

Address

By

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Regional Director, WHO South-East Asia*

At the

Diabetes Summit – South-East Asia

*Chennai, India
28-30 November 2008*

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

- Your Excellency, Nimal Siripala de Silva, Honourable Minister of Healthcare and Nutrition, the Government of Sri Lanka; and Chairman of the WHO Executive Board,
- Professor Pierre Lefebvre, Chairman, the World Diabetes Foundation;
- Professor Martin Silink, President, the International Diabetes Federation;
- Dr Anil Kapur, Managing Director, World Diabetes Foundation;
- Distinguished participants;
- Honourable guests;
- Ladies and gentlemen;

It is indeed an honour for me to address the South-East Asia Diabetes Summit.

First, I would like to congratulate the World Diabetes Foundation for taking an important initiative in organizing this Summit. The Summit will highlight, among other things, the growing epidemics of diabetes and other related noncommunicable diseases in the South-East Asia Region. It will provide a platform for multiple partners to discuss and initiate coordinated actions to address this public health challenge. Only united action can

lead to long-lasting results in the fight against these diseases. Acting in partnerships and applying multisectoral approaches are the best ways to tackle these scourges.

Ladies and gentlemen,

Morbidity and mortality of diabetes and other major lifestyle-related non-communicable diseases are increasing across all social and economic strata in this part of the world. Middle-aged adults in the SEA Region show disproportionately high death rates due to NCDs, this is in comparison with those living in more developed countries. Premature death in the productive phase of life poses a serious challenge to societies and to their economies. If appropriate and timely public health actions are not initiated, disability and death from diabetes and other NCDs in this Region will grow by more than 21% over the next ten years.

According to 2007 estimates, there were 54 million diabetes-affected people in the South-East Asia Region. This number is anticipated to increase by 71% by 2025. India, due to its very large population, has the highest number of people with diabetes in the world, nearly 41 million. The prevalence rates of diabetes in adults in countries of the Region range from 2% to 8%. High rates between 7% and 8% are reported from India, Maldives, Sri Lanka and Thailand.

Information from available studies indicates that 30% to 80% of people with diabetes are not aware of their diabetic status. In this Region, the mortality attributable to diabetes is estimated at 1 million annually. Most people with diabetes die of late vascular complications such as ischaemic heart disease, stroke and renal failure. These deaths, though directly attributed to diabetes, are often not counted as diabetes-related deaths. As a result, the health impact of diabetes is substantially underestimated.

If the related factors are properly adjusted, diabetes attributed death may be as high as 12% of the total mortality due to all causes. At this rate, the disease will be placed among the top five leading causes of death. There is however a contradiction in this connection. Only 20% of global expenditure on diabetes is spent in low- and middle-income countries, where up to 80% of people with diabetes live. The cost of medical care for diabetic persons goes mainly towards treatment of high blood sugar (hyperglycaemia).

“Primary prevention” of diabetes still needs much more attention at all levels. Available evidence points to the central role of common risk factors of diabetes and other major NCDs. These include imbalanced diet, physical inactivity, obesity, tobacco use and harmful consumption of alcohol. These risk factors are highly prevalent in countries of South-East Asia. There is also a remarkable variation in the prevalence of individual risk factors, which reflects the complexity of the situation. Hence there is a need for targeted public health interventions to suit specific national, subnational and local settings.

The current threat from diabetes and other major NCDs can be overcome with the use of available know-how. Interventions that are comprehensive, population-based and risk factor-centered can ensure effective reduction in the occurrence of these diseases. When these interventions are applied in an integrated manner, they can prevent at least 80% of diabetes, heart diseases and stroke.

The main strategy of the WHO programme on prevention and control of NCDs targets major risk factors. The strategy that is pursued through risk factor surveillance; and management of these factors through integrated population-based interventions. The strategic direction of WHO programme development is to move towards a well-defined package of integrated interventions, which are based on primary prevention through health promotion and disease prevention. These interventions must be integrated operationally into the general health service systems.

This strategy will ensure that such interventions, with risk factors as the entry points, will reach the entire population, in both urban and rural areas. The strategy will enhance a “positive health approach” that ensures long-term sustainability of health gains from prevention and control efforts.

Distinguished participants,

It is now recognized that the environments in which we live, work and rest are the genuine sources of chronic NCDs. Unhealthy human behaviours and lifestyles are to blame for diabetes and other major NCDs. These behaviours and lifestyles stem from specific socioeconomic, physical, cultural and political environments in the individual countries. Modification of these underlying determinants really requires multidisciplinary and multisectoral approaches. These approaches involve all relevant sectors, public and private partners, as well as civil society groups.

A modest investment to modify or improve environments can go a long way in yielding significant public health and economic benefits. The interventions that are targeted at unhealthy environments are less expensive. Furthermore, these interventions can ensure more sustainable gains in the long term than an individual lifestyle approach.

Ladies and gentlemen,

Over the last six years, the World Diabetes Foundation has been an important advocate of actions against Diabetes and other NCDs that aim at improving the quality of life of people with diabetes around the world. With support from the World Diabetes Foundation, over 49 projects have been developed and implemented, involving most countries of the SEA Region. WHO-SEARO is really proud to be a cosponsor of this important Summit along with the International Diabetes Federation and the World Bank.

The Summit will certainly provide an excellent opportunity and platform for us all to review the lessons learned from our past experience, which, has been accumulated during the long course of our collaboration. The Summit will certainly help refine our priority directions and further strengthen our future collaborative actions as well as our firm determination and commitment to effective coordination of all partners and stakeholders. Indeed, the Summit has a crucial role to play in the effective prevention and control of diabetes in this Region and in other parts of the world.

With these words, ladies and gentlemen, I wish the South-East Asia Diabetes Summit all the best and all success.

Thank you.