Working together
to beat diabetes

a road to progress

APRIL 2016
Working together to beat diabetes

Better diabetes care Mulanje Mission Hospital shines

Clinic gives diabetic patients a lifeline

Making affordable medicines for diabetes a priority

Patients trying hard to survive in the growing chronic disease burden

Breaking the silence is the weapon to manage diabetes

Investing in early diagnosis of NCDs saves lives

Urgent reforms needed to improve service delivery in NCDs

Knowledge about diabetes remains the key
Welcome our dear readers to this new issue of the magazine highlighting diabetes care and treatment in the Southern Region. For over 6 years the Medicine Department of the College of Medicine has been collaborating with Journalists Association Against AIDS (JournAIDS), Ministry of Health’s Department of Mental Health and Non Communicable Diseases and Diabetes Association of Malawi to put diabetes on the country’s health agenda.

Taking into serious consideration that Non Communicable Diseases (NCDs) especially diabetes is one of the leading NCDs causing deaths and disability in the country’s population, it is important to showcase best practices and other new models that are working towards improving lives of the poor and the vulnerable. Through a network of health journalists working in the city of Blantyre, JournAIDS has collaborated with the College of Medicine to track and document key issues in the districts of Mulanje, Mwanza and Thyolo in terms of diabetes care and treatment.

Often many stakeholders in the health and development sector have complained that civil society organizations struggle in documenting their work. As a joint collaborative effort this publication seeks to not only highlight the successes but also some of the hurdles making care and treatment to be impeded in the Southern region. It cannot be taken for granted to recognize the huge support from our friends in Denmark at the World Diabetes Foundation who have the magazine a dream come true.

There are a lot of interventions the College of Medicine has been undertaking in the Southern region operating from the commercial city of Blantyre to reach to patients with foot and eye complications and other health challenges brought by the NCD burden.

As an academic institution, College of Medicine recognizes the need to build sustainable and lasting partnerships to tackle the chronic disease burden. Hence documenting interventions around diabetes care and treatment is very important and this publication in particular is another huge milestone.

Every Tuesday of the week, when one comes to diabetes clinics regularly conducted by nurses at the old Queen Elizabeth Central Hospital, the number of diabetic patients attending clinics is increasing showing the NCD burden is reaching a tipping point. It is for this reason that we all need to amplify the voices and ensure that diabetes and other NCDs are given enough attention by Government, the local media, NGOs, policy and decision makers.

Please enjoy and relax by reading the publication and share the stories with your neighbor and friends as we move towards achieving the Sustainable Development Goal 3 to reduce the NCD burden by 2030.
Tucked away from the majestic Mulanje Mountain, the Mulanje Mission Hospital is one of the oldest faith based health facilities offering various health services, including diabetes and chronic disease care to the population, even foreigners in nearby Mozambique access services.

The hospital which belongs to the Church of Central African Presbyterian (CCAP) of the Blantyre Synod is under the Christian Health Association of Malawi (CHAM) through a service level agreement to ensure that people access various health services.

One of the longest serving members of staff is Mary Chipole who has worked at the hospital for 20 years and is very happy that there is a lot of progress at the diabetes clinic only set up in collaboration with the College of Medicine. The clinic opens every Wednesday and is now receiving between 25 to 30 patients with diabetes and hypertension from various surrounding areas in Mulanje district.

Chipole who is a senior nurse midwife, hypertension and diabetes nurse explains that the diabetes clinic at the hospital is facing human resource for health challenges as most of the health workers are not fully trained in diabetes management except a few of them.

“We are now seeing an increase in the number of diabetic patients visiting the clinic at the hospital, I was very excited when the stakeholders at the College of Medicine brought the idea of a diabetes clinic to be established here”, says Chipole.
She notes the need for more trained health workers in order to handle diabetic patients from within Mulanje and other nearby areas.

“There is a need to ensure that we have more health workers who have knowledge in diabetes and chronic care management to handle the increase in the number of patients, who come as far as Mozambique”, she adds.

Chipole discloses that many patients like Mulanje Mission Hospital for its high level hygienic conditions and in particular women accessing antenatal and other maternity services. The hospital is also monitoring gestational diabetes among pregnant women accessing its services to quickly address child birth complications which arise due to this form of diabetes.

“We are also making sure that women who are pregnant are checked for any signs of gestational diabetes through screening and providing proper medical advice. It is important to monitor the progress until child birth takes place”, stresses Chipole.

Through a service level agreement between CHAM and Government, patients who have been given green cards by their traditional leaders in the communities access health services easily without huge costs. However the hospital has no choice but charge user fees to running condition and maintain the balance of service delivery.

Griffin Sombani, a clinical officer at Mulanje Mission Hospital agrees with Chipole on the progress the diabetec clinic has registered just after being set up some two years ago. However he notes high costs of medicines and other essential drugs to be a challenge that slows down service delivery especially for diabetic patients.

“The patients attending clinics just like all others still have to pay between K1000 to K4000 (USD5) so that services are not affected. It should also be noted that patients struggle financially because they have to spend on transport fares as they travel over long distances to reach the mission hospital,” says Sombani.

A hypertensive patient, Odetta Chikungwa and her husband who is also has hypertension visit the diabetes clinic at the hospital together every Wednesdays once in a month. She explains to the writer on the importance of the diabetes clinic.

“The mission hospital provides us with medication. It helps a lot to seek medical attention when you have blood pressure, I and my husband encourage each other to stick to the routine of the clinical visits, although we have to travel

“W e a re a l s o m a k i n g s u r e t h a t w o m e n w h o a r e p r e g n a n t a r e c h e c k e d f o r a n y s i g n s o f g e s t a t i o n a l d i a b e t e s t h r o u g h s c r e e n i n g a n d p r o v i d i n g p r o p e r m e d i c a l a d v i c e. I t i s i m p o r t a n t t o m o n i t o r t h e p r o g r e s s u n t i l c h i l d b i r t h t a k e s p l a c e.”

Mary Chipole
some 3 hours from Chilowa where I stay to reach this clinic,” she reveals.

The scenario at Mulanje Mission Hospital speaks a lot about how NCDs are prioritized in Malawi, where lack of funding and shortages in human resources for health continues to derail service delivery. A 2014 Global NCDs Status report by the World Health Organization (WHO) shows that many least developing countries cited to have received very little funding to tackle NCDs.
When the civil society and other stakeholders in the health sector sound a warning on the rapid growth of the chronic disease burden, it is not a joke, Mwanza District Hospital is one of those health facilities giving the evidence in its active diabetes clinic.

Established in January, 2011, the diabetes clinic at the district hospital in Mwanza just started with 36 patients. Fast forward 2016, the figure has reached 210. At present the facility is still having an increase in the number of diabetic patients from older and middle aged men and women.

Victor Kaitano is one of the patients who visits the clinic every Thursday and acknowledges the good health services being offered. However, he complains on the lack of accessibility to the district hospital’s laboratory which forces patients to wait to queue and wait longer for test results.

Kaitano who is a welder by profession was diagnosed with diabetes in 2014. He has lost a lot of income and his business has almost collapsed due to absenteeism and spending resources to control the chronic disease.

“I was having a lot of problems with my health, I was having frequent thirst and urination but unknowingly I still used to take fizzy drinks. The situation worsened only to be told by...”
health workers at Mwanza district hospital that I had diabetes" reveals Kaitano.

He observes that the number of diabetic patients is growing rapidly hence a need for more health workers to be trained in diabetes management.

"Diabetes is a huge health problem right now and the number of patients is growing here in Mwanza. We have a problem with health workers because it seems most of them are struggling to manage diabetes, it is important that more health workers get equipped with diabetes management skills", He recommends

Asked to explain what he thought was causing a rise in diabetes, he links climate which the severe food insecurity is forcing people to eat unhealthy types of food as they have no choice. The International Diabetes Federation in its June 2012 groundbreaking study on links of diabetes and climate changes notes that food insecurity has major implications for malnutrition, health and diabetes. Both over-nutrition and under-nutrition increase an individual's risk of developing type 2 diabetes and related NCDs. Maternal under-nutrition in pregnancy increases the risk of the infant developing obesity and type 2 diabetes in later life. It also says that under-nutrition in pregnancy is already widespread in low middle income countries (LMICs) and will only increase as climate change intensifies.

"Climate change will make fresh produce expensive and scarce as traditional food supplies are disrupted. Vulnerable and low-income populations, who rely on agriculture and follow traditional diets, are particularly at risk" reads in part of the report.
Mary Francisco is a 43 year old woman from Traditional Authority Nthache in the district. She was diagnosed with blood pressure and diabetes in 2007 and is pleased that the clinic saved her life.

“Life was very difficult for me at that time before this clinic got set up here when I got diagnosed with diabetes. I think this clinic is helping a lot in lessening the diabetes burden here”, She explains

However she laments lack of Glucometres and stock outs of essential diabetes drugs which makes treatment among patients to be difficult.

“I think the clinic is doing its best, but the stock outs of essential diabetic drugs is a serious challenge. For example its availability is not always guaranteed to us patients”, She observes.

Francisco urges communities to desist from visiting traditional herbalists who hoodwink diabetic patients and promise patients that they would be cured. The need for civic education and community awareness is important to give the population relevant information to reduce the Non Communicable Disease burden.

Another diabetic patient, Diana Mandele echoes with Mary that most of the people in the communities lack knowledge on diabetes and think it is communicable thereby promoting stigma, while others wrongly link diabetes to witch craft.

“Many people don’t understand that diabetes is not communicable, this is why you get a lot of incidents of stigma in the communities due to lack of knowledge. I encourage people in the communities to go to the clinic to get screened and not suffer in silence”, Says Mandele.
By MPHATSO KATONA

Essential medicines for people living with diabetes are not easy to access, the low levels of income makes the situation difficult for many and it is the same case with patients in Mulanje district near the Mulanje Mission Hospital.

The diabetic patients receiving treatment at Mulanje Mission Hospital face challenges to buy drugs they are prescribed as the mission hospital does not provide free health services. Although a service level agreement (SLA) between Christian Health Association of Malawi (CHAM) owned health facilities with Government exists, it does not guarantee free access to health services.

Last year, the hospital registered 250 diabetic patients, and have to spend their hard earned income on transport to reach the hospital for treatment and consultations.

Although Mulanje Mission hospital has enough drug supplies for all patients, the challenge is that most of them cannot afford to buy the drugs. According to Dr Isobel King who
coordinates diabetes and Hypertension services at Mulanje Mission Hospital, failing to buy drugs is one of the stumbling blocks to tackle the chronic disease.

“it is not that the drugs we prescribe for them to buy is expensive, because we charge them K15 per tablet, but now they have to take six tablets a day that is when the problem comes because they will need these drugs every day. For an old woman in the village it is hard to afford. Meanwhile we just advise them to go to Mulanje District Hospital for those who cannot manage,” explains King.

Another clinical officer who works at the diabetic clinic, Griffin Sombani says cost of the drugs has affected their duties as they fail to achieve their goal which is to help the patients.

“The fight is getting stiffer by day because you can imagine if our clients are failing to buy the drugs we advise them to, how can there be victory over this fight?. We are worried because our main aim is to see our patients getting better that is why we are here. We do not have a solution to the problem in the meantime since we are a private hospital but we feel pity for our clients,” laments Sombani.

A diabetic patient, Wilford Iron comes all the way from Phalombe to Mulanje Mission Hospital to get drugs. He wishes if Non-government organizations could intervene and subsidize the cost of drugs to enable affordability for patients, especially the old ones.

Iron adds that people suffering from diabetes need attention and help from government and the civil society to make access to health services equitable.

“Some of us who are working try to raise money for the drugs but I know my colleagues who come here for consultation meetings only manage to buy drugs once in a while. It is not a good situation because we are advised not to skip taking drugs. Our plea goes to the well-wishers and government to subsidize the cost of drugs so that we can get them at a cheaper price,” Notes Iron.

Another diabetic woman who hails from Khoviwa village in Mulanje district, Linness Mayalo says sometimes she travels to Queen Elizabeth Central Hospital in Blantyre to get medication but due to lack of transport she is forced to visit the mission hospital as the district hospital keeps on turning her away citing unavailability of drugs.

“Here at Mulanje Mission we always find drugs available but buying them every day is becoming tough especially this time as we are facing hunger hence, the little we earn we buy food instead of the medicine. Something should be done so that we should be able to access drugs even in health centres,” stresses Mayalo.

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Wilford Iron
It is no longer speculation but real, the chronic disease burden continues to grow rapidly making life difficult for people who have low income, the picture in the tea growing district of Mulanje just sums up everything, diabetes is one of those Non Communicable Diseases causing disability and untold suffering but it can be controlled.

By TIKONDANE VEGA

Brian Gondwe, 49 from Chiwozga Village; Traditional Authority Chikulamayembe in Rumphi district is one of the patients who lost a toe of his left leg due to the disease.

"This year the figure might be higher considering that the hospital is receiving diabetes clients every time when the hospital meets the patients for education and treatment.

Most diabetic patients are able to lead a normal life once the sugar is under control."

Griffin Sombani
"I recognized late that I was suffering from diabetes. In fact it was on November 28, 2014 when the doctor confirmed the diagnosis. On 20th December the same year I lost a toe due to diabetes disease," discloses Gondwe.

He is sure the toe could have been saved if the diabetes had been detected early, the late detection worsened the situation. Gondwe is one of the patients who visits the diabetes clinic at Mulanje Mission Hospital every Wednesday.

Statistics from the Mission Hospital show that in 2015 the district received 250 clients diagnosed with diabetes. In most health centers cases of such kind are common and a visit at the hospital found people to access medical attention on their diabetes and hypertension conditions.

Mulanje Mission Hospital Diabetes Clinical Officer, Griffin Sombani notes, “This year the figure might be higher considering that the hospital is receiving diabetes clients every time when the hospital meets the patients for education and treatment.

Most diabetic patients are able to lead a normal life once the sugar is under control – which means taking proper medication. The better the sugar and hypertension control, the fewer the complications."

Sombani notes two main factors that are leading to diabetes rates rising; the transition from subsistence farming to urbanization and change of dietary habits associated with obesity and also the ageing of the population.

“The hospital receives new cases of diabetes every month and some clients are unable to access the treatment due to financial hiccups,” he said.

Another patient found at Mulanje Mission Hospital, 69 year old Sikiliya Kanyenda called on authorities to improve diabetes care by among others making sure that patients are getting free services and medicine in all health facilities including private hospitals saying the impact of the disease is more than HIV/Aids.

Kanyenda who hails from Gumulira Village, Traditional Authority Mthiramanja in Mulanje district said it is time diabetes should be given more attention like HIV/AIDS saying currently the attention given to the disease is not enough.
By RUMBANI MSISKA

The year 2010 will remain in the diary of 48 year old
Esther Lemani of Ngamwani Village from Traditional
Authority Kapichi in Thyolo district who was diagnosed
with diabetes, it was like the end of life but adhering to
drugs and medical advice has saved her life and she
lives to narrate her ordeal.

In the middle of that year she started frequent passing
out of urine and lost weight, later only to be diagnosed
with diabetes after some screening at the Thyolo District
Hospital.

Lemani’s story is similar with that of Foster Julius Mulore,
a retired police officer, now a resident of Bvumbwe Township
in Thyolo district. The 88 year old was diagnosed with
diabetes in 2014 at Mulanje Mission Hospital after a spate of frequent urination, loss of weight and paralysis to one side of his body.

Today, meeting the two diabetic patients, one would find it difficult to observe that the two are diabetic because of their strong physical outlook. One would be asking a question if there is a cure for diabetes.

Justice Ntayisi a Clinical Officer for Non-Communicable Diseases Department at Thyolo District Hospital, notes that diabetes is not be curable, but it is manageable if one properly adheres to medical advice.

Ntayisi who treats diabetic patients at the hospital’s Diabetes Clinic says the only problem is that people especially in rural areas are not aware of the symptoms of the disease and die silently due to late diagnosis.

“Diabetes just like most non-communicable diseases and is not curable but it is manageable and easily controlled. However the problem we have observed is that due to lack of proper civic education most villagers in Thyolo district are not aware of the signs and symptoms of diabetes.

The chronic disease is well managed through early diagnosis. Most patients come here when the disease is already at an advanced stage,” observes Ntayisi.

Mark Duncan is the Chairperson for Thyolo Diabetes Association of Malawi and agrees with Ntayisi that there is low awareness which is compounded with lack of financial resources. He appeals to government and Non-Governmental Organizations to scale up awareness and bolster financing.

“As an association it is our wish to go in typical rural areas to conduct civic education as well as awareness about diabetes but all these aspirations are hampered by lack of adequate resources. It is for this reason that sensitization and civic education is only conducted here at the district hospital and only on Thursdays which is Diabetes Clinic day,” laments Duncan.

He adds; “Yes as an association we have an annual membership fee of K1000 per every registered member but still this is not enough to take us deep down in the villages to conduct civic education because apart from the civic education, as an association we also have other activities which we do”.

He wonders why the Ministry of Health is failing to train specialist diabetes doctors as it is the case with other non-communicable diseases like cancer. An example is that of the care and treatment but then she is not only confined to the diabetes clinic but has to perform other tasks not related to Non Communicable Diseases.

A team of journalists who visited Thyolo District Hospital’s Diabetes Clinic recently found only one nurse who attends to diabetes patients at the district hospital. It means that if she goes home to rest when one was working overnight, then there would be no nurse to take care of the diabetes patients during that particular Diabetes Clinic day.

According to International Diabetes Federation (IDF) of which the Diabetes Association of Malawi (DAM) is a member, there were 203,000 registered cases of diabetes in Malawi in the year 2015. Available information indicates 5.6 percent in diabetes prevalence in Malawi based on the 2009 World Health Organization (WHO) survey on Non-Communicable Diseases (NCDs).

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By LLOYD GUMBI

Cases of people wasting time seeking health services from quacks and traditional herbalists are a reality and contribute to the late diagnosis of diabetes, one of the fastest growing Non Communicable Diseases in Malawi, those who have been quick enough to visit health facilities are still living to this day.

Cassim Adam Lide travels all the way from Luchenza to attend the diabetes clinic sessions at Mulanje mission hospital every Wednesday.

“I just discovered I was becoming very weak, people were telling me that am losing weight, I was urinating too much, it is when some people advised me to go for diabetes screening.” He recalls.

Lide says once he was diagnosed with diabetes he went through diabetes counselling and since that time he has observed great change in his sugar levels have now stabilised.

“After i found out that i had diabetes, I was told how to manage my life, including switching to healthy diet, I was told to stop eating Nsim of white floor but Mgaiwa (whole grain maize flour), I was told to stop taking fizzy drinks, I was also advised to increase physical activity to control levels.” Lide discloses.

Recently government recommended the integration of diabetes clinics and hypertension to improve service delivery. President of Diabetes Association of Malawi, Timothy Mtambalika says since diabetes and hypertension shares same doctors and information, the service integration is cost-effective.

“The two conditions are one and we believe merging of two clinics will help our clinics in providing information to the
patients. This will also help doctors to manage their time well," notes Mtambalika.

Ainess Matipwiri lost her left toe because of diabetes. She now receives treatment and diabetes education at Mwanza district hospital.

“The first time I met the doctor at Queen Elizabeth Central Hospital (QECH), he just stared at me and then at my small wound and again looked into my face and he said I am diabetic,” She narrates.

Ainess was advised by the doctor to have her toe amputated immediately to avoid the whole foot being affected.

“Since that time, I eat Mgaiwa, I was advised to avoid rice, sweet drinks but to love pure water, since then I have seen a tremendous improvement, I was could not do house chores before but now after going through diabetes treatment and education, I have seen great changes.” claims Ainess.
Working together to beat diabetes

By THOKOZIRE GONDWE

Just imagine, a long queue of diabetic patients waiting to be assisted by one nurse on a line for four hours, while the stomach is empty, such a painful experience is very common among patients but they have no choice but endure it to get a lease of life in the wake of the chronic disease burden.

James Chindimba, who is village headman Chilembwe from Traditional Authority Machinjiri in Blantyre was diagnosed with diabetes in 2015. He went to Queen Elizabeth Central hospital in Blantyre for checkups after noticing frequent urination and he was immediately put on treatment, the diabetes drugs have improved his condition.

While others are opting to travel from various districts to Queen Elizabeth Central Hospital in Blantyre every month due to what they say for privacy reasons, Chindimba travels to Thyolo District hospital once every month for counseling, checkup and medications.

According to Chindimba, diabetic patients are told to go to the hospital for check up on an empty stomach which makes it hard for them to stand on long queue waiting to be checked.

"At QECH I could stay at the hospital up until 3 PM waiting for my turn but here at Thyolo it doesn't take all that long such that everything is done in good time and I get back home by 10am," explains Chindimba

As a traditional leader, he encourages his subjects to go for diabetes screening at the hospital and not to visit traditional healers. He also takes advantage of his position to civic educate people about the disease for awareness and promoting screening.

Linly Majozi 56, of Nkaombe Village Traditional authority Bvumbwe was diagnosed with diabetes and high blood pressure in 2011. She has lived with disease for 6 years now. At first she linked witchcraft with strange feelings such as frequent urination, eye problems, general body pains and acute headache.

By the time she went to the hospital her level was plus and she lost her weight to about 33kgs from 80kgs. She regained body weight after receiving treatment and going through a healthy diet and now weighs about 77.5kgs. Majozi is the first person in her family’s history to be diagnosed with diabetes.

Thyolo district hospital has no special or private place for diabetes clients which forces some of the clients to go to QECH in Blantyre where some say they feel comfortable despite the congestion.

Despite the small number of the clients that comes to the clinic during the clinic days the hospital faces some challenges like low supply of some types of medications, lack of equipment such as Blood Pressure machines, insulin, syringes among others.

She calls upon government and well-wishers to help in providing enough resources for the smooth of the awareness campaigns in the remote areas and has asked for the decentralization in the health centers so that people can
be accessing diabetes care right in their communities instead of them travelling long distances a situation which also forces some clients to remain at home due to lack of transport money hence leading into more complications and death.

According to the 2011-2016 Health Sector Strategic Plan, The Department of Human Resources in the Ministry of Health has the overall responsibility for managing human resources, in consultation with other Departments in the Ministry. The Human Resources for Health (HRH) Technical Working Group (TWG) provides technical guidance on human resource issues in the health sector. On the other side the Health Services Commission will continue to be responsible for the recruitment of health workers into the Ministry. It still remains to be seen if the health reforms in the health sector will improve service delivery especially paying attention to the rapid growth of NCDs in Malawi.
Working together to beat diabetes

Knowledge about diabetes remains the key

By GERALD VIYUYI

Living with diabetes unknowingly for many years has led to many people losing eye sight, legs and other limbs, the key lies in the early screening, for all this to happen more awareness is required across the communities.

For many Malawians to be diagnosed with diabetes brings a challenge of stigma and isolation thereby derailing economic productivity. This is what happened to Martin Mseli who is in his late 40’s of village headman Chaona, Traditional Authority Nchilamwera in Thyolo district.

Mseli was diagnosed with diabetes in 2009 and recalls his tough early years before he went to the hospital for diabetes screening. He used to urinate frequently and one time collapsed.

“I went to the hospital in 2009 and was diagnosed with diabetes. I was given medicine, but the medicine was not suitable for my body as I was vomiting,” says Mseli.

Now the story is different, Mseli feels physically stronger and ventures in volunteering in communities around Thyolo district to raise awareness to people in the communities to the villagers on the importance of going to health facilities to be screened for diabetes.

“It is very important to be screened for diabetes early because you are able to receive proper medicine and you can take part in economic activities and make a contribution.” he adds.

However he bemoans lack of equipment and much awareness and proper training to volunteers in order to spear head diabetes message in the communities. For Mseli, low income is a huge challenge and makes him struggle to get healthy diet.

The global challenge is that many diabetic patients in low middle income countries struggle to have better diet due to other factors including poverty and the effects of climate change.

The International Diabetes Federation (IDF) in its 2012 paper on climate change and diabetes says that the increase of extreme climactic events is likely to damage healthcare infrastructure and threaten the delivery of care for vulnerable people with diabetes.

For instance after Hurricane Katrina swept through the southern US in 2005, over 200,000 people with chronic medical conditions such as diabetes had no access to care or essential medicines. These were primarily vulnerable and elderly populations physically unable to leave, while a
person with type 2 diabetes may survive without medication in the short to medium term, people with type 1 diabetes can die in a matter of days if deprived of lifesaving insulin – especially in the presence of infectious and diarrhoeal diseases that are endemic in the immediate aftermath of such events.

The International Diabetes Federation advises countries to cut down the production of processed food that has to be balanced with ensuring food security and nutrition for all. In addition sustainable agriculture is seen as a primary means to achieve this balance.

“Sustainable agriculture is defined as the capability of agriculture to contribute to overall human welfare, providing food security in an efficient, environmental sound and socially responsible way. Investing in sustainable agriculture in low income countries will support the right to food and generate opportunities for income”, Reads in part of the IDF Report.
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DIABETES EDUCATION
Planning your Meal

Carbohydrates

Protein

Fruits

Vegetables