CONFERENCE ON DIABETES AND OTHER NCDs IN WESTERN AND CENTRAL AFRICA

YAOUNDÉ, CAMEROON, 3 AND 4 MAY 2018

REPORT
Representatives of the Ministries of Health, civil society and diabetes associations from approximately fifteen countries from Western and Central Africa, delegates from the Alliance against NCDs and the World Diabetes Foundation (WDF), stakeholders and national and international agencies met for a conference on non-communicable diseases (NCDs) at Yaoundé on 3 and 4 May 2018.

The objective of the conference was to assess the progress of national approaches in the face of the growing diabetes epidemic and other NCDs and to use this information to strengthen the responses from the health systems and society in general.

The conference was also an opportunity to take stock of the implementation of WHO’s global action plan for the prevention and control of NCDs between 2013 and 2020 in each country.

More specifically, the conference addressed the prevention of NCDs, the treatment of people affected by NCDs and complications linked to poorly controlled diabetes, hyperglycaemia in pregnancy and the integration of NCDs into care structures.

A series of presentations were made by civil servants from the Health Ministries and representatives of civil society in order to illustrate the different national responses to NCDs.

Although the conference highlighted the progress made regarding responses to NCDs in the 17 African countries represented, it also became evident that there remains a lot of work to do. Some countries from the region and elsewhere in Africa have taken important steps and others have learnt lessons from their experiences.

The conference has particularly underlined the importance of a multi-sectoral approach to the mobilisation and engagement of the stakeholders, the importance of the engagement of civil society, task transfer approaches to strengthen the capacities of the health system and the wider mobilisation of resources.

The participants demonstrated their enthusiasm and huge interest during the conference and its numerous discussions, during which the next High-Level Meeting (HLM) of the General Assembly of the United Nations in September 2018 served as a focus.

The meeting ended with agreement on a call to action document.

At a side event, an NCD Alliance for Cameroon was created, with a designated President as its head.
THE YAOUNDÉ 2018 CALL TO ACTION ON DIABETES AND OTHER NCDs

The Conference on Diabetes and other NCDs in West and Central Africa explored the challenges that diabetes and other NCDs pose to the health and well-being of the region’s citizens and their negative effects on the region’s economies.

The participants of this meeting adopted the following Declaration and urgent Call to Action:

Diabetes is one of the major health and development challenges of the 21st century. More than 16 million people with diabetes live in sub-Saharan Africa, of whom more than 70% are not diagnosed, according to the 2017 International Diabetes Federation Diabetes Atlas. This will increase to 41 million by 2045 if no action is taken. Diabetes is both a result of and contributor to increasing social and economic inequality globally.

Non-communicable diseases (NCDs) including cardiovascular disease, cancers, diabetes and chronic respiratory disease continue to pose major health challenges, particularly in low- and middle-income countries, which bear more than 80% of the burden.

Deaths from diabetes and other NCDs are largely preventable. This is possible if there is political will from the respective governments and adequate response from the health systems.

Lifestyle modifications by individuals and public health policies including legislation on tobacco and other NCD risk factors such as unhealthy diets, alcohol and physical inactivity have positive and lasting effects on cardiovascular disease. Community awareness, health education and targeted screening can detect those at risk of developing NCDs. Ensuring availability, access and affordability of essential medicines and technologies for those diagnosed delays or prevents the development of serious long-term complications to NCDs. The countries of West and Central Africa are presently in transition from the burden of communicable to NCDs. There is a need to accord higher priority to diabetes and NCDs in order to disarm the looming time bomb.

We express grave concern about the growing crisis of diabetes and other NCDs in West and Central Africa.

We appreciate that governments in West and Central Africa have taken significant steps towards the development and implementation of national NCD programmes, although more efforts have to be deployed towards health system strengthening, health care financing for NCDs and working with patients and civil societies.

We are mindful that West and Central African governments have signed the 2011 UN Political Declaration on NCDs and the WHO Global Action Plan for the prevention and control of NCDs 2013-2020, and that the Sustainable Development Goals adopted by UN member states in 2015 specifically included the reduction of premature deaths from NCDs in target 3.4.

Therefore, we, the undersigned resolve to commit ourselves and our resources to support and help initiatives to stem the scourge of diabetes and other NCDs.

We the undersigned strongly recommend that West and Central African Ministries of Health and other government ministries, non-governmental organisations, non-state actors, patient organisations, academia, professional organisations, religious bodies and civil society organisations stand up for action against NCDs as follows:

• Strengthen government efforts to deliver on global NCD commitments

• Promote and support national capacity to conduct quality research and development to combat NCDs

• Scale up multi-stakeholder and multi-sectoral responses to the prevention and control of NCDs, integrating these with other national priority programmes where relevant

• Pursue synergies and partnerships among public and non-state actors, patient organisations, academia, professional organisations, religious bodies and civil society
• Strengthen the national health information system to integrate data on NCDs, improve data quality, and establish monitoring evaluation and reporting systems

• Increase investment in NCDs including finance infrastructure, policies, governance and human resources

• Empower patient organisations and community health workers

• Decentralise diabetes and other NCD services to primary care and strengthen referral systems to ensure quality care for all inhabitants no matter their place of residence

• Establish a sustainable mechanism for health care financing that prevents households from sliding into poverty as a result of NCDs

• Address risk factors including sedentary lifestyle, unhealthy diet, overweight, obesity, tobacco use and alcohol misuse via legislation, health education and advocacy, and create enabling environments and reduce environmental pollutants

• Establish a system for early diagnosis and management of hyperglycaemia in pregnancy

• Ensure that children and youth with type 1 diabetes have access to quality continuum of care, including access to life-saving insulin

• Establish mechanisms to provide ensure provision of diabetes and other NCD care during crises and national disasters

• Promote, respect and empower people affected by NCDs and involve them as partners in developing and implementing national NCD responses

We the undersigned urge participants in the UN High-level Meeting on NCDs on 27 September, 2018, to be held in New York, to heed the recommendations of this Call to Action, and consider them when drafting the outcome document for the meeting.

Endorsed in Yaoundé on 4 May 2018 by the following authorities, organizations and institutions:

Ministry of Health Benin
Ministry of Health Burkina Faso
Ministry of Health Cameroon
Ministry of Health Chad
Ministry of Health Comoros
Ministry of Health Democratic Rep. of Congo
Ministry of Health The Gambia
Ministry of Health Ghana
Ministry of Health Guinea
Ministry of Health Guinea Bissau
Ministry of Health Ivory Coast
Ministry of Health Liberia
Ministry of Health Mali
Ministry of Health Niger
Ministry of Health Nigeria
Ministry of Health Senegal
Ministry of Health Sierra Leone
Ministry of Health Togo
THE YAOUNDÉ 2018 CALL TO ACTION ON DIABETES AND OTHER NCDs

Cameroon Diabetes Association
Ghana Diabetes Association
Guinea Bissau Diabetes Association
Mali Diabetes Association
Nigeria Diabetes Association
Ivory Coast Diabetes Association

East African Diabetes Study Group
Global NCD Alliance
International Diabetes Federation Africa
La Société Francophone Africaine du Diabète
Santé Diabète
World Diabetes Foundation

Action pour la Promotion des Droits des Minorités Autochtones en Afrique Centrale
Democratic Republic of Congo

African Network for Information and Action Against Drugs
The Gambia

Biaka University Institute of Buea
Cameroon

Cameroon Baptist Convention Health Services
Cameroon

Centre d’Appui à la Promotion de la Santé
Democratic Republic of Congo

Centre Hospitalier Universitaire
Burkina Faso

Cercle d’Elites pour la Recherche Sociologique et le Développement à la Base
Togo

Christian Anti-AIDS Group
Togo

CHU Sylvanus Olympio
Togo

Diabète Bénin
Benin

Diabetes and Endocrine Society
Liberia

Forum Santé Niger
Niger

Ganta United Methodist Hospital
Liberia

Health of Populations in Transition
Cameroon

Institut Régional de Santé Publique
Benin

La Voie de l’Espoir
Ivory Coast

Medical Women’s Association of Nigeria
Nigeria

Récherche – Santé – Development
Cameroon
In the past ten years, non-communicable diseases (NCDs) have been recognised as a global health challenge. In fact, it has been estimated that NCDs account for almost 70% of all deaths worldwide. In respect of the socio-economic costs associated with NCDs, the prevention and monitoring of these illnesses prove to be one of the most crucial development problems of the twenty-first century and the prevention of NCDs has been integrated into the sustainable development goals.

In Western and Central Africa, NCDs have also become a major threat to public health. Governments from these regions are attempting to respond to this threat by developing national campaigns to combat diabetes and other NCDs with the involvement of clinical experts, civil society and NGOs in particular.

In spite of all the efforts made to mobilise funds and support for the implementation of these programmes at a national level, including drawing on international funding sources from agencies such as WDF, Western and Central African countries need to redouble their efforts to meet the objectives defined in the WHO global action plan.

In the light of these views, the International Diabetes Federation (IDF) - Africa Region and the WDF, in collaboration with the Cameroonian government, have collectively organised this conference on diabetes and other NCDs in Western and Central Africa.
OPENING CEREMONY

Alim Hayatou, Secretary of State for Health, Cameroon
Naby Baldé, IDF Africa Region
Anders Dejgaard, WDF

The Cameroonian Secretary of State for Health honoured the conference with his presence at the opening ceremony. Mr Alim Hayatou observed that NCDs were a global health challenge and that they were highly prevalent in the region. According to him, Cameroon has been able to measure the significance of the threat posed by diabetes and other NCDs, but “it must be recognised that, despite efforts, the results are not reaching expectations and means used”. Consequently, the strategy must be redefined in partnership with WHO, the UN and partners, such as WDF. According to the Secretary of State, there is hope for finding innovative solutions and results from the work at the high-level UN meeting in September, which will be essential in this regard.

During this opening ceremony, Naby Baldé, President of IDF - Africa Region, highlighted the fact that diabetes was a fatal disease when left undiagnosed, untreated and with no preventative action, notably amongst priority groups such as children and mothers, with pregnancy being a crucial time for diagnosis. Naby Baldé underlined the importance of national authorities’ commitment to help in the fight against NCDs. The implementation of programmes still poses too many problems. States must draw upon national and international institutions, but also upon non-state actors, which are essential in this fight, which was again emphasised by WHO and the reporting officers of different governments during the recent meeting held at Maurice.

Anders Dejgaard, Medical Director at the WDF, welcomed the organisation of this conference in Yaoundé, intended to mark a milestone in the fight against diabetes in this region of Western and Central Africa, but also further afield. Reiterating that there were 420 million diabetics in the world and that 80% of fatalities occur in developing countries, Mr Dejgaard emphasised that the WDF was dependent on its global and local partners when developing programmes.

SESSION 1 – Preparing the ground: The global and regional burden of diabetes
Facilitator: Jean-Claude Mbanya

WHO’s global action plan for the fight against NCDs

Key points from session 1:

- **There cannot be any possible improvements regarding the prevention and treatment of NCDs without political support and political commitment, as the reporting officers for NCD programmes are not those with decision-making powers.**

- **NCDs are often marginalised, if they are combined with communicable diseases (CDs) in national programmes.**

- **NCDs remain marginalised in French-speaking Africa, where a new dynamic must be created to change the agenda.**

- **The role that civil society can play is important – it is the determining factor, notably in terms of raising awareness among the population and the driver for implementing responses at the state level.**

- **Bringing together the fight against different NCDs within the Alliance against NCDs can help to advance the fight.**

- **Attendees highlighted the need for advocacy at the Ministries for Finance level.**

- **NCD focal points at the WHO country office level need to be established.**
• The need for a multi-sectoral approach to the fight against diabetes and other NCDs was repeatedly highlighted.

• Stigmatisation of the sick and obscure beliefs remain obstacles to overcome.

Naby Baldé, IDF Africa Region

According to Mr Baldé, talking about diabetes today is means talking about the change in causes of death. Deaths are increasingly linked to cancers, cardiovascular illnesses and strokes. According to him, diabetes has moved from 8th to 5th place in the most common causes of death. Africa is paying a high cost in terms of NCDs. However, these deaths could have been prevented. The common risk factors can be limited. It must be noted that poverty increases the risks of NCDs and that NCDs increase the poverty of those who suffer from them. It must be emphasised that prevention is less costly than taking no action. There is a tool in the fight against NCDs: WHO’s global action plan against NCDs 2013-2020 (WHO global NCD action plan 2013-2020). This fight has been included in the sustainable development goals.

Reminder: WHO has defined **Nine voluntary goals for 2025:**

**Mortality and morbidity**

• Reduce premature mortality due to NCDs by 25%.

**Measures taken by national systems**

• Essential medicines and technologies: reach 80% coverage;

• Treatments with medicines and advice: reach 50% coverage.

**Risk factors**

• Harmful use of alcohol: reduce by 10%;

• Inactivity: reduce by 10%;

• Salt/sodium consumption: reduce by 30%;

• Smoking: reduce by 30%;

• Arterial hypertension: reduce by 25%

• Diabetes and obesity: no increase.

The principal action measures that have been shown to be effective (“best choices”) are, among others: the fight against tobacco and alcohol abuse, the reduction in salt intake, the increase in physical activity and the improvement in access to treatments. It is important to remember that without treatment, diabetes is a vascular illness. There has been progress in the fight against diabetes, but there still needs to be a significant effort made in all countries.

Using the example of HIV/AIDS, one can easily note that the states cannot manage alone; they have to obtain support from structures such as UN agencies as well as non-state actors: NGOs, universities, institutes, etc. In the fight against AIDS, civil society played a decisive factor. The UN meeting in September must mark an important milestone.
Presentation of results from WHO’s regional monitoring of the progress made by African countries in the campaign against NCDs

Kaushik Ramaiya, WDF

Kaushik Ramaiya recognises that the results of WHO’s regional monitoring on the progress made by African countries in the fight against NCDs are not enough. NCDs are the biggest cause of death, yet Africa has failed to make any progress in prevention. WHO’s intended goals for 2015 and 2016 regarding NCDs have not been achieved on the continent, despite the commitments made in 2011 and 2014. Africa is sorely unprepared for the increase in the percentage of the population affected by NCDs. Comprehensive studies are needed to implement new policies in the fight against NCDs, in which African institutions, such as the African Union (AU), regional institutions, such as the West African Health Organisation, and other national institutions could potentially play a very important role.

Panel: perspectives on NCDs

In his moving speech, Deric Formbuh, from the Cameroon Diabetes Association, described his personal experience of the illness in one region, where the diagnosis and treatment of diabetes are still not readily accessible. He brought up the poor level of medicalisation, but also pointed to the stigmatisation of patients in their private and professional lives.

Josiane Galea, from the NCD Alliance, provided details on this alliance which brings together 2000 organisations in more than 170 countries determined to improve the prevention and monitoring of NCDs across the globe. She specified that an alliance at national level should be adapted to the needs of each country and urged the countries of the central and western Africa region to create their alliance using the model of some eastern African countries in order to create synergies. The NCD alliance wishes to intensify its efforts leading up to the UN meeting in September, notably through the “Enough” campaign (enoughncds.com).
Key points from session 2:

- The STEPS survey is an instrument of significant importance. In the absence of data, there can be no effective care system.

- NCDs include a wide range of illnesses which must be treated with integrated approaches.

- Gambia appears to be one of the countries in the region which has made great progress in integrating NCDs into public administration, yet it lacks contributors in civil society.

- Tanzania came up in discussions as one of the examples to follow, where a lot of progress has been accomplished and where WDF and other partners have played a key role in catalysing the implementation of national strategies from the Ministry of Health.

- It is essential to avoid disease prevention plans which are purely vertical and to instead aim to integrate prevention and monitoring of NCDs into the primary health care services.

- Curative and preventive services should be merged.

- Task transfer (certain medical activities delegated to nurses and paramedical professionals) is essential to mitigate the consequences of the medical desert in Africa.

- There is a need to improve data collection and quality, especially as there are so many variables. There is a real difficulty in avoiding overlaps and the majority of available data is imprecise. A single software system is recommended to handle all illnesses. The collection of data in the private sector is equally problematic.

- It is important to know the mortality connected with NCDs; basic indicators are fundamental.

- Financing remains a crucial problem.

Preparing the ground: Why and how should non-communicable diseases be treated at the highest level of any Health Ministry? Views from Tanzania

Kaushik Ramaiya, WDF/Tanzania

The Diabetes Association of Tanzania (DAT) was founded 31 years ago and is the cornerstone of the country’s fight against the illness today. It is run across a multi-sectoral partnership, developed thanks to the Health Ministry and funders. Numerous important milestones have marked the evolution of the fight against diabetes, including the training of staff providing care at the regional and national hospital centres, the creation of diabetes departments in the University Hospital Centres and District Hospitals and the implementation of a national plan for the fight against diabetes and other NCDs in 2012. The objective of this national plan is to lower morbidity and mortality linked to diabetes, thanks to the implementation of a complete care system and raised public awareness. Even if there are still many challenges to be resolved (notably regarding the retention of already trained staff, the continuing quality of care at different levels or financing), there have been numerous developments allowing progress - for instance regarding access to care (particularly for diabetic foot and eye care), regarding awareness-raising and prevention with scholastic programmes, etc. In a multi-sectoral partnership with civil society, private medical institutions and other governmental actors involved in the subject, the Ministry of Health has been able to implement a national NCD plan of action, which should allow for sustainable action in Tanzania.
Example country 1: successes and challenges: give an example of a success (or learning point) and a challenge

Felix Assah, HoPiT Cameroon

In his presentation on the example of Cameroon, Felix Assah highlighted the success of partnerships between HoPiT, the Ministry and donors such as WDF, notably in programmes implemented in rural areas or targeting particular groups, such as children. The principal challenges are notably linked to the absence of reliable data and the priority generally given to infectious diseases.

Example country 2: successes and challenges: give an example of a success (or learning point) and a challenge

Babacar Gueye, Ministry of Health for Senegal

According to Babacar Gueye, several strategic documents have been drawn up with a view to combating NCDs in Senegal and have allowed ground to be gained regarding human resources with a diverse range of training and regarding the provision of medicines and medical equipment. Following a plea from diabetes associations, from now on insulin is subsidised by the Senegalese government. The funding plan to make the projects sustainable, the implementation of a multi-sectoral approach, as well as the devolution and decentralisation of the fight against NCDs are among the main challenges.

Example country 3 Successes and challenges regarding the manner in which you have brought together all the stakeholders and how the contributors concerned are collaborating

Omar Badjie, Ministry of Health for Gambia

Due to the increased risk, Omar Badjie stated that a NCD department was established in 2012 at the Ministry of Health. This has allowed the implementation of a more effective multi-sectoral approach and a robust policy regarding the fight against NCDs and smoking. Regular meetings are organised between the different actors. Radio programmes are broadcast for free in order to raise awareness about NCDs. Still, financial means are lacking, medical personnel must be trained more in NCDs and the country lacks NGOs in the field. The experience in Gambia has shown that the STEPS survey was crucial in the analysis of NCD needs.
SESSION 2.2 – National and regional responses to the fight against diabetes/NCDs (part 2)

Facilitator: Naby Baldé

PANEL 1 Response to NCDs at the level of primary and community health centres:

Principal questions:
1) What are the principal challenges in terms of human resources?
2) What is the approach used for patient education?

Valéry Katche Adoueni, Ministry of Health for the Ivory Coast

The Ivory Coast has a huge challenge in terms of human resources with one doctor per 7235 inhabitants and wide regional disparities. A lot of work has been carried out by the WHO’s “Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings” since 2011. 1420 doctors have been trained and private/public partnerships (PPP) have been maintained with the help of Sanofi and the WDF. NGOs play an important role and are in the process of becoming better organised for the education of patients, but also for training. Awareness-raising campaigns have been run with three mobile units which go across the whole country.

Houinato Dismand, Ministry of Health for Benin

A programme to combat NCDs, bringing together around ten vertical programmes, was adopted in Benin in 2007, with a multi-sectoral committee and a community approach. 1200 health workers have been trained. Yet without local supervision, training can deliver bad results. A national STEPS survey on Non-Communicable Diseases was conducted in Benin in 2015, with alarming results. In 2017, the relevant stakeholders made NCDs a priority. Benin is the 2nd country in the African region, after Eritrea, to have implemented the WHO PEN.

Cheickna Tounkara, Ministry of Health for Mali

Mali extends over a vast territory with some regions which are sometimes difficult to access. Medical staff are affected by a significant turnover phenomenon. There are community health workers, including matrons and midwives in particular. NCDs are not integrated into these community circles at the moment and there is a lack of available qualified human resources with an imbalanced geographical distribution. Training on diabetology has been organised for doctors over a region representing 65% of the country. Diabetes has been prevalent in two regions in particular, where health centres have been set up. Patient education takes place in groups and on an interpersonal basis, using the Berger model.

PANEL 2 Reference system and patient treatment at different levels:

Principal questions:
1) How does the reference system function between the different care levels (primary, secondary and tertiary)?
2) How is patient monitoring carried out?

Aissatou Diallo, Ministry of Health for Guinea

It has to be stated that the Ebola virus has weakened the health system in Guinea. NCDs are not a priority, but there has been a progressive change with regard to recent statistics. Community activities have been implemented, with a health
pyramid ranging from regional to national and a decentralisation of powers and budgets. Convergence municipalities (a certain number of municipalities in which the state and its partners agree to join efforts in order to provide a global response to this area of vulnerability and thus strengthen the resilience of these municipalities) have allowed training modules at the community level. Multi-sectoral activities have been carried out under the leadership of many ministries, including that of decentralisation. Since the Ministry of Health can not act alone, it is important to identify community workers. One of the recent successes has been to integrate diabetes and hypertension into the community training modules to facilitate access to diagnostics and treatments. There is a plan for glucose meters to be assigned to a community relay station for screening, as was the case for malaria screening. Ebola prompted an audit that identified dysfunctions in health facilities and measures are underway to address them.

Jean-Claude Dimbalolo, Ministry of Health for DRC

It is estimated that 1.5 million people in the DRC suffer from diabetes, where a national programme to combat diabetes, supported by NGOs, has been set up. Yet finance is lacking, with huge differences between Kinshasa, the capital, and the rest of the country, with some regions very difficult to access. The role of nurses at the primary level of the health centre is very important. The transfer of medical activities is one of the keys to improving access to care in the country. The DRC has an NCD division and vertical programmes.

Paulin Kusosome Somda, Ministry of Health for Burkina Faso

The organisation of the health system allows the decentralisation of NCD care to the peripheral level; the provision of diabetic care is integrated. The coordination of the fight against NCDs is improving: creation of the Directorate for the Prevention and Control of NCDs (DPCM). The inter-sectoral collaboration is gaining strength: partnership with the Ministry of Sport & Leisure for the revitalisation of engaging in physical activity, which helps in the reduction of NCD risk factors; doctor tutorial system at CHU/CHR. The fight against diabetes involves strengthening the capacity of health care facilities at all levels, by improving access to medicines, by providing information to improve the knowledge of NCDs among health care providers and populations and by promoting healthy lifestyles and behaviours conducive to the prevention of NCDs (systematic screening, self-monitoring).

PANEL 3 Recording of data and NCD registers

Dennys Laryea, Ministry of Health for Ghana

Data linked to NCDs are generally recorded at the tertiary level, but sometimes also at the primary and secondary levels, with data retrieval on a weekly or monthly basis. Ghana has District Health Information Management System 2 (DHIMS 2); the data is entered electronically and may be consulted online. Data entry must still be improved in order to ensure its quality. Private centres cannot enter data into the system, but discussions are under way to allow them. The objective is to develop the collection of data in the rural areas.

Tchamdja Toyi, Ministry of Health for Togo

Togo has the DHIMS 2 system, but access is problematic, if there is little or no electricity, no IT systems or no internet connection. Regarding the implementation of a register specifically devoted to diabetes, a model must be set up in a pilot region. Private centres do not collect data and there is no doubt that a more efficient collection of data is needed.

Saïd Anli Aboubacar, Ministry for Health for the Comoros

In the absence of data, there can be no effective care system. The initial data is collected at the peripheral level and sent to the central level once a month. The Comoros have worked in partnership with Santé Diabète and the WDF in collecting data and treating diabetic patients at the peripheral level to the central level. Currently, there isn’t an electronic system. A national e-health strategy to help collect and interpret data has been approved, but not yet funded.
SESSION 3 - Civil society/academic world/private sector

Facilitator: Anders Dejgaard

Key points from session 3:

• Civil society has to play an advocacy role, but also has a proactive role.

• The problem of funding is a major obstacle to efficient action from civil society, as much at the association level as at the academic.

• Many countries are in the process of adopting relevant legislation and establishing general guidelines.

• There are various examples of collaboration between the Ministry of Health and civil society (including patient associations and professional associations).

• The academic realm must provide knowledge to civil society, so that it may influence the political decision-makers.

Role of civil society: primary, secondary and tertiary prevention of diabetes and other NCDs: Example 1

Stéphane Besançon, Santé Diabète, Mali and France

Civil society has to play an advocacy role, but also a proactive one. It is important to give a central role to civil society in the fight against diabetes, to give a central role to the patient via the associations and to develop education through peers (by following a rigorous methodology for recruiting peer-educators). The strengthening of the role of patient associations has an impact upon their commitment.
Role of the academic world: primary, secondary and tertiary prevention of diabetes and other NCDs: Example 2

Youssoufou Drabo, CHU Ouagadougou, Burkina Faso

The academic world must:

- generate knowledge about the scale of the illness, its impact, its causes and the means of treatment and intervention. Diabetes has grave financial consequences and a calculator giving an estimate of the medical costs of diabetes has been developed to raise awareness among reporting officers. Simultaneously, prevalence and risk factors studies have been carried out. Obesity is becoming a problem in Burkina.

- train quality human resources in order to decentralise and delegate. Medical deserts remain an enormous continental problem, with an inequality between rural and urban environments. Training should start from an early age (for example regarding diet and sport). Training health staff as well, for example, through diploma courses with other countries from the region. Need to implement specialised diplomas in diabetes and nutrition.

- bringing expertise. This expertise must be a support for institutions and political reporting officers, as was the case for HIV.

Round table

Cases drawn from the experience of partners of the WDF: what is working and what is not working regarding the prevention and treatment of diabetes?

Mahamane Sani, NGO Niger Health Forum

The project for the improvement diabetics’ lives has been financed by WDF with the objective of decentralising the treatment of diabetes in Niger. The creation of a diabetes care unit in five of the eight regions in Niger has allowed the screening of 30,000 people in six screening campaigns. Awareness-raising campaigns have been implemented for the last three years and 3000 patients are being monitored. 127 health workers, doctors and nurses have been trained in total. Lack of insulin remains a problem.

Nena Na Nforna Diabetes Association, Guinea Bissau

The association was created to raise awareness and provide support to local populations. In partnership with the WDF, a programme has been implemented to ensure the training of medical and paramedical staff, in addition to informing and raising awareness among Bissau-Guineans, notably thanks to the radio campaigns. Yet the lack of funding, whether public or private, causes problems for the implementation of various activities planned by the association.

Colette Azandieme, Alfred Comlan Quenum Regional Institute for Public Health, Benin

A regional project has been implemented, with an objective of improving lifestyles and diet. Yet the problem of salt and fat levels in food remains a major problem. The involvement of traditional chiefs, priests, imams and local politicians has contributed to the success of one initiative, which has allowed the mobilisation of the community with significant results.
SESSION 4 - Chronic complications: challenges and examples of the treatment of complications in Cameroon

Facilitator: Jacko Abodo

Key points from session 4:

- There is an enormous need to initiate screening for diabetes and eye complications linked to hypertension.

- Given that there are few qualified ophthalmologists and that technologies are costly, it is necessary to explore the options permitted by new, less costly technologies (for example, with the help of mobile phones) for tele-medicine.

- There is a real need for specialised staff training.

- The multi-disciplinary approach in the treatment of patients must be favoured and can allow renal complications to be curbed with regular checks.

- The integration of care is needed.

- A well-functioning footcare system significantly reduces the number of amputations.

- The transfer of tasks from the very few surgeons in the central hospitals to clinical agents and to nurses is essential.

- The education, training and involvement of patients are crucial.

Diabetes and eye care: Main question: How can ophthalmological care be integrated into the global medical care of diabetes?

Emilienne Epée, Yaoundé University Diabetic and eye care

Diabetes is an illness that causes blindness. We must act fast and now and involve ophthalmologists in the integration of eye care in the management of diabetes. It is important to strengthen the role of associations in education and awareness-raising. The practice of telemedicine with new generations of phones should reach a larger number of people. The integration of ophthalmological care is necessary in primary care.

The DRC has an ophthalmological centre for Central Africa, which is responsible, among other things, for training ophthalmological staff.

Diabetic foot care: Main question: How can diabetic footcare be organised at the primary level?

Mesmin Dehayem, Yaoundé University

There is a lack of staff trained in diabetic footcare in Cameroon, whereas good treatment causes a 50% reduction of amputations. It is important to implement the training of nurses/general practitioners at the District Hospital level and Borough Medical Centres (CMA) for the treatment of cardiovascular illnesses (diabetes, arterial hypertension, etc.) and for the checking diabetics’ feet which are at high risk of ulceration, education, care of simple lesions and the referring of severe lesions. A minimum of diagnostic and care equipment should be made available and intermediate and excellence centres should be established to receive patients with severe injuries, and to carry out training and research.
SESSION 5 – Practical challenges linked to type 1 diabetes

Facilitator: Silver Bahendeka

Key points from session 5:

- **The implementation of core programmes for children living with type 1 diabetes brings about positive effects in the short term, allowing lives to be saved, thanks to access to care and by radically changing diabetology (strengthening the teams and much greater coverage of the social environment).**

- **Many challenges remain, among which is efficient action when the child’s environment is unfavourable (insecurity, cost of transport, etc.)**

- **There is also still the question of patients’ quality of life during treatment, while there is still the tendency for them to be stigmatised socially and discriminated against professionally.**

Showing of a film made in Mali by the Santé Diabète Association. Introduction by Stéphane Besançon. The treatment and education of children, thanks to a partnership with WDF, allows a life beyond survival due to the quality of care.

Showing of a film made in Tanzania by WDF. Introduction by Kaushik Ramaiya. Portrait of a young girl diagnosed in childhood and who can still lead a normal life with her illness. Project financed in a Tanzanian clinic, thanks to WDF.

PANEL implementation of projects aiming for a better treatment of type 1 diabetes among children (examples of CDIC projects)

**What were the principal challenges and the two main learning points from each project?**

Naby Baldé, IDF Africa/Guinea

Childhood diabetes has become one of the priorities in the fight against diabetes. The figures given for childhood diabetes in Africa are lower than the reality. Changing diabetes in children (CDIC) was launched in Guinea in 2010 with the creation of a paediatric diabetic team. Holiday camps organised for diabetic children are a success. We’ve gone from 44 diagnosed children in 2009 to over 600 in 2018. Positive lessons: we can save lives with few facilities (particularly thanks to better access to care) and radically change the practice of diabetology. Challenges: how should we act when the environment is unfavourable? What quality of life (survival) is there beyond immediate mortality? Patients are often victims of stigmatisation and their integration into the world of work is difficult.

Mesmin Dehayem, Yaoundé University, Cameroon

The CDiC programme was launched in Cameroon in June 2010 by the Ministry of Health in partnership with HoPiT. It led to an immediate drop in mortality. It has been necessary to take into account certain specific local aspects, with regard to the behaviour of the populations, as very few are accustomed to living with chronic illnesses. The real need to institutionalise the project faces certain difficulties, but a line in the Ministry of Health’s budget gives grounds for hope. The achievements and the impact of CDiC are immense, as childhood diabetes was invisible 10 years ago. There are still significant challenges: integrating childhood diabetes into the health system and ensuring the quality of care.

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2 “Changing Diabetes in Children (CDiC)” is a programme by the Novo Nordisk Laboratories aiming to treat type 1 diabetic children in underprivileged countries for free.
SESSION 6 - “Physical stress” brought about by co-infections and pregnancy among diabetic people.

Facilitator: Djibril Mohaman Awalou

Key points from session 6:

- It is important to integrate diabetes into the management of other types of illness.

- It is still a developing field, yet the integration of diabetes/NCDs into the programmes to combat tuberculosis must be pursued.

- The integration of diabetes into programmes to combat HIV saves money and avoids medicinal and therapeutic interactions.

- In the matter of gestational diabetes, education, information and awareness-raising of women of childbearing age is just as essential and important as the training of medical staff at all levels.

Diabetes and tuberculosis: How can bi-directional screening be implemented and what advantages does it have?

Silver Bahendeka, EADSG Uganda

Diabetes is a risk factor for tuberculosis. Diabetics can become a breeding ground for tuberculosis and its complications. The impact of this link varies from one study to another. A recent study on this subject has started in Burundi. There is a need to research tuberculosis among all diabetics and above all, amongst poorly balanced diabetics. It is equally important to implement screening for diabetes among tuberculosis sufferers.
Diabetes and HIV/AIDS: can the HIV/AIDS and diabetes care be integrated and what would be the advantage?

Jean-Pierre Alley, Christians against AIDS group, Togo

Integration creates some savings and allows for data collection for implementing strategies to have an integrated care system: diabetes and HIV/AIDS + other NCDs or infectious diseases, avoiding medicinal/therapeutic interactions, improving medical performance by creating a single professional health team the point of contact for the patient whenever possible, reducing/avoiding the stigmatisation and related discrimination with HIV/AIDS above all, a factor for spreading the infections, and finally optimising the information and education given regarding the two afflictions, etc.

Gestational diabetes: Which are the two main points to tackle when implementing a basic programme for the screening and monitoring of gestational diabetes?

Omosivie Maduka, Medical Women’s Association, Nigeria

The regional project by the Medical Women’s Association, subsidised by the WDF, has revealed the importance of education, information and awareness-raising among women of child-bearing age (communication in the media and distributions of flyers and posters). It is important to urge the political reporting officers to implement programmes. Training lies at the heart of this problem at all levels (primary, secondary and tertiary). Screenings should be held in high-risk areas during general screenings. Nigeria and the whole of Africa are in need of further initiatives to improve screening and monitoring of gestational diabetes.
SESSION 7 – Diabetes in conflict areas

Facilitator: Jean Claude Dimbelolo

Key points from session 7:

- Diabetes and other NCDs are not considered as priorities in a crisis, even if there has been a slight shift in attitude since the Syrian crisis.

- Access to care is still complicated by difficult management of medicine stocks and continuity of care is difficult to ensure with displaced people.

- If they must hold talks with armed groups sometimes in order to carry out their tasks, the civil society contributors on the ground must be extremely careful.

Example of case 1: perspectives and challenges encountered in conflict areas: how to ensure the provision of services linked with diabetes?

Stéphane Besançon, Santé Diabète (Mali)

The partition of Mali and the fall of its government have brought about an end to the health system in Northern Mali and a patient overload in the south. The central pharmacy has ceased to function. The humanitarian response was colossal in 2012, but for the UN “diabetes was not in the picture and was not urgent”. NCDs are not included in global responses. Even the large NGOs are overwhelmed by chronic illnesses. In Mali, two French public donors allowed the funding of projects and Novo Nordisk donated insulin. The evacuation of children affected by type 1 diabetes to the south has been organised; treatments (insulin, syringes, etc.) are being sent north. The re-integration of insulin-dependent patients remains a problem. Dialogue with armed groups is sometimes necessary, but associating with military groups on the ground should be avoided. The issue of the insulin’s temperature stability has been less problematic than expected.

Example of case 2: practical challenges and example of an intervention

Marie Migani CAPSA, South Kivu, DRC

Insecurity leads to diabetes, now a public health problem due to its prevalence in DRC. Advocating a budgetary line devoted to diabetics’ treatment in the province of South Kivu. Two projects have been run in partnership with the WDF for the training and provision of screening equipment, in addition to an awareness-raising campaign aiming to tackle unclear beliefs and increase the number of screenings. The combination of training for care providers, community relays, community leaders, provision of diabetes screening equipment and posters leads to a certain excitement among the population to get tested in order to know their glycaemic state. Among the problems encountered were: the state of communication channels and security, the non-integration of oral anti-diabetics and above all injectables (insulin) in the batch of essential and generic medicines delivered to the health zones across the different interventions from partners and government.

SESSION 8 - Quality of care

Key points from session 8:

- There must be a debate on subsidising treatments.

- The multi-sectoral approach must be favoured and can notably lead to better data collection to adapt care provision.
• If patients are unsure whether their medicine will be subsidised, there is little hope of them attending a screening.

• Generic medicines must be the cornerstone; no insurance fund will be able to cover the costs of reference medicines.

• It would be appropriate to group the orders for medicines between African countries, grouping the central purchasing bodies.

• The problem of fake medicines and counterfeits arises regularly; medicines must be checked.

• Could the proceeds from taxes on tobacco be redistributed towards subsidising NCD medicines?

PANEL 1: Physical and financial accessibility and availability of medicines:
Main question: what are the main obstacles and how can they be overcome?

Nnenna Ezeigwe, Ministry of Health for Nigeria

Availability and reliability of data are among the main problems. Then comes the cost of medicines, which are unsubsidised, and the management of stocks – with medicines sometimes expiring before being used. Corruption and bad practices are linked to embezzlement and the counterfeiting of medicines. Universal medical cover should be promoted. Too few people are diagnosed in time due to lack of information. The multi-sectoral approach should be promoted, for example in data collection (STEPS survey). It is necessary to debate the subsidising of NCD treatments. It is also necessary to debate the creation of universal health cover and notably to encourage the local production of essential medicines.

Alie Hafsa Wurie, Ministry of Health for Sierra Leone

The population lacks knowledge about diabetes; patients are often unaware of the disease. There is a lack of trained staff, diabetes treatment and adequate screening equipment. The cost of the test and access to insulin (not subsidised in Sierra Leone) is a major problem, given that some of the population lives on less than one dollar a day. WHO PEN will soon be piloted in certain areas. The main university hospital for the country now has a diabetes department. A national task force must be implemented for NCDs with a national strategy yet to be defined.

Aboubacar Tinni, Ministry of Health for Niger

Niger is also facing the emergence of NCDs. Physical and financial accessibility to medicines is a major problem. Among the main obstacles are: the socio-economic context, the frequent interruption of medicine stock, the wide difference in price between reference and generic medicines, access to NCD care at primary level. Traditional medicine is also an obstacle. NCD medicines should be subsidised, especially insulin. It is important to proceed with the implementation of WHO PEN and to consider universal medical cover.

Press conference

Around fifteen journalists attended the press conference organised on day one, in addition to the opening ceremony. The increase in the number of people with diabetes was one of the main issues discussed, as well as the importance of the media in raising awareness. Specific case studies in two regions of Cameroon were mentioned and an interview took place with different national audio-visual media with some of the dignitaries present at the conference, among which were the Cameroon Secretary of State for Health, Alim Hayatou, Jean-Claude Mbanya and Naby Baldé.
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