



# Commonwealth Secretariat

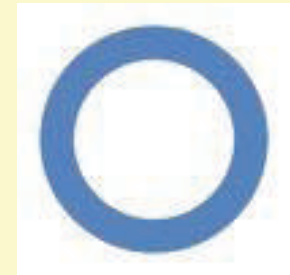
# Health Updates

## Diabetes in the Commonwealth

An update for World Diabetes Day, 14th November 2008

### Overview of global diabetes

Diabetes is now the fourth biggest cause of death globally, with diabetes related conditions resulting in 3.8 million deaths in 2007. The incidence of diabetes is increasing worldwide at a significant rate. There are currently 240 million people globally living with diabetes, and this is predicted to increase to 380 million by 2025 – an increase of 58%. Diabetes affects countries of all income levels and a wide variety of epidemiological profiles. The burden of diabetes falls heaviest on low and middle income countries, with 80% of people currently living with diabetes living in low and middle income countries. Typically such countries are experiencing a 'double burden' of disease, with the increasing prevalence of non-communicable diseases occurring alongside a persistent high prevalence of communicable disease. This double burden, coupled with human resource challenges, has significant implications



for the capacity of health systems to respond to diabetes and can be evidenced in the severe variations in prognosis that people living with diabetes face depending on where they live.

### Diabetes trends in the Commonwealth

Given the size and scope of the Commonwealth, these global trends are also Commonwealth trends. In 2003 over 55 million people in the Commonwealth were living with diagnosed diabetes, with an average prevalence of 6.1%. Using this data the WHO has projected that by 2025 this will have doubled, with

### Key Points:

Diabetes is a major cause of mortality and morbidity globally

80% of diabetes cases are in low and middle income countries

Health outcomes of people living with diabetes vary significantly across the Commonwealth

Unfortunately diabetes is often neglected, receiving insufficient attention and funding

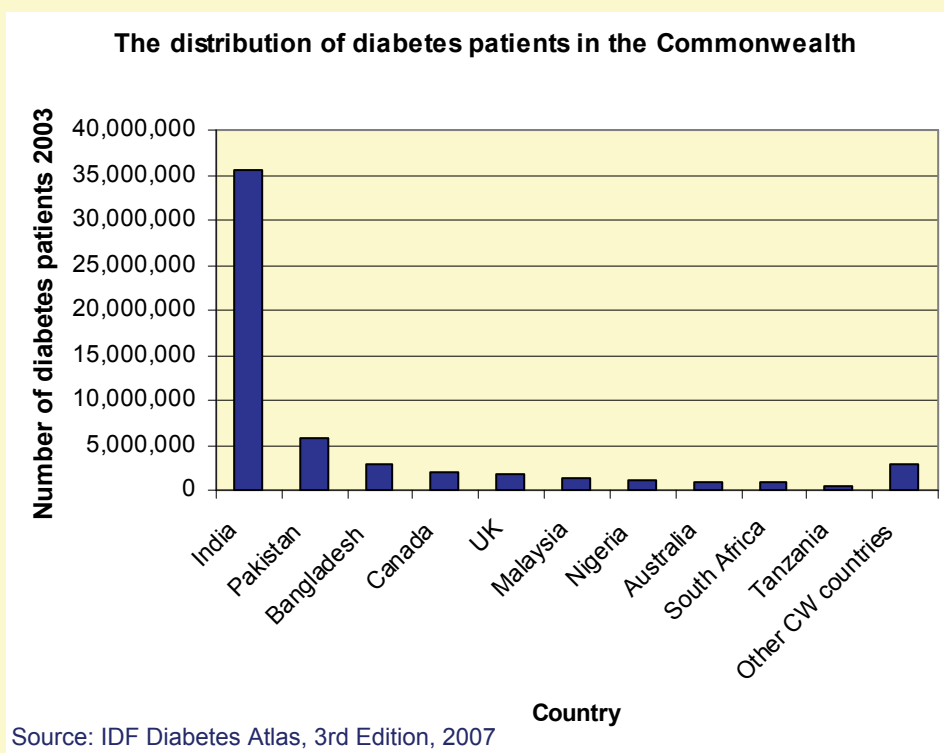
Country	Prevalence of diabetes mellitus in 2003 (%)
Nauru*	30.2
Tonga	12.4
Singapore	12.3
Seychelles	12.3
Brunei Darussalam	10.7
Mauritius	10.7
Malaysia	9.4
Malta	9.2
The Bahamas	9.0
Canada	9.0

Table 1: The 10 Commonwealth countries with the highest Diabetes prevalence

Source: IDF Diabetes Atlas, 3rd Edition, 2007

Country	Prevalence of diabetes mellitus in 2003 (%)
The Gambia	2.2
Nigeria	2.2
Sierra Leone	2.2
Solomon Islands	2.1
Sri Lanka	2.1
Papua New Guinea	1.9
Maldives	1.8
Malawi	1.7
Uganda	1.5
Cameroon	0.8

Table 2: The 10 Commonwealth countries with the lowest Diabetes prevalence



over 110 million predicted to be living with diabetes. However beyond this Commonwealth overview there is considerable variation in prevalence and numbers affected between member states. Nauru emerges as the country with the highest global prevalence rate at 30.2%, whilst Cameroon at 0.8% has the lowest prevalence in the Commonwealth.

Within the Commonwealth a large proportion of people with diabetes are living in Asia. With 35.5 million people living with diabetes, India, the most populous member state, accounts for 64% of the total number of people living with Diabetes in the Commonwealth. Pakistan and Bangladesh have the second and third highest numbers of diabetes.

**Table 4: The 10 Commonwealth countries with the highest estimated increase in prevalence 2003-2025**

Country	Estimated increase in prevalence (2003 - 2025) (%)	Prevalence of diabetes mellitus 2003 (%)	Estimated prevalence of diabetes mellitus 2025 (%)
Singapore	58.5	12.3	19.5
Guyana	58.3	6.0	9.5
Papua New Guinea	52.6	1.9	2.9
Barbados	50.6	8.5	12.8
Cameroon	50.0	0.8	1.2
Trinidad and Tobago	49.4	7.9	11.8
Vanuatu	45.5	2.2	3.2
Antigua and Barbuda	41.4	5.8	8.2
Brunei Darussalam	40.2	10.7	15.0
Solomon Islands	38.1	2.1	2.9

Source: IDF Diabetes Atlas, 3rd Edition, 2007



Finally, another important indicator to consider in assessing diabetes trends in the Commonwealth is the estimated rate of change between current and future prevalence levels. Using the 2025 projections developed by the International Diabetes Federation it is apparent that with the exception of three countries anticipated to experience a decrease in prevalence in this time period (Botswana, Swaziland and Lesotho) all other Commonwealth countries are expected to experience an increasing prevalence, with the greatest increase in Singapore at 58.5%.

### **Variation in diabetes response in the Commonwealth**

Diabetes can affect anyone in any country across the Commonwealth. Differences in availability of health information, screening, treatment and support have a huge impact on the experience of individuals with diabetes and their families. For example, whilst globally half of people with diabetes are diagnosed, in Tanzania, rural India and Tonga only an estimated 20-25% of people are diagnosed (1).

Given the challenge of access to diabetes services, and in particular to treatment, life expectancy for diabetes varies greatly across the Commonwealth. A study carried out by the Diabetes Foundation found that a person living in Zambia with insulin-requiring diabetes could expect to live around 11 years from time of diagnosis; in Mali the same person will live an average of 30 months; and a person living in Mozambique needing insulin has an estimated life expectancy of 12 months from diagnosis (2).

### **Implications and focus for the Commonwealth Secretariat**

Diabetes places a significant burden on individuals, families, health systems and economies. Currently it is estimated that the costs of diabetes complications account for between 5% and 10% of total health-care spending in the world (3). If nothing is done to address diabetes in the next 20 years, the amount spent globally will rise to between \$234 billion and \$411 billion (1). As the incidence of diabetes increases across the Commonwealth, with the biggest growth in low- and middle-income countries, there is an urgent need to raise awareness of the importance of investing in addressing non-communicable diseases through policy, surveillance, research and the provision of information, screening and treatment.

Non-communicable disease is a new area of work for the Health Section of the Commonwealth Secretariat. At the Commonwealth Heads of Government Meeting in Kampala, Uganda in 2007, Heads of Governments noted the rising burden of chronic diseases, which lead to the Health Section adding NCDs to its portfolio of work.

The Health Section has since begun to focus on establishing a knowledge base on NCDs in the Commonwealth and developing a framework for action which will guide future activities. An Advisory Group on NCDs has been set up and the first meeting taking place in November 2008, the outcomes of which will inform the framework for action. The Health Section is also working to address some of the research gaps on diabetes through producing an in-depth publication on diabetes in the Commonwealth. This will be used to advocate for further action and funding to support initiatives to tackle diabetes.

### **References:**

1. IDF Diabetes Atlas, 3rd Edition, 2007
2. The Diabetes foundation Report on Insulin-Requiring Diabetes in Sub-Saharan Africa, prepared by the International Insulin Foundation
3. IDF website:  
[www.idf.org/home/index.cfm?node=21](http://www.idf.org/home/index.cfm?node=21)

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