



Ensuring universal access to insulin  
Diabetic foot care and prevention in Senegal  
Exploring the literature of diabetes in Nigeria  
Cardio risk factors in type 2 diabetes in Gabon  
Glucose-lowering effects of *Momordica charantia*

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## Correspondence to:

African Journal of Diabetes Medicine,  
FSG Communications Ltd  
Vine House • Fair Green • Reach  
Cambridge CB25 0JD • UK  
Tel: +44 (0)1638 743633  
Fax: +44 (0)1638 743998  
E-mail: editor@fsg.co.uk



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## The cost of diabetes

Diabetes is an expensive condition, and in many countries patients have to self-fund their care for the rest of their life. This can represent up to 75% of average household income, and insulin particularly can be 40% of total cost individual diabetes costs. Some countries have government-funded care, but these costs are still high and difficult for Ministries of Health to afford. For example, in both Tanzania and Mozambique, diabetes treatment represents about 10% of total national health expenditure. With the increasing prevalence of diabetes, these costs and their burden need to be addressed.

The International Insulin Foundation (IIF) [www.access2insulin.org](http://www.access2insulin.org) is a small charity which for the past 8 years has been exploring barriers to accessing diabetes care. The IIF has carried out surveys in six countries and has found that many purchase medicines for diabetes that fail to provide optimal care at the lowest cost. The Position Statement of the IIF (included in this issue of the AJDM) uses a set of principles related to appropriate selection and purchase of medicines which parallel advice in the Essential Medicines List of the World Health Organization (WHO). Such selection and purchase should be done as cost-effectively as possible and adapted to appropriate WHO, international, and national guidance.

Data from WHO in 2008 showed that 40 countries still had some form of import duty on insulin, and in 18 instances this exceeding 5%. Other value-added taxes may also exist. This is a tax on the sick, and should be strongly discouraged. Health professionals have a responsibility to prescribe rationally. Insulin types need to be prescribed according to national affordability and availability, and starting insulin therapy in type 2 diabetes should be done only when appropriate. 'Rational' is not the same as 'rationing' – money saved by appropriate use of insulin and other diabetes treatments can be used to effectively treat more people. We hope that the IIF Position Statement may stimulate debate on the future financing of diabetes care in Africa and other resource-limited areas of the world.

*David Beran, Project Coordinator,  
International Insulin Foundation, UK;  
and*

*Prof John S Yudkin MD FRCP  
Chairman, International Insulin Foundation,  
Emeritus Professor of Medicine,  
University College London, UK*