

Preparing the world to meet diabetes-related needs of the refugee population

Sir,

The recent estimates suggest that the global prevalence of diabetes was 9% among adults, with almost 1.5 million deaths being directly attributed to the disease worldwide.^[1] Further, more than four-fifths of these deaths have been reported from low- and middle-income nations, which in itself remain one of the biggest public health challenges.^[1] However, amidst the rising incidents of conflicts across the globe, the burden of noncommunicable diseases including diabetes among the refugees has remarkably increased.^[2]

Worldwide, close to 60 million people have been displaced in the last decade alone, with millions of them flee to seek refuge and safety while the crises persist in their parent nations.^[2,3] In fact, in Syria alone, since the inception of the conflict in 2011, more than 4.5 million residents have left their nation and migrated to the neighboring nations such as Jordan, Lebanon, and others in meeting their health and other basic needs.^[2-4]

Even though the nations have adopted the United Nations policy to offer routine health, education, and other services to the refugees, nevertheless the infrastructure constraints have limited its scope.^[3,4] This is predominantly due to the influx of a large number of refugees and limited/no development of parallel health systems to respond to their needs in host nations.^[2,4] In addition, there are some issues pertaining to the cost of care, logistics constraints, drugs shortage, transport, longer waiting times, insensitive health staffs, and poor awareness among the refugees about the range of services offered and different aspects of diabetes.^[2-4] All these are serious challenges for the program managers as most of the adverse complications of diabetes can be prevented, provided the population has easy access to diagnostic and management services.^[1-3]

A wide range of interventions are identifying the areas where a maximum number of refugees have taken shelter for ensuring rational allocation of resources, offering free health care services through public health sector, roping in and supporting nongovernmental agencies to extend health promotion and prevention activities, extending tertiary health care for diabetics in higher centers at affordable costs, supplying free drugs/insulin to the host nations, ensuring modifications in the existing guidelines for management of disease, and sensitizing health professionals for the management of all the noncommunicable diseases.^[2-4]

To conclude, with no immediate respite from the ongoing civil unrests, the burden faced by the refugee host nations to contain diabetes and other noncommunicable diseases is expected to rise further in future years. Thus, it is high time that all the stakeholders should work in a coordinated manner for ensuring the unbiased delivery of health care services to the refugees.

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Conflicts of interest

There are no conflicts of interest.

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