OBSERVATIONS

Global Reality of Type 1 Diabetes Care in 2013

In his first editorial of the year, the Editor in Chief of *Diabetes Care* affirmed that the "state of *Diabetes Care*" is strong (1). We agree and are congratulatory regarding his noting of the benefits that improved management has brought to many with the disease. Clearly, advances in insulin delivery, blood glucose monitoring, patient education, and health care worker training have the potential to be quite impacting in this regard.

However, this positive situation is not the reality for many with the condition living in resource-poor settings. Indeed, from a global perspective, the most common cause of death for a child with type 1 diabetes is lack of access to insulin (2). Yet, this is not just a problem for low-income countries, with one recent study in the U.S. noting that discontinuation of insulin therapy represents the leading precipitating cause of diabetic ketoacidosis (3). Indeed, lack of insulin explained 68% of such episodes in people living in an inner-city setting, with approximately one-third of people reporting a lack of financial resources to buy insulin and eking out their insulin supplies.

Hence, we are faced with two realities: one of successful outcomes and increased life expectancy for some individuals with type 1 diabetes—in parallel to those less fortunate still facing a challenge to survive. If we look at the reasons for increased life expectancy, without question, the first challenge is the cost of insulin. Beyond this, in resource-poor settings, two factors relating to diagnosis make an important contribution to decreased life expectancy. One is the lack in availability of diagnostic tools, with the other being the infrequency with which many health care workers encounter people with type 1 diabetes. This results in the condition being missed or misdiagnosed.

So, what can the global diabetes community do to address these issues? Thankfully, organizations exist that attempt to help through provision of supplies and improved education (e.g., Insulin for Life, Life for a Child). Yet, while such efforts clearly save lives, addressing the global problem of type 1 diabetes care must extend beyond a charity-based model. Indeed, a dire need exists to adapt health system responses in resource-poor settings to the challenges that exist for those with type 1 diabetes and, perhaps more important, the availability of tools and programs that target this need. Sadly, efforts to date targeting improvements in care within resource-poor countries are resource poor themselves. To address this void, the International Insulin Foundation, together with other colleagues, recently launched the "100 Campaign" to identify bottlenecks in the process of insulin delivery at a global and local level and to commit that by 2022, the centennial of the first person using insulin, all those requiring this lifesaving medicine will have access to it (4). We, the community of those caring for people with diabetes, have a proven road map for seeing such improvements extend to those throughout the globe. By addressing each of these issues, we can change the current realities that exist so that all can benefit from advances in diabetes management and care.

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