



Contents lists available at ScienceDirect

Diabetes Research and Clinical Practice

journal homepage: www.elsevier.com/locate/diabres

International Diabetes Federation



Commentary

The IDF Diabetes Atlas: Providing evidence, raising awareness and promoting action

Nigel Unwin^{a,*}, Delice Gan^a, David Whiting^b

^aDiabetes Atlas Committee, International Diabetes Federation, Brussels, Belgium

^bEpidemiologist and Public Health Specialist, International Diabetes Federation, Brussels, Belgium

ARTICLE INFO

Published on line 4 December 2009

Keywords:

Diabetes
Type 1
Type 2
Prevalence
Mortality
Economic impact
Prevention

In December 2006 the United Nations unanimously adopted resolution 61/225, recognising that diabetes poses a threat to human well being throughout the world and challenges the achievement of economic and social development goals in low and middle-income countries. The resolution calls upon all countries to develop national policies for the prevention, care, and treatment of diabetes. The key aim of the *IDF Diabetes Atlas* is to promote and support these efforts. It does this by providing authoritative, timely and highly accessible information on the burden of diabetes, what is known about how to prevent it and its complications, and what needs to be done to translate this knowledge into action.

The fourth edition of the *IDF Diabetes Atlas*, launched at the World Diabetes Congress in Montreal in October, provides materials in several formats, aiming to meet the needs of advocates, policy makers, national diabetes organisations, health professionals and others with an interest in reducing the impact of diabetes. Unlike previous editions of the *Diabetes Atlas*, this edition is supported by a series of background papers, providing details of the evidence (methodologies and

literature) on which the content of the printed version of the *Diabetes Atlas* is based. Six of these papers are being published here in *Diabetes Research and Clinical Practice* (DRCP), making them available to the scientific community and encouraging constructive critical debate on the methods and the breadth and interpretation of the literature used. In this edition of DRCP, background papers on estimating the prevalence and mortality burden of diabetes are published, and in subsequent issues papers will appear on the economic burden of diabetes, the prevention of type 2 diabetes, national diabetes programmes and the relationship between depression and diabetes. All these papers will be available, with additional background papers, on the IDF Diabetes Atlas website (<http://www.diabetesatlas.org>), with additional background papers, on the *IDF Diabetes Atlas* website (<http://www.diabetesatl-s.org>). The *Diabetes Atlas* website also contains power point slides, data tables and graphics for free download.

The *IDF Diabetes Atlas* has established itself as a highly credible source of information and its estimates on the global burden of diabetes are used by the World Bank and Organization for Economic Cooperation and Development, amongst many others. The number of people with diabetes in 2010 is estimated to be 285 million, an increase of over 40 million from the estimate in 2007 in the third edition of the *Diabetes Atlas*, and representing close to 7% of the adult world population. These figures emphasise the epidemic nature of diabetes and the daunting challenges for prevention and treatment. However, the *IDF Diabetes Atlas* is careful to acknowledge the uncertainties in the estimates and evidence it presents. For example, as Shaw et al. show in this issue of DRCP, only around one in five countries in the world have good quality epidemiological studies on the burden of diabetes with some regions particularly poorly represented. In the IDF

* Corresponding author at: Institute of Health and Society, Newcastle University, UK. Tel.: +44 0 191 222 5407.

E-mail address: n.c.unwin@ncl.ac.uk (N. Unwin).

0168-8227/\$ – see front matter © 2009 Published by Elsevier Ireland Ltd.

doi:10.1016/j.diabres.2009.11.006

African Region, for example, only 4 out of 48 countries have good-quality surveys, and many of these are now over 10 years old. Similarly, as Roglic et al. show, the estimates of the mortality burden of diabetes depend on further extrapolation from a limited number of studies.

Thus, the *IDF Diabetes Atlas* helps to highlight the urgent need for better evidence, epidemiological, economic and other aspects, from many parts of the world. Despite the uncertainties, there is more than enough evidence to illustrate the immediate need for action, particularly in low and middle-income countries where it is clear the majority (around 70%) of people with diabetes now live and where the greatest increases in burden are occurring.

While the sections on the burden of diabetes tend to gain the greatest attention, of equal importance are the sections that provide guidance on what can be done, including identification of gaps in current care. This edition of the *IDF Diabetes Atlas* examines the challenges of preventing and managing type 2 diabetes, including the role of diabetes education. It also provides an overview of countries that have

national diabetes programmes, discusses the provision of diabetes care in low-income countries and highlights the dearth of internationally comparable data on the quality of diabetes care.

Knowledge on the burden of diabetes, its complications, their prevention, and how to translate research findings on prevention and treatment into action, is growing rapidly. The *IDF Diabetes Atlas* will continue to provide timely and accessible overviews of this evidence and act as a resource to raise awareness and promote action. The production of the *IDF Diabetes Atlas* is only possible because of the considerable time and expertise provided by many individuals and the financial support provided by sponsors, all of whom are gratefully acknowledged (for a full list see <http://www.diabetesatlas.org>).

Conflict of interest

There are no conflicts of interest.