



CANADA

Canada's diabetes strategy is funded by the Government and both the health system and monitoring framework are performing well. Responsibility for care and treatment is devolved to the Provinces, producing geographical variations in services. Gaps in self-management services and education need to be filled. The Canadian Diabetes Association has recently launched a Diabetes Charter with a common vision for diabetes prevention, management, support and care.

A large proportion (50.6%) of diabetes-related deaths have been prevented due to the relatively high level of investment in diabetes-related health expenditures.



A national diabetes plan is in place and partially implemented; Quebec has also a partially implemented NCD plan. Ministries across Government are discussing NCD policies. National nutrition policies for salt and trans fat have been partially implemented and there are some provincial initiatives on access to healthy foods and marketing to children.



The health system provides services for the full range of diabetes care and treatment. National health coverage is in place, but people with diabetes face barriers to self-management through gaps in public coverage and/or lack of access to private insurance. In particular there are some gaps in self-management education, although Quebec has fully integrated it into care.



The diabetes monitoring and surveillance framework is routinely implemented and includes incidence and prevalence. A range of other relevant indicators are reported on through separate systems.



The Government provides funding for the Canadian Diabetes Strategy and specific funding is provided for diabetes research. Diabetes funding also exists through the general health system funding.



The Member Associations contribute to policy-making. The rights of the people with diabetes are protected by general anti-discrimination laws.



Global Monitoring Framework: Adopted.

CANADA at a glance (IDF Diabetes Atlas, 2013)

Adult population (20-79) in 1000s	25,836.71	Diabetes expenditure / person with diabetes (USD)	6,177
Diabetes cases (20-79) in 1000s	2,638.00	Diabetes related deaths (20-79)	17,239
Diabetes raw national prevalence (%)	10.21	Number of people with undiagnosed diabetes (20-79) in 1000s	730.99

THE GLOBAL DIABETES SCORECARD TRACKING PROGRESS FOR ACTION

- 🎯 IDF's Global Diabetes Scorecard is designed as a powerful tool for advocacy on behalf of people with diabetes – to highlight areas of good practice and identify areas for more effective action.
- 🎯 It measures governments' response to diabetes in key areas: national plans and policies, health systems, monitoring and funding for diabetes as well as rights and engagement.
- 🎯 It tracks government progress on international commitments to reduce premature deaths from diabetes and other NCDs.
- 🎯 IDF Member Associations have used their knowledge and views to provide the data to score countries from red, through amber and yellow, to green.
- 🎯 It identifies that internationally more efforts must be put into preventive policies, financing for diabetes and rights for people with diabetes.



NORTH AMERICA AND CARIBBEAN REGION

Diabetes is a huge burden on healthcare budgets in the North America and Caribbean Region (NAC) where approximately 37 million people have diabetes – a prevalence of 9.6%. Over the next 20 years the number of people with diabetes is expected to increase by close to 40%.

Governments face a dual challenge: to find the funding to provide the level of services required and introduce a range of preventive policies to halt the predicted rise.

According to the data from IDF Member Associations in the Region, the majority of countries in NAC are making some progress in responding to the challenge of diabetes and score in the middle of the colour spectrum. This means that some policies and plans for diabetes are largely in place but they require strengthening and expansion. Half of the countries have national plans and policies which are either partially implemented or in development.

The status of prevention policies is mixed, with countries having nutrition policies at every stage of development and implementation. Over half either have no policy on marketing to children or it is only partially enforced, and the same is true for policies to promote physical activity. Diabetes self-management education is limited in nearly two-thirds of the countries in the Region and

integrated into diabetes care in only three countries.

The NAC countries collectively are performing well in their policies on health systems and access, with the majority of countries achieving moderate to high scores. Similarly, more than half of the countries in the Region are reporting budgeting and financing for diabetes achieving a yellow or green score. This is reflective of findings presented in the sixth edition of the *IDF Diabetes Atlas*. The Atlas estimates that health expenditure in North America and the Caribbean accounts for almost half of the world's diabetes related-healthcare spending, the majority of which is spent by the USA.

Rights and empowerment policies is the area where the Region has the most improvement to make. In addition, monitoring and surveillance could be strengthened as only half of the countries have monitoring and surveillance frameworks; the remaining half either have no framework or it is not implemented. However, two countries in the Region have implemented the WHO STEPwise approach to chronic disease risk factor surveillance (<http://www.who.int/chp/steps/manual/en/>).

The majority of countries in the Region have not yet adopted the Global Monitoring Framework for NCDs.

16

países de la región han participado en la encuesta

50%

indica tener un plan nacional de diabetes (total o parcialmente implementado)

2

han adoptado el Marco mundial de vigilancia integral

38%

no tiene políticas de actividad física