Diabetes is a costly, debilitating, chronic disease. According to the International Diabetes Federation, it affects more than 425 million people worldwide, nearly 80% of whom live in developing countries. It is responsible for 4 millions premature deaths each year. If no action is taken, more than 629 million people will have diabetes by 2045, making the disease one of the leading causes of disability and death in the world. Africa will experience the highest rate of progression with a prevalence increasing by a factor of two; disease prevalence will increase by a factor of two (from 14.2 to 34.2 million).

This sharp rise in diabetes is primarily caused by profound lifestyle changes taking place on the continent. Such changes include growing urbanisation, which leads to a nutritional transition and a significant decrease in physical activity. We now speak of a double burden of malnutrition in which undernutrition and overnutrition coexist across the continent, within countries, and often within the family unit. The direct consequence is that the number of overweight people in both the upper and working classes now exceeds the number of underweight people.

Definition of diabetes

Diabetes is a chronic disease that involves the dysfunction of the way sugar is metabolised by the body, leading to blood sugar levels that are too high. There are three main forms of diabetes.

Type 1 diabetes
The pancreas no longer produces insulin. This type of diabetes affects 10% of diabetics. It primarily affects children, teenagers, and young adults, who must inject insulin on a daily basis.

Type 2 diabetes
The pancreas produces insulin, but not enough, and the body is not receptive to it. This type of diabetes affects 90% of diabetics, particularly sedentary, overweight adults over 45.

Gestational diabetes
Gestational diabetes occurs during pregnancy. It is characterised by an increase in blood sugar levels, with values higher than normal but lower than those that signal diabetes. Women with gestational diabetes have an increased risk of complications during pregnancy and childbirth, and they are prone to developing Type 2 diabetes at a later stage in their lives.

Other socio-cultural factors make care difficult:

- Establishing a proper diet: In Africa, sharing food as a family and eating by hand out of a common dish makes it difficult to quantify the amount of food ingested and makes it nearly impossible for patients to individualise their food intake.
- The “prestige” associated with overweight and obesity makes for additional resistance.
Santé Diabète is a non-governmental organisation created to address two emergencies: the lack of access to care for people with diabetes in Africa and the failure to take this problem into account on the part of those involved in development. Founded in 2001, its mission is to improve the quality of life of people with diabetes and reinforcing healthcare systems.
Establishment of the NGO «Santé Diabète Mali»

Creation of a delegation in the Union of the Comoros and launch of a programme to fight diabetes in the archipelago

Start of the NGO’s first activities in Mali

Creation of a Santé Diabète delegation in Burkina Faso and name change to «Santé Diabète»

Creation of the delegation of Santé Diabète in Senegal

Creation of a delegation in the Union of the Comoros and launch of a programme to fight diabetes in the archipelago

AFD mission to assess diabetes prevention in French Polynesia

Launch of a three-year programme agreement with the French Development Agency covering the headquarters and the different NGO’s delegations. Implementation of a programme to integrate the management of care diabetes/HIV and diabetes/TB funded by the 5% Initiative

Santé Diabète in figures

Number of employees and geographical distribution

- Burkina Faso: 4
- France: 3
- Mali: 20
- Senegal: 3
- Union of the Comoros: 4

Origin of 2018 funding

- Public grants: 70%
- Foundations: 30%
- Operational costs: 5%
- Social operations: 95%

Use of funds

- Social operations: 95%
- Operational costs: 5%
- Public grants: 70%
- Foundations: 30%
Our mission

“Strengthening and structuring healthcare systems for better diabetes prevention and management”

A unique approach

Santé Diabète has a unique way of working:

• We are the only NGO specialized in the fight against diabetes in Africa

• We ensure the sustainability of care for diabetes by strengthening local healthcare systems

• We work directly with Ministries, Health Directorates, and national, regional, and local care structures

• We build a strong civil society by structuring it

• We promote South-North, South-South, and North-South collaboration

• We alert the world through international advocacy

• We contribute to the fight at the global level as the only independant NGO of the WHO’s Global Coordination Mechanism on noncommunicable diseases

• We engage an international network for local solutions

• Our operational structure and management are based in the field in West Africa as near to grassroots level as possible
Primary prevention
Whether it is urbanisation, changes in eating habits, or decreased physical activity, overweight and obesity are realities in Africa (15% of women of childbearing age are obese). Our mission is to raise awareness in the population and encourage behavioural changes to limit the onset of diabetes risk factors.

Strengthening of the provision of care
To be effective, quality care of diabetes and its complications requires an efficient and decentralized health-care system. We train quality healthcare professionals in sufficient numbers and strengthen service delivery, so that people with diabetes can live with their disease wherever they are in the countries we operate in.

Humanitarian diabetes response
Diseases must be faced with equality and solidarity. Whether it is helping populations in Northern Mali in 2012 or providing ongoing support for children with diabetes who do not have access to care or insulin, we are working to improve the health of everyone, no matter what their life circumstances may be. Today we support more than 600 children with Type 1 diabetes in Mali on a daily basis.

Therapeutic education
The chronic nature of diabetes requires patients to be involved in their own healthcare in order to best manage their diabetes and avoid complications. We train healthcare workers in therapeutic education so that all patients monitored have the skills to manage their life with diabetes as well as possible.

Access to medicine
The often prohibitive prices and the low availability of drugs are a major issue in Africa. In concert with the Ministries of Health and central medical stores, we work to facilitate patient access to treatment.

Strengthening the civil society
Patients and healthcare professionals associations have a real power in building support and fighting diabetes in a manner that is appropriate for patient needs and national requirements. We work to structure them and help them to develop their capacities for mobilisation, communication, and advocacy so that they play a central role in the fight against diabetes.

Support for public health policies
In order to integrate diabetes prevention and management into a sustainable framework, we work closely with public institutions to facilitate the integration of diabetes into national health policies (noncommunicable diseases, nutrition, maternal and infant health, etc.).

Citizenship and international solidarity education
Since 2011, a program is open in France and deals with the same issues than in Africa: increase of overweight and obesity, lack of prevention campaign. The NGO has built its experience on the work it has carried out for almost 20 years in West Africa. Thus the programs in France have been created thanks to its expertise in the south. This approach offers two benefits: the first one is to raise awareness on the impact of food and physical activity on the global health and the second to develop the perception that European people can have on the African continent, by deconstructing their prejudices.

Development of university programmes
Quality initial training and regular continuous training of health professionals are vital in order to strengthen the health care system. In collaboration with the concerned ministries, we have created 2 regional training programs (DES in endocrinology, metabolic diseases and nutrition in 4 years and DU in diabetes in 1 year) open to all physicians in the sub-region.

Advocacy
Despite the burden diabetes places on health care systems and communities, the disease is largely ignored in international development policies and funding strategies from the major donors of international aid. We contribute to the awareness of these operators, through strong advocacy actions and by actively participating in WHO’s Global Coordination Mechanisms on non-communicable diseases.

Research
Through our field activities, we have access to a large amount of reliable data, which is useful for a better understanding of diabetes management in a limited resources situation and necessary for the capitalisation of pilot actions to fight diabetes in Africa. In order to increase their value, we develop numerous research projects in collaboration with health care structures and professionals, universities and international research centers.
## Our ongoing programs

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FOCUS: From the management of children with Type 1 diabetes in Mali to prevention activities in school settings in France

**Programme for the management of Type 1 diabetes in children and young adults**

**Life For A Child Program**  
*(International Diabetes Federation)*

Supply of complete kits for diabetes management (insulin, syringes, blood glucose meters and strips, urine strips support for health professionals) managed in Mali by Santé Diabète

**Santé Diabète**
- Strengthening of the capacities of health professionals
- Strengthening of equipment and supplies (tools for management)
- Structuring the patient pathway with a focus on the individual
- Development of innovative activities for therapeutic patient education (diabetes camps, educational materials, etc.)
- Development of psycho-social support for children with diabetes and involvement of diabetes associations

**Today a different picture**

- 650 children followed and living normally in Mali
- 10 children diagnosed every month
- Referral unit for the management of diabetes in children and young adults established in Bamako ([Hôpital National du Mali](#))
- 10 centres for the management of Type 1 diabetes across Mali

**Prevention activities in France**

Since 2011 Santé Diabète implements prevention activities in schools of the Auvergne Rhône Alpes Region in France aiming to increase awareness around the importance of a balanced diet and physical activity as a means to prevent NCDs.

The tools used were developed by the Santé Diabète teams in Mali and allow awareness raising around important issues for the African continent.

**Cultural exchange programmes**

Through exchanges with specialists (dietitians, photographers, etc.) educational materials and different activities two classes in Grenoble and Ouagadougou discover the importance of a balanced diet and physical activity and the impact that this can have on their health.

**In 2018: 350 students have benefited from these prevention sessions**
An example: Mali
Santé Diabète: a major partner for health care systems

**Country institutional support**

- Strengthening health policy documents
  - Drafting of national policies for the prevention and control of diabetes
  - Drafting of the standards and procedures that compose these policy documents
  - Formulation of the various operational documents for the implementation of these policies
  - Formulating the processes for following up and evaluating these policies

**Support of the civil society**

- Structuring the network of associations
  - Support the associations in a dynamic of regrouping in regional and national coordination, with the aim of organizing the different levels of diabetic patients associations in order to reinforce their voice and their capacities for actions.

- Training and capacity building
  - Organisation of training workshops for members of diabetic patients associations, according to the needs expressed by the associations themselves such as associative management (financial, management, project management, funding research) and advocacy techniques.

- Territorial dialogue
  - Support for local associations, their regional and national coordination in a dynamic of territorial dialogue in order to strengthen or to create coordination frameworks involving all stakeholders in the fight against diabetes (health care system, health authorities, civil society, etc.).

**Strengthening the health care system**

- Continuous medical education for diabetes referring doctors
  - 31 referring physicians in 28 public facilities throughout the territory

Training of healthcare workers for the decentralized management of diabetes

- 373 people trained on diabetes (type 1, 2 and gestational) + equipment for screening and management (blood glucose meters, blood pressure machines, etc.).

Workshops for the “Medications” group at the National Health Directorate

Co-organisation with the National Directorate of Health drug labs to improve access to treatment for remote areas (south of the country and northern areas not yet destabilised by the ongoing conflict in Mali)
Testimonials

Rokia Sanogo
age 17, living in a village in Mali located 10 km from the nearest paved road, testifies on the impact of the NGO Santé Diabète’s projects:

“Since I live in a very remote village, I go every two or three months to the Sikasso regional hospital on foot and by bus. Thanks to the programmes set up by the NGO Santé Diabète’s, there are now trained doctors with well-equipped consultations to take care of my diabetes. The NGO and the Life for a Child program also allow me to pick up my supply of insulin, my blood glucose meter and blood glucose test strips. So I have free access to care.

If all goes well, I stay home and I do my blood sugar and my insulin injection. If it doesn’t, I go to the Sikasso hospital for a visit. My biggest problem, as I don’t have electricity and a refrigerator, is storing my insulin. During the educational sessions, doctors taught me to keep insulin in a plastic pouch in the fresh soil. This system works very well and allows me to keep my insulin properly.”

Pr Fleury
Professor at the National Conservatory of Arts and Metiers (CNAM) Holder of the Chair of Humanities and Health and Associate Professor at the École Nationale Supérieure des Mines de Paris Holder Chair of Philosophy

“This Santé Diabète has accomplished a great deal in structuring the health care system in Mali for the management of diabetes, as well as access to treatment, while enabling the emergence of local, regional and national associations of diabetic patients. It is a real revolution for those of us who are sick, if we look at the capacities of care for our disease 10 years ago and today.”

Pr Hélène Delisle
Emeritus Professor, Department of Nutrition, Faculty of Medicine, University of Montreal

“TRANSNUT, a team of research professors from the University of Montreal who is studying the nutritional transition, has been working for years on the double nutritional burden in French-speaking Africa. Santé Diabète is a valuable partner in research, training and advocacy for chronic nutrition-related diseases, including diabetes. The impressive institutional network of Santé Diabète facilitates the establishment of new political patterns integrating this change of nutritional paradigm.”
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