Diabetes affects millions of people across the world. In 2014 there were an estimated 422 million adults with diabetes, a four-fold rise since 1980. Much of this increase is among people living in low- and middle-income countries, which account for nearly 80% of the burden of diabetes.

Diabetes is now the eighth leading cause of death worldwide. Younger age groups are increasingly being affected. Diabetes not only burdens individuals with catastrophic medical expenses but also families due to loss of wages. Societies and governments also suffer losses due to reduced labour productivity and premature death. The total health-care expenditure on diabetes worldwide was US$ 612 billion in 2013, estimated to account for around 11% of global health-care expenditure. The losses in Gross Domestic Product (GDP) worldwide due to diabetes from 2010 to 2030 are estimated to be US$ 1.7 trillion. Diabetes is therefore as much a developmental issue as it is a health issue.

The South-East Asia Region is home to approximately 96 million persons with diabetes and this figure is expected to increase in the coming decades. It is a matter of great concern that half of the people affected by diabetes in the region remain undiagnosed and untreated, resulting in serious complications such as retinopathy, kidney disease, stroke, heart attack and premature death. The rising trend in the prevalence of diabetes is linked to demographic, epidemiological and socioeconomic transitions sweeping across the Region. Urbanization and changed lifestyles have increased sedentary behaviours in adults, while the consumption of energy-dense food has affected childhood obesity rates.

Although diabetes is a serious problem, it is preventable and treatable. Type 2 diabetes - which accounts for 90% of all diabetes cases - can be largely avoided or delayed if individuals make lifestyle changes, such as adopting a healthy diet, increasing physical activity, and maintaining a healthy body weight. Moreover, those already affected by diabetes can be treated, and can lead long and healthy lives free of complications. The 2016 World Health Day, therefore, is dedicated to diabetes; it aims to inform individuals, societies and governments of the need for urgent action to halt the rising tide of diabetes.

In addition to individual-level interventions, it is imperative that governments create conducive and enabling environments for people to adopt healthier lifestyles. Fiscal and legislative measures are needed to reduce the consumption of foods high in fat, sugar and salt, and promote a healthy diet rich in vegetables and fruit. Marketing of unhealthy food and beverages to children must be restricted. Public spaces for walking, playing and bicycling should be increased.

Mass media campaigns and social marketing that can influence positive change and promote healthy behaviours need to be stepped up. Schools, workplaces and other institutions need to integrate healthy eating and physical activity into daily routines and promote healthy lifestyles. Communities can promote healthy lifestyles through a number of ways, including establishing walking clubs and sports competitions, as well as through local public awareness campaigns.

Health promotion and prevention efforts must be complemented by a resilient health system equipped with core capacities for early diagnosis, treatment and surveillance. Antidiabetic medicines and life-saving insulin are unavailable in many health facilities, and are often purchased by patients at unaffordable costs. This must change. Health facilities, including those catering to far-flung rural communities and marginalized groups, should have constant access to diabetes screening tools and medicines for treatment, including insulin. Screening and management of gestational diabetes among pregnant women should become a standard of care. Provision of these basic services must be part of the wider commitment to realize universal health coverage.

All of this requires great commitment and effort. But it is achievable. The global voluntary target to “halt the rise in diabetes and obesity” by 2025 and the Sustainable Development Goal (SDG) to “reduce premature mortality from noncommunicable diseases (NCDs) by one third” by 2030 needs concerted action for achievement. While an appreciable level of momentum has been generated in all Member States, we need to see more happening on the ground. On World Health Day, I call upon everybody - governments, communities and individuals - to do their bit to prevent, treat and beat diabetes.

Dr Poonam Khetrapal Singh
The Burden of Diabetes in Myanmar

Diabetes, heart diseases, cancer and chronic obstructive pulmonary diseases have become a significant burden for health systems in developed and developing countries alike, including in Myanmar. The World Health Organization (WHO) estimates that NCDs such as diabetes and cardiovascular diseases accounted for 59% of deaths in Myanmar in 2014. Furthermore, many developing countries are facing a double or triple burden of diseases, as they endure the impact of rising trends of NCDs while tackling emerging and re-emerging infectious diseases.

Treatment for diabetes and other NCDs is extremely expensive, and the costs involved force families into catastrophic spending and impoverishment. The costs for the health-care system derived from NCDs are high and steadily increasing, and will have an enormous impact in many countries, including Myanmar.

The prevalence of diabetes in Myanmar is no longer negligible. The human, social and economic costs associated with diabetes are immense. As such, prevention and control measures of diabetes mellitus should be among the top priorities in the health agenda of the country. Most diabetes cases are undiagnosed and, if detected, are usually discovered late. Facilities for early detection of the disease are lacking especially in rural areas, where almost 70% of the population lives. Care services for diabetic patients are also difficult to implement, as necessary information, education and communication materials as well as essential drugs and tests are not available in rural areas.

However, since the establishment of the Prevention and Control of Diabetes Project in 1995-96 (a collaborative programme between the Ministry of Health and WHO), activities have been implemented to raise public awareness of diabetes and to improve the standard for diabetes care in Myanmar. WHO Office in Myanmar has provided technical support to the Prevention and Control of Diabetes Project in terms of capacity building, advocacy and research for the last two decades since the inception of the project.

The main risk factors that cause diabetes and other major NCDs are well known and are common amongst all countries. In particular, tobacco use, harmful use of alcohol, unhealthy diets (high in salt, sugar and fat and low in fruits and vegetable) and physical inactivity are established modifiable behavioral risk factors for NCDs. The basic component of NCDs prevention is the identification of these common risk factors and their prevention and control. Surveillance of prevalence trends plays therefore a fundamental role in controlling these diseases. Systematic surveillance offers comparable data to identify disease levels and trends of major risk factors which can predict NCD diseases.

To address the problem of diabetes in Myanmar the WHO Country Office in collaboration with the Ministry of Health has been implementing the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) for primary care in low resource settings in two pilot townships in Yangon Region. The WHO PEN Protocol1 is being implemented: prevention of heart attacks, strokes and kidney disease through integrated management of diabetes and hypertension. A national strategic plan is currently being formulated to scale up PEN disease interventions to an additional ten townships in 2016. The implementation of this package will gradually be expanded to all townships across Myanmar.