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Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

## Diabetes

Health reporter, 8 July 2008

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## Feature: Diabetes

Currently 246 million people worldwide have diabetes mellitus, resulting in an estimated 3.5 million deaths in 2007. Although traditionally associated with wealthy countries, diabetes is increasing fastest in the developing world, with almost 80 percent of diabetes related deaths occurring in low and middle-income countries. Diabetes is a chronic disease caused when the pancreas does not produce enough insulin (Type 1) or when the body cannot effectively use the insulin it produces (Type 2), resulting in increased glucose concentration in the blood (hyperglycaemia). Over time diabetes can damage the heart,

blood vessels, eyes, kidneys, and nerves, resulting in increased mortality, reduced quality of life, and premature death. Costly complications such as cardiovascular disease, renal failure and blindness result in higher healthcare and non-healthcare costs for individuals and families, as well as serious economic consequences for health systems and countries.

Approximately 5 to 10 percent of all people with diabetes have Type 1, which usually occurs before the age of 40. Type 2 affects 90 to 95 percent of sufferers, and is associated with lifestyle factors such as obesity, with onset usually after the age of 40. Type 2 is responsible for most of the current rise in diabetes and is increasingly affecting the young or middle aged, with more than half of diabetics in developing countries now aged between 40 and 59.

The US, India and China have the highest prevalence of diabetes worldwide. Rapid cultural and environment changes, aging populations, increased urbanisation, food supply and dietary changes and decreased physical activity all contribute to its spread in the developing world. Emerging economies are particularly susceptible, since under nourishment and stunting in childhood often leads to diabetes onset. In many countries in Asia and the Pacific diabetes affects up to one-third of the population, compared to just under six percent worldwide.

However, global action to tackle diabetes is not proportionate to the burden of disease. Diabetes has been largely neglected, due to lack of financial and human capital, lack of fully-informed decision makers, and orientation of health services toward acute care. Without effective prevention and control programmes, the incidence of diabetes is likely to continue rising globally. In developing countries, less than half of those with diabetes are diagnosed and many are diagnosed late resulting in complications. The effect of diabetes will continue to increase for those living in developing countries if the contributing environmental factors are not tackled and if insulin and appropriate care are not made available or accessible.

### More information:

- Eldis health resource guide section on chronic diseases  
<http://www.eldis.org/go/topics/resource-guides/health/chronic-disease>
- World Health Organisation Diabetes Topic Page  
<http://www.who.int/mediacentre/factsheets/fs312/en/index.html>
- International Journal of Diabetes in Developing Countries  
<http://www.ijddc.com/>
- The International Diabetes Federation  
<http://www.eldis.org/go/topics/resource-guides/health&id=36415&type=Organisation>
- Unite for Diabetes  
<http://www.unitefordiabetes.org/campaign/>
- World Diabetes Day  
<http://www.worlddiabetesday.org/>
- World Diabetes Foundation  
<http://www.worlddiabetesfoundation.org/>

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## Recommended readings on diabetes

### **1. The Unite for Diabetes campaign: overcoming constraints to find a global policy solution**

Authors: K. Siegel; K. M. Venjat Narayan

Publisher: Globalization and Health, 2008

Despite the fact that diabetes and other non-communicable diseases represent a significant proportion of the global burden of diseases, there remain constraints to the implementation of effective policies to curb non-communicable disease epidemics. This article, published in the Globalisation and Health journal discusses these constraints including a lack of global advocacy, insufficient attention from funding agencies and governments, as well as orientation of health services to acute care. The paper reviews the progress that has been made with regards to each constraint, focusing on the International Diabetes Federation's Unite for Diabetes campaign and United Nations resolution on diabetes.

The paper concludes by outlining what still needs to happen for globalisation to be an effective solution for diabetes and non-communicable diseases prevention and control. It highlights new actors and organisations that are working towards these goals and some countries that are beginning to shift health systems to be more prevention focused. The authors anticipate that these events will result in more global initiatives, sustained funding increases, media and policy attention, and to change attitudes and behaviours.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=36619&type=Document>

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### **2. Primary care management of diabetes in a low/middle income country: a multi-method, qualitative study of barriers and facilitators to care**

Authors: H. Alberti; N. Boudriga; M. Nabli

Publisher: BMC Family Practice, 2007

This article from BMC Family Practice looks at factors influencing the primary care management of diabetes in Tunisia, a low/middle-income country with ten per cent prevalence of the disease. The authors surveyed patients, health professionals and organisations for their views. More than 400 factors emerged. Overall, the most commonly cited factor was the availability of medication at the health centre. The main organisational factors were the existence of chronic disease clinics, seen as key to improving care, and doctors' heavy workload, seen as a barrier. The most commonly mentioned health professional factor was doctors' motivation, particularly relating to inadequate time spent with patients. Key patient factors included financial constraints, poor attendance and lack of compliance with treatment. Gender was also an important factor, with women accounting for 62 per cent of diabetes patients attending healthcare facilities despite similar prevalence of the disease among men.

The authors suggest that doctors' motivation appears to be the most important factor which could be improved by intervention, and requires further study. They acknowledge that this may not be possible in

settings with more limited resources. However, they conclude that policymakers and practitioners in other developing countries could still usefully apply these findings to improving diabetes care in their own settings.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=35987&type=Document>

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### **3. Diabetes and tuberculosis: the impact of the diabetes epidemic on tuberculosis incidence**

Authors: C. R. Stevenson; N. G. Forouhi; G. Roglic

Publisher: BMC Public Health, 2007

Tuberculosis (TB) remains a major cause of mortality in developing countries, and in these countries diabetes prevalence is rapidly increasing. This article, in BMC public health, assesses the potential impact of diabetes as a risk factor for incident pulmonary tuberculosis, using India as an example. The paper evaluates the contribution made by diabetes to both tuberculosis incidence, and the difference between tuberculosis in urban and rural areas. It finds that diabetes accounts for approximately 15 per cent of pulmonary tuberculosis and 20 per cent of infectious tuberculosis.

The paper concludes that diabetes makes a substantial contribution to the burden of tuberculosis in India, and the association is particularly strong for the infectious form of tuberculosis. The current diabetes epidemic may lead to a resurgence of tuberculosis in endemic regions, especially in urban areas. The increased diabetes prevalence associated with the rapid urbanisation in India and other countries potentially carries a risk of global spread with serious implications for tuberculosis control and the achievement of the Millennium Development Goals. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=33977&type=Document>

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### **4. The role of gender in compliance and attendance at an outpatient clinic for type 2 diabetes mellitus in Trinidad**

Authors: F. Babwah; S. Baksh; L. Blake

Publisher: Pan American Journal of Public Health, 2006

This article, in the Pan American Journal of Public Health, explores the relationship between gender, attendance at outpatient clinics, and compliance with treatment, amongst patients with diabetes in the island of Trinidad. It focuses on type 2 diabetes mellitus – a form of diabetes which typically starts in adulthood rather than childhood, and which is associated with obesity in the developed world. The paper finds that there is no marked gender difference in the incidence and prevalence of this form of diabetes in Trinidad. However, more women attend the outpatient clinics, and their compliance with the treatment regimen is better than in men. Men are more likely to engage in health risk behaviours such as drinking and smoking.

The article concludes that men seem less likely to use public health services than women. This corresponds with past World Health Organization studies which indicated that men are less inclined to engage in help-seeking behaviours. As a result, they remain unaware of the presence of type 2 diabetes mellitus until complications begin to occur. The authors recommend that future health promotion and prevention strategies should be tailored to target men and boys with type 2 diabetes. The long-term repercussions of disabling complications could be minimised by encouraging men to be more health conscious and compliant with treatment.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=24146&type=Document>

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### **5. Primary health care for older people: a participatory study in 5 Asian countries**

Publisher: HelpAge International Asia, Pacific Regional Development Centre, 2008

This study documents the perceptions of older people, care-givers, and health service providers in terms of knowledge of active and healthy ageing, access and quality of Primary Health Care (PHC) services. It particularly looks at the increasing experiences of older people in managing stroke and diabetes conditions. Recommendations to improve PHC services are provided to support policy development in the Asian context.

The five countries in the study are Cambodia, India, Indonesia, Singapore, and Vietnam. These countries represent the variety of socioeconomic conditions in the region. This study also examines the conditions in rural, urban and tsunami affected areas (in India and Indonesia) in order to provide additional insight into possible geographical discrepancies in provision of PHC services for older people.

The research teams found that the majority of the disadvantaged older participants in the study had low expectations of the access and quality of PHC services. Most experienced their conditions with a sense of fate, and were not aware of the interventions that could improve their health conditions. There were also socio-cultural factors, such as education and ethnicity, which lent to a mind-set of accepting existing conditions as part of their life struggle.

The study highlights the need for governments and civil society to work together to support the delivery of comprehensive primary healthcare. It recommends:

- eliminating physical barriers to accessing primary healthcare by ensuring that there are enough easily accessible centres reducing the cost of accessing primary healthcare by ensuring national-level budgeting of services for older people, improving income security of older people, and mainstreaming ageing into community health and disaster risk reduction planning
- improving the quality of primary healthcare services through training, provision of age-friendly services and exchange of experience among health professionals
- integrating age-specific medical and social support services into institutions and communities

With particular respect to diabetes and strokes, the role of the informal caregiver is highlighted:

- in the case of older persons with stroke, informal caregivers should be trained in fall prevention, rehabilitation exercises and disease management due to the frequent occurrence of falls in the older population. It is estimated the older the person, the more likely they will fall
- in the case of an older person with diabetes, health education should be focused on the early signs of complications, as well as eating a regular, balanced and nutritious diet. For those with more advanced disease, the informal caregiver in the home should be trained to provide insulin injections at regular intervals while making sure that the older person eats at regular intervals

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=35089&type=Document>

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## Latest additions from the Health resource guide

### **1. Malnourishment among children in India: a regional analysis**

Authors: K. R. G. Nair

Publisher: Right to Food Campaign, New Delhi, 2007

In spite of recent economic growth, India maintains one of the highest proportions of undernourished children in the world, partly owing to the highly uneven nature of its development. This paper provides a detailed analysis of inter-state differentials in malnourishment among children in India on the basis of the National Family Health Survey, 1992-93, 1998-99 and 2005-06. It brings out the prevalence of widespread disparities and indicates that these differentials are increasing over time.

Specifically, the paper considers the following:

- the extent of inter-regional disparities and manner in which these are changing over time
- possible factors, which can help explain these observed inter-regional differences
- policy inferences for reducing child malnutrition in India

One of the study's key findings is that differentials in child malnourishment do not always vary with the extent of poverty prevalent among the people of the state. This, it is argued, challenges the assumption that more inclusive economic growth and poverty reduction would in themselves ensure the lessening of the prevalence of malnourishment among children.

Other findings include:

- the higher the age at which women have their first child and the earlier the start of the less is the prevalence of child malnourishment
- early breast feeding of new born children has a clear negative impact on the extent of child malnourishment
- in later years, the lack of exposure of women to media is emerging as the more important variable that increases the extent of child malnourishment

In light of these findings, the author concludes that measures to increase the age of women at the time of their first child birth, promote early breast feeding and improve awareness among women about factors affecting health could have a significant impact on child malnourishment in India. Given that the problem is concentrated in a few districts, it is argued that scarce resources and energy do not have to be spread too thinly over the entire nation for achieving results. The paper concludes that the Integrated Child Development Services are suited to tackle these aspects and makes a plea to extend these services and make them more oriented towards reducing child malnourishment

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=37953&type=Document>

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## **2. Tackling a global crisis: International Year of Sanitation 2008**

Publisher: UN-Water, 2008

The UN General assembly declared 2008 as the International Year of Sanitation (IYS). The IYS provides the global community with an opportunity to raise awareness and accelerate actions for the achievement of the sanitation Millennium Development Goals through a variety of actions and interventions. This document presents an overview of the key issues and messages of the IYS.

The UN Water publication argues that policy-makers have talked about ‘water and sanitation’ as if they were one and the same thing, yet sanitation remains the poor relation. Neither people nor politicians want to engage with sanitation, so the resources needed to tackle the global sanitation crisis have not been forthcoming.

The document notes that there are five key messages of the International Year of Sanitation.

- provision of sanitation is important for the prevention of illness of all kinds, and saves the huge costs of medical treatment
- where sanitation facilities and hygienic behaviour are present, rates of illness drop, which contributes positively to social development
- improved sanitation has positive economic benefits
- sanitation promotes environmental cleanliness and protects streams, rivers, lakes and underground aquifers from pollution.
- appropriate technologies are available and affordable to meet the sanitation goal.

For the goal of ‘sanitation for all’ to come within reach, the authors argue that:

- each of the five key IYS messages needs to be projected to audiences at international, national and local levels, by every means available.
- political leaders and those in positions of authority whose voice and actions carry weight, like business and religious leaders, educators and civil society members, need to play their part for progress to be rapidly accelerated
- advocacy at the national and local level in environments where sanitation is sorely lacking needs

to be further promoted with active involvement from key stakeholders.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=38090&type=Document>

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### **3. Local voices: a community perspective on HIV and hunger in Zambia**

Authors: N. Duck; S. Hauenstein Swan

Publisher: Action Against Hunger, 2008

This report documents the findings of Local Voices, a six month qualitative research project that provided HIV orphans, vulnerable children and their carers with the opportunity to discuss and document the difficulties they face providing food, water and healthcare for their families. Through meetings, detailed interviews and discussions, the project initiated and developed an ongoing dialogue with 20 families in four areas of the Kitwe district in the Copperbelt province of Zambia: Chimwemwe, Kwacha, Chipata and Zamtan.

It is argued that the project provides insight into two key areas:

- adding a household perspective to existing ideas and analysis of food security in an HIV/AIDS context
- highlighting the knowledge and learning that can be gained when people living with a positive HIV diagnosis are seen as 'experts' and their experiences are used to help identify and address the problems they face

The authors argue that HIV/AIDS is not only a health issue but also a disease that impacts on the social structures of household economies and communities. It is asserted that an integrated approach at both the community programming and policy level is needed: incorporating health, nutrition, food security and education. A number of recommendations are given to this end, including:

Policy level:

- provision of free ART must be partnered with the delivery of economic empowerment through interventions such as agricultural programmes adapted to suit the capacity and needs of HIV affected households
- HIV/AIDS initiatives must be developed, monitored and evaluated to mitigate the impact HIV/AIDS has on orphans and the carers

Civil society:

- good quality care of people living with HIV/AIDS must be integrated into the work of water and sanitation, public health and food security sectors. In particular, interventions must be designed to address the social and economic impact HIV/AIDS has on food security, diversification/loss of labour, elderly & child headed households, risky coping strategies, reduced educational

opportunities, decline in parental care and increased nutritional needs

Community intervention:

- outreach programmes must include components that strengthen community mechanisms to support HIV orphans and vulnerable children, tackle stigma and provide health and nutrition education using the positive living approach
- longer term support to communities must empower and protect community leadership networks to advocate on their own behalf

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=37946&type=Document>

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#### **4. Sakhi Saheli – promoting gender equity and empowering young women: a training manual**

Authors: CORO for literacy; Instituto Promundo

Publisher: Population Council, 2008

Women's heightened vulnerability to HIV is influenced by some of the major inequalities between women and men in various aspects of living. This manual aims to promote critical reflection on the social construction of gender that promotes inequality and women's vulnerabilities, and to create support for challenging these norms so as to enhance women's adoption of risk reduction practices. [adapted from author]

The manual is aimed at peer educators, community and health educators, teachers and/or other professionals working, with young women aged 16 to 24 years. Its main sections look at:

- gender and identity
- sexuality, reproductive health and rights
- violence
- motherhood and care giving
- preventing and living with HIV/AIDS.

Each section includes a series of educational activities based on participatory methods including role plays, games and interactive activities aimed at engaging young women in discussion, debate and critical thinking.

In addition, four comic books in Hindi have been included that were developed and used in the Yaari Dosti program (see related links) aimed at changing young men's gender-related attitudes and promoting safe behaviours.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=37613&type=Document>

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## **5. The effectiveness of a home care program for supporting caregivers of persons with dementia in developing countries: a randomised controlled trial from Goa, India**

Authors: A. Dias; M.E. Dewey; J. D'Souza

Publisher: Public Library of Science Medicine , 2008

This paper presents the results of a trial evaluating the effectiveness of a community based intervention for persons with dementia and their caregivers. The study was conducted in Goa, on the west coast of India, and aimed to develop and evaluate the effectiveness of a home based intervention in reducing caregiver burden, promoting caregiver mental health and reducing behavioural problems in elderly persons with dementia.

Information about dementia was widely disseminated through handouts, newspaper articles and through private and public health services. Concerned relatives and older people were urged to contact a special help line. Probable cases of dementia were also identified with the help of key informants (doctors, priests, health workers, local leaders). All probable cases were examined by a trained clinician to confirm the diagnosis of dementia. The principal caregiver, as identified by the family, was enrolled for the trial. The principal caregiver was generally the spouse, although in some instances another family member was the principal caregiver, particularly when the spouse was not in a position to care.

The community based intervention was delivered by a Community Teams, each comprised of two full-time Home Care Advisors (HCA), and a part-time local psychiatrist from the public health services, and a part-time lay counsellor.

The specific components of the intervention carried out by the HCA were:

- basic education about dementia (what is the disease, its course, its features etc)
- education about common behaviour problems and how they can be managed
- support to the caregiver, for example for an elderly caregiver living alone with the patient, in activities of daily living
- referral to psychiatrists or the family doctor when behaviour problems are severe and warrant medication intervention
- networking of families to enable the formation of support groups
- advice regarding existing government schemes for elders

The authors conclude that this pilot trial shows that a community based intervention using locally available resources is feasible, acceptable and leads to significant improvements in caregiver mental health and burden of caring and is associated with reduced mortality of the person with dementia. Larger trials are needed to demonstrate the effect of such an intervention with greater confidence.

In the context of the rising burden of dementia in developing countries which are witnessing a demographic transition, such community based interventions have considerable potential to improve the quality of life of the caregiver and the person with dementia.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=37783&type=Document>

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## Announcements

### Short Course

**Nutrition in emergencies, 1 - 5 September 2008, Centre for Public Health Nutrition, Cavendish Campus, University of Westminster, UK**

This intensive week long short course, organised by the Centre for Public Health Nutrition at the University of Westminster, is designed to introduce participants to the wealth of technical knowledge and up to date best practice for working in nutrition in emergencies.

Main aims/learning outcomes: The aim of the course is to give participants an overview of nutrition in humanitarian emergencies, including the types of malnutrition, both direct and underlying causes of malnutrition, how malnutrition is measured, and common nutritional interventions.

Programme: The course covers the following: measuring malnutrition, food security, supplementary & therapeutic feeding programmes including community based care, infant feeding in emergencies and anthropometric surveys

The course fee is £650. Bursaries may be available.

More information: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=38274&type=Item>

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### Conference:

**XVIIth International Congress for Tropical Medicine 2008, 29 September - 3 October 2008, Jeju Island, Korea**

This conference will focus on the theme of "Tropical Medicine and Welfare: from Bench to Field". A large number of professors, doctors, and distinguished leaders from around the world are expected to attend, to discuss recently emerging issues and exchange the latest information and recent achievement in the field of Tropical Medicine & Malaria.

The delegate registration fee is US\$500, \$US300 for students, and \$US150 for an accompanying person. Online registration will be available until August 31, 2008, after this date you will be required to register on-site.

More information: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=38270&type=Item>

See the complete list of announcements at: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements)

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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