



INDIA

India's stronger performance is in its monitoring and surveillance of diabetes. The Member Association reports that diabetes and NCDs are now a priority for the Government. Fully implementing the national diabetes plan will be important as a response to the significant challenge of diabetes in India. Ensuring services are more widely available and finding more resources would be important.

The low level of diabetes-related health expenditures has prevented a very small proportion (0.6%) of diabetes-related deaths. Increased funding for cost-effective diabetes prevention and treatment is needed.



National diabetes and NCD plans exist but are only partially implemented due to the challenge of India's large infrastructure and resource constraints. Policies on trans fat, production of and access to healthy food and regulating marketing to children are partially enforced. Some cross-department discussion of NCD policies.



The health system provides - not universally - a full range of services for diabetes care and prevention, although costs are not covered. Specialised services are provided for rural poor; however, there is limited availability of self-management education.



There is a framework for monitoring and surveillance: it covers all proposed indicators but is not routinely implemented.



The Government provides funding for diabetes as part of the general health system budget, subsidising diabetes prevention, early diagnosis and treatment, as well as prevention of secondary complications.



The Government offers minimal scope for engagement. No information available about rights.



Global Monitoring Framework: Adopted.

INDIA at a glance (IDF Diabetes Atlas, 2013)

Adult population (20-79) in 1000s	760,429.73	Diabetes expenditure / person with diabetes (USD)	84
Diabetes cases (20-79) in 1000s	65,076.36	Diabetes related deaths (20-79)	1,065,053
Diabetes raw national prevalence (%)	8.56	Number of people with undiagnosed diabetes (20-79) in 1000s	31,919.96

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.

SEA

INTRODUCTION TO THE SOUTH-EAST ASIA REGION

Rapid development has driven a fast-growing epidemic of diabetes in South-East Asia (SEA). Across the Region, approximately 72 million people have diabetes - close to one-fifth of all adults with diabetes in the world. As South-East Asia continues to undergo large-scale urbanisation and life expectancy rises, the diabetes prevalence in the Region is estimated to increase by 70% in the next two decades.

Diabetes is increasingly affecting individuals in the Region in their most productive years. This will pose a challenge to governments working to improve the economic situation in their countries. More than half of the deaths due to diabetes occur in people under 60 years of age and one quarter in people under 50 years of age.

The small number of countries surveyed across SEA makes it difficult to generalise across the Region. Furthermore, according to the data provided by IDF Member Associations in the region, there is striking variation between countries. Only one of the six countries reports not having a national diabetes plan. However, the remaining countries have plans

that are either in development or not fully implemented.

The areas surveyed which have the most countries scoring yellow or higher are health systems and monitoring. Nevertheless, even in these areas there remain countries that score poor and have been awarded a red.

Preventive nutrition policies and those regulating marketing to children range in development and implementation status. Physical activity policies are equally distributed between being in development and being partially implemented. While self-management education is an integral part of care for diabetes in two countries, it is limited or not available in the remaining countries surveyed.

Rights and empowerment is a further area for improvement. Five of the six countries that responded achieved low to moderate scores.

Four countries out of six surveyed have formally adopted the Global Monitoring Framework for NCDs.

6

SEA countries provided their input to this survey

33%

report having a national diabetes plan (full or partial implementation)

2

have integrated diabetes self-management education

3%

have no action on rights