment."

Dr Gola has high hopes for the future: that the Government in Kosovo will establish the health insurance system it has proposed; more healthcare professionals are trained in primary, secondary and tertiary care; and eye care – which today is usually treated at expensive private clinics

PROJECTS IN KOSOVO AT A GLANCE

The WDF has **1 ongoing** and **2 completed** projects in Kosovo.
For details, see worlddiabetesfoundation.org/projects

2015 GLOBAL DIABETES WALK



World Diabetes Day, the primary awareness campaign of the diabetes world, is marked every year on 14 November.

The Global Diabetes Walk is the WDF's contribution to this important global campaign. Since 2004, more than 2.5 million people from around the world have joined WDF's effort to raise awareness and encourage people to take steps to prevent diabetes.

The 2015 Global Diabetes Walk campaign surpassed expectations, broke records and expanded to new lands. In total, 175 walk organisers registered 1,590 walks in 65 countries – and an impressive 379,430 participants. Not only were steps taken, but the message behind those steps was clear: Take steps to prevent diabetes.

WALKS THAT MARKED 2015

Walks in Africa

68 walks were held with more than 39,000 participants in 16 countries. The biggest walks took place in Ethiopia, with 10,000 participants in 10 walks organised by the Ethiopian Diabetes Association – double the organisation's achievement last year.

Walks in Europe

147 walks were held with 19,520 participants in 11 countries. The biggest walks took place in Kyrgyzstan, with 89 walks and more than 10,000 participants, making HelpAge International the most successful walk organiser in Europe to date.



One of 10 colourful walks organised by the Ethiopian Diabetes Association on 14 November 2015.

Walks in Middle East and North Africa

22 walks were held with 72,525 participants in 11 countries. Under the campaign Beat Diabetes, the Landmark Group gathered more than 45,000 participants in five large walks in Qatar, Kuwait, Bahrain, UAE and Oman.

Walks in North America and Caribbean

20 walks were held with 13,100 participants in 6 countries. The biggest walks took place in Mexico, where Farmacias del Ahorro organised three walks with 6,500 participants. More than half of the 2015 walks in this region took place in Mexico.

Walks in South and Central America

41 walks were held with 22,625 participants in 11 countries. The biggest walks were in Honduras, where Proyecto

Honduras Luchando contra la Diabetes organised five walks with 7,000 participants.

Walks in South East Asia

1,256 walks were held with 189,100 participants in 2 countries. The biggest walks took place in India with an impressive 96,000 participants in 800 walks organised by kNOw Diabetes. This is the second consecutive year that kNOw Diabetes has set records for the number of walks organised and people participating.

Walks in Western Pacific

36 walks were held with 23,560 participants in 8 countries. The biggest walk took place in China, where one walk attracted 1,400 participants.

BOARD OF DIRECTORS

THE WORLD DIABETES FOUNDATION BOARD OF DIRECTORS ELECTED A **NEW CHAIRMAN** AND WELCOMED **TWO NEW MEMBERS** IN 2015.



ANIL KAPUR

Chairman of the Board

APPOINTED

2015 (Chairman),
2002-2006 (Vice Chairman)

SKILLS AND EXPERIENCE

Dr Kapur specialises in internal medicine. He has written and contributed to books on diabetes, published more than 80 papers in the areas of internal medicine, clinical pharmacology and diabetes, co-ordinated several large studies and developed a nutritional software package. Dr Kapur served as Managing Director of the WDF from 2006 until 2013. Prior to this, he held several positions at Novo Nordisk including Managing Director of India, Vice President of Regional Office India and Vice President of Corporate Stakeholder Relations, Asia. He also set up and served as Managing Trustee of the Novo Nordisk Education Foundation in India until 2006.

EDUCATION

MBBS (1976) and MD (1981) from Baroda Medical College, MS University Baroda, India.



LEIF FENGER JENSEN

Vice Chairman of the Board

APPOINTED

2006

SKILLS AND EXPERIENCE

Mr Jensen has an in-depth knowledge of finance, human resources and the developing world. He was Managing Director of the WDF from 2002-2005 and is currently Novo Nordisk Corporate Vice President of Corporate Rewards and Mobility in Denmark. Altogether Mr Jensen has worked at Novo Nordisk for more than 20 years, holding several managerial positions including Regional Finance & HR Director in Singapore for the Asia Pacific Region, Region Strategic Operations Director in Greece for Region Africa and Gulf and Vice President of Strategic Operations in Switzerland for Region International Operations (covering all countries except North America, EU and Japan).

EDUCATION

MSc in Finance/HR (1989) from Aarhus Business School, Denmark.



ABDALLAH DAAR

Member of the Board

APPOINTED

2015

SKILLS AND EXPERIENCE

Professor Daar is Professor of Clinical Public Health and Global Health at the Dalla Lana School of Public Health and of Surgery in the Faculty of Medicine, at the University of Toronto, Canada, and a Member of the United Nations Secretary-General's Scientific Advisory Board. His career has spanned biomedical sciences, organ transplantation, surgery, global health and bioethics. Professor Daar's major research focus is on the use of life sciences to ameliorate global health inequities. He has published over 350 papers and is currently working on his seventh book.

EDUCATION

Degree in Medicine (1973) from Makerere University, Uganda and St Thomas' Hospital Medical School, University of London, England; FRCS (1977) and D. Phil (1983) from Oxford University, England; FRCP (1995) from Royal College of Physicians, London.



IDA NICOLAISEN

Member of the Board

APPOINTED

2002

SKILLS AND EXPERIENCE

Ms Nicolaisen is a Senior Researcher at the Nordic Institute of Asian Studies, Copenhagen University and the Editor-in-Chief of the Carlsberg Foundation Nomad Research Project. She has served as Vice Chair of the UN Permanent Forum on Indigenous Issues and on the Board of the Danish Agency for Development Cooperation (DANIDA). Ms Nicolaisen is a Cultural Anthropologist, with expertise within the fields of indigenous cultures, socio-economic and cultural transformation and the challenges facing developing countries. She has written and contributed to more than 20 books as well as numerous articles within her fields of expertise. Ms Nicolaisen is Knight of the Order of Dannebrog.

EDUCATION

BA in Geography & Archaeology from Copenhagen University, Denmark; MA in Cultural Anthropology, Aarhus University, Denmark.



KAUSHIK RAMAIYA

Member of the Board

APPOINTED

2006

SKILLS AND EXPERIENCE

Dr Ramaiya is Consultant Physician and Chief Executive Officer at Shree Hindu Mandal Hospital and Honorary Lecturer at the Department of Internal Medicine at Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania. He is the Honorary General Secretary of the Tanzania Diabetes Association, Association of Private Health Facilities of Tanzania and Tanzania NCD Alliance. Dr Ramaiya served as Chair of the sub-Saharan Africa Region of the International Diabetes Federation (IDF) from 2000-2006 and was Vice President of the IDF from 2007-2012. Dr Ramaiya has been actively involved in research on diabetes. He is also involved in the implementation of the National Diabetes/NCD programme in Tanzania.

EDUCATION

MBBS (1980) from University of Mumbai, India; M. Med. in Internal Medicine (1989) from the University of Dar es Salaam, Tanzania.



JAKOB RIIS

Member of the Board

APPOINTED

2015

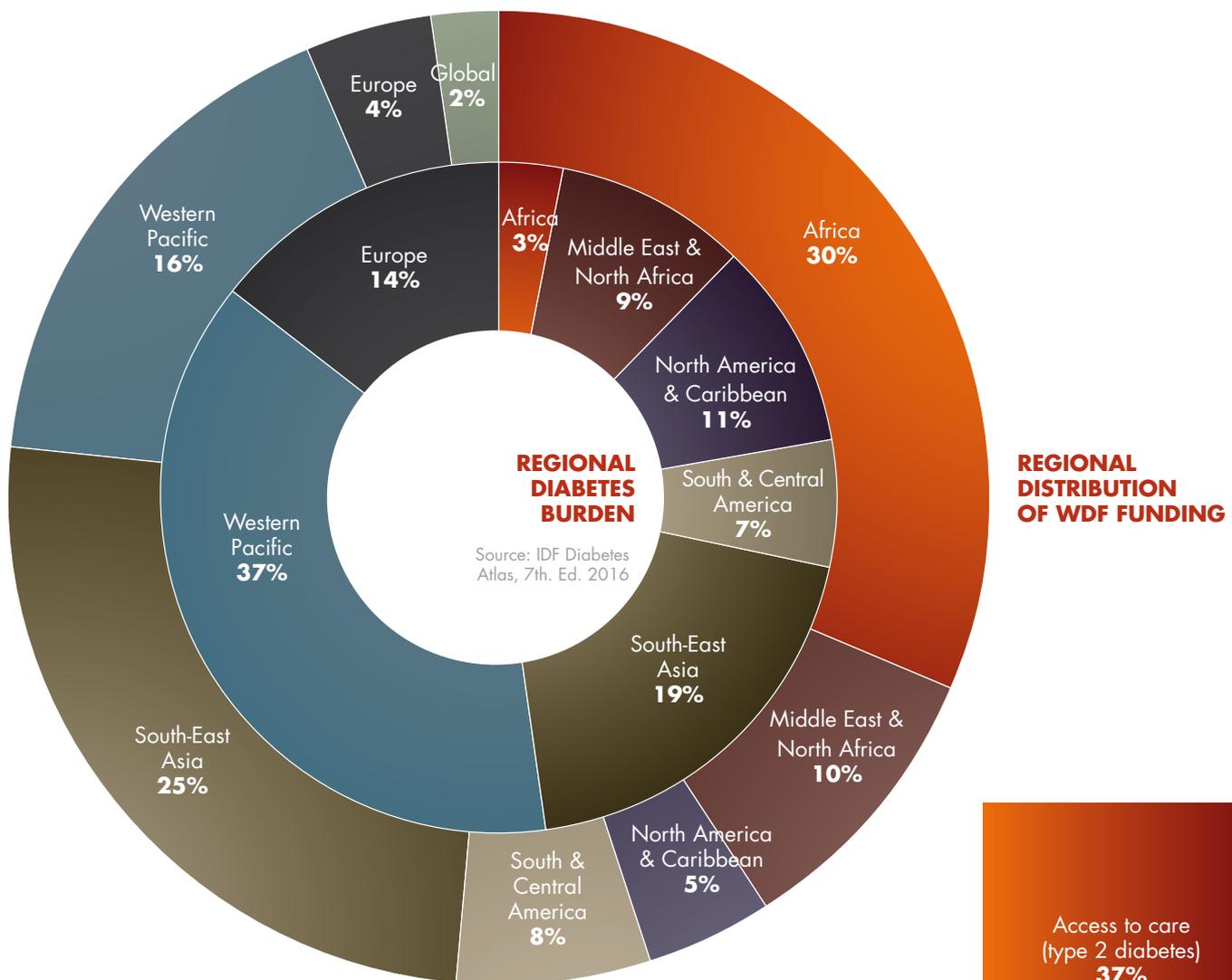
SKILLS AND EXPERIENCE

Mr Riis is Executive Vice President at Novo Nordisk for China, Pacific & Marketing with responsibility for Medical Affairs and Corporate Stakeholder Engagement. He joined Novo Nordisk in 1996 as a health economist. Mr Riis has worked in the US, Japan and Switzerland, and managed the commercial portfolio of products globally for the past decade. Since 2014, Mr Riis has chaired Novo Nordisk's Social and Environmental committee, overseeing the company's environmental policies, as well as the programmes supporting access to medicine.

EDUCATION

PhD (1998) and MSc in Forestry (1992) from the Royal Veterinary and Agricultural University, Denmark.

DISTRIBUTION OF FUNDING (2002–2015)



The World Diabetes Foundation is a leading funder in the area of prevention and treatment of diabetes and related complications in developing countries.

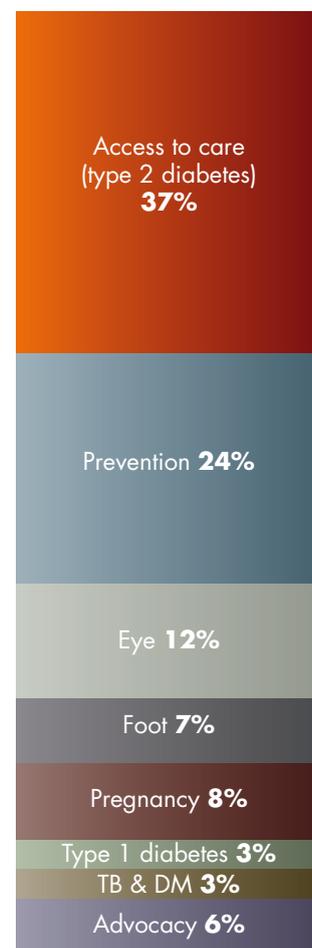
Our aim is to fund innovative projects that yield replicable and sustainable approaches. We also work to establish and develop local partnerships and strategic alliances at the global, regional and national levels. Our guiding principle is to allocate funding to areas where we believe it can make a lasting difference.

From 2002 to 2015, the World Diabetes Foundation has funded 428 partnership projects (including global projects) in 113 countries, focusing on awareness, education and capacity building at the local, regional and global level. By the end of 2015, the total project portfolio had reached USD 343 million (including cash and in-kind contributions at the project level)*. USD 115 million of this amount was donated by the World Diabetes Foundation.

The WDF spent an additional 7.3 million USD during this period on advocacy and strategic platforms.

The largest proportion of the WDF's funding (37%) is spent on programmes that strengthen healthcare systems and access to care, followed by prevention and awareness-raising initiatives. The remainder of the funding targets specific diabetes focus areas and advocacy.

The relatively high share of funding to Africa illustrates the WDF's poverty focus, which targets those countries least able to withstand the burden of diabetes and its complications.



*The USD value of the WDF portfolio is reassessed on a quarterly basis against realised grants



ABOUT THE WORLD DIABETES FOUNDATION

The World Diabetes Foundation was established in 2002 through a commitment of DKK 650 million to be allocated during the period 2001-2010 by Novo Nordisk A/S. Three additional Novo Nordisk endowments have followed. This brings the endowments to a total maximum of USD 274 million (exchange rate 6.58) or DKK 1.8 billion in the period of 2001-2024. (The actual sum may vary, depending on the operating results of Novo Nordisk A/S in the coming years.)

The WDF is registered as an independent trust and governed by a Board of experts in the field of diabetes, access to health and development assistance. The World Diabetes Foundation raises funds from other sources to support specific projects ensuring a multiplier effect; for every USD spent, the WDF is able to raise approximately USD 2 in cash or as in-kind donations from other sources.

For more information, please visit: www.worlddiabetesfoundation.org

CUMULATIVE PROJECT RESULTS (2002–2015)*

		AFRICA	EUROPE
GENERAL	WDF DISTRIBUTION TO PARTNERSHIP PROJECTS (USD)	34,673,976	5,107,423
	CO-FUNDING TO PARTNERSHIP PROJECTS (USD)	74,325,904	3,862,951
	TOTAL VALUE OF PORTFOLIO (USD)	108,999,880	8,970,374
ADVOCACY	ADVOCACY & STRATEGIC PLATFORMS (USD)	–	–
PREVENTION	NO OF TEACHERS TRAINED	3,074	709
	NO OF CHILDREN AND PARENTS REACHED	144,687	12,929
ACCESS TO CARE	NO OF CLINICS ESTABLISHED	2,877	427
	NO OF PATIENTS AT CLINICS	591,457	42,559
	NO OF DOCTORS TRAINED	10,337	4,483
	NO OF NURSES TRAINED	18,096	3,340
	NO OF PARAMEDICS TRAINED	18,090	390
	NO OF AWARENESS CAMPS CONDUCTED	7,787	2,651
	NO OF PEOPLE SCREENED FOR DIABETES	1,022,041	42,923
EYE CARE	NO OF PEOPLE SCREENED FOR DIABETIC RETINOPATHY	49,068	18,061
	NO OF PEOPLE DETECTED WITH DIABETIC RETINOPATHY	9,207	9,454
	NO OF PEOPLE TREATED	6,793	952
FOOT CARE	NO OF HEALTHCARE PROFESSIONALS TRAINED IN FOOT CARE	2,162	1,857
	NO OF PATIENTS SCREENED FOR DIABETIC FOOT	113,886	28,032
PREGNANCY	NO OF CLINICS STRENGTHENED WITH GDM	367	–
	NO OF WOMEN SCREENED FOR GDM	93,287	–
TYPE 1 DIABETES	NO OF CHILDREN WHO RECEIVED CARE	6,200	2,274
TUBERCULOSIS & DIABETES	NO OF HEALTHCARE PROFESSIONALS TRAINED IN TB & DM	1,500	–
	NO OF CLINICS STRENGTHENED	85	–
	NO OF PEOPLE WITH TUBERCULOSIS SCREENED FOR DIABETES	12,539	–

MIDDLE EAST & NORTH AFRICA	NORTH AMERICA & CARIBBEAN	SOUTH & CENTRAL AMERICA	SOUTH EAST ASIA	WESTERN PACIFIC	GLOBAL**	TOTAL
11,187,887	5,675,499	8,892,483	28,187,199	18,918,454	2,578,344	115,221,267
24,439,919	8,571,443	18,082,345	38,864,199	54,466,764	5,396,699	228,010,224
35,627,806	14,246,942	26,974,828	67,051,398	73,385,219	7,975,043	343,231,491
–	–	–	–	–	7,366,668	7,366,668
609	794	1,704	23,370	3,754	–	34,014
30,540	23,775	45,337	1,126,345	85,677	–	1,469,290
870	209	975	1,641	2,378	20	9,397
186,833	56,849	351,937	3,630,157	829,907	1,700	5,691,399
7,333	942	2,417	22,534	49,340	11	97,397
2,435	1,256	3,824	32,284	12,799	–	74,034
2,795	1,002	8,321	70,079	16,839	–	117,516
4,049	589	1,960	19,390	5,238	–	41,664
76,927	25,923	71,752	5,671,942	1,028,110	–	7,939,618
28,398	1,266	6,342	1,001,114	892,253	–	1,996,502
8,751	33	131	103,013	114,769	–	245,358
2,842	–	85	85,289	18,893	–	114,854
3,920	98	76	8,449	5,687	–	22,249
155,448	5,720	8,631	465,600	80,995	–	858,312
167	10	96	2,041	1,395	–	4,076
77,767	5,055	40,063	168,222	352,021	–	736,415
4,143	1,159	2	721	2,412	–	16,911
–	–	88	1,278	9,856	–	12,722
–	–	26	–	165	–	276
1,103	–	6	2,196	27,790	–	43,634

**Includes WDF advocacy and strategic platforms

ABSTRACT OF THE AUDITED FINANCIAL STATEMENTS FOR 2015

PROFIT AND LOSS 1ST JANUARY - 31ST DECEMBER

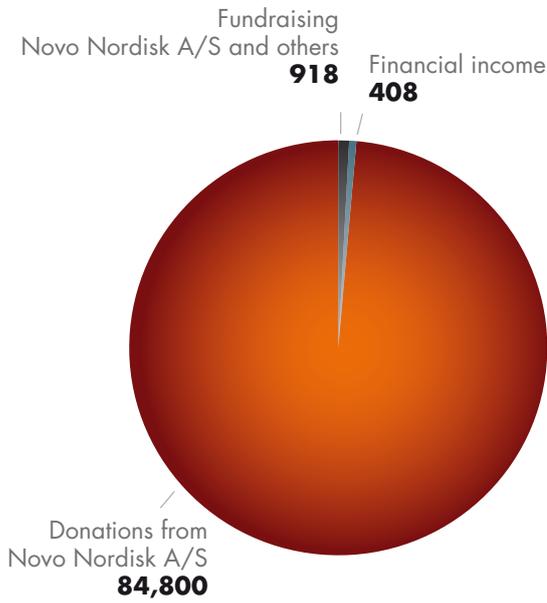
	2015	2014
	DKK '000	DKK '000
Donations from Novo Nordisk A/S and others	85,718	66,476
Administration expenses	-6,232	-5,769
Project expenses	-11,224	-9,644
Profit/(loss) before financial income and expenses	68,262	51,063
Financial income	408	987
Financial expenses	-145	-976
Profit/(loss) for the year	68,525	51,074
Proposed distribution		
Distributions from the World Diabetes Foundation	60,263	53,604
At disposal for future distributions	8,262	-2,530
	68,525	51,074

Gross distributions

The World Diabetes Foundation has distributed DKK 69,779k in 2015, exclusive of reversal of unutilised grants from prior years.

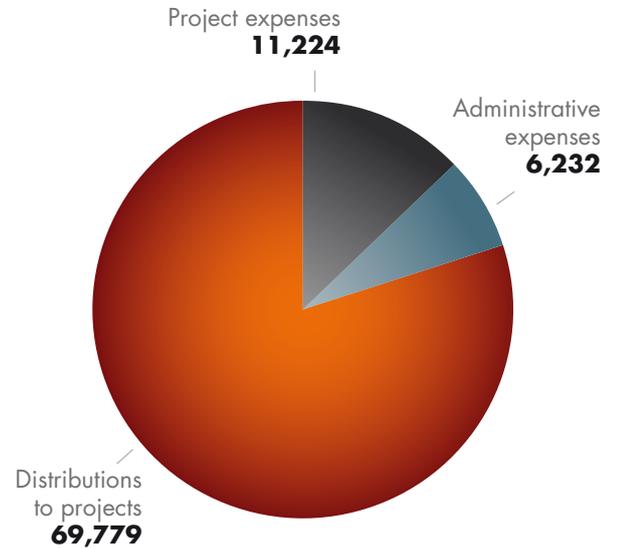
The World Diabetes Foundation has met the main criterion of only supporting projects within the WDF's statutes. The other main criterion of ensuring full distribution was also met.

INCOME, EXPENDITURE AND SEGMENTATION OF PROJECT DISTRIBUTIONS 2015



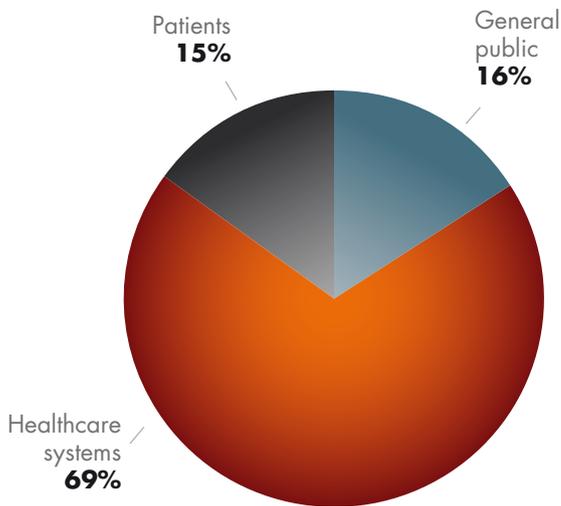
INCOME 2015

DKK '000

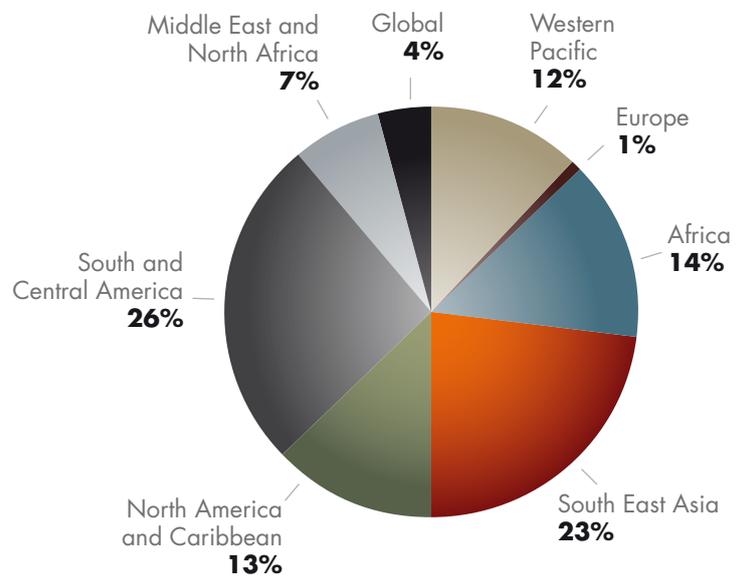


EXPENDITURE 2015

DKK '000



TARGET SEGMENTATION 2015



GEOGRAPHICAL SEGMENTATION 2015

BALANCE SHEET

ASSETS

	2015	2014
	DKK '000	DKK '000
Blocked account	260	260
Tied-up assets	260	260
Receivable Novo Nordisk A/S	26,652	15,187
Interest receivable	79	859
Total receivable	26,731	16,046
Holding of bonds	24,994	40,642
Bank and currency deposits	159,547	133,382
Disposable assets	211,272	190,070
Total assets	211,532	190,330

LIABILITIES AND EQUITY

	2015	2014
	DKK '000	DKK '000
Tied-up capital	260	260
Disposable capital	31,461	23,199
Total equity	31,721	23,459
Trade payables	322	253
Accrued distributions	176,909	164,204
Other liabilities	2,580	2,414
Total short-term liabilities	179,811	166,871
Total equity and liabilities	211,532	190,330

The above is an abstract of the Audited Financial Statements for 2015. Administrative expenses amounted to 7.24% of the income for the year.

For full details of the audited annual accounts, please refer to our website:
www.worlddiabetesfoundation.org

CODE OF CONDUCT

Our aim is to alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of the disease

- 1.** We will recognise people with diabetes and related diseases as dignified humans in all our activities and communications
- 2.** We will display respect for the culture and values of the communities and countries within which we work
- 3.** We will facilitate implementation of the UN Sustainable Development Goals by striving to reduce the vulnerability of people served through our grants – addressing basic health needs, promoting equity (in particular gender equity), and fostering sustainable solutions
- 4.** We will give support regardless of race, gender or creed of the recipients in the developing world based upon assessment of needs and capabilities to meet these needs
- 5.** We will promote local ownership of sustainable initiatives in co-operation with governments, private institutions and civil society
- 6.** We will help build and strengthen local capacity to ensure that the recipients, including girls and women, are empowered, as key players in the development process
- 7.** We will seek to support and create synergy between both top-down and bottom-up approaches that apply participation and partnership as both a means and a goal
- 8.** We will be accountable to both those we seek to assist and those from whom we accept resources
- 9.** We will adopt and require our partners to adopt a zero tolerance policy to corruption and bribery
- 10.** We will be open and transparent, and report on the impact of our work, and the factors limiting or enhancing that impact



Patients, BRAC Maternity Centre, Dhaka, Bangladesh.

ANNUAL REVIEW 2015

Edited by the World Diabetes Foundation

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Gwendolyn Carleton, Henrik Helweg-Larsen,
Rodrigo Ordonez/The Union and by courtesy of
the WDF project partners

Front cover photo: Queue outside the Area 25 Health
Centre, Lilongwe, Malawi, by Gwendolyn Carleton

Back cover photo: Corridor at Queen Elizabeth Hospital,
Blantyre, Malawi, by Gwendolyn Carleton





The World Diabetes Foundation is dedicated to supporting the prevention and treatment of diabetes in the developing world

The World Diabetes Foundation creates partnerships and acts as a catalyst to help others do more

The World Diabetes Foundation strives to educate and advocate globally in an effort to create awareness, care and relief to those impacted by the disease



WORLD **DIABETES** FOUNDATION