



WORLD **DIABETES** FOUNDATION

ANNUAL REVIEW 2014

## THE WORLD DIABETES FOUNDATION INTERVENTIONS AND FOCUS AREAS

The World Diabetes Foundation was established in 2002 with the vision of being a catalyst for change. Our objective is to support prevention and treatment of diabetes in developing countries.

The World Diabetes Foundation supports the Millennium Development Goals by funding projects benefitting people living with diabetes in developing countries. The countries eligible to apply for funding from the WDF are defined by the OECD DAC list.

The World Diabetes Foundation aims to attract and fund innovative projects that yield replicable and sustainable approaches, and help establish and develop local partnerships and strategic alliances at the global, regional and national levels. The strategy translates into the following focus areas:

### ACCESS TO CARE (TYPE 2 DIABETES)



### PREVENTION



### ADVOCACY AND STAKEHOLDER ENGAGEMENT



### DIABETES FOOT CARE



### DIABETES EYE CARE



### PREGNANCY AND DIABETES



### TYPE 1 DIABETES



### TUBERCULOSIS AND DIABETES

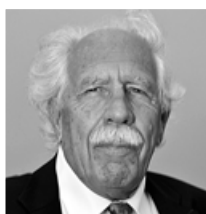


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# ENSURING SUSTAINABILITY THROUGH NATIONAL LEVEL PROGRAMMES

**IN 2014, THE WORLD DIABETES FOUNDATION RECEIVED A RECORD NUMBER OF APPLICATIONS AND SAW THE SUCCESSFUL COMPLETION OF ITS FIRST NATIONAL LEVEL PROGRAMME. MUCH HAS BEEN ACCOMPLISHED – THIS PAST YEAR AND EVERY YEAR SINCE THE WDF’S INCEPTION.**



*Prof Pierre Lefèbvre,  
Chairman, World  
Diabetes Foundation*

The World Diabetes Foundation's priority has always been to improve diabetes awareness and care in developing countries and we look for sustainable projects and committed partners to help us achieve this goal.

A national level diabetes programme is the pinnacle of the projects the WDF supports, as it includes a roadmap for improving diabetes policy and services and is either led or fully-supported by the national government. This high-level commitment ensures the sustainability of the programme once the WDF project has been completed.

I am extremely proud that the first WDF-supported national level diabetes programme was completed in Kenya in 2014 (see page 10). The commitment and engagement of the local partners has made this project a great success and today diabetes is a priority on the Kenyan public health agenda. The WDF looks forward to the completion of more national level diabetes programmes in the coming years.

By improving diabetes awareness, prevention, diagnosis and care, national level diabetes programmes and every other project supported by the WDF contribute to achieving the WHO Global Action Plan (WHO GAP) goals related to diabetes (see page 8). All stakeholders have a shared responsibility to support the implementation of the WHO GAP, to ensure that commitments are translated into actions.

The WDF takes this responsibility to heart and will continue to support projects on the ground which promote diabetes prevention and improve disease outcomes for people with diabetes. This year alone, we received a record number of project applications, which highlights not only the increased global awareness of diabetes, but also greater recognition of the work of the WDF.

I believe the WDF is unique in the way it considers and evaluates applications, the way it works with the applicants to refine their proposals and the way it follows and reports on projects. Project co-ordinators visit projects in action, to see how activities are progressing and to engage with local partners. This year has seen

many such visits, including a special trip to Bhutan with a delegation from the WDF led by Her Royal Highness Princess Benedikte of Denmark (see page 28).

We could not continue supporting projects at the grassroots level without the generous support of Novo Nordisk A/S – whose General Assembly and shareholders agreed a third deed of gift this year, of a maximum DKK 654 million for the period 2015-2024 – for which we are extremely grateful.

## **A realistic approach to diabetes**

From the very beginning of the WDF, we have had a well-defined mission, a committed Board, and dedicated and efficient staff. We combine entrepreneurial, scientific and medical experience to alleviate the burden of diabetes in those least able to cope with this chronic condition. Importantly, I believe the WDF is realistic in our aims and targets. This is where our credibility lies.

Since its inception, the WDF has contributed to saving the lives of children with diabetes, to preventing people from becoming blind from diabetic eye disease, to saving limbs that were considered for amputation, to identifying and helping those who suffer the double burden of diabetes and tuberculosis, to recognising diabetes occurring during pregnancy and to treating and preventing its transmission to the offspring. We have done all this and much more and I have been proud to be a part of this.

However, after 12 years as the Chairman of the Board, I am retiring. It will be up to the next Board to define the WDF's strategy for the coming years, but I am confident the WDF's core activities will be preserved – helping people to cope with diabetes, attempting to prevent diabetes and increasing awareness about diabetes in the developing world.

It has been a great honour to be part of the World Diabetes Foundation and I look forward to watching its development in the years to come. Finally, I offer my sincere thanks to you all.

Professor Pierre Lefèbvre  
Chairman  
**World Diabetes Foundation**



Child with type 1 diabetes, Cambodia

# KEEPING THE FOCUS ON PEOPLE AFFECTED BY DIABETES

DURING MY TRAVELS IN 2014, I SAW UP CLOSE THE TOLL THAT DIABETES IS TAKING ON THE DEVELOPING WORLD. HELPING THOSE AFFECTED BY DIABETES, VIA **LONG-TERM, SUSTAINABLE COLLABORATIONS WITH LOCAL PARTNERS**, IS THE WORLD DIABETES FOUNDATION'S LONG-TERM COMMITMENT.



*Dr Anders Dejgaard,  
Managing Director,  
World Diabetes  
Foundation*

Another year has passed. For me, 2014 was very busy, full of travel and other exciting activities. I met some amazing people along the way and saw up close the toll diabetes is taking on people in the developing world. Yet I also witnessed what a great impact our projects are making – and this gives me hope.

For example, I met a man in Mauritius whose diabetic foot ulcer healed without amputation, thanks to the local competences built by a World Diabetes Foundation-supported project. Such experiences are extremely rewarding and make all the efforts worthwhile.

The WDF acts as a catalyst, through funding and technical support to local partners like the Mauritius Ministry of Health. Our goal is to support their good ideas for preventing diabetes and ensuring access to diabetes care locally; to create partnerships that bring sustainable value to the developing world.

Our partners are a diverse group: they include local, regional, national and international government representatives, members of non-governmental and community-based organisations, key opinion leaders and local champions. I would like to express my heartfelt gratitude to all those people and organisations

for the many working hours, hard efforts and huge commitments that I have witnessed. They are the key element and main reason for our success to date, and make it realistic that together we can turn the tide in the fight against diabetes.

## **New partners and a loud voice**

We received more than 100 applications in 2014 and approved 38 of them as new projects. When we begin working with a new partner or in a new country, the projects are often small-scale. An example is the project in Yemen described on page 24. This grassroots project created regional awareness about diabetes and established a regional diabetes centre. In 2014, we approved a new project that will add the component of diabetes foot care to existing activities. Ideally, the activities in Yemen – and in the many other countries where we work worldwide – will grow to become a national programme, where we, in cooperation with the Ministry of Health, ensure the creation and implementation of national non-communicable diseases (NCDs) plans.

It is also important that we generate a 'loud voice' to increase awareness of diabetes and its devastating consequences at the international, regional and local levels. One such advocacy activity in 2014 was The Pakistan Diabetes Leadership Forum, which was held in Islamabad, hosted by the Pakistan Ministry of Health and



co-hosted by the WDF, among others. The recommended actions from the meeting resulted in the Islamabad Call To Action, a document which aims to help drive policy changes and feed into a National Diabetes Action Plan.

Another critical advocacy platform is the WDF Global Diabetes Walk, which takes place each year on 14 November. In total, 139 organisations in 54 countries registered Global Diabetes Walks in 2014 – with an amazing 324,271 participants. The events allowed each participant to ‘take steps to prevent diabetes’ – and to reflect on what they could do as individuals and societies to prevent and fight the diabetes epidemic.

### **Focus on people**

Fortunately there is a growing global understanding of the major and critical impact that NCDs play on the World Health agenda. It is our hope that NCDs will have high priority and visibility in the UN Sustainable Development Goals to be discussed at the UN high-level meeting in September 2015.

For our part, the WDF will continue its efforts to ensure that NCDs – and especially diabetes – have the highest possible priority among those who make global health decisions and will continue efforts to improve diabetes prevention and care in the developing world. The WDF's focus will remain on the people affected by diabetes in these countries. They are the ones at highest risk and

with the greatest need. All of our initiatives will take their flow from these people, who will remain at the heart of what we do.

The fight against diabetes is an important, long-term commitment. We were accordingly delighted when, in March 2014, the General Assembly and shareholders of Novo Nordisk A/S agreed an additional deed of gift for the WDF of a maximum DKK 654 million over a 10 year period, ensuring our funding until 2024. We are very proud and thankful for this faith in the work we do.

Last but not least I would like to say goodbye to two key people within the WDF Board of Directors, namely Professor Pierre Lefèbvre and Professor Ib Bygbjerg – see page 42. On behalf of the entire World Diabetes Foundation, I would like to express my gratitude and thanks for all their great contributions during the years that they have been instrumental in building up the WDF to the strong position it has today. I wish them all the best going forward.

Dr Anders Dejgaard  
Managing Director  
**World Diabetes Foundation**

# HELPING A GLOBAL PLAN BECOME REALITY

**NON-COMMUNICABLE DISEASES ARE A HUGE AND GROWING PROBLEM IN THE DEVELOPING WORLD. THROUGH ITS NATIONAL LEVEL DIABETES PROGRAMMES, THE WORLD DIABETES FOUNDATION IS SUPPORTING A GLOBAL PLAN TO TAKE ACTION.**

Non-communicable diseases (NCDs), specifically cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are responsible for more than 63% of global deaths. Furthermore, a staggering 14 million people die prematurely each year from NCDs – and most of these people live in low- and middle-income countries. Yet deaths from NCDs are often preventable through access to effective healthcare.

It is therefore not surprising that momentum has been growing on a global scale to take action to prevent and control NCDs, which led to the UN Political Declaration on NCDs in 2011. The subsequent WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (WHO GAP) created a road map for countries to follow, in order to live up to their commitment to this UN Declaration. It includes nine global NCD targets – five of which relate directly to diabetes (see above).

## **Government attention**

“The WHO GAP is extremely important to the work of the World Diabetes Foundation as it provides a framework for our projects in developing countries. Global crises – such as the current economic situation and Ebola outbreak – shift focus away from chronic diseases such as diabetes, but the WHO GAP provides the legitimacy for us to push forward,” says Dr Anil Kapur, Board Member of the World Diabetes Foundation. “However, while the WHO GAP is a good document, it is not binding. Its value will only be realised when it is implemented.”

The WHO GAP recognises the responsibility of governments in the fight against NCDs, which is critical, he says. “Nothing sustainable will be achieved without their commitment and resources, so it is imperative that

ministers of health are engaged at the country-level.”

Furthermore, the WHO GAP stresses the importance of international co-operation to support national efforts, which Dr Kapur agrees is extremely valuable: “International donor agencies and NGOs, such as the World Diabetes Foundation, not only provide much-needed funding and expertise, but also help to gain the attention of local policy makers. Quite often we initially support a few small projects in a country with a local champion. These projects provide a platform for us to engage with the government and the agenda can then be moved up to a different level through the creation of a national level diabetes programme,” explains Dr Kapur.

## **A coordinated approach**

National level diabetes programmes are formal, holistic strategies for improving diabetes policy, services and outcomes. They are planned and coordinated nationally, conducted at the national, regional or state level, and include specific goals, milestones and a means of evaluation. Importantly, the criteria and content of national level diabetes programmes will help governments achieve the WHO GAP targets.

Currently the World Diabetes Foundation supports national level diabetes programmes in Kenya, Uganda, the United Republic of Tanzania, Mauritius, Fiji, Honduras, Paraguay, Ghana, Mali and Uzbekistan, with further programmes planned for Guyana, Sri Lanka, Mozambique and Malawi. All are either led or fully-supported by ministries of health.

This framework makes the government accountable not only for implementing the programme, but also





## WHO GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs 2013-2020

The following goals from the WHO GAP relate directly to diabetes:

**Goal 1:** A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.

**Goal 3:** A 10% relative reduction in prevalence of insufficient physical activity.

**Goal 6:** A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure.

**Goal 7:** Halt the rise in diabetes and obesity.

**Goal 8:** At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.

**Goal 9:** An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases

*Clinic, Cambodia*

for ensuring a stable supply chain so that patients receive the necessary treatment, and for continuing services once the programme is completed. Ideally, with this commitment comes an increased focus on NCDs, including a higher priority for funding of NCDs in national budgets and strengthened NCD units within the ministries of health – as has been the case in Kenya, the first country to successfully complete a World Diabetes Foundation-supported national level diabetes programme.

“Kenya was the first country on the African continent to launch a comprehensive National Diabetes Programme. This Programme opened up a new chapter for the Ministry of Health, as it was the first strategy focusing on a chronic illness, taking a detour from the usual focus on infectious diseases,” reports Dr Joseph Kibachio, Head of the Division of Non-Communicable Diseases of the Kenyan Ministry of Health and Sanitation.

“The Programme helped put NCDs firmly on the health agenda, with diabetes as an entry point. We are now developing a national NCD strategy which has targets aligned with the WHO GAP. This will greatly contribute towards us reaching one of the WHO GAP goals of reducing NCD mortality by 25% by 2025.”

Read more about the Kenyan National Diabetes Programme on page 10.

### Global ambitions

The World Diabetes Foundation has learnt a great deal about the successful implementation of national level diabetes programmes in the last decade.

“In the beginning we were very much pioneers, as we were funding national level diabetes programmes when the global health agenda wasn’t as mature as it is today,” explains Bent Lautrup-Nielsen, Senior Programme Coordinator at the World Diabetes Foundation. “We really pushed the agenda forward. But we faced many challenges, as the countries were not always fully prepared for such big programmes. Now we often encourage a more incremental approach with the ministries of health, perhaps suggesting a geographically more limited pilot phase initially, to ensure that the required structure is in place before a larger scale nationwide programme is launched.”

This experience is being used to ensure that future challenges are met and to help countries achieve the WHO GAP goals – for example by refining the programme’s outcome measurements and improving patient registries.

“National level diabetes programmes help countries work towards the specific WHO GAP targets,” says Dr Kapur. “But what is also noteworthy is that a national level diabetes programme provides a means for the country to evaluate and report on its progress, as the programme requires formal record keeping.”

Usually, before the programme begins, there are no or limited services and consequently no need for records to be kept, he explains. “But in countries where we have programmes, like Kenya, data has been recorded which shows, for example, how many people are treated, how many attend follow-up appointments and how many are referred for complications etc. This data helps improve services which in turn will help countries meet and report on the WHO GAP goals.”

# KENYA – THE POWER OF PARTNERSHIPS



IN 2014 THE WORLD DIABETES FOUNDATION CELEBRATED THE CLOSE OF ITS FIRST NATIONAL LEVEL DIABETES PROGRAMME – IN KENYA. ITS LEGACY INCLUDES **IMPROVED DIABETES AWARENESS, CARE AND COORDINATION**, AND THE DESIRE TO DO EVEN MORE.

In 2004 Kenya's healthcare priority was infectious diseases such as HIV, tuberculosis and malaria – and the country's Division of Non-Communicable Diseases in the Ministry of Health had only a skeleton staff and an almost non-existent budget.

Then the Kenya Diabetes Management and Information Centre (DMI Centre), a not-for-profit medical charity, approached the World Diabetes Foundation with its proposal for a project to raise diabetes awareness among healthcare professionals and the general population.

"We faced many challenges during this initial project," says Eva Muchemi, Executive Director at the DMI Centre. "For example, policymakers at this time had

not fully embraced the seriousness of the rapidly increasing number of people with diabetes and related complications. Schools did not feel the project was that important due to the low level of diabetes awareness and ignorance among teachers regarding diabetes in children and young people. In fact, the project was regarded by some people as 'a time-waster on a condition that eventually led to death'."

But the project pushed forward – and succeeded in opening doors.

"We changed the attitude of various cadres in the health profession towards diabetes and laid the foundation for standards of diabetes management," she says.



## IMPACT (WDF09-436)



**83** diabetes clinics established or strengthened



**46,518** people with diabetes treated through the established clinics



**1,087** healthcare professionals trained



**242** teachers trained



**72** awareness meetings/ screening camps held



**50** clinics strengthened with gestational diabetes care

**27,964** screened for diabetes

**3,080** pregnant women screened for gestational diabetes

*A diabetes educator from the Kenya Diabetes Management and Information Centre at an event in Naivasha, Kenya*

### Building momentum

The World Diabetes Foundation went on to support more successful projects in Kenya, focusing on topics such as post-graduate diabetes training for paediatric endocrinologists, type 1 diabetes in children, diabetic foot care, diabetic eye care and access to diabetes care for slum dwellers in Nairobi.

A range of national and international partners helped with the projects' implementation, including the European Association for the Study of Diabetes, the American Diabetes Association, the International Diabetes Federation, the African Population & Health Research Center, the DMI Centre, the University of

Nairobi, Gertrude's Children's Hospital and the Aga Khan University Hospital.

This level of interest and momentum led the World Diabetes Foundation to support a national level diabetes programme anchored in the Kenyan Ministry of Health in 2009. National level diabetes programmes are formal, holistic strategies for improving diabetes policy, services and outcomes. They are planned and coordinated nationally, conducted at the national, regional or state level, and include specific goals, milestones and a means of evaluation.

“The World Diabetes Foundation helped create synergies between different projects, all of which

# TIMELINE: WDF-SUPPORTED PROJECTS IN KENYA



**2004**

Kenya Diabetes Management and Information Centre launches first WDF-supported project in Kenya. Its objective: to raise diabetes awareness among healthcare professionals and the general population.

**2007**

Gertrude's Children's Hospital launches project to build capacity for regional paediatric diabetes care in Eastern and Southern Africa.

2004

2005

2006

2007

2008

2009



**2008**

Kenya Diabetes Management and Information Centre launches a pilot project offering children with diabetes syringes, lancets, strips, check-ups, education and care. The pilot is supported by a WDF fundraiser.

**2008**

African Population & Health Research Center starts project to improve diabetes care in Nairobi slums.

found space under the National Diabetes Programme – creating a continuum of care with much impact,” explains Dr Joseph Kibachio, Head of the Division of Non-Communicable Diseases at the Kenyan Ministry of Public Health and Sanitation.

## Budget and direction

The National Diabetes Programme led to the launch of Kenya's first National Diabetes Strategy on 25 August 2010.

Dr William Maina, who was Deputy Director of Medical Services & Head of the Division of Non-Communicable Diseases at this time, says: “The launch of the National Diabetes Strategy in Kenya stimulated a lot of interest in diabetes across the entire Government. For the first time,

there was budgetary allocation for NCDs in the Ministry of Health. The strategy provided a policy direction for all service providers in all areas of diabetes.”

The National Diabetes Programme ended in 2014 – making it the first World Diabetes Foundation national level diabetes programme to be successfully completed. Its legacy includes more than 80 comprehensive diabetes care clinics across Kenya, training for healthcare professionals at all levels, improvements in education and screening, an increase in early detection of diabetes and treatment, and a reduction in diabetes complications and mortality. Several foot clinics were also established and linked closely to the National Diabetes Programme.

Kenya's National Diabetes Programme created a network



**2010**

Upper Hill Eye and Laser Centre starts Diabetic eye disease outreach programme.

**2013**

Kenya Diabetes Management and Information Centre starts a new programme to consolidate the gains in diabetes footcare in Kenya.

**2013**

Kenya Diabetes Management and Information Centre starts a new programme to promote healthy living in Kenya's schools.

2010

2011

2012

2013

2014

2015

**2009**

Ministry of Public Health and Sanitation, together with the Kenya Diabetes Management and Information Centre, launch Kenya's national level diabetes programme. On 25 August 2010, the Kenyan Ministry of Health launches its National Diabetes Strategy and various diabetes guidelines.



**2014**

Kenya Defeat Diabetes Association launches diabetes awareness and peer education programme.



of patient groups, clinicians, pharmaceutical companies, non-governmental organisations and advocates that are now part of the country's NCD inter-agency coordinating committee.

### Diabetes and NCDs in the spotlight

Diabetes prevention and control is now a priority in Kenya and increasingly integrated with other healthcare priorities including HIV and TB, maternal and child health, and family planning. Today Kenya's Division of Non-Communicable Diseases has 13 full-time staff members and an earmarked budget, and is part of the Department of Strategic National Public Health Programs.

However, much still needs to be done and Dr Kibachio

hopes to address these issues and consolidate past successes in a phase 2 national level programme:

"There is still a big knowledge gap among primary health workers. There is therefore a need to sensitise the new county governments to prioritise diabetes and NCDs. There are also a limited number of specialised clinicians to deal with paediatric diabetes and complications such as diabetic foot ulcers, retinopathy and cardiovascular complications. In addition, screening for diabetes needs to be the routine process in clinical practice for pregnant mothers."

The Ministry of Health will forever remain grateful to the World Diabetes Foundation for its assistance, says Dr Maina: "The support by the World Diabetes Foundation was a game-changer for NCDs in Kenya."

# GLOBAL DIABETES WALK: 10 YEARS OLD AND GROWING STRONG



ON THE **10TH ANNIVERSARY OF THE GLOBAL DIABETES WALK**, MANY ORGANISERS TOOK THEIR EVENTS TO A WHOLE NEW LEVEL.

*Philippines*

Dr G Vijayakumar, Chairman of the Medical Trust Hospital and Diabetes Care Centre and WDF project partner for the Know Diabetes Kerala project, organised his first Global Diabetes Walk in 2008.

“A campaign promoting walking for at least half an hour, for diabetes prevention, attracted me,” he explains.

Since then, the Kerala walks have grown in size and ambition. But what happened in 2014 surprised even Dr Vijayakumar: 508 secondary schools across the Indian state held walks, and 55,000 people participated.

“The enthusiasm was astonishing. We got reports that all the schools have conducted the walk. In some of the schools, the participation of students, parents and the public was overwhelming. The media also was very supportive,” says Dr Vijayakumar.

Know Diabetes Kerala was one of the 139 organisations in 54 countries which registered Global Diabetes Walks in 2014 – with an amazing 324,271 participants. That’s

more than a quarter of a million people putting their legs and voices behind one message: that individuals, governments and societies must take steps to prevent diabetes.

While the number of walk organisers worldwide remained steady in 2014, the number of Global Diabetes Walks held nearly doubled compared to 2013, indicating that many organisers increased their scope and ambitions.

That’s as it should be, according to Dr Vijayakumar, who notes that the 2014 Kerala walks grabbed the attention of political leaders, administrators and elected representatives throughout the state – and that follow-up activities are planned in several communities.

“Global Diabetes Walks organised every year should act as a fulcrum on which mass diabetes awareness programmes should turn. The Global Diabetes Walk message of encouraging healthy lifestyles should reach every nook and corner of the world,” he says.



Denmark

**Walks in Africa**

- 29,188 participants in 13 countries
- 143 walks in total

Altogether, 143 walks were held with 29,188 participants in 13 African countries (Burundi, Congo (Kinshasa), Ethiopia, Guinea-Bissau, Ivory Coast, Madagascar, Malawi, Nigeria, South Africa, Sudan, Tanzania, Togo and Uganda).

The biggest walks took place in South Africa. Diabetes South Africa, a WDF project partner, planned 55 walks across the country with the collaboration of other institutions including the Ministry of Health. In total 10,308 South Africans took steps to prevent diabetes. The Ethiopian Diabetes Association, a WDF project partner, also planned large walks with 5,000 people participating in 10 individual walks.

**Walks in Europe**

- 4,075 participants in 9 countries
- 28 walks in total

In Europe, 28 walks were held with 4,075 participants in nine countries (Czech Republic, Denmark, Georgia, Kosovo, Moldova, Serbia, Slovakia, Slovenia and Uzbekistan).

Novo Nordisk organised the largest walks in Denmark with 1,700 employees participating in four individual walks.

**Walks in the Middle East & North Africa**

- 16,009 participants in 6 countries
- 18 walks in total

In total, 18 walks were held with 16,009 participants in six countries (Afghanistan, Jordan, Pakistan, Qatar, Turkey and Yemen).

The biggest walks took place in Qatar, where the Qatar Diabetes Association organised 10 walks with 6,000 participants.



### **Walks in the Western Pacific**

- 25,440 participants in 11 countries
- 51 walks in total

In the Western Pacific region, 51 walks were held with 25,440 participants in 11 countries (Cambodia, Indonesia, Malaysia, Philippines, Thailand, China, Fiji, Marshall Islands, Papua New Guinea, Taiwan and Vietnam).

Bucor Diabetes Care team, a WDF project partner, once again organised four prison walks for 2,500 inmates inside the Maximum Security Compound & Medium Security Camp in Muntinlupa City, the Philippines.

In Malaysia, for the third year in a row, Columbia Asia Hospitals organised a huge walk in Titiwangsa Park, and 3,000 walkers attended – drawing plenty of media coverage in the process.

In China, a massive internet awareness campaign deserves special mention. Inspired by the Global Diabetes Walk, the Chinese Centre for Health Education organised a health education programme that reached a remarkable 600,000 people with its messages about diabetes prevention and control. (Last year, this same campaign reached 200,000 people. We mistakenly counted participants in the online campaign as walkers – we regret the error.)

### **Walks in South East Asia**

- 148,105 participants in 4 countries
- 770 walks in total

South East Asia, the region with the highest number of walks and participants, held 770 walks with 148,105 participants in four countries (Bangladesh, Bhutan, India and Sri Lanka).

India was again the world's most prolific Global Diabetes Walk supporter, hosting 760 walks across the country. In addition to the Kerala walks with 55,000 participants, another remarkable series of school walks took place in the country. Ramnaran Singh from Rural Development Society, a WDF project partner, planned 100 school walks with 5,000 participants at Thoubal district.





Colombia

### Walks in North America and the Caribbean

- 18,200 participants in 4 countries
- 28 walks in total

Across the North America and Caribbean region, 28 walks were held with 18,200 participants in four countries (Dominican Republic, Haiti, Mexico and Saint Lucia).

The biggest walks took place in Mexico, where the Mexican Diabetes Federation, a WDF project partner, planned seven individual walks in different parts of Mexico and gathered 12,000 people.

### Walks in South and Central America

- 61,350 participants in 9 countries
- 49 walks in total

Altogether, 49 walks were held with 61,350 participants in nine countries (Argentina, Bolivia, Brazil, Colombia, El Salvador, Guatemala, Mexico, Paraguay and Peru).

Brazil and Paraguay held the largest walks. The Brazilian Diabetes Federation (FENAD), a former WDF project partner, organised 18 walks across all regions of the country with a total of 10,000 participants. In Paraguay, Nivel de Atención de Diabetes Luque – FUPAD, a WDF project partner, organised six walks with 10,000 people.

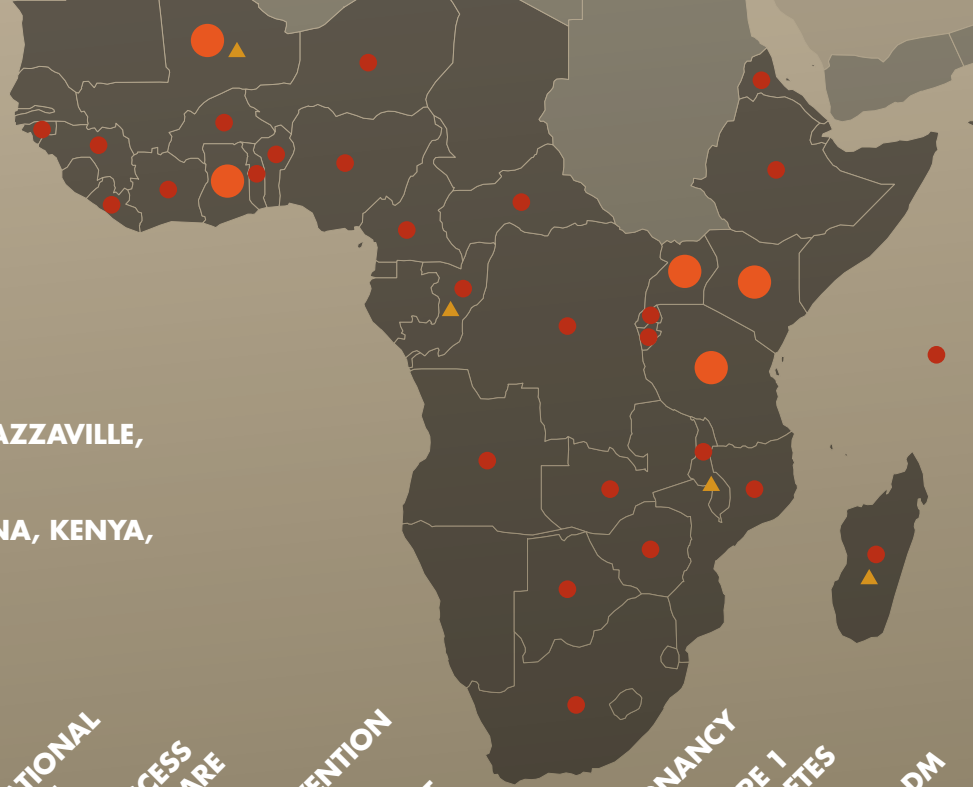
# AFRICA REGION

58 ONGOING PROJECTS

58 COMPLETED PROJECTS

FUNDRAISING PROJECTS IN **CONGO-BRAZZAVILLE, MADAGASCAR, MALAWI AND MALI**

NATIONAL LEVEL PROGRAMMES IN **GHANA, KENYA, MALI, TANZANIA AND UGANDA**



	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
Africa regional	2	2		●					●	
Angola	1			●	●					●
Bénin	1	1		●	●					
Botswana	1				●	●				
Burkina Faso	2			●	●	●				
Burundi		4		●	●					
Cameroon	1	6		●	●	●	●	●	●	●
Central African Republic		1		●	●					
Congo-Brazzaville	2			●				●		
DRC	2	4		●	●	●		●	●	
Eritrea	1			●	●					
Ethiopia	2			●	●		●			
Ghana	1	1	●	●	●		●			
Guinea Conakry	2			●		●			●	
Guinea-Bissau	1			●	●					
Ivory Coast	1			●	●					
Kenya	4	5	●	●	●	●	●	●		
Liberia	1			●						
Madagascar	1			●	●					
Malawi	8	1		●	●	●	●	●		●
Mali	1	4	●	●	●	●	●	●		
Mozambique	1	2		●	●					
Niger	1			●	●					
Nigeria	6	3		●	●	●		●		●
Rwanda		2		●						
Seychelles		2		●		●				
South Africa	4	6		●	●			●		●
UR Tanzania	5	11	● ●	●	●	●	●	●	●	
Togo		1		●						
Uganda	4	2	●	●	●	●	●		●	
Zambia	1			●	●					
Zimbabwe	1			●	●	●				

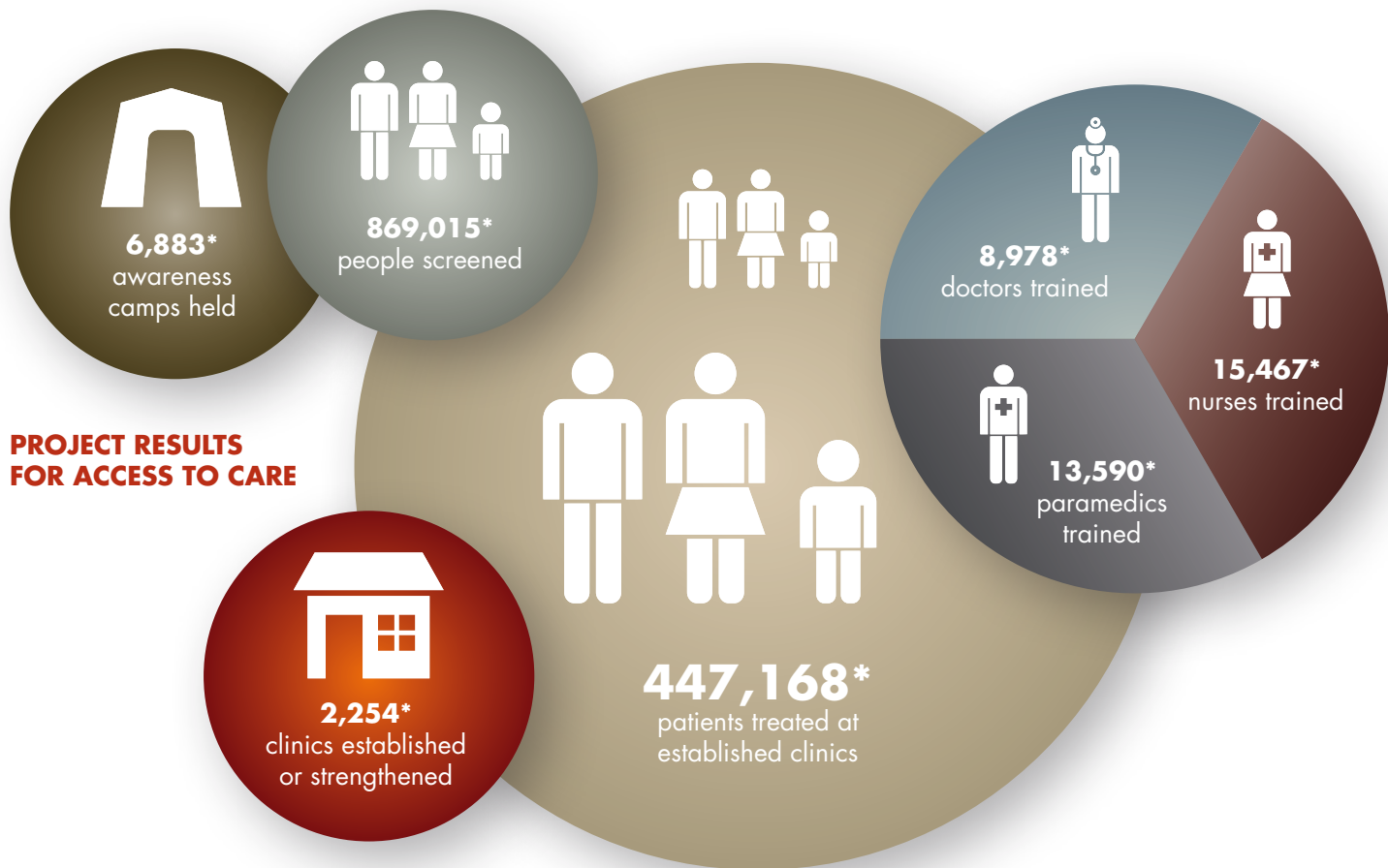
● Country with ongoing project(s)

● Country with national level programme(s)

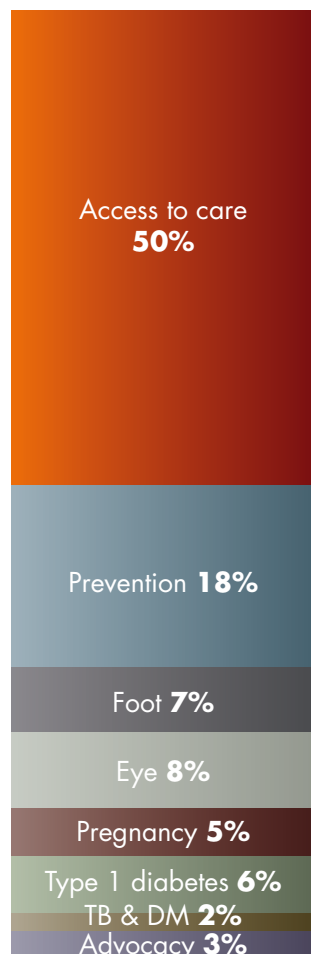
▲ Country with fundraising project(s)

● Ongoing

● Completed



**DISTRIBUTION OF FUNDING 2002-2014**



**DISTRIBUTION OF FUNDING TO FOCUS AREAS IN THE REGION**

## AFRICA REGION

The healthcare agenda in Africa has long been dominated by poverty and infectious diseases, such as malaria, HIV, and more recently, ebola. Yet the prevalence of type 2 diabetes is rising quickly in Africa, driven by rapid, uncontrolled urbanisation and major changes in lifestyle. The level of undiagnosed diabetes is high in most countries in Africa, and people who don't know they have diabetes are at very high risk of developing devastating complications.

Diabetes prevalence for the region was 4.8% in 2013 with 19.8 million people living with diabetes. By 2035, the number is expected to grow to 41.5 million people – an increase of more than 100%. The World Diabetes Foundation has supported 116 projects in the Africa region, with 50% focused on providing access to care, 18% focused on prevention and the remainder addressing the WDF's other focus areas. The WDF has numerous national level programmes in this region and in 2014 it successfully closed its first national level programme, in Kenya.

In 2014, WDF-supported projects successfully closed in Tanzania, Seychelles, Kenya, DRC, Cameroon, Botswana, Benin and Nigeria. New projects began in Angola, Benin, Kenya, Malawi, Nigeria, Niger, South Africa, Zimbabwe and Zambia.

\*All figures are estimates based on internal World Diabetes Foundation reporting

# DIABETES CARE HITS THE ROAD IN MADAGASCAR



MOBILE DIABETES CARE  
MADAGASCAR

**MOST MALAGASY PEOPLE LIVE IN RURAL AREAS WITH ALMOST NO ACCESS TO HEALTHCARE. A VAN FULL OF HIGH-TECH DIABETES EQUIPMENT IS NOW ON THE ROAD, MEETING – AND TREATING – PEOPLE WHERE THEY LIVE.**

An estimated 600,000 people in Madagascar have diabetes, but only a small fraction of them know it. Up to now, only 30,000 people have been diagnosed and most of them receive treatment in Madagascar Diabetes Association (A.MA.DIA) medical centres across the island. Finding the others presents a major challenge for this large island nation, where 80% of the population lives in rural areas.

That's why, on a sunny Friday in September 2014, nearly 100 people gathered at the A.MA.DIA clinic in Antananarivo, the capital. Local authorities, healthcare professionals, and adults and children with diabetes filled rows of folding chairs in a tent raised for the occasion; dozens more stood just outside its shade, peering in.

They were there to welcome a brand new mobile diabetes care van – the second such van in Africa and the first in Madagascar. Its mission: to provide diabetes diagnosis, treatment and care to adults and children across the island, with a special emphasis on eye screening, and to provide diabetes diagnosis and treatment to people with tuberculosis.

A joint project between A.MA.DIA and the World Diabetes Foundation, the van was paid for by employees of Novo Nordisk A/S, who raised 99,000 euros via a series of fundraising activities in 2013.

“I hope that the use of this mobile unit will contribute to screening, prevention and treatment of diabetes in

our population,” said Professor Ahmad Ahmad, Cabinet Director of the Madagascar Ministry of Health. “I hope it will effectively increase the number of diabetes cases we discover and decrease deaths caused by diabetes. There's still much to do.”

## **Custom equipment and good shocks**

After the speeches, guests streamed into the clinic's courtyard for the unveiling. A white and blue sheet was pulled away, revealing the white Toyota Hiace High Roof van to the eager crowd. Inside, high-tech equipment stood ready to diagnose and treat diabetes-related complications, especially diabetic retinopathy. Outside, pictures explained diabetes symptoms and prevention, to educate patients waiting for consultations. And underneath, good shock absorbers were in place, to manage the island's notoriously rough roads.

“The problem with diabetes in Madagascar is late diagnosis, accessibility to care and complications after diagnosis,” Dr Haja Ramamonjisoa, Chief Operating Officer for A.MA.DIA, told journalists in French and Malagasy.

To address this, the van will travel non-stop, spending 3 weeks per month in the Antananarivo region and 1 week in the island's more distant towns, he said. Four staff will travel with it: a driver, two technicians to operate the eye equipment and a technical assistant. Images of islanders' eyes will be sent, via the internet, to an A.MA.DIA diabetes



**IMPACT (WDF-F11-026-2)**



**1** mobile diabetes unit established

**234** awareness-raising activities conducted



**10,000** people screened for diabetic retinopathy

**5,000** people with diabetic retinopathy treated



**21** training activities held



**144** children with type 1 diabetes treated



**6,000** people with tuberculosis screened for diabetes

**36** educational/therapeutic/recreational activities for children with type 1 conducted

*The mobile diabetes unit on the day of its launch*

centre, where ophthalmologists will grade the images and return diagnoses and a treatment plan to the van.

A.MA.DIA's partnerships with local government, patient organisations and NGOs are critical to keeping the van in operation over the long term, noted Astrid Hasselbalch, Programme Coordinator for the WDF, who attended the ceremony.

"The involvement of public and private partners in the activities carried out through the mobile van illustrates the sustainability strategy that A.MA.DIA uses," she said, approvingly. "When partners contribute, this reduces costs."

**A serious case**

A few weeks later, the van was in Anosy, for a diabetes screening session organised by A.MA.DIA, in partnership with the Imagerie Médicale de Madagascar (IMM) and the Association of Physicians from Ministries.

"There was one particular very serious case," Dr Haja Ramamonjisoa said. "A midwife coming from the south-east coast of Madagascar was forced to come into the capital for surgery. She had gangrene on the second toe of her right foot. She came to the IMM for an exam related to her surgery and the IMM staff advised her to test for diabetes. At that time, the mobile van was in the courtyard of the IMM. The woman had advanced diabetic retinopathy, confirming the diagnosis of diabetes."

She was shocked to receive the news, he said. "We provided counselling and empathy and encouraged her to continue treatment with A.MA.DIA."

New stops in the capital region led to new diagnoses. At a screening event organised by the Lion's club Sight First Madagascar in front of the Hotel de Ville in Antananarivo, for example, the van staff met a man with diabetes who had travelled from his home 100km away.

"He heard on the radio that free eye consultations were taking place in the capital. It was discovered from the screening that his eyes were already in an advanced state of retinopathy."

Such cases are all too common, Dr Haja Ramamonjisoa said.

"The influence of traditional practitioners is very significant, delaying the point at which many Malagasy people seek medical care for their diabetes symptoms. And many areas of Madagascar are isolated and are often victims of natural disaster such as hurricane, flood and famine," he explained.

"That's why the van is so vital for people living with diabetes in Madagascar. It's a mobile unit for the prevention, detection and management of complications – and for living happily with diabetes."

# MIDDLE EAST AND NORTH AFRICA REGION

19 ONGOING PROJECTS

20 COMPLETED PROJECTS



ONGOING PROJECTS

COMPLETED PROJECTS

NATIONAL LEVEL

ACCESS TO CARE

PREVENTION

FOOT

EYE

PREGNANCY

TYPE 1 DIABETES

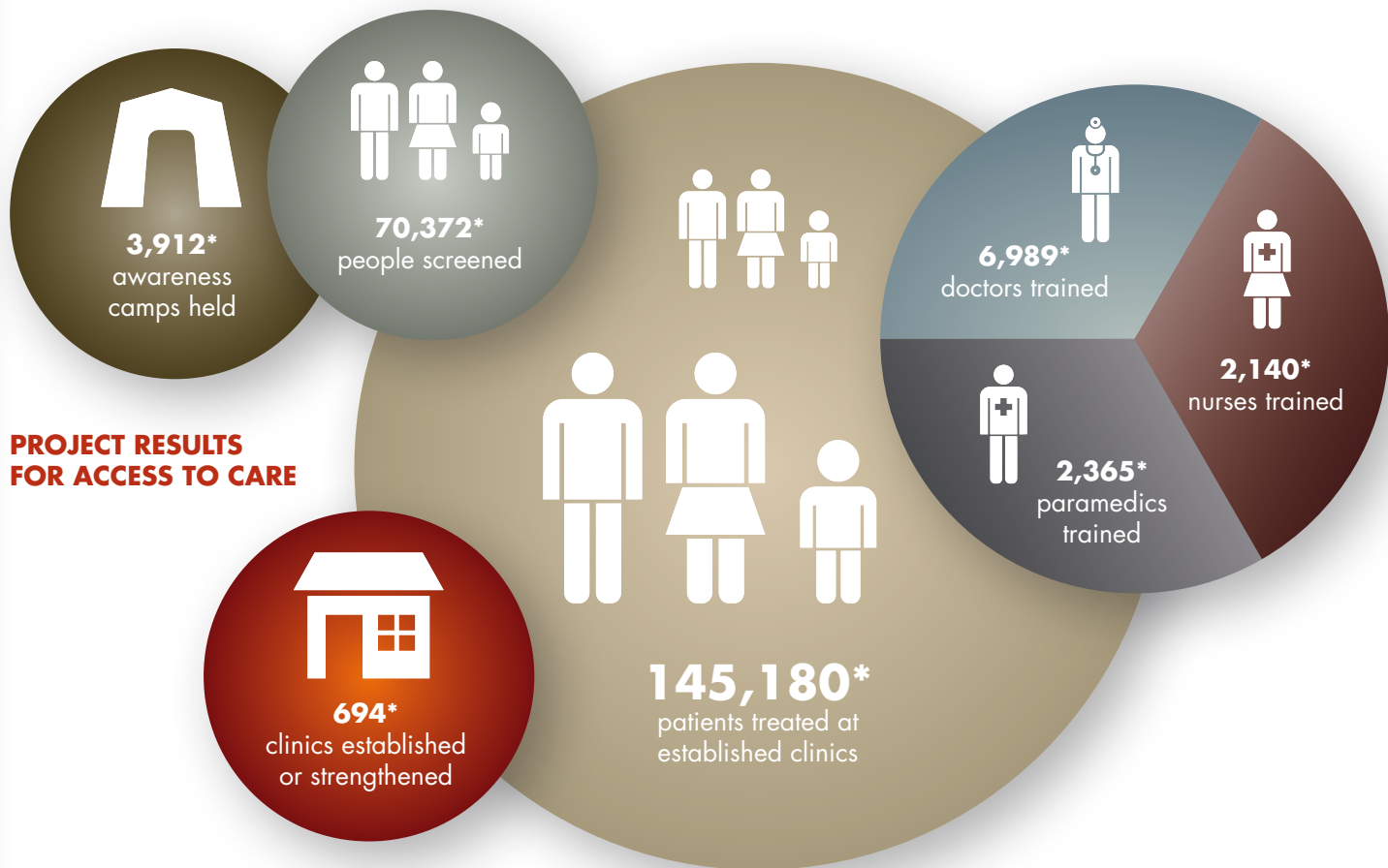
TB & DM

	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
Afghanistan		1		●						
Egypt	2	2		●	●	●		●		
Iran		2		●	●	●				
Jordan	1	1		●	●					
Pakistan	3	2		●	●	●		●	●	●
South Sudan	1			●	●					
Sudan	4	7		●	●	●	●	●	●	●
West Bank and Gaza	4	4		●	●	●	●	●		
Yemen	2	1		●	●	●				
Jordan, Lebanon, West Bank and Gaza	1			●						
Jordan, Lebanon, Palestine	1			●	●					

● Country with ongoing project(s)

● Ongoing

● Completed

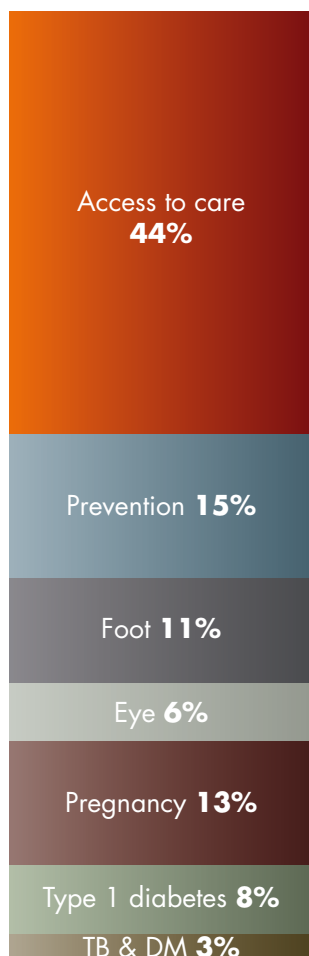


## MIDDLE EAST AND NORTH AFRICA REGION

Three of the countries with the world's highest diabetes prevalence are in the Middle East and North Africa (MENA) region: Saudi Arabia, Kuwait and Qatar. Diabetes prevalence for the MENA region was 9.2% in 2013 with 34.6 million people living with the disease. The number is set to almost double to 67.9 million people with diabetes in the region by 2035. Over the past three decades major social and economic changes such as rapid urbanisation, reduced infant mortality and increasing life expectancy have transformed many of the countries in this region. These developments, and associated behavioural and lifestyle changes, have led to some of the highest levels of obesity in the world.

The World Diabetes Foundation has supported 39 projects in the MENA region. These projects are implemented with the collaboration of national governments, UN agencies, private healthcare institutions and non-governmental organisations.

In 2014, a WDF-supported project closed in Pakistan and two more started up there. Another project closed in the West Bank and Gaza. New projects began to help people in Yemen and Palestinian refugees throughout the region.



\*All figures are estimates based on internal World Diabetes Foundation reporting

# YEMEN – START SIMPLE AND ADD ON



THE MIDDLE EAST CAN BE A CHALLENGING PLACE TO WORK. BUT PROJECTS TO **IMPROVE BASIC DIABETES AWARENESS AND CARE IN YEMEN** HAVE MADE GREAT STRIDES – CREATING A FOUNDATION FOR NEW PROJECTS TO BUILD ON.

The Republic of Yemen lies at the crossroads of Africa, the Middle East and Asia. Since its unification in 1990 the country has been slowly modernising, but is struggling to overcome its long history of clashes between traditional North Yemen and socialist South Yemen – and regional tensions are still a significant issue today. In recent years Yemen has also become a major base for Islamic militants. “The unstable political and security situation in Yemen is reflected in an increase in poverty, the drawback of community and healthcare and an increase in psychosocial stress. This all has an impact on diabetes prevention and care,” explains Dr Abdulla Almatary, Director of the Aden Diabetes Centre.

The prevalence of diabetes is increasing in Yemen, yet diabetes is often ignored by the general population because of a lack of health education. The absence of diabetes care centres – plus the cost of treatment – also hinders the diagnosis of people with symptoms of diabetes. “The incidence of diabetes is increasing in the Middle East, including Yemen, due to urbanisation and the associated change in lifestyle and types of food consumed,” Dr Almatary says.

In 2010 the World Diabetes Foundation supported a project with the Yemen Diabetes Association that established a diabetes centre in the country’s capital, Sana’a, and helped to raise awareness of diabetes among the population and healthcare professionals.

## **The first of its kind**

However, in the southern region, diabetes awareness and care was still severely lacking. So in 2012 the Yemen Diabetes Association and World Diabetes Foundation joined forces once more. This project was implemented in Aden, the commercial and economic capital of Yemen and previously the capital of the South Yemen republic.

The project, which ends in 2015, aims to create awareness of diabetes, encourage early diagnosis and improve diabetes management and care. The first and only diabetes centre in the region was established during the project.

“The Aden Diabetes Centre provides better healthcare for patients who are in need of a specialist centre and also provides them with health education. The general population consider the establishment of the Centre a breakthrough in health services,” says Dr Almatary. “The Ministry of Health, as the co-founder of this project, provides the location and running costs for the Centre, which will ensure its sustainability in the future.”

## **Rising to the challenge**

The project reached approximately 50,000 people with its messages about diabetes awareness, prevention and care. It achieved this through a media campaign involving Aden TV, radio and newspapers; awareness



## IMPACT (WDF1 1-627)



1 Diabetes Centre  
in Aden established



6,850 people  
with diabetes treated



438 healthcare  
professionals trained



40,000 people reached  
through awareness activities



5,849 people  
screened for diabetes



The Yemen Diabetes Association marks World Diabetes Day in Sanaa, Yemen

and screening camps; World Diabetes Day activities; and sensitisation sessions in schools, universities, mosques and other places where people gather. Training courses for doctors and nurses and screening camps to detect people with diabetes were also conducted.

“During the project, some of our activities have been delayed because of security instability but we have become accustomed to such a situation and we have exceeded our goals. By the end of the project we will have screened 7,200 people for diabetes, provided healthcare to 7,500 patients, health education to 4,000 people with diabetes and trained 450 healthcare professionals,” Dr Almatary reports.

### A logical next step

The success of the projects in Yemen illustrates the World Diabetes Foundation’s ethos of starting with projects that raise awareness and build basic healthcare capacity and then adding projects that build on these foundations, explains Jakob Sloth Yigen Madsen, Programme Co-ordinator at the World Diabetes Foundation. “The first step is to make people understand diabetes and its risk factors. Once this has been achieved, additional projects can be undertaken, which build further healthcare capacity and/or address specific complications – as has been done in Yemen.”

In 2015, a new project supported by the World Diabetes

Foundation will be launched in Yemen, which makes foot care available at the Aden Diabetes Centre for the first time. Jakob Sloth Yigen Madsen points out the intrinsic value of such a project: “There is a strong health economic rationale for working with diabetic foot care. The investment versus the savings – in terms of healthcare, for example from reduction of amputations, and to the general economy, from preventing loss of work force – is remarkable when looking at diabetic foot care and the prevention of complications.”

According to Dr Almatary, until now foot care in people living with diabetes has been hugely neglected by both patients and healthcare providers: “We have seen an increase in the number of foot amputations among people with diabetes in the last few years. At one of our training sessions we asked how many doctors examine the feet of patients – and found that no one did! This is due to a lack of awareness, training on diabetic foot care and foot care clinics. With this next project we hope to reduce the rate of amputations, which affects the patients, their families and the community.”

“I hope to continue our collaboration with the World Diabetes Foundation to prevent diabetes and its complications, in order to reduce the burden of the disease on patients who have a low income and are living in developing countries with low resources,” he adds.

# SOUTH-EAST ASIA REGION

36 ONGOING PROJECTS

49 COMPLETED PROJECTS

FUNDRAISING PROJECT IN **BANGLADESH**

NATIONAL LEVEL PROGRAMME IN **MAURITIUS**

- Maldives
- Mauritius  
(not shown on map)

ONGOING PROJECTS    COMPLETED PROJECTS    NATIONAL LEVEL    ACCESS TO CARE    PREVENTION    FOOT    EYE    PREGNANCY    TYPE 1 DIABETES    TB & DM

Bangladesh	4	4		●	●		●	●	
Bhutan	1	1		●	●		●	●	
India	25	36		●	●	●	●	●	●
India/China	1				●				●
India/Tanzania		1				●			
Maldives	1	1		●	●		●		
Mauritius	2		●	●		●	●	●	
Nepal		4		●	●		●		
Sri Lanka	2	2		●	●	●		●	●

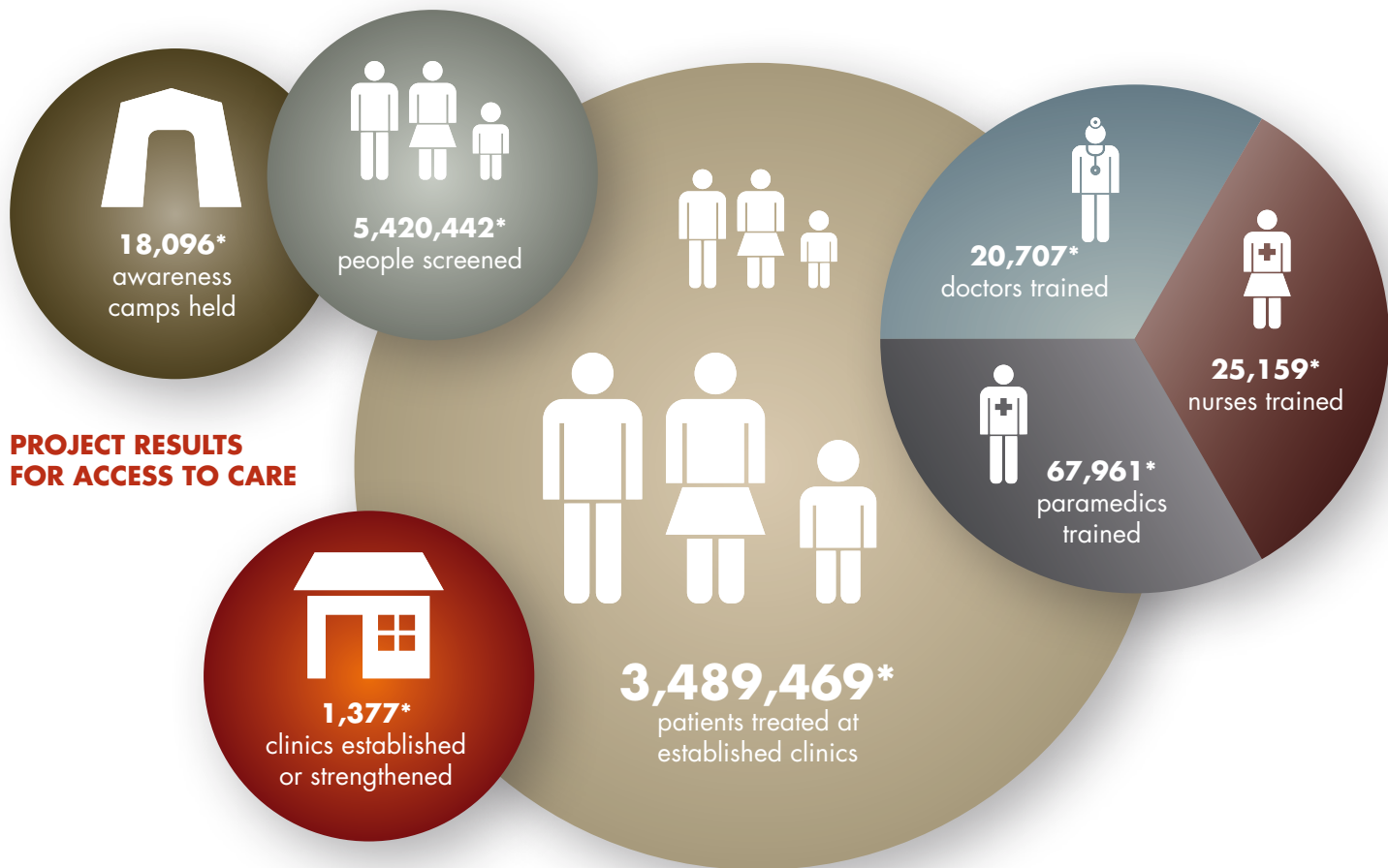
● Country with ongoing project(s)

● Country with national level programme(s)

▲ Country with fundraising project(s)

● Ongoing

● Completed

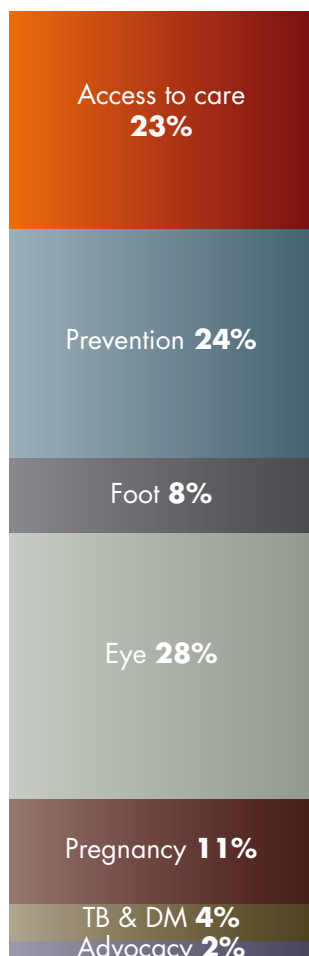


## SOUTH-EAST ASIA REGION

The seven countries in the South-East Asia region are hard-hit by diabetes – close to one-fifth of all adults with diabetes in the world live in South-East Asia. In 2013, an estimated 8.2% of the adult population, or 72.1 million people, had diabetes in this region. This will increase to 123 million people by 2035, or 10% of the adult population. As in other regions, the projected increase is a consequence of large scale urbanisation and increasing life expectancy. With 1.2 million deaths attributable to diabetes complications, this region has the second highest number of deaths due to diabetes of any of the seven regions.

The World Diabetes Foundation has supported 85 projects in the region to date, with 23% focused on providing access to care, 24% focused on awareness and prevention, and the remainder addressing the WDF's other focus areas. The country with the largest number of WDF-supported projects in this region is India, which has the second highest number of people living with diabetes (65.1 million) in the world.

In 2014, numerous WDF-supported projects in Bangladesh and India successfully closed. New projects began in India and Mauritius.



# BHUTAN – ROYALTY OPENS DOORS



**HRH PRINCESS BENEDIKTE OF DENMARK** LED A WORLD DIABETES FOUNDATION VISIT TO BHUTAN IN MAY 2014. HER PRESENCE **OPENED DOORS, INSPIRED IDEAS AND HELPED RAISE AWARENESS** OF DIABETES FAR BEYOND BHUTAN'S BORDERS.

*Queen Jetsun Pema and His Majesty King Jigme Khesar Namgyel Wangchuck of Bhutan, HRH Princess Benedikte of Denmark, Anders Dejgaard and Pierre Lefèbvre of the WDF*

Nestling in the Himalayas between India and China, Bhutan is a land-locked kingdom which only relatively recently ended its self-imposed isolation from the modern world: prior to 1961, schools, hospitals and public services did not exist here.

With modernisation came the migration of young people from rural to urban locations – and today more than 30% of the population are urban dwellers. This segment of society leads an increasingly sedentary lifestyle and has a diet high in calories and fat due to the growing number of shops selling unhealthy food.

Not surprisingly, the incidence of diabetes in Bhutan in the last few decades has begun to increase. “Diabetes was not recognised as a major concern until it began to appear more and more on morbidity reports,” explains Dr Ugen Dophu, Director General at the Ministry of Health in Bhutan. “But there were no separate clinics dedicated to diabetes in the healthcare system.”

## **A drastic improvement**

The World Diabetes Foundation supported its first project in Bhutan in 2003, followed by a second project in 2010 – both focused on building capacity for diabetes prevention by establishing diabetes clinics and training healthcare professionals. The projects, which were partnerships with the Bhutanese Ministry of Health and The Royal Government of Bhutan, have sparked great change.

“There is a drastic improvement in diabetes management and care throughout the country since the first project,” says Dr Dophu. “The greater awareness among the general population has led to a rise in the detection of undiagnosed cases and the establishment of diabetes clinics has increased access to services – which has led to an escalating case load.”

## **The royal visit**

In May 2014, as the second project was drawing to a close, a delegation from the World Diabetes Foundation visited Bhutan. The delegation was led by Her Royal Highness Princess Benedikte of Denmark and included the World Diabetes Foundation's Chairman Professor Pierre Lefèbvre, Managing Director Dr Anders Dejgaard, Programme Coordinator Emilie Kirstein and the Danish Ambassador to Bhutan, Freddy Svane. The purpose of the visit was to review the projects' achievements and sustainability, and to find out what more could be done to improve diabetes care.

Royalty is extremely important in Bhutan, whose population holds its monarchy in high regard. The presence of HRH Princess Benedikte therefore had a tremendous impact: the delegation met more than 20 high-level stakeholders in health and diabetes care, including the Minister of Health, Lyonpo Tandin Wangchuk, other key representatives from the Ministry of Health and heads of departments from various hospitals involved in diabetes care around the country. The



## IMPACT (WDF10-493)



**18** diabetes clinics established in district hospitals

**3** diabetes clinics strengthened in regional referral hospitals



**441** healthcare professionals trained



**4,532** people with diabetes treated through the established clinics



**64** awareness/screening camps held

**181,400** people reached through the camps

## GROSS NATIONAL HAPPINESS

Gross National Happiness is a term coined by His Majesty the Fourth King of Bhutan, Jigme Singye Wangchuck in the 1970s. The concept implies that sustainable development should take a holistic approach and balance economic and non-economic aspects of wellbeing, including better health and education.

*A resident of Bhutan*

delegation also had an interesting discussion with the Director of the Gross National Happiness Commission, Thinley Namgyel.

“As Patron of the World Diabetes Foundation, it is a privilege for me to play a role in the on-going fight against the diabetes epidemic. I hope my active involvement opens doors that might have otherwise remained closed,” says HRH Princess Benedikte.

The delegation was granted a private audience with His Majesty King Jigme Khesar Namgyel Wangchuck and Queen Jetsun Pema of Bhutan – an event which raised awareness of diabetes not only in Bhutan but also around the world, as it received coverage from both local and international media including the German magazine *Focus* and the Danish newspaper *Billed Bladet*.

“HRH Princess Benedikte is an absolutely remarkable person,” says Professor Lefèbvre. “She is well aware of the issues surrounding diabetes and opened all our meetings, speaking eloquently about the importance of education, a good diet and physical activity.”

Dr Dopphu adds: “Through the visit of HRH Princess Benedikte, awareness of diabetes was created right up to the highest level in the Royal Government of Bhutan. Her visits to the districts made the local government authority, as well as the general population, aware of the importance of diabetes prevention.”

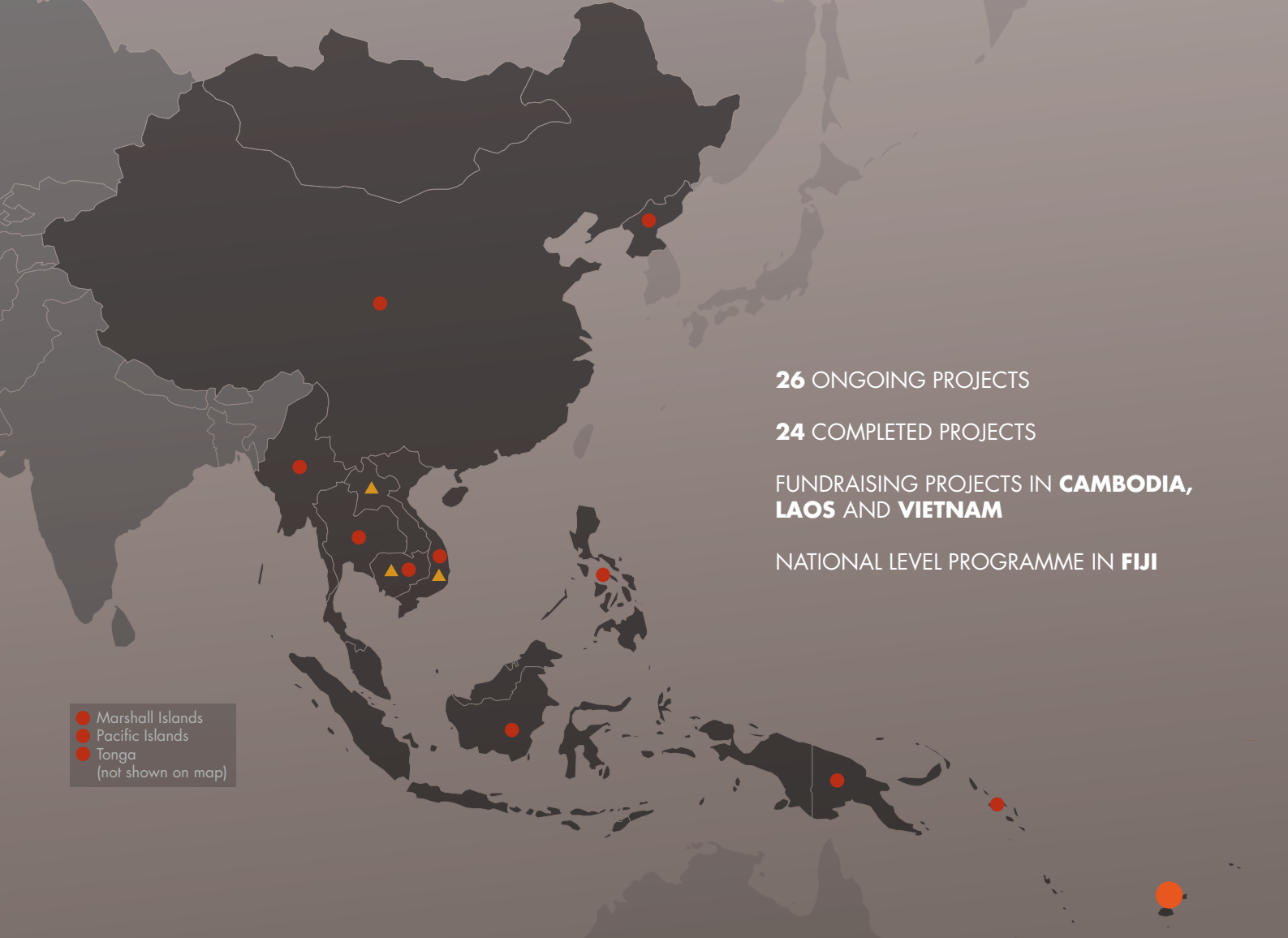
### Priority on prevention

During the visit, the Ministry of Health agreed that the sustainability of the established diabetes clinics would be of highest priority following the completion of the second project. “This visit highlighted the importance of preventive measures and that the right interventions, in particular among school children, should be put in place without any delay,” says Dr Dopphu.

Prevention of diabetes in future generations is a subject close to HRH Princess Benedikte’s heart: “I believe that we can do much more for prevention – it is important that we reach the young generation through education. We have to teach school children about healthy lifestyles in order to prevent or mitigate diabetes in the next and all future generations,” she says. During the visit the Princess also spoke of the importance of prevention and control measures for gestational diabetes being made available to pregnant women.

“Health is considered an important area for the happiness of the Bhutanese population. The World Diabetes Foundation has been a wonderful partner, providing both technical as well as financial assistance. Without this assistance the diabetes programme in Bhutan would not have been as successful as it is today,” says Dr Dopphu.

# WESTERN PACIFIC REGION



26 ONGOING PROJECTS

24 COMPLETED PROJECTS

FUNDRAISING PROJECTS IN **CAMBODIA, LAOS AND VIETNAM**

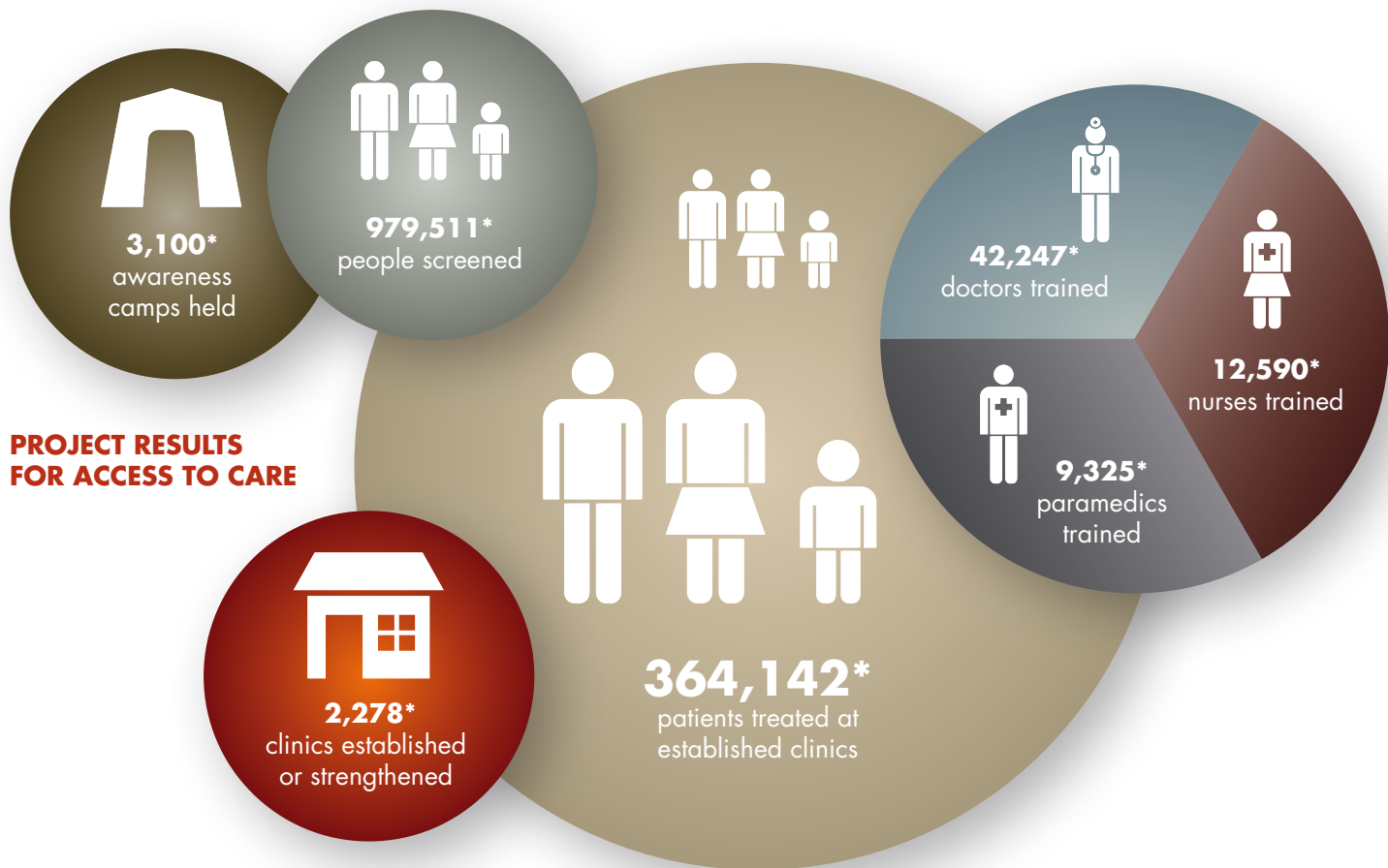
NATIONAL LEVEL PROGRAMME IN **FIJI**

- Marshall Islands
- Pacific Islands
- Tonga (not shown on map)

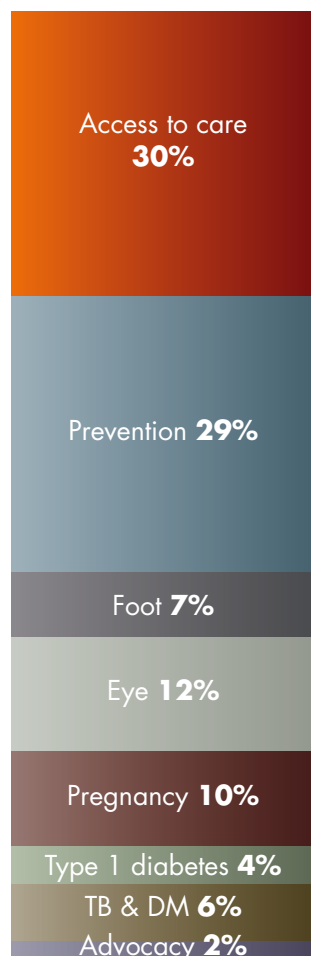
**ONGOING PROJECTS**   **COMPLETED PROJECTS**   **NATIONAL LEVEL**   **ACCESS TO CARE**   **PREVENTION**   **FOOT**   **EYE**   **PREGNANCY**   **TYPE 1 DIABETES**   **TB & DM**

Cambodia	2	3		●	●					
Cambodia/Vietnam		1		●						
China	10	4		●	●	●	●	●	●	●
China/India	1				●					●
Fiji	1	1	●	●	●	●	●			
Indonesia	4	6		●	●	●	●		●	●
Marshall Islands	1				●					
Myanmar	1			●	●					●
North Korea		1		●						●
Pacific Islands		2		●						●
Papua New Guinea	1			●	●			●		
Philippines	1			●		●				
Solomon Islands	1	1		●	●		●			
Thailand	1	4			●	●	●			
Tonga	1					●	●			
Vietnam	1	1		●	●	●	●			

● Country with ongoing project(s)   ● Country with national level programme(s)   ▲ Country with fundraising project(s)   ● Ongoing   ● Completed



**DISTRIBUTION OF FUNDING 2002-2014**



**DISTRIBUTION OF FUNDING TO FOCUS AREAS IN THE REGION**

## WESTERN PACIFIC REGION

The Western Pacific region spans 39 countries and territories with populations ranging from 1 billion in China to less than 1,000 in Niue and Tokelau. Overall, however, the region has experienced rapid economic development leading to improved standards of living and increasing urbanisation – and the unhealthy lifestyles and rising obesity and diabetes levels that so often follow.

The region is home to 2,278 million people, an estimated 138.2 million of whom are living with diabetes. This number is estimated to increase to more than 201.8 million people with diabetes by 2035. China has the highest number of people living with diabetes (98 million) in the world.

The World Diabetes Foundation has supported 50 projects in the region to date, with 30% focused on providing access to care, 29% focused on awareness and prevention, 10% on pregnancy, and the remainder addressing the WDF's other focus areas.

In 2014, WDF-supported projects in the region ended successfully in China, Fiji, and the Solomon Islands. New projects began in Cambodia, China, Myanmar and the Pacific Islands.

# CHINA – IMPROVING THE HEALTH OF WOMEN AND THEIR CHILDREN

**GESTATIONAL DIABETES CAN BE DEVASTATING FOR MOTHERS AND CHILDREN, BRINGING NOT ONLY ACUTE COMPLICATIONS, BUT ALSO LONG-TERM EFFECTS. A WDF-SUPPORTED PROJECT HAS IMPROVED HOW THE CONDITION IS MANAGED ACROSS CHINA.**

It is well known that Asians have a strong predisposition to diabetes and that the prevalence of type 2 diabetes is growing alarmingly in China. Yet until recently there was very little focus on – or knowledge about – gestational diabetes (GDM) in China. In 2010 an ambitious project supported by the World Diabetes Foundation set about changing this.

“Before the project, the diagnostic standards for gestational diabetes were not unified in China and GDM screening was not mandatory in prenatal care,” explains Yang Huixia, Professor of Obstetrics and Gynaecology at Peking University First Hospital and the WDF’s project partner.

Professor Yang and her team began by tackling the lack of common standards. They took criteria proposed by the International Association of Diabetes and Pregnancy Study Groups and – because there were no data from mainland China – validated them using data obtained from 14,593 pregnant women attending Peking University First Hospital.

After reviewing the data, the Chinese Ministry of Health accepted the new criteria in 2011 and they quickly gained acceptance throughout China.

## Higher awareness, better health

At the same time, the project set to work increasing awareness – both among doctors and patients.

In 2011 the project team launched a 1-day clinic at Peking University First Hospital to help women diagnosed with gestational diabetes manage the condition – a model that many other Chinese hospitals have followed since.

The project also developed a patient education manual explaining every aspect of gestational diabetes using simple words and cartoon pictures.

Dr Anil Kapur, Board Member of the World Diabetes Foundation, visited China to witness some of the project’s activities first-hand: “I was very impressed with the educational workshop for women with GDM. The theoretical and practical knowledge they gained was significant,” he says.

This direct outreach to pregnant women has resulted in healthier pregnancies, says Professor Yang. “In a survey we conducted in Beijing in 2013, the average weight of a newborn in the GDM group was 3,368g, compared to 3,338g in the normal group.”

“That shows that our GDM management is effective,” she says – noting that mothers with GDM who don’t receive treatment often give birth to heavier than average babies.

The project also funded training for qualified teams of obstetricians, nurses and nutritionists across the country. By 2013, 82.9% of doctors reported that their hospital had adopted the new GDM diagnostic criteria, Professor Yang says.

## One in five has GDM

Meanwhile, the data collection continued. A 2013 cohort study of 17,186 pregnant women from 13 hospitals across China applied the new criteria, and found a gestational diabetes prevalence of 17.5%.

In the capital city, the prevalence was even higher.



## GESTATIONAL DIABETES

Gestational diabetes (GDM) develops during pregnancy and usually disappears after birth. Left untreated, GDM can lead to devastating outcomes for the baby such as foetal distress, intrauterine death, still birth, birth injuries, macrosomia (excessive birth weight) and neonatal hypoglycaemia. Women with GDM are at increased risk of pre-eclampsia, infections and obstructed and assisted labour. Both mother and baby are at greater risk of developing type 2 diabetes later in life.

## IMPACT (WDF10-517)



**45** GDM centres established

**1,394** clinics strengthened with GDM care



**297** GDM trainers trained

**19,745** healthcare professionals trained



**447,079** women at high risk educated

**352,021** women screened for GDM

**92,686** GDM patients diagnosed and treated

Several surveys conducted

Green Channel referral model established

*An exercise class for pregnant women at Peking University First Hospital*

“According to the new standardised criteria published in 2014, nearly 1 out of every 5 pregnant women in Beijing has GDM,” reports Professor Yang.

This was much higher than previous estimates, says Karoline Nielsen, a PhD Fellow at the World Diabetes Foundation. The data confirmed that the mother’s age, pre-pregnancy weight and familial diabetes history all influenced her risk of GDM, as did her weight at birth – and the low birth weights of many of today’s mothers may help explain why China’s GDM rates are so high.

“A woman born with a low birth weight, caused by her own mother’s malnutrition, may be epigenetically conditioned to survive in an environment of food scarcity,” Karoline Nielsen explains. “When in fact she has a calorie-sufficient diet, she is at increased risk of developing diabetes or GDM.”

The new family planning policy in China could push the prevalence of GDM even higher, Professor Yang says: “In China most women choose to have a child later in life. The recent change to the family planning policy now allows women to have a second child. This means that women will be even older when they conceive their second baby – and we know pregnancy age is a risk factor for GDM.”

Highlighting the importance of the project Dr Kapur states: “This project has not only achieved great results on the ground but has also gained international attention through its many high quality publications including a recent article ‘Gestational diabetes in China: challenges and coping strategies’ published in the journal *The Lancet Diabetes & Endocrinology* in its December 2014 edition.”

## Improving future health

Now, Professor Yang and her colleagues are embarking on a huge new GDM project in China that builds on the findings and recommendations of the first. The new WDF-supported project, which will begin in 2015, will provide systematic care for 80,000 women with GDM or at risk of GDM in 10 cities.

“Currently, GDM is mainly managed by obstetric departments in each hospital, including screening pregnant women and treatment after diagnosis. But screening of women at risk of developing GDM before they become pregnant, and long-term follow-up for mothers who had GDM and their offspring, are very scarce and there is no systematic and effective management model for this,” Professor Yang explains.

In the next project, GDM management centres will therefore be established to provide pre-pregnancy, pregnancy and postpartum care for women at reproductive age at risk of GDM as well as women with a history of GDM.

“We want to create cooperation and two-way referral between the national GDM centres certified in the first project and community health service centres. We aim to improve GDM awareness, diagnostic and treatment skills among obstetricians, and raise awareness and improve self-management skills among patients,” says Professor Yang.

“Ultimately we want to build an environment far from diabetes for future generations.”

# SOUTH AND CENTRAL AMERICA / NORTH AMERICA AND THE CARIBBEAN REGIONS



17 ONGOING PROJECTS AND 12 COMPLETED PROJECTS IN SOUTH AND CENTRAL AMERICA

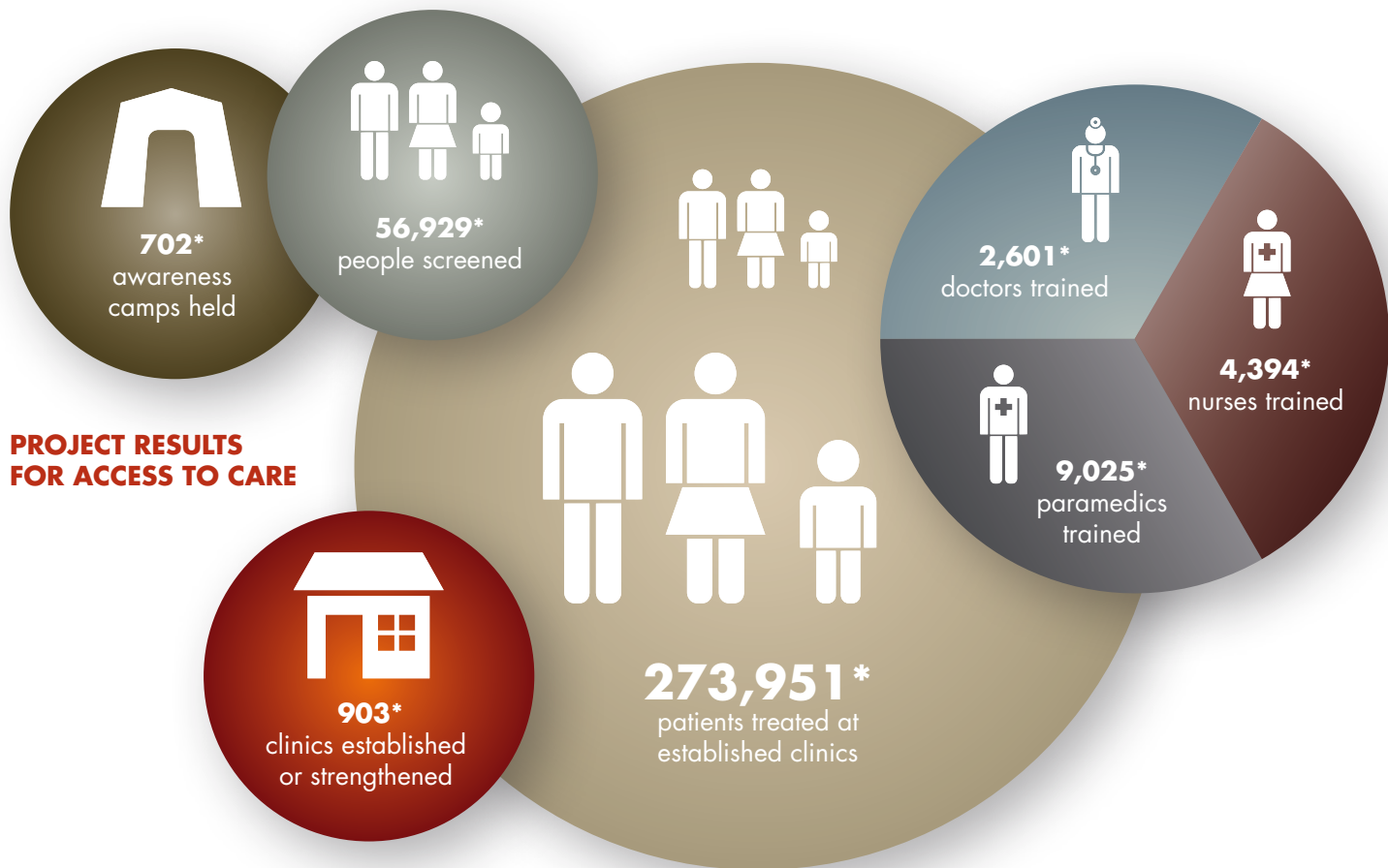
17 ONGOING PROJECTS AND 6 COMPLETED PROJECTS IN NORTH AMERICA AND THE CARIBBEAN

FUNDRAISING PROJECT IN HAITI

NATIONAL LEVEL PROGRAMMES IN HONDURAS AND PARAGUAY

	ONGOING PROJECTS	COMPLETED PROJECTS	NATIONAL LEVEL	ACCESS TO CARE	PREVENTION	FOOT	EYE	PREGNANCY	TYPE 1 DIABETES	TB & DM
<b>SACA</b>										
Argentina	2			●	●					
Bolivia		4		●		●	●			
Brazil	2	3		●	●	●	●			
Brazil/Mexico	1									●
Chile		1		●						
Colombia	2			●	●	●		●		
Cuba	3			●				●		
Guatemala	2			●	●					
Honduras	1		●	●	●					
Nicaragua	1	1						●	●	
Paraguay	1		●	●	●					
Peru	2			●		●				
SACA regional		3		●		●				
<b>NAC</b>										
Caribbean regional		4		●	●					
Dominican Republic	1			●	●					
Guyana	1			●	●		●	●		
Haiti	1			●						
Jamaica	1			●	●		●			
Jamaica and Panama	1							●		
Jamaica/Belize/St Lucia	1								●	
Mexico	11			●	●		●	●		
St Lucia and Barbados		1				●				
Surinam		1		●						

● Country with ongoing project(s)    ● Country with national level programme(s)    ▲ Country with fundraising project(s)    ● Ongoing    ● Completed



## SOUTH AND CENTRAL AMERICA / NORTH AMERICA AND THE CARIBBEAN REGIONS

South and Central America are not traditionally considered major hot spots for diabetes and other chronic diseases. However, the prevalence of diabetes and obesity is steadily rising in this region. Diabetes prevalence for South and Central America was 8% in 2013, with an estimated 24.1 million people living with the disease.

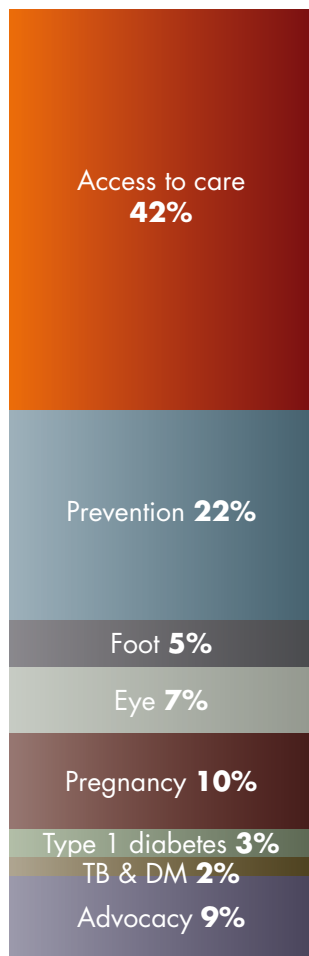
In other words, South and Central America is gaining fast on its neighbour to the north – North America and the Caribbean – where regional diabetes prevalence is currently 11% and an estimated 36.7 million people live with the disease.

The World Diabetes Foundation has funded 29 projects in South and Central America and 23 in North America and the Caribbean, most of these in Mexico. (The WDF only supports projects in countries on the OECD Development Assistance Committee list, which explains the relatively low number of projects in North America and the Caribbean.)

In 2014, a WDF-supported project in the Caribbean closed and new ones started in Guyana and Mexico; in South and Central America, projects in Brazil and Nicaragua reached successful completion and new projects began in Argentina and Guatemala.



**DISTRIBUTION OF FUNDING 2002-2014**



**DISTRIBUTION OF FUNDING TO FOCUS AREAS IN THE REGION**

\*All figures are estimates based on internal World Diabetes Foundation reporting

# PERU – SMALL INVESTMENT, BIG IMPACT

LATIN AMERICA IS UNDERGOING RAPID CHANGE AND **DIABETES IS A GROWING PROBLEM ACROSS THE CONTINENT**. TWO PROJECTS SUPPORTED BY THE WDF IN PERU SHOW THAT REMARKABLE ACHIEVEMENTS CAN BE MADE EVEN IN CHALLENGING CIRCUMSTANCES.

Peru has seen a dramatic shift in demography and lifestyle over the last 60 years: in 1950, only about 35% of the population lived in cities. Today it's approximately 90%, according to the Peruvian Diabetes Association (ADIPER).

“Urbanisation has resulted in over 70% of the population having a sedentary lifestyle and easy access to fast food means that people have changed their diet. Obesity affects 22% of children and 20% of youth and elderly. The consequences of these changes are that 30% of Peruvians have hypertension and 7% have diabetes,” says Dr Jorge Calderon, former President of ADIPER.

With only about 75% of a population of just over 30 million covered by health services, and a severe lack of resources for training doctors and nurses, diabetes prevention and care is limited in Peru, especially at the primary care level.

The low level of understanding about diabetes is also a challenge, explains Dr Calderon: “About 90% of people with diabetes have misconceptions such as: ‘diabetes is an emotional illness’, ‘insulin causes blindness and amputation’, or ‘herbs treat diabetes’. So people don’t always seek medical care, or do not follow their treatment – particularly if prescribed insulin, which can only be obtained from main national hospitals.”

## Intensive training put into practice

In 2011 the World Diabetes Foundation approved funding for two projects in Peru. ADIPER is the implementing partner of the first project, which focuses on improving access to care at the primary level, combined with raising awareness among patients and the general population.

The project promotes an effective model of capacity building, based on a 3-day intensive educator course for healthcare professionals. The carefully selected course participants must complete a written test before and after the training, and are given basic equipment, patient registration forms and awareness materials. Participants must then return to their clinics and identify new cases of diabetes through screenings. By the end of the project 900 healthcare professionals will have received training and an estimated 12,000 people will be diagnosed with diabetes that were not previously diagnosed due to the lack of capacity and resources.

“Our project is aligned with the Ministry of Health’s strategy and so we have been able to get the training included within the National Health Ministry training programme,” explains Dr Calderon. “We are very proud of our achievements as we have improved the knowledge, attitudes and abilities of healthcare personnel to prevent, screen for, and treat diabetes.”

“Thanks to the WDF, ADIPER has raised awareness among leaders of the country including politicians, people with diabetes and the general population, through its intense activities for World Diabetes Day,” Dr Calderon adds.

## Earlier diagnosis saves feet

The second project, targeting foot care, is implemented by APROVIDA – an NGO formed by healthcare professionals and diabetes patients which focuses on comprehensive diabetes care, education and patient self-management.

The project is taking place in the Northern coastal



## IMPACT (WDF10-522 and WDF11-557)



**878** healthcare professionals trained as diabetes educators



**4,156** people screened for diabetes



**34** diabetic foot units established

**65** doctors and nurses trained in foot care

**33** screening camps focusing on diabetic foot conducted

*Sodas and fast food in Peru*

regions of Peru, where diabetes foot care was non-existent. By the end of the project, services will have been established in 35 public hospitals to prevent and treat foot complications related to diabetes. This is being achieved by training doctors and nurses, providing basic foot care equipment and running awareness workshops, patient education and screening campaigns.

“In Peru there were no policies for the prevention and care of diabetic foot. For the project we selected regions which had high rates of poverty and deficient sanitation,” explains Dr Alejandra Ruiz Donayre, President of APROVIDA. “Our training of healthcare professionals has led to greater coverage of care, so risks can be identified and diagnosis and treatment offered earlier – which has allowed us to save ulcerated feet that before the project would have resulted in major amputations.”

This situation was seen recently when a man who had type 2 diabetes for 10 years came to a clinic with foot ulcers and disabling pain.

“He could only walk with the assistance of relatives and showed indications of a need for a foot amputation. But today we have healed the ulcer, relieved the pain and he is able to walk unassisted,” Dr Donayre says.

### Seeing the results first-hand

In 2014 programme coordinators from the World Diabetes Foundation travelled to Peru to visit the projects for the first time. “Latin America is going through an economic rise, but outside the main cities, in rural and provincial towns, there is poverty. During our visit we were struck by the high levels of uncontrolled diabetes and associated complications in these areas,” reports

Bent Lautrup-Nielsen, Senior Programme Coordinator at the WDF.

“It became clear to us that the training provided by ADIPER has had a significant impact on the individual healthcare professionals who participated, as well as to their clinic, meeting a growing demand and strengthening primary level diabetes care in these regions,” adds WDF Programme Coordinator Jakob Sloth Yigen Madsen.

Doctors and nurses who participated in the foot care project also reported significant improvements in their clinics, he continues: “We were told that many feet have been saved as a direct consequence of the training. We spoke to patients who had participated in an educational workshop, who went from having no knowledge about prevention and care of diabetic foot to now being able to identify complications and prevent these from developing into serious problems – which has consequently also reduced the frequency of ulcers and amputations remarkably.”

Both projects have been very successful due to effective implementation, alignment with the Ministry of Health and high levels of engagement from district level health authorities, the WDF programme coordinators emphasise.

“The projects supported by the WDF in Peru have been innovative in the local context and gained the recognition of the health authorities. We have been very impressed with the success of the projects,” Bent Lautrup-Nielsen adds. “Once again, we have demonstrated that with competent partners and the right project framework even relatively small investments can have a big impact for people with diabetes.”

# EUROPE REGION

8 ONGOING PROJECTS

9 COMPLETED PROJECTS

FUNDRAISING PROJECT IN **MOLDOVA**

NATIONAL LEVEL PROGRAMME IN **UZBEKISTAN**



ONGOING PROJECTS    COMPLETED PROJECTS    NATIONAL LEVEL    ACCESS TO CARE    PREVENTION    FOOT    EYE    PREGNANCY    TYPE 1 DIABETES    TB & DM

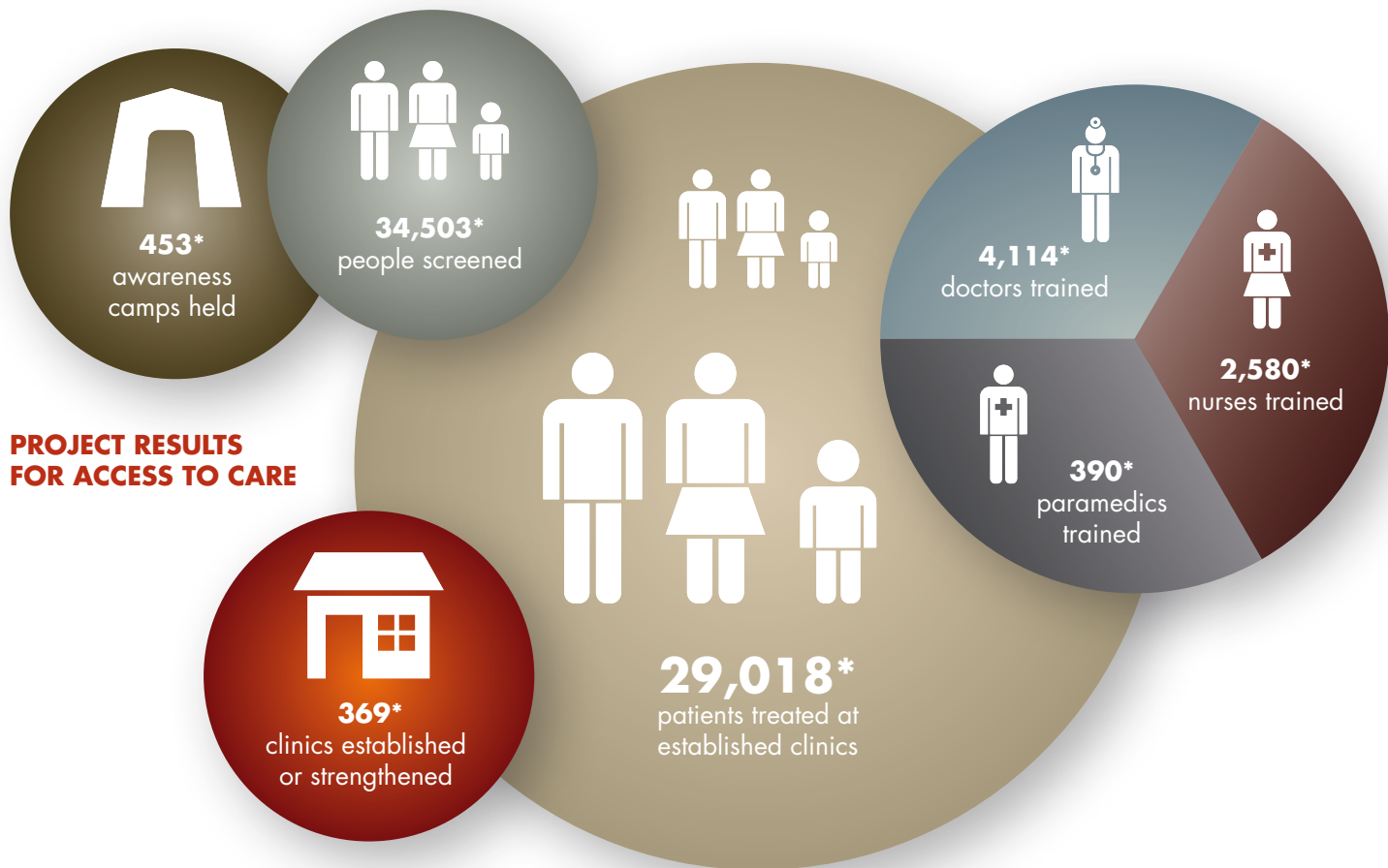
Azerbaijan	1			●					
Georgia	3			●	●	●			
Kosovo	1	2		●	●	●			
Kyrgyzstan		2		●	●				
Moldova	1				●	●	●		
Turkey	1			●	●				
Uzbekistan	1	5	●	●	●	●	●	●	●

● Country with ongoing project(s)

▲ Country with fundraising project(s)

● Ongoing

● Completed

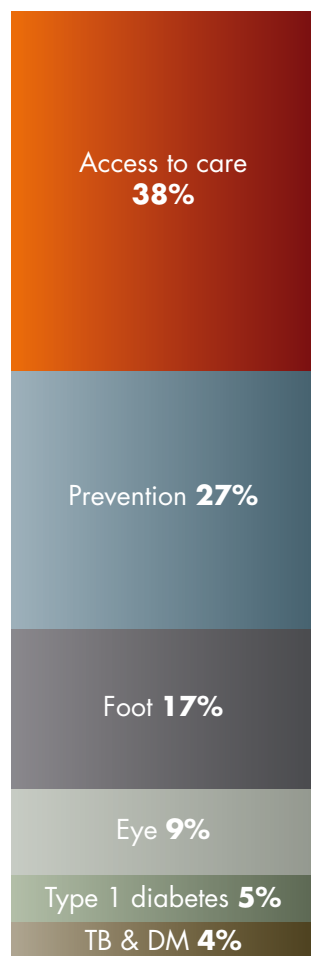


## EUROPE REGION

Diversity. That's one of the key characteristics of the Europe region, which spans 56 countries and territories ranging from Lichtenstein to Moldova. But one thing these countries share is an ageing population, and with it, a growing risk of diabetes. An estimated 56.3 million people in this vast region have diabetes – 8.5% of the adult population. By 2035, an estimated 68.9 million people in Europe will have the disease.

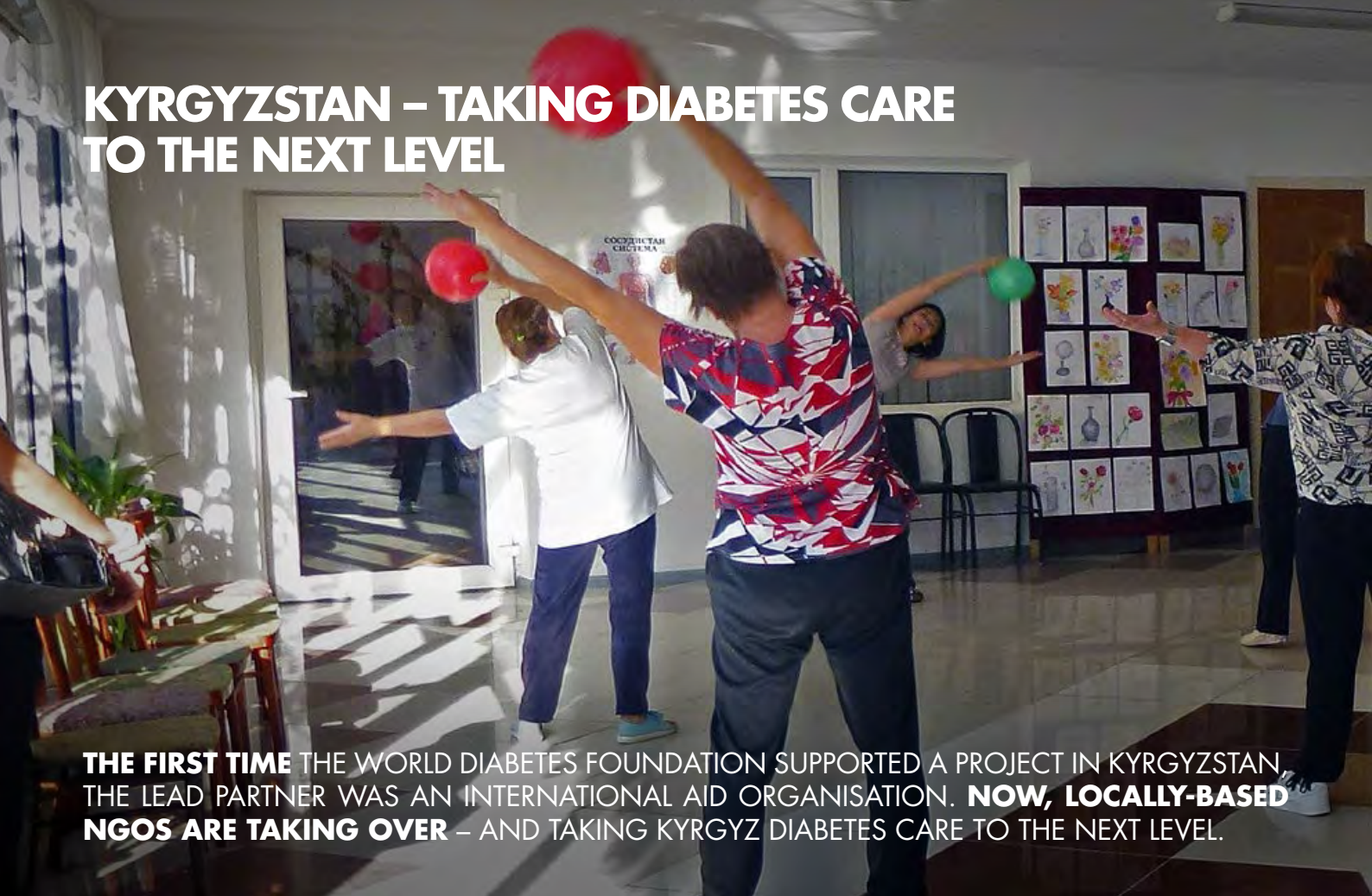
The World Diabetes Foundation has supported 17 projects in Europe to date, with the majority taking place in Georgia, Kosovo and Uzbekistan. Of these projects, 38% focused on providing access to care; 27% focused on prevention and the remainder addressed the WDF's other focus areas. The World Diabetes Foundation only grants support to projects in countries on the OECD Development Assistance Committee list, which explains the relatively low number of projects in Europe.

In 2014, WDF-supported projects closed in Uzbekistan and Kosovo; new ones started in Kosovo and Georgia.



\*All figures are estimates based on internal World Diabetes Foundation reporting

# KYRGYZSTAN – TAKING DIABETES CARE TO THE NEXT LEVEL



**THE FIRST TIME** THE WORLD DIABETES FOUNDATION SUPPORTED A PROJECT IN KYRGYZSTAN, THE LEAD PARTNER WAS AN INTERNATIONAL AID ORGANISATION. **NOW, LOCALLY-BASED NGOS ARE TAKING OVER** – AND TAKING KYRGYZ DIABETES CARE TO THE NEXT LEVEL.

In Kyrgyzstan, diets are rich in white bread, macaroni, sugar, butter and fried potatoes, but lacking in protein and fresh fruit and vegetables. Today, this diet is coupled with an increasingly sedentary lifestyle. Add high rates of smoking, alcohol consumption, stress and hypertension – and you have a recipe for diabetes.

Yet while local experts have long understood the danger, many in the general population have not.

“People are not aware of the risk factors leading to diabetes,” says Nurdin Satarov from the Kyrgyz branch of HelpAge International (HAI), an NGO advocating for the rights of older people. “People with risk factors often ignore, deny or consider hypertension and overweight, for example, as a normal consequence of ageing. And generally, people in Kyrgyzstan think that diabetes cannot be treated.”

“Members of vulnerable families often don’t go to the doctor to avoid putting a strain on family finances, even though they fear potential complications of diabetes such as blindness – because in Kyrgyz society, people who develop these complications are often stigmatised and excluded from their community as they cannot look after themselves,” he adds.

## **An international and national partnership**

In 2007, DanChurchAid took some first steps towards changing this. The international aid organisation, which

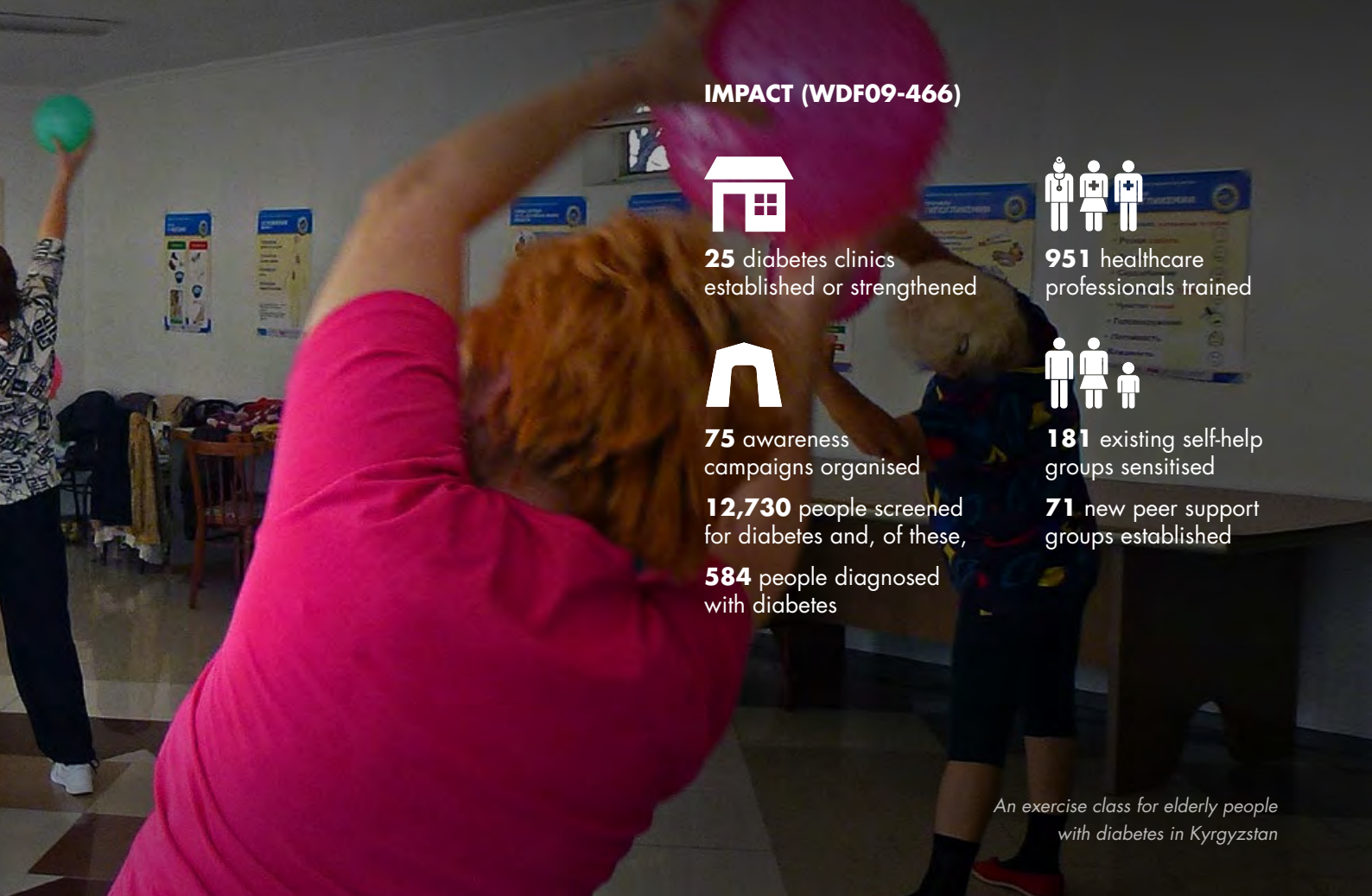
is based in Denmark, conducted a feasibility study for a diabetes project in the country, with World Diabetes Foundation support.

The following year, DanChurchAid invited HAI Kyrgyzstan, together with the Diabetes and Endocrinology Association of Kyrgyzstan, ADRA-Kyrgyzstan and the local Kyrgyz NGO Resource Center for the Elderly, to implement their next WDF-supported project. This new project would focus on prevention and support of older people with diabetes in Kyrgyzstan.

“At this time, locally-based NGOs did not have sufficient experience in managing a diabetes project with many partners. We had quite limited experience in working directly with big international donors such as the WDF, in ensuring effective communication among partners and in managing and coordinating activities related to such a project. We were therefore grateful for DanChurchAid to be the leading partner,” says Nurdin Satarov.

The project, which ended in 2013, was a great success. It created self-help groups for older people, who then conducted prevention activities in local communities and at the national level. The project also provided training for healthcare professionals, support for people with diabetes and media outreach to improve general diabetes awareness. At the national level, the Ministry of Health and health authorities were engaged in many of the project’s activities and suggested a strategy for non-communicable diseases for the first time.





## IMPACT (WDF09-466)



**25** diabetes clinics established or strengthened



**951** healthcare professionals trained



**75** awareness campaigns organised



**181** existing self-help groups sensitised

**12,730** people screened for diabetes and, of these,

**71** new peer support groups established

**584** people diagnosed with diabetes

*An exercise class for elderly people with diabetes in Kyrgyzstan*

### Building local capacity

The project had a big impact on the local NGOs involved, says Igor Litvinov, Executive Director of ADRA-Kyrgyzstan: "We learnt from each other, shared experiences, assisted each other, planned and conducted joint actions. We have all raised our competence and we generated a vision of what should be done to improve the situation with diabetes in Kyrgyzstan and how we can do that," he says.

This new knowledge and shared vision gave the NGOs in Kyrgyzstan the confidence to apply for WDF support for a project of their own. This is the ideal scenario, according to Emilie Kirstein, Project Coordinator at the WDF: "In countries like Kyrgyzstan where we don't have direct contact with a local partner, an international organisation that has a good local network is a useful intermediary to begin work with. Then once we have developed a relationship with a partner based in that country, who has the knowledge and experience to progress activities further, we value their ability to take the lead role in future projects. Anchoring a project with a locally-based NGO greatly improves sustainability of activities."

Nurdin Satarov agrees that local anchoring brings many benefits: "With NGOs in Kyrgyzstan being responsible for the project we will further develop our skills as well as raising our profiles within the country – and so ensure more sustainable local organisations that are able to develop partnerships with new stakeholders in the future."

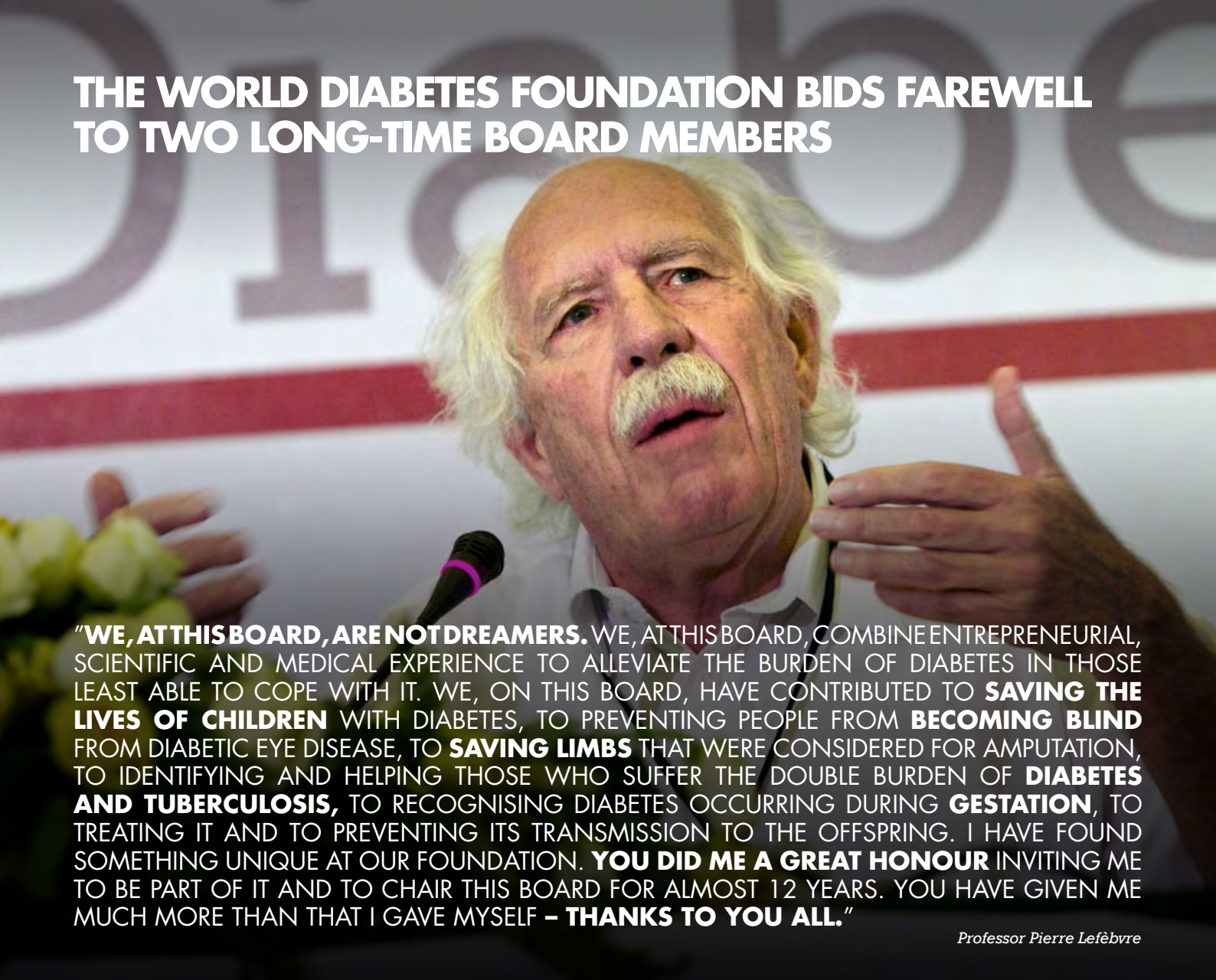
### Self-help, schools – and stigma

The first project showed that self-help groups are a great tool for mobilising older people in Kyrgyzstan and advocating for the interests of vulnerable groups. The groups also offer an excellent platform for people with diabetes to exchange information about disease prevention and management, diabetes care and lifestyle. The second project, which was approved in 2014 and will begin in 2015, will therefore establish more self-help groups and strengthen existing groups.

The new project will also improve access to medical services for people with diabetes, by creating diabetes schools at hospitals and training doctors, nurses and rural health committees in diabetes prevention and treatment. Finally, project activities will challenge the stigma associated with the disease at all levels of Kyrgyz society.

"We still have many undiagnosed cases of diabetes and when someone is diagnosed, family and community members do not contribute to the inclusion of that person into community life," says Nurdin Satarov. "The project will advocate to the Ministry of Health for the inclusion of diabetes in the national development plan, or through the development of a diabetes strategy."

# THE WORLD DIABETES FOUNDATION BIDS FAREWELL TO TWO LONG-TIME BOARD MEMBERS



**"WE, AT THIS BOARD, ARE NOT DREAMERS. WE, AT THIS BOARD, COMBINE ENTREPRENEURIAL, SCIENTIFIC AND MEDICAL EXPERIENCE TO ALLEVIATE THE BURDEN OF DIABETES IN THOSE LEAST ABLE TO COPE WITH IT. WE, ON THIS BOARD, HAVE CONTRIBUTED TO **SAVING THE LIVES OF CHILDREN** WITH DIABETES, TO PREVENTING PEOPLE FROM **BECOMING BLIND** FROM DIABETIC EYE DISEASE, TO **SAVING LIMBS** THAT WERE CONSIDERED FOR AMPUTATION, TO IDENTIFYING AND HELPING THOSE WHO SUFFER THE DOUBLE BURDEN OF **DIABETES AND TUBERCULOSIS**, TO RECOGNISING DIABETES OCCURRING DURING **GESTATION**, TO TREATING IT AND TO PREVENTING ITS TRANSMISSION TO THE OFFSPRING. I HAVE FOUND SOMETHING UNIQUE AT OUR FOUNDATION. **YOU DID ME A GREAT HONOUR** INVITING ME TO BE PART OF IT AND TO CHAIR THIS BOARD FOR ALMOST 12 YEARS. YOU HAVE GIVEN ME MUCH MORE THAN THAT I GAVE MYSELF – **THANKS TO YOU ALL.**"**

*Professor Pierre Lefèbvre*

At its final Board of Directors meeting of 2014, the World Diabetes Foundation said goodbye to two long-time Board members: Professor Pierre Lefèbvre and Professor Ib Bygbjerg.

Professor Pierre Lefèbvre joined the WDF Board and was named its Chairman in 2003. He received his MD and PhD at the University of Liège in 1959 and 1967, respectively, and conducted both clinical work and research throughout his long career at the University of Liège and Liège University Hospital. His research has been devoted to the physiology of glucagon and metabolic regulations.

Professor Lefèbvre has published more than 25 books and 900 papers, performed numerous studies on the pathology and treatment of non-insulin-dependent diabetes and obesity, and served on the editorial board of more than 20 international journals. Professor Lefèbvre has served as President of the Belgian Diabetes Association and the European Association for the Study of Diabetes. He was President of the International Diabetes Federation (IDF) from 2003 to 2006.

"Pierre has put the WDF on the map," says WDF Managing Director Dr Anders Dejgaard. "He is our man of the world and in all his professional life he has been a highly respected person in the global diabetes community. Pierre has played a major role in the WDF advocacy activities and ensured the success of the WDF at platforms, leadership forums and summits in Vietnam, Kenya, India, Brazil, Pakistan and of course Denmark. His deep knowledge of and connections with the IDF have been a real asset, as has his steady leadership of the WDF Board."

Professor Ib Bygbjerg joined the WDF Board at its creation, in 2002. He received his MD from the University of Copenhagen in 1972, and a MD Sci. Degree in 1988. He is currently a Professor at the Copenhagen School of Global Health at the University of Copenhagen. As a specialist in tropical medicine and infectious diseases, Professor Bygbjerg has shared his expertise with organisations like the World Health Organization, the Danish Ministry of Foreign Affairs and the Danish Ministry of Defence.

Professor Bygbjerg has been a member of the Danish



**"I HAVE WORKED WITH MANY AGENCIES** AIMING TO SUPPORT AND COLLABORATE WITH THOSE MOST IN NEED, BUT **NOTHING COMPARES WITH THE WDF** AND ITS ABILITY TO ACCEPT NEW IDEAS – AND MORE IMPORTANTLY TO **ACT AND FOLLOW UP**. WE NOW KNOW THAT NON-COMMUNICABLE DISEASES, INCLUDING THE EMERGING EPIDEMIC OF TYPE 2 DIABETES IN LOW-INCOME COUNTRIES, MAY HAVE THEIR ROOT-CAUSES IN **EARLY ADVERSE EVENTS**. THE WDF HAS GRASPED THIS, AND FOCUSES ON THE COMING GENERATION AND PREGNANT WOMEN, ALONG WITH **IMPROVING CARE FOR THOSE ALREADY HIT BY DIABETES**. THOSE WHO CARRY A DOUBLE BURDEN OF DISEASE, EG DIABETES AND TUBERCULOSIS, ARE ALSO PRIORITISED. TRYING TO LINK THINGS – **CONNECTING THE DOTS** – HAS BEEN MY MAJOR ROLE ON THIS BOARD. THANK YOU FOR ALLOWING ME TO JOIN YOU, IT HAS BEEN A PRIVILEGE AND **I WISH YOU ALL THE BEST IN THE FUTURE.**"

*Professor Ib Bygbjerg*

International Development Assistance's (DANIDA) Research Council and of numerous professional bodies, including the World Federation for Medical Education and the International Board of the Danish Red Cross. He has published more than 250 papers and supervised more than 50 PhD students and 100 Masters students, mostly from developing countries. He has travelled extensively within the developing world, spending significant lengths of time in India, Tanzania and the Democratic Republic of Congo.

"Ib's everlasting determination to bridge communicable and non-communicable diseases is not only innovative thinking, but something that has made a real and lasting impact for patients in need. He has a real sense of how things should be done at field level. Ib's dedication to evidence-based science – combined with his heartfelt philosophy that prevention is better than cure – has protected countless tuberculosis patients, eyes and feet, and has improved lives around the world," Dr Anders Dejgaard says.

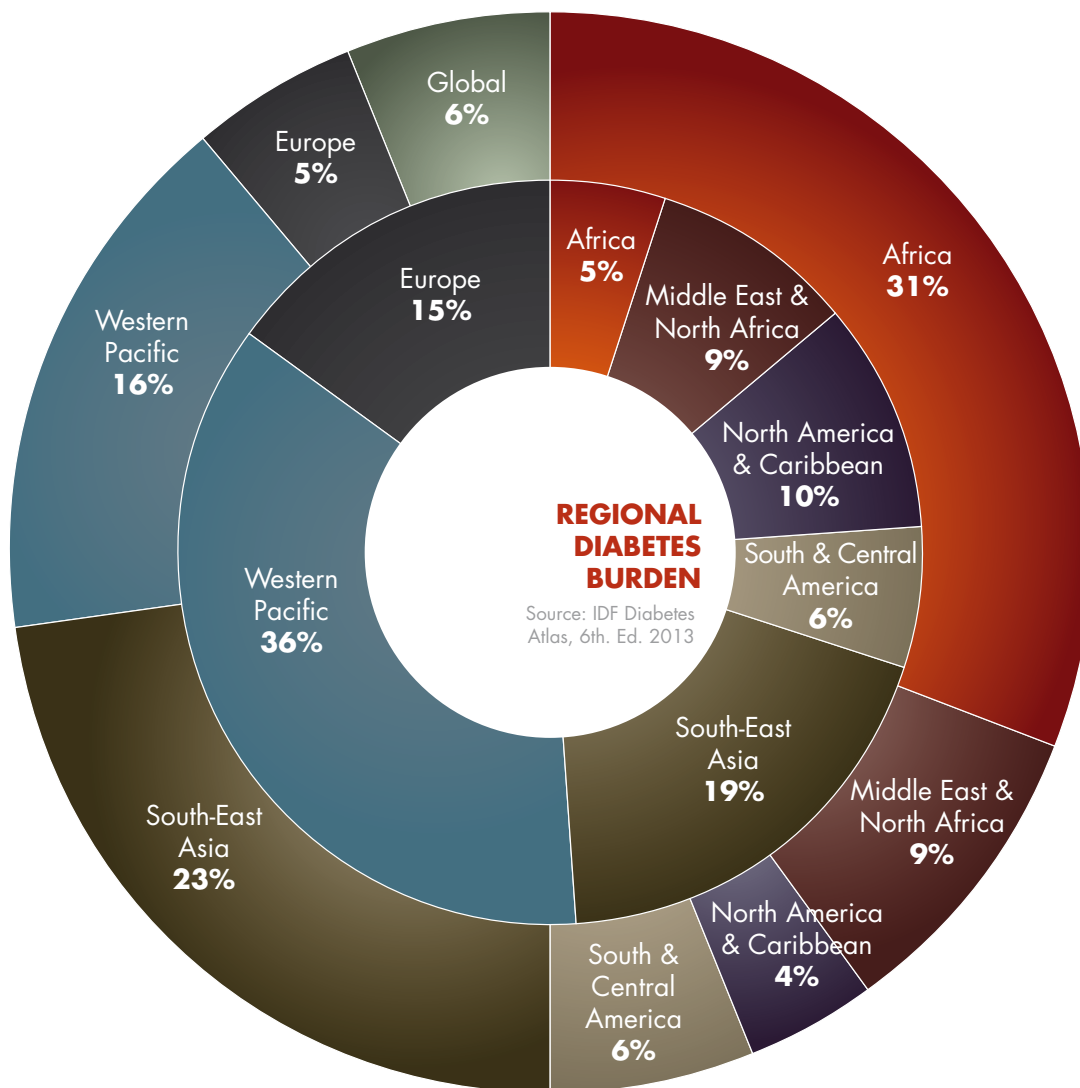
The WDF thanks both Pierre and Ib for their contributions and wishes them all the best in the future.

## **ABDALLAH DAAR JOINS THE WDF BOARD**

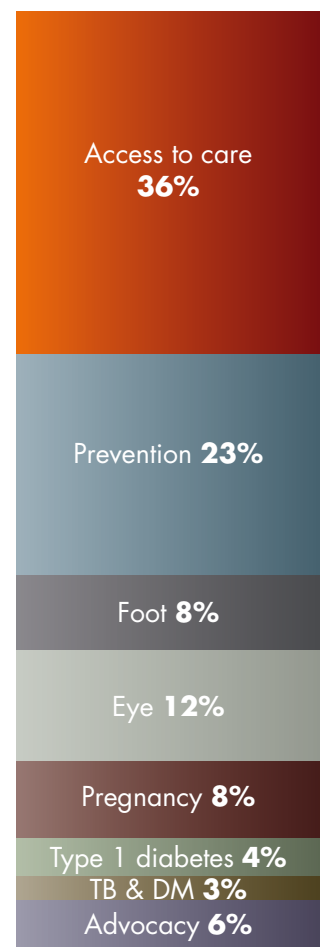
Professor Abdallah Daar joined the WDF Board on 1 January 2015. A Professor of Clinical Public Health and Global Health and of Surgery at the University of Toronto, his academic career has spanned biomedical sciences, organ transplantation, surgery, global health and bioethics. His major research focus is on the use of life sciences to ameliorate global health inequities. He works in various advisory/consulting capacities with the United Nations, the World Health Organization and United Nations Educational, Scientific and Cultural Organization.

A new Chairman of the Board will be appointed at the March 2015 Board of Directors meeting.

# DISTRIBUTION OF FUNDING TO REGIONS AND FOCUS AREAS (2002–2014)



**REGIONAL DISTRIBUTION OF WDF FUNDING**



**DISTRIBUTION OF FUNDING TO FOCUS AREAS**

The World Diabetes Foundation is a leading funder in the area of prevention and treatment of diabetes and related complications in developing countries.

Our aim is to fund innovative projects that yield replicable and sustainable approaches. We also work to establish and develop local partnerships and strategic alliances at the global, regional and national levels. Our guiding principle is to allocate funding to areas where we believe it can make a lasting difference.

From 2002 to 2014, the World Diabetes Foundation has funded 370 partnership projects in 110 countries, focusing on awareness, education and capacity building at the local, regional and global level. By the end of 2014, the total project portfolio had reached USD 323.3 million, of which USD 110.7 million was donated by the World Diabetes Foundation. The largest proportion of the WDF's funding (38%) is spent on access to care, strengthening healthcare systems and building healthcare capacity, followed by creating awareness and primary prevention.

The relatively high share of funding to Africa illustrates the WDF's poverty focus, which targets those countries least able to withstand the burden of diabetes and its complications.

The USD value of the WDF portfolio is reassessed on a quarterly basis against realised grants



*A monk in Bhutan*

# CUMULATIVE PROJECT RESULTS (2002–2014)\*

<b>GENERAL</b>	WDF DISTRIBUTION TO PARTNERSHIP PROJECTS	110,735,900 USD
	CO-FUNDING	212,549,498 USD
<b>ADVOCACY</b>	WDF DISTRIBUTION TO ADVOCACY PROJECTS	7,544,420 USD
<b>PREVENTION</b>	NO OF TEACHERS TRAINED	32,531
	NO OF CHILDREN AND PARENTS REACHED	1,009,116
<b>ACCESS TO CARE</b>	NO OF CLINICS ESTABLISHED	7,895
	NO OF PATIENTS AT CLINICS	4,750,628
	NO OF DOCTORS TRAINED	85,647
	NO OF NURSES TRAINED	62,330
	NO OF PARAMEDICS TRAINED	102,656
	NO OF AWARENESS CAMPS CONDUCTED	33,146
	NO OF PEOPLE SCREENED FOR DIABETES	7,430,772
<b>FOOT CARE</b>	NO OF HEALTHCARE PROFESSIONALS TRAINED IN FOOT CARE	21,399
	NO OF PATIENTS SCREENED FOR DIABETIC FOOT	691,522
<b>EYE CARE</b>	NO OF PEOPLE SCREENED FOR DIABETIC RETINOPATHY	1,837,986
	NO OF PEOPLE DETECTED WITH DIABETIC RETINOPATHY	234,966
	NO OF PEOPLE TREATED WITH LASER/SURGERY	107,331
<b>PREGNANCY</b>	NO OF CLINICS STRENGTHENED WITH GDM	3,778
	NO OF WOMEN SCREENED FOR GDM	585,340
<b>TYPE 1 DIABETES</b>	NO OF CHILDREN WHO RECEIVED CARE	15,299
<b>TUBERCULOSIS &amp; DIABETES</b>	NO OF HEALTHCARE PROFESSIONALS TRAINED IN TB/DIABETES	9,859
	NO OF CLINICS STRENGTHENED	270
	NO OF PEOPLE WITH TUBERCULOSIS SCREENED FOR DIABETES	90,245



#### **ABOUT THE WORLD DIABETES FOUNDATION**

The World Diabetes Foundation was established in 2002 through a commitment of DKK 650 million to be allocated during the period 2001-2010 by Novo Nordisk A/S. Three additional Novo Nordisk endowments have followed. This brings the endowments to a total maximum of USD 274 million (exchange rate 6.58) or DKK 1.8 billion in the period of 2001–2024. (The actual sum may vary, depending on the operating results of Novo Nordisk A/S in the coming years.)

The WDF is registered as an independent trust and governed by a Board of experts in the field of diabetes, access to health and development assistance. The World Diabetes Foundation raises funds from other sources to support specific projects ensuring a multiplier effect; for every USD spent, the WDF is able to raise approximately USD 2 in cash or as in-kind donations from other sources.

For more information, please visit:  
[www.worlddiabetesfoundation.org](http://www.worlddiabetesfoundation.org)

*A patient at the Centro de Salud  
Wichanzao in Trujillo, Peru*

# PROFIT AND LOSS ACCOUNT

## 1 JANUARY – 31 DECEMBER 2014

	<b>2014</b>	<b>2013</b>
	DKK '000	DKK '000
Donations from Novo Nordisk A/S and others	66,476	65,326
Administration expenses	-5,769	-5,842
Project expenses	-9,644	-9,663
<b>Profit/(loss) before financial income and expenses</b>	<b>51,063</b>	<b>49,821</b>
Financial income	987	1,211
Financial expenses	-976	-995
<b>Profit/(loss) for the year</b>	<b>51,074</b>	<b>50,037</b>
<b>Proposed distribution</b>		
Net distributions from the World Diabetes Foundation	53,604	46,769
At disposal for future distributions	-2,530	3,268
	<b>51,074</b>	<b>50,037</b>

### Gross distributions

The World Diabetes Foundation has distributed DKK 61,011k in 2014, exclusive of reversal of unutilised grants from prior years.

The World Diabetes Foundation has met the main criterion of only supporting projects within the WDF's statutes. The other main criterion of ensuring full distribution was also met.





*Children with type 1 diabetes,  
Naivasha District Hospital, Kenya.*

# BALANCE SHEET AT 31 DECEMBER 2014

## ASSETS

	2014	2013
	DKK '000	DKK '000
Tied-up capital	260	260
<b>Tied-up assets</b>	<b>260</b>	<b>260</b>
Receivable donations from Novo Nordisk A/S	15,187	16,001
Interest receivable	859	857
Other receivable	0	101
<b>Total receivable</b>	<b>16,046</b>	<b>16,959</b>
Holding of bonds	40,642	42,000
Bank and currency deposits	133,382	119,704
<b>Disposable assets</b>	<b>190,070</b>	<b>178,663</b>
<b>Total assets</b>	<b>190,330</b>	<b>178,923</b>

## LIABILITIES AND EQUITY

	2014	2013
	DKK '000	DKK '000
Tied-up capital	260	260
Disposable capital	23,199	25,730
<b>Total equity</b>	<b>23,459</b>	<b>25,990</b>
Trade payables	253	0
Accrued distributions	164,204	150,564
Other liabilities	2,414	2,369
<b>Total short-term liabilities</b>	<b>166,871</b>	<b>152,933</b>
<b>Total equity and liabilities</b>	<b>190,330</b>	<b>178,923</b>

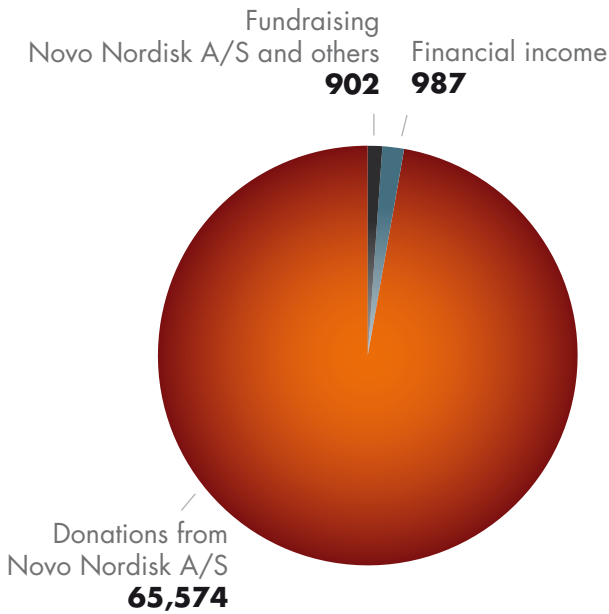
The above is an abstract of the Audited Financial Statements for 2014. Administrative expenses amounted to 8.55% of the income for the year.

For full details of the audited annual accounts, please refer to our website:  
[www.worlddiabetesfoundation.org](http://www.worlddiabetesfoundation.org)



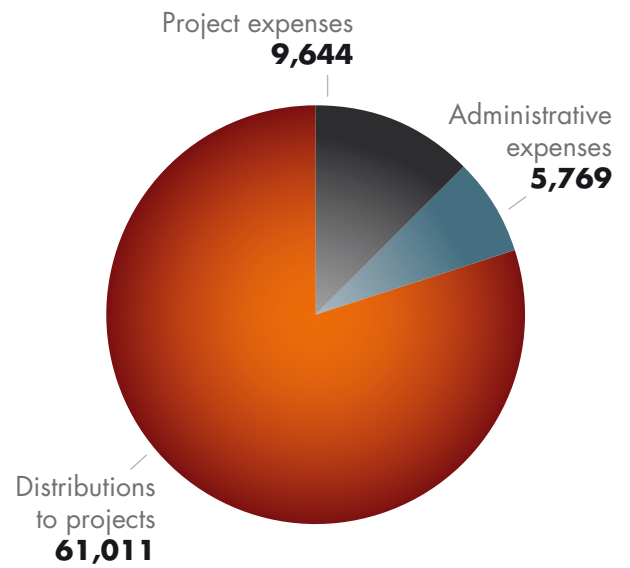
Child with type 1 diabetes,

# INCOME, EXPENDITURE AND SEGMENTATION OF PROJECT DISTRIBUTIONS 2014



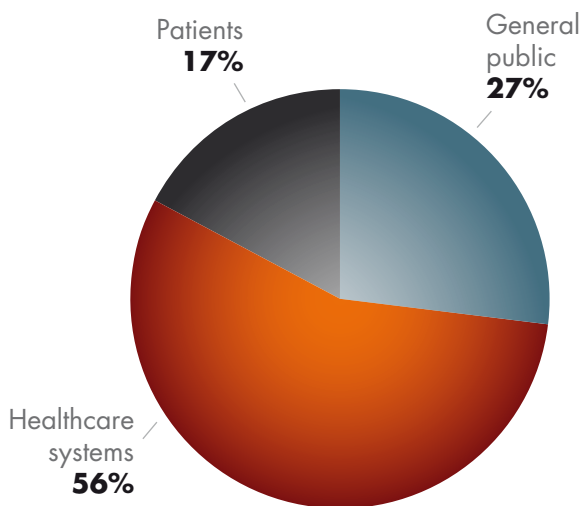
**INCOME 2014**

DKK '000

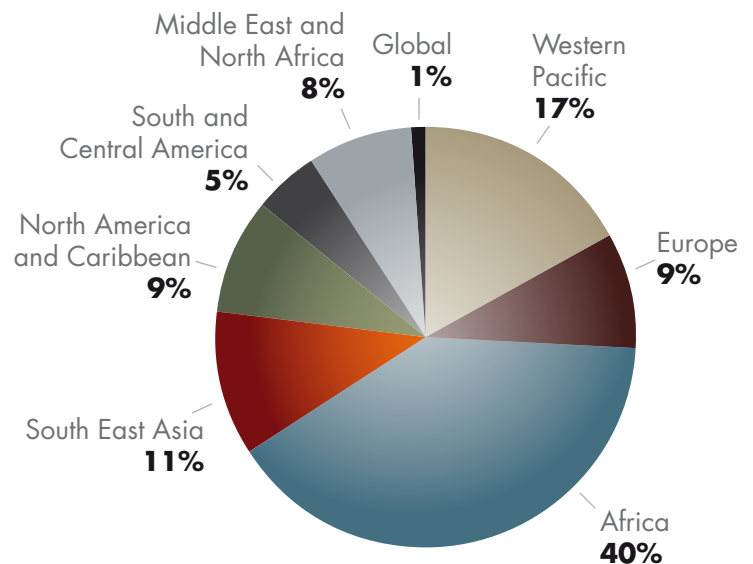


**EXPENDITURE 2014**

DKK '000



**TARGET SEGMENTATION 2014**



**GEOGRAPHICAL SEGMENTATION 2014**

# CODE OF CONDUCT

Our aim is to alleviate human suffering related to diabetes and its complications among those least able to withstand the burden of the disease.

- 1.** We will recognise people with diabetes and related diseases as dignified humans in all our activities and communications.
- 2.** We will display respect for the culture and values of the communities and countries within which we work.
- 3.** We will facilitate the UN Millennium Development Goals by striving to reduce the beneficiaries' vulnerability – addressing basic needs but also promoting development of sustainable solutions.
- 4.** We will give support regardless of race, gender or creed of the recipients in the developing world based upon assessment of needs and capabilities to meet these needs.
- 5.** We will promote local ownership of sustainable initiatives in co-operation with governments, private institutions and civil society.
- 6.** We will help build and strengthen local capacity to ensure that the recipients are empowered as key players in the development process.
- 7.** We will seek to support and create synergy between both top-down and bottom-up approaches that apply participation and partnership as both a means and a goal.
- 8.** We will be accountable to both those we seek to assist and those from whom we accept resources.
- 9.** We will adopt and require our partners to adopt a zero tolerance policy to corruption and bribery.
- 10.** We will be open and transparent, and report on the impact of our work, and the factors limiting or enhancing that impact.



Logo of the institution  
Inauguration of  
the Special Diagnostic  
and Planning Office  
No. 45  
October 12, 2012

## **ANNUAL REVIEW 2014**

Edited by the World Diabetes Foundation

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Jesper Westley and by courtesy of  
the WDF project partners

Cover photo: Kenyan child, by Jesper Westley





The World Diabetes Foundation is dedicated to supporting the prevention and treatment of diabetes in the developing world

The World Diabetes Foundation creates partnerships and acts as a catalyst to help others do more

The World Diabetes Foundation strives to educate and advocate globally in an effort to create awareness, care and relief to those impacted by the disease



WORLD **DIABETES** FOUNDATION