

The Dhaka Declaration— Bringing Gestational Diabetes Mellitus (GDM) to Center Stage

Faruque Pathan,¹ Sarita Bajaj,² Dina Shrestha,³ Syed Abbas Raza,³ Noel Somasundaram,³
Tofail Ahmed,⁴ Rakesh Sahay,⁵ and Sanjay Kalra³

1. President, South Asian Federation of Endocrine Societies; 2. Founder President, South Asian Federation of Endocrine Societies;
3. Vice Presidents, South Asian Federation of Endocrine Societies; 4. Founder Secretary, South Asian Federation of Endocrine Societies;
5. Secretary, South Asian Federation of Endocrine Societies

Abstract

This special report covers The Dhaka Declaration, an initiative of the five-nation South Asian Federation of Endocrine Societies (SAFES). Involving Bangladesh, India, Nepal, Pakistan, and Sri Lanka, this endocrine association aims to bring gestational diabetes mellitus (GDM) to the center stage of clinical medicine as well as public health. The Dhaka Declaration provides guidance for advocacy, research, and guideline formation in the field of GDM. Through these activities, SAFES hopes to bring about universal screening, uniformity in diagnosis, optimal management, and regular follow-up of GDM.

Keywords

Advocacy, diabetes, GDM pre- and postnatal management, guideline formation for GDM, pregnancy, research, screening

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Correspondence: Sanjay Kalra, MD, DM, Department of Endocrinology, Bharti Hospital, Karnal, India. E: brideknl@gmail.com

South Asia—Diabetes Capital

South Asia is known as the Diabetes Capital of the World, and justifiably so. Home to three of the world's largest populations of people living with diabetes (India, Bangladesh, and Pakistan), it also includes nations with an equally high prevalence of diabetes (Bhutan, Maldives, Nepal, and Sri Lanka). With diabetes having entrenched itself in the South Asian populace, it is now considered an endemic, rather than an epidemic.¹

Gestational Diabetes Mellitus

Epidemics of disease usually require interventions that are designed to show rapid control that may be short term. Endemics, on the other hand, need long-term measures that help contain the illness and lead to long-lasting benefit as well.

It is in this context that the five-nation South Asian Federation of Endocrine Societies (SAFES) released The Dhaka Declaration in April 2015. Led by Professor Hajera Mahtab of Bangladesh, experts from Sri Lanka, Pakistan, Nepal, India, and Bangladesh identified gestational diabetes mellitus (GDM) as a focus area for the coming 2 years.²

The Dhaka Declaration—From Thoughts to Words

GDM was chosen because of its public health importance,³ the opportunity it provides for interspecialty and interprofessional collaboration, and the

availability of evidence-backed nonpharmacologic and pharmacologic interventions that can favorably impact health-related outcomes.⁴ Most importantly, GDM was identified to have a transgenerational influence on health, affecting not only the woman with GDM, during and after pregnancy, but also the offspring, *in utero*, in infancy, and later in adult life as well.

The Dhaka Declaration lists various aims and describes the activities to be conducted across all South Asian countries. In the declaration, SAFES resolves to facilitate universal screening, uniformity in diagnosis, and optimal management and follow-up of GDM, including appropriate usage of insulin. It also proposes indicators or markers to assess progress in this field.

From Words to Action

Six months after the Dhaka Declaration was released, SAFES met again to plan a course of action. At a meeting held on October 1, 2015, in Colombo, Sri Lanka, 30 participants shared a situational analysis of GDM in their home countries and prepared a research map to help identify missing gaps in knowledge related to GDM. The South Asian girl child was at the center stage. Focused group discussions on preconception management, screening, and antenatal management, as well as postpartum follow-up, were held. Emphasis was laid on creating a research-friendly environment and facilitating pan-South Asian research in an inclusive manner.

Four task forces, dealing with Advocacy, Research, Guideline Writing, and Practice Patterns and Public Awareness, were formed, including representatives from each South Asian country. The Advocacy Taskforce for GDM will aim to sensitize all stakeholders, including governments, about the need to focus on GDM prevention and management as a means of preventing diabetes and containing the diabetes endemic in current as well as future generations. It will also take the lead in involving other medical specialties and health professions in the fight against GDM. The Research Taskforce will prepare blueprints and protocols for large-scale trials on GDM. South Asian research is required to answer questions that currently have no simple solution. Randomized controlled trials are being planned to identify the best method of GDM screening and postpartum screening. Studies will also be conducted to assess current practice related to GDM management across South Asia. The Guideline Writing Taskforce will encapsulate available evidence to prepare pragmatic suggestions. Guidelines of international quality, appropriate to the South Asian population and health care system, will be drafted and published. Current practice trends among South Asian physicians will be assessed by means

of a questionnaire. Public education targeting schools and colleges with education material and talks on noncommunicable disease, with GDM as the fulcrum, will be supported.

South Asia—The Diabetes Care Capital

The Dhaka Declaration, building upon earlier multinational South Asian initiatives,⁵ has created an optimistic atmosphere of proactive collaboration in South Asia endocrinology circles. With various activities planned, more and more clinicians, researchers, and policymakers are being involved in the management and follow-up of GDM. Through successful implementation of The Dhaka Declaration, SAFES hopes to improve the quality of care provided to women with GDM, improve diabetes care in general, and help contain the diabetes endemic.

The Dhaka Declaration is a means to focus our collective energy and strength, to create synergy and teamwork, and to achieve a common goal: to ensure that South Asia gets recognized not as the diabetes capital, but as the diabetes CARE capital, of the world. ■

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