



Jean Claude Mbanya is President of the International Diabetes Federation (IDF). He is a Professor of Medicine and Endocrinology at the Faculty of Medicine and Biomedical Sciences at the University of Yaoundé in Cameroon and Consultant Physician, Director of the Health in Transition Research Group, Director of the National Obesity Centre and Chief of the Endocrinology and Metabolic Diseases Unit at Hospital Central in Yaoundé. Professor Mbanya's research mainly focuses on cultural diabetes-related factors, which are often unique to the African countries and communities he studies. His practice and research have largely contributed to increasing world awareness about diabetes in Africa, a continent where non-contagious diseases such as diabetes are too often overlooked. He also serves on several World Health Organization (WHO) advisory groups: the WHO African Advisory Committee on Health Research and Development, the WHO Expert Advisory Panel on Chronic Degenerative Diseases Diabetes and the WHO Committee on Classification and Diagnosis of Diabetes.

There is a battle raging globally in which countries around the world are suffering many casualties. It is being fought right here in Europe.

In Europe this year, more than 630,000 deaths will be attributable to diabetes – over 182,000 in the Russian Federation alone.¹ National prevalence rates for diabetes show a wide variation from 2.1% in Iceland to 12% in Germany.¹

If nothing is done, if no action is taken, we will have an even bigger problem on our hands tomorrow. The International Diabetes Federation's (IDF) *Diabetes Atlas* predicts that half a billion people will have diabetes by 2030.

The pandemic does not only cause large-scale death and disability, but is also a major barrier to development in low- and middle-income countries. Diabetes, together with other non-communicable diseases (NCDs), imposes heavy costs on national healthcare systems and economies, affecting breadwinners in families and plunging entire communities into poverty. Again, without action this socioeconomic burden will only worsen. For so many people with diabetes, insulin is their oxygen. They need it to survive. Despite this, the life-saving drug – discovered nearly 90 years ago – is inaccessible to them.

When fighting such a global epidemic, partnerships are crucial. Governments alone cannot solve a global challenge of this magnitude; it will take a concerted effort that involves civil society, the research community, international agencies and industry. Prevention especially will require broad dialogue across all sectors – including health, food and agriculture, urban design and transport – as well as radical rethinking on how we live and our concepts of 'development', progress and what constitutes a 'good life'. Partnerships and forums between diverse groups are the only way we can take action and have the necessary global and multisectoral conversations.

However, there has been encouraging news. On 13 May 2010, UN member states unanimously voted in favour of a high-level meeting of the UN General Assembly on NCDs to be held in September 2011. A major campaign for this summit was led by the NCD Alliance, comprising the IDF, the World Heart Federation, the International Union Against Cancer and the International Union Against Tuberculosis and Lung Disease. The summit will take action on NCDs to a new level: raising the profile of these diseases that have been neglected for too long, mobilising the international community, securing commitments from heads of state and sending a clear message to donors and funders on the importance of tackling NCDs.

A huge job remains ahead of us in translating this opportunity into real change for people with diabetes and those at risk. Although diabetes and NCDs form 60% of the burden of disease in low- and middle-income countries, they receive less than 1% of international aid funding for health.² This has to change. We must ensure that in five years, we are able to look back and say that people in every part of the world have better lives because of what we achieved this year and the next. ■

1. International Diabetes Federation, *IDF Diabetes Atlas*, 4th edn, Brussels, Belgium, IDF, 2009.
2. World Health Organization, www.who.it/ncdnet/en/ (accessed 30 September 2010).