FIGHTING DIABETES – IN PARTNERSHIP

WORLD DIABETES FOUNDATION
“GLOBAL CHANGE MUST BE BUILT FROM THE BOTTOM UP. IT IS AT THE LOCAL AND NATIONAL LEVELS WHERE STAKEHOLDERS HAVE THE SPACE FOR ALIGNING PRIVATE ACTION WITH PUBLIC POLICIES AND FOR ENSURING PEOPLE ARE AT THE CENTRE.”

Amina J Mohammed,
United Nations Deputy Secretary-General 2017-
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Cover photo: Peru, WDF-F15-031, by Gwendolyn Carleton
ONE IN ELEVEN
adults has diabetes (425 million)

ONE IN TWO
adults with diabetes are undiagnosed (212 million)

352 million
people have pre-diabetes (impaired glucose tolerance)

ONE IN SIX
births is affected by gestational diabetes

EVERY SEVEN AND A HALF SECONDS
a person dies from diabetes (4.0 million deaths)

THREE-QUARTERS
(79%) of people with diabetes live in low- and middle-income countries

By 2045
629 million
adults will have diabetes (one in ten)

Diabetes – and its complications – is one of the greatest public health emergencies of the 21st century, and it is hitting developing countries the hardest. Nearly 80% of people with diabetes now live in low- and middle-income countries where financial and human resources are scarce. Marginalised, vulnerable and underserved populations in developing countries continue to be impacted disproportionately by diabetes and its complications.

THE GLOBAL RESPONSE

“UNIVERSAL HEALTH COVERAGE IS ULTIMATELY A POLITICAL CHOICE. IT IS THE RESPONSIBILITY OF EVERY COUNTRY AND NATIONAL GOVERNMENT TO PURSUE IT.”

Tedros Adhanom Ghebreyesus, World Health Organization Director-General 2017-

2011: At the United Nation’s first high-level meeting on non-communicable diseases (NCDs), the General Assembly adopted The Political Declaration on Prevention and Control of Non-communicable Diseases. This resolution acknowledged the global threat posed by NCDs and called for action.

2013: The World Health Organization (WHO) adopted the Global Action Plan for the Prevention and Control of NCDs 2013 - 2020 (GAP) to coordinate efforts to attain nine voluntary global targets, including a 25% reduction in premature mortality from NCDs by 2025. In 2014, the WHO established The Global Coordination Mechanism on Prevention and Control of NCDs (GCM) to contribute to the implementation of GAP. The World Diabetes Foundation was selected as a GCM participant in 2015.

2015: The 193 countries of the United Nations General Assembly adopted the Sustainable Development Goals (SDGs), consisting of 17 goals to be achieved by 2030, including targets for reducing premature mortality from NCDs (Goal 3.4), universal health coverage (Goal 3.8) and revitalising global partnerships (Goal 17).

2018: The United Nations General Assembly held its Third High-level Meeting on NCDs, taking stock of progress achieved on commitments made by governments in 2011 and 2014. The outcome was a Political Declaration in which governments committed to scale up and accelerate implementation of national responses to NCDs, noting that current progress is insufficient to meet the 2030 Agenda for Sustainable Development targets.

The World Diabetes Foundation, with its long-term funding mechanism and partner network in more than 100 countries, is well-positioned to play a critical role in the achievement of these goals.
INTERVENTIONS AND FOCUS AREAS

INTERVENTIONS are the objective of the project.

FOCUS AREAS are the disease state the project addresses.

WDF projects combine one or more Interventions with one or more Focus Areas.
The World Diabetes Foundation (WDF) was founded by Novo Nordisk A/S in 2002 as an independent and non-profit foundation. Our vision is to alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of disease. Now 15 years later, the WDF is still one of the few funding mechanisms dedicated specifically to preventing and treating diabetes in developing countries.

It is the WDF's mission to empower governments, civil society and other non-state actors who strive to deliver on global commitments through national and local action. To achieve this, we create partnerships and act as a catalyst to help others do more. We encourage and fund innovative projects and strategies to prevent and treat diabetes and its complications.

Our Code of Conduct is our guide for how we reach these goals – with respect for our local partners and their communities, and above all, for people with diabetes. For our Code of Conduct and governance, visit the WDF’s website worlddiabetesfoundation.org.

HOW WE WORK

The WDF aims to fund cost efficient, culturally adaptable and sustainable solutions that yield replicable and scalable approaches to fight diabetes. We welcome new strategic alliances and hope that our unique partnership model will inspire others to also take action. As an enabler, funder and advocate, the WDF shares the learnings and impacts of our own and our partners’ dedicated efforts.
The WDF values meeting our project partners and beneficiaries in their local environment, and prioritises technical dialogue, sparring and exchange throughout the project cycle. We appreciate that local reality is not always static but often in constant flux, and we remain committed to learning and adapting our own methodologies and thinking to the reality of our partners.
PARTNERING WITH THE WDF

The WDF’s funding and technical capacity has to date supported the implementation of more than 500 projects in 115 countries. Dedicated doctors, nurses and other front-line health workers, under the umbrella of WDF-funded projects, have improved the lives of millions of people in the developing world.

WHERE WE WORK

WDF funding supports beneficiaries in countries on the Development Assistance Committee (DAC) list of official development assistance (ODA) recipients.

WHO CAN APPLY

Applicants include, but are not limited to: ministries of health and education, other public or private health entities, development agencies, academia, patient associations, professional federations, international and local non-governmental organisations, media, and other non-state actors.

WHAT YOU CAN EXPECT FROM THE WDF

The WDF is staffed by a multi-disciplinary team of 14 dedicated and experienced professionals. Most have international, development and public health backgrounds. WDF Programme Managers conduct regular field visits to obtain a first-hand impression of project achievements against agreed milestones.

OUR EXPECTATIONS OF GRANTEES

As a grantee and partner of the WDF, we expect you to be sincere and deliver on your promises, including your commitment to our shared goals, the WDF’s Code of Conduct, and our guidelines, quality and reporting requirements. Project applications must be demand driven, formulated and owned locally. To enhance the prospects of sustainable outcomes, the WDF expects your project objectives to be aligned with the needs of targeted beneficiaries, local systems and priorities.

Project partners must submit the following reports to the WDF:

- Biannual progress reports, including updated project indicators
- Biannual cash flow reports
- Annual accounts audited by an independent local chartered accountant or international audit company
- A project completion report
Awareness raising, India, WDF15-944, a partnership with CHAI and local authorities.
The WDF’s portfolio of projects can be divided into three groups according to the capacity available at the country and partner levels.

**SMALL-SCALE GRASSROOTS INITIATIVES**

These pilot projects are often formulated and implemented by civil society organisations in collaboration with local health authorities. They typically target awareness raising, capacity building, training of healthcare professionals and/or the establishment of clinics and healthcare units.

**Example: India, Prevention and control of diabetes, WDF11-647 and Self-Care and Foot-Care Management in Diabetes, WDF15-944**
These WDF-funded projects aim to improve diabetes awareness and care in Uttar Pradesh through collaboration with a Christian network of grassroots civil society organisations. Partners: Catholic Health Association of India (CHAI) and local authorities.

**Example: Diabetes prevention in rural Georgia, WDF13-800**
This project focuses on training and deploying Georgian Red Cross Society volunteers to improve diabetes prevention, detection and care in one of Georgia’s poorest districts. Partners: Danish Red Cross, Georgia Red Cross Society, Georgian Diabetes and Diagnostic Centre, Georgian Ministry of Health and Gardabani district municipality.

**INTERMEDIATE-Scale PROJECTS**

These projects tend to have wider geographic reach, cover more of the WDF’s strategic Intervention and Focus Areas, and align with national strategies and action plans. They are often implemented alongside other projects, and involve multiple stakeholders and a range of partners.

**Example: Colombia, Generación Vida Nueva Barranquilla, WDF15-955**
The consolidation of an earlier WDF-funded project (WDF10-572), this project is establishing a protocol for screening, evaluation and intervention for high-risk families, while raising general diabetes awareness and improving primary healthcare capacity. Partners: Fundacion Vida Nueva, Barranquilla City Mayor’s Office, MoH central level and multiple supporting institutions.

**LARGE-SCALE DIABETES AND NCD RESPONSES**

These large-scale programmes are often implemented with ministries of health, and are closely aligned with national strategies, action plans and targets in the WHO Global Action Plan. They typically have a broad stakeholder base, wide national coverage and cover many of the WDF’s focus areas.

**Example: Kenya National Diabetes/NCD Response Programme support, phase 1: WDF09-436, phase 2: WDF16-1344**
INTERVENTIONS
ACCESS TO CARE

Health systems in the developing world are often under-resourced and have traditionally responded to acute care, leaving them inadequate to the task of managing chronic diseases such as diabetes. WDF partnerships address these inadequacies and utilise opportunities to integrate and add diabetes and NCD prevention and treatment into existing services and programmes.

Access to care projects often include:

- Capacity building and integration of diabetes care into primary healthcare services
- Training of doctors, nurses, midwives and other healthcare providers
- Mobilisation of community health workers
- Education of patients and families in self-management and care
- Establishment or strengthening of clinics, including mobile clinics
- Implementation of guidelines and protocols
- Use of health information systems, registers, e-health and m-health
- Establishment of referral systems
- Support from patient associations and health authorities
- Sensitisation of key opinion leaders, media and press
- Strengthening of distribution and supply chains

Juan Carlos first noticed his increasing thirst in 2015. But what worried him was the wound on his foot that would not heal. Finally, when he couldn’t stand long enough to work at his local food store, he went to hospital seeking help.

“I was diagnosed with diabetes – that was the first time I’d heard of the disease,” he says. “I had to have surgery but, after I left the hospital, more ulcers kept coming. A new one, under my left toe, was bigger and deeper than ever.”

The hospital referred Juan Carlos to RIMAC Health Centre, which had recently added diabetes care to its services, thanks to Proyecto Creando Unidades Básicas de Diabetes (CUIDATE), a project run by the Peruvian Diabetes Association (ADIPER) and funded by the WDF.

Good diabetes care at the primary care level is still the exception in Peru. But Juan Carlos was lucky – with the help of RIMAC’s doctor, nurse and nutritionist, all of whom were trained through the project, his foot is healing and he’s learning how to prevent new diabetes complications.

“The doctor is giving me really good treatment – I’m very happy,” Juan Carlos says. “He’s told me I need to take care of myself, so now I’m eating more vegetables and soup. I feel so much better than I did 3 months ago.”

Juan Carlos Maguina Rodriquez, 46, Lima, Peru
Beneficiary of fundraiser project WDF-F15-031
Screening, Kenya, WDF14-863, a partnership with Kenya Defeat Diabetes Association.
The global obesity epidemic, exacerbated by the changed eating habits and reduced physical activity that accompany industrialisation and urbanisation, is a major contributor to the diabetes epidemic. Approximately 75-80% of people with type 2 diabetes are obese or overweight. WDF-funded prevention projects include primary, secondary and/or tertiary prevention, and target lifestyle interventions and prevention of diabetes complications. Knowledge alone is not enough to change lifestyle habits. Therefore, primary prevention projects also focus on societal norms and structures (such as regulations and access to safe exercise spaces), to help people live healthier lives and to ensure availability and access to proper diabetes care.

Prevention projects often include:

- School health initiatives involving pupils, their parents, families and teachers
- Awareness and screening camps
- Awareness raising via radio, TV and social media
- Various types of lifestyle interventions
- Community mobilisation
- Training of healthcare professionals and dieticians
- Education of patients in self-management and care
- Strengthened diabetes care and follow-up

“Tanzania has a population of more than 51 million, with most people living below the poverty line. Diabetes prevalence is rapidly increasing here and the cost of treating this life-long disease and its complication is too high for normal Tanzanians to afford. Diabetes is a burden that seals the fate of those not able to access basic care and treatment.

We therefore have to do all that is within our power to prevent diabetes. Our collaboration with the WDF has cut across every level of prevention, from the expectant mother and her unborn child; primary prevention in children – who work as agents of change in their communities to build a healthy nation; and school teachers and healthcare providers who have been brought together on this issue. At the national level the programme has involved policymakers to ensure that prevention of diabetes and other non-communicable diseases is addressed at all levels.”

Dr Samwel Ogillo
Chief Executive Officer,
Association of Private Health Facilities in Tanzania
Implementing partner WDF06-212, WDF09-450, WDF13-719
Diabetes and NCDs in Nigeria
– Stakeholder meeting, WDF116-1345
Non-communicable diseases (NCDs) account for 68% of global mortality – or two out of every three deaths. Yet domestic, private and international funding streams targeting NCDs are scarce. Today, as little as 2% of development assistance is earmarked for NCDs (IHME, Development Assistance for Health Database 1990-2015). It is estimated that investments to achieve the health targets in the Sustainable Development Goals could prevent 97 million premature deaths globally between now and 2030, and add as much as 8.4 years of life expectancy in some countries (Financing transformative health systems, The Lancet Global Health, 2017).

Global, regional and national advocacy is an important aspect of the WDF’s mission. Partners are encouraged to generate data to support the case for investing in diabetes prevention and care in developing countries, as data-driven advocacy enables local advocates to be heard. Health information systems, patient registers and simple clinical impact indicators improve patient compliance, follow-up and outcomes, and build a basis for more informed decision-making and prioritisation.

GLOBAL ADVOCACY AND STRATEGIC ALLIANCES

In concert with the national, regional and global diabetes movement, the WDF proactively seeks to act as a convener and catalyst, bringing people together to put the spotlight on neglected issues such as new partnership models for financing of NCDs, diabetes in humanitarian situations, women and diabetes, hyperglycaemia in pregnancy, diabetes in indigenous populations, and the double burden of diabetes and tuberculosis, as well as strengthening of distribution and supply chains providing access to essential medicines.

Over the years, we have supported and organised global, regional and national summits, expert symposia and stakeholder and donor meetings to plant the seeds for long-term change.

Example: Diabetes and NCDs in Nigeria – Perspectives, Challenges and the Way Forward (23-24 August 2017)

The Nigerian Government, civil society and healthcare experts gathered in Abuja to address diabetes and other NCDs, a growing threat to the country’s economy and the health and well-being of its citizens. The meeting, which was organised by Nigeria’s Federal Ministry of Health, the NGO Strategies for Improving Diabetes Care in Nigeria, and the WDF, ended with a Call to Action on diabetes and NCDs in Nigeria endorsed by the organisers and delegates. Partners: Strategies for Improving Diabetes Care in Nigeria (SIDCAIN) and the Nigerian Federal Ministry of Health.
FOCUS AREAS

TYPE 2 DIABETES

The problem: Type 2 diabetes accounts for about 95% of diabetes cases worldwide. It often develops over many years, with the result that a great number of people remain undiagnosed even as their bodies are being damaged by excess blood glucose. Type 2 diabetes and its complications are largely preventable, but remain responsible for millions of premature deaths and disabilities, especially in the developing world.

Response: To reduce the global burden of type 2 diabetes, prevention is critical. When the disease does develop, early diagnosis and treatment are essential to improve patients’ lives and reduce the burden on individuals, families and societies. Hyperglycaemia and comorbidities should be effectively managed to avoid life-threatening long-term complications. The WDF supports improving prevention and access to care through local partnerships.

DIABETES FOOT CARE

The problem: Diabetes can damage nerves (diabetic neuropathy) and blood vessels throughout the body when blood glucose levels and blood pressure are persistently too high. Diabetic foot ulcers cause the majority of lower-limb amputations in developing countries. In many cases, people with amputations can no longer provide for themselves or their families, become dependent on others and suffer from social isolation.

Response: Most amputations in people with diabetes are preceded by a foot ulcer. Yet most foot ulcers can be prevented or healed using simple, low-cost measures. WDF projects therefore ensure training of healthcare professionals, provide multidisciplinary care, and establish patient self-care with a focus on prevention of foot ulcers.

DIABETES EYE CARE

The problem: Raised blood glucose levels and blood pressure damage small vessels, including retinal vessels. Eye disease caused by diabetes (diabetic retinopathy) is the leading cause of acquired blindness globally, affecting more than one third of people with diabetes.

Response: If detected early, diabetic retinopathy can be treated and blindness prevented. The WDF therefore supports effective management of diabetes in primary healthcare, including regular screening for diabetic retinopathy. In addition to training healthcare professionals and establishing referral systems, the WDF also supports procurement of the equipment needed to provide eye examinations and treatment.
**TYPE 1 DIABETES**

**The problem:** Type 1 diabetes accounts for about 5% of diabetes cases worldwide. However, type 1 diabetes is still the most common form of diabetes in children. Without insulin therapy, a person with type 1 diabetes will eventually die. In some sub-Saharan countries, life expectancy for a child with type 1 diabetes is less than 1 year after diagnosis.

**Response:** Most premature deaths caused by type 1 diabetes could be avoided with access to proper diagnosis and care, including access to insulin therapy. The WDF supports sustainable capacity building and funding typically supports camps for people living with type 1 diabetes, training of healthcare professionals, family counselling and related activities.

**HYPERGLYCAEMIA IN PREGNANCY**

**The problem:** Hyperglycaemia in pregnancy (HIP) is the umbrella term for conditions including gestational diabetes mellitus, type 2 and type 1 diabetes in pregnancy. Every year, about 21 million women worldwide experience HIP, but too few are diagnosed. HIP during pregnancy can lead to problems for both the foetus (malformations, increased mortality, weight gain) and mother (hypertension, infections, obstructed labour and bleeding). It also increases the risk of both mother and child developing type 2 diabetes later in life.

**Response:** Studies have shown that universal HIP screening and treatment, including lifestyle interventions for type 2 diabetes prevention after delivery, is highly cost effective, even in low-income countries. The WDF funds projects improving prevention, screening and treatment of HIP, and advocates for the wide adoption of international guidelines for diagnosis, management and care of HIP.

**TUBERCULOSIS AND DIABETES**

**The problem:** Tuberculosis (TB) is the world’s deadliest infectious disease, killing 1.5 million people annually. Diabetes triples the risk of developing active TB, and TB may trigger the onset of diabetes and worsen glycaemic control in existing diabetes. A high prevalence of diabetes has been found among some multidrug resistant TB populations.

**Response:** It is critical that people with TB are screened for diabetes and, in areas with a high prevalence of TB, people with diabetes should be screened for TB. The WDF has supported the development and formulation of international guidelines and projects that aim to prevent, detect and manage diabetes in TB patients at the primary care level. The WDF also supports efforts to increase public awareness about TB and diabetes and their interaction, their individual and common risk factors, and how to prevent them.
FROM 2002–2017, WDF-SUPPORTED PROJECTS HAVE*...

RIPPLE EFFECT
After the WDF’s funding ends, the impact of our projects continues. Trained medical staff, enhanced clinics and increased awareness all continue to benefit local communities after projects are completed. This ripple effect means that the outcome data collected during the implementation of WDF projects is just the beginning. Millions more men, women and children will benefit from WDF-funded projects over time.

*Results are based on internal reporting to the WDF.
IMPACT

MEASURABLE OUTCOMES

Project applicants define a set of output, process and clinical indicators to measure project outcomes. Indicators are scaled to the complexity of the project design, local capacity and the needs of beneficiaries. The project partner is responsible for documenting and validating project outcomes against the project’s objective, baseline, deliverables and targets throughout the project cycle.

SUSTAINABILITY

It is imperative that the output, effect and desired long-term impact of WDF-funded projects are sustained after the project ends. Strong local ownership, co-funding, systemic anchoring and retention of trained healthcare professionals and community workers are among the critical markers of success.

MULTIPLIER EFFECT

For every dollar of WDF funding, project partners raise approximately 2 dollars in cash or as in-kind donations from other sources at the local level.
Students participating in a Global Diabetes Walk organised by the Mbarara Center for Sports and Health Promotion in Uganda.
Since 2004, more than 4 million people have joined the WDF’s Global Diabetes Walk to raise awareness and encourage more people to take steps to prevent diabetes.

Walks are held on World Diabetes Day on **14 NOVEMBER**. Each year, the International Diabetes Federation marks the day with a global campaign promoting diabetes awareness and advocacy. The Global Diabetes Walk is the WDF’s contribution to this important campaign. Walks may also be organised for the days before or after 14 November, if this timing suits local needs.

All are welcome to organise and participate in Global Diabetes Walks and the WDF particularly encourages its partners in developing countries to do so. Global Diabetes Walks can easily be integrated into larger World Diabetes Day campaigns – Walks support and complement most World Diabetes Day activities.

Visit the WDF website to learn more. We provide tips for organising and promoting Walks and free downloadable materials in three languages (English, French and Spanish). There’s also a map that shows the location of Walks planned worldwide.

Join us on 14 November as we take steps to prevent diabetes worldwide.
HOW TO APPLY

THE WORLD DIABETES FOUNDATION WELCOMES applications from organisations with a successful track record within diabetes care and prevention, or those aligned with local partners or networks with such a record.

APPLICATIONS MUST BE SUBMITTED BY FIXED DEADLINES, and are referred to the WDF Board of Directors for a final decision.

WE DO NOT FUND basic laboratory research, personal travel grants or scholarships, construction of buildings, insulin or other medicines, core running costs, etc.

APPLICANTS ARE ENCOURAGED TO VISIT THE WDF WEBSITE, which contains inspiration, tools and guidance for building a strong application.

For more information, application forms, guidance and deadlines, visit: WORLDDIABETESFOUNDATION.ORG

To donate, visit: WDFDONATE.ORG