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Martin Silink, AM, MD, FRACP, is President of the International Diabetes Federation (IDF) and Professor of Pediatric Endocrinology at the University of Sydney and The Children's Hospital at Westmead in Sydney, Australia. He is also Chair of the IDF Child Sponsorship Program and led the successful Unite for Diabetes campaign that resulted in the passage of the United Nations World Diabetes Day Resolution in December 2006. His main research interests are diabetes complications in the young and the changing patterns of diabetes in childhood and adolescence. Professor Silink is Chairman of the IDF Western Pacific Childhood Diabcare 2001 and 2003 projects, which are international collaborative audits of the health of children and adolescents with type 1 and type 2 diabetes.

elcome to the fifth edition of *US Endocrine Disease*. Once again, there are many interesting articles focusing on diabetes, many discussing the management of the disease itself and several discussing the management of complications that patients suffer as a result of diabetes. We should encourage debate and discussion of these important issues.

The World Diabetes Day Resolution recognizes diabetes as "a threat to families, member states, and the entire world." For the first time, a non-infectious disease is seen as posing as serious a threat to global health as the infectious diseases such as HIV/AIDS, tuberculosis, and malaria. International Diabetes Federation (IDF) and World Health Organization (WHO) figures indicate that over 246 million people now have diabetes worldwide. This number is set to reach 380 million by 2025 if significant action is not taken.<sup>1</sup>

While the passage of the Resolution has created great political momentum, significant financial resources will be required to address the diabetes epidemic meaningfully. The IDF calls on governments to develop national policies for the prevention, care, and treatment of diabetes and calls on donors worldwide to consider the need for a global diabetes fund to tackle the growing diabetes epidemic.

Diabetes is an expensive condition, with wide-ranging costs for individuals, families, and healthcare systems. It threatens to undermine economic growth, particularly in developing countries, which currently shoulder most of the diabetes burden. Current spending to treat and prevent diabetes is estimated at more than \$232 billion each year. This will balloon to more than \$302 billion each year within 20 years. More than 80% of current investment is made in the world's most developed countries. The majority of all people with diabetes (70% of the total), however, are found in developing countries.

Despite the size and seriousness of the diabetes epidemic, it has not attracted significant funding from donors. Overseas development aid to the health sector, for example, reached \$2.9 billion in 2002. Most of that \$2.9 billion went to support infectious diseases, particularly HIV/AIDS. Of the global total, only 0.1% was available to fund all non-communicable chronic diseases, including diabetes. To address this glaring disparity, the IDF is exploring the possibility of establishing a global financing facility for diabetes based on an analysis of existing global health financing mechanisms and consultations with a diverse group of stakeholders.

A fully implemented national plan to treat and prevent diabetes should be a right for everyone. It is time to make a significant difference for the 246 million people living with diabetes and to introduce effective strategies for the prevention of diabetes itself.

US Endocrine Disease would like to thank everyone involved for providing yet more interesting debate, not only on diabetes but also on several other endocrine disorders that warrant our time and attention. Thank you very much to the individual authors for their time and effort, and thank you also to the media partners and organizations whose continued help makes the publication a successful and worthwhile addition to our literature. We hope you find this edition an enjoyable read.

1. International Diabetes Federation, Diabetes Atlas, 3rd edition, 2006;1:19.

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