Diabetes DIGEST
The easy way to stay up to date with developments in diabetes

Editorial

David Kerr
Editor

Addressing the imbalance of international diabetes care

"He who has health has hope; and he who has hope has everything"
Arabic proverb

Most of us in the diabetes industry enjoy the travel. It is rarely unpleasant to be able to attend the glossy, well organised international events with the usual slick organisation and hospitality provided by our industry partners. Although the vociferous "no-free-lunch" brigade usually frown on such things, the majority of us still seem to view networking with international colleagues and accessing hot-off-the-press research as an important feature of our work.

Most of us are also, unfortunately, familiar with the dire situation of diabetes care in developing countries, with the problems of basic requirements, including lack of access to healthcare professionals, and reduced provision of insulin and other medications, let alone monitoring equipment and screening for diabetes complications. The work of Diabetes UK and other organisations in developing countries, for example those in sub-Saharan Africa, is hugely important, particularly in times of economic crisis and against a background of exponential increments in the number of people developing the condition in the first place (Gunathilake et al, 2009; Yudkin et al, 2009).

Spare a thought then for the in-between. After the collapse of communism, many countries of the former Soviet Union embraced an almost overnight switch from socialism to rampant capitalism (mass privatisation), whereas others have adopted a more gradual change to market force economics. Recent reviews of the health impact of these changes have shown a significant but transient increase in rates of premature mortality in those countries with the rapid change to capitalism approach (Stuckler et al, 2009). Subsequently, these healthcare systems are still struggling to offer equitable care for their diabetic populations. Specific problems include:

- An almost total lack of non-doctor educators.
- Variation in the supply of essential medicines, with frequent changes in type of insulin, according to the latest deal offered by distributors.
- Very low pay for healthcare providers, with massive incentives to treat private patients.
- Devices such as insulin pumps unaffordable to the majority.

The concern remains that many of the best healthcare professionals will simply vote with their feet and leave. There are also significant cultural barriers to be overcome. Nevertheless, there is huge enthusiasm to put things right, but these countries need assistance. One way is to apply to the European Association for the Study of Diabetes (EASD) Albert Renold travelling fellowships to enable overseas clinicians to spend time in the UK (http://tinyurl.com/45p3y3). We, at *Diabetes Digest*, are also looking into the possibility of creating a "Centres of Excellence" network of specialist units (including primary care) to provide training for healthcare professionals from overseas based on demonstrable local successes in healthcare organisation and provision. There will be no geographical barriers.

Of course, this will require financial support and we are looking to collaborators for this. If you think your centre offers premier league diabetes care and you have the time, energy and enthusiasm, and most importantly are interested, please contact the journal's editorial office (editorial@sbcommunicationsgroup.com) and we will try and take things forward. Suggestions for an appropriate title would also be welcome. Enjoy the summer.

Gunathilake W, Idampitiya C, Siriwardana A et al (2009) An international partnership to implement innovative systems of health care delivery for diabetes in a developing country. *Practical Diabetes International* **26**: 145–7

Stuckler D, King L, McKee M (2009) Mass privatisation and the post-communist crisis: a cross-national analysis. *Lancet* **373**: 399–407

Yudkin J, Holt R, Silva-Matos C, Beran D (2009) Twinning for better diabetes care: a model for improving healthcare for non-communicable diseases in resource-poor countries. *Postgrad Med J* **85**: 1–2