November 2017

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Main findings of The Lancet Commission on Diabetes in sub-Saharan Africa

Editorial
The Lancet Diabetes Commission Report
Recently the Lancet Diabetes and Endocrinology Commission published its report entitled “Diabetes in sub-Saharan Africa: from clinical care to health policy”.
This is arguably the largest and most authoritative report on African diabetes to date. It is 45 pages long with 303 references, and the authors are a large multinational team of experts. The text covers all aspects of diabetes in sub-Saharan Africa (SSA) including diagnostic issues, prevalence, complications, management and mortality. Special attention is paid to the problems of health care delivery and potential solutions. It is impossible to adequately summarise such a document, but five key summary messages are given as follows (see news article on page 21 for detail).
1. The true burden of diabetes, complications and risk factors is unknown in SSA.
2. Diabetes and its consequences are costly to individual patients and national economies.
3. Health systems in SSA are unable to cope with the present burden of diabetes and its complications.
4. Restricted health-care resources should be focussed on managing diabetes and risk factors to prevent complications.
5. More evidence is needed on the benefits and risks of diabetes screening before such programmes are rolled out in SSA.

The authors propose a “hierarchy-of-needs” model for the future provision of diabetes care in SSA. This involves three levels of provision – level 1 is 100% availability by 2020 which would, for example, include metformin, sulphonylureas, short and intermediate-acting insulins. Level 2 is 75% availability by 2020 and 100% availability by 2025 and includes self-blood glucose monitoring and retinal screening programmes. Level 3 is 50% availability by 2020, 75% availability by 2025 and 100% availability by 2030.

The Lancet Commissioners are to be congratulated on this review. It gives us targets to work towards.

Professor Geoff Gill, Editor.
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