

## POINT OF VIEW

## The Berlin Declaration: Benchmark for India

Arun Kumar<sup>1</sup>, Sanjay Kalra<sup>2</sup>**Abstract**

The diabetes epidemic knows no boundaries or borders, and is equally challenging for India as it is for the rest of the world. The Berlin Declaration of 2016 is a landmark event in modern diabetes care.<sup>1</sup> Prepared by 23 experts from 11 countries including India, the Declaration calls for early action in type 2 diabetes. It outlines four pillars of early action, lists targets and indicators of progress for each pillar. These pillars are prevention, early detection, early control, and early access to the right interventions. This communication describes these four aspects of diabetes care and the targets suggested at Berlin. It presents an Indo-centric situational analysis for each pillar, and calls for concerted teamwork to tackle diabetes in India.

**Introduction**

The Berlin Declaration, released in December 2016, is a landmark event in modern diabetes care. Prepared by 23 experts from countries across all continents, including India, the Declaration supports the development and implementation of tangible, action-oriented targets that drive early action in type 2 diabetes. The Berlin Declaration outlines four pillars of early action, lists targets for each pillar, and suggests indicators that can be used to monitor progress.<sup>1</sup>

**Prevention****Targets**

The Berlin Declaration suggests that the rise in diabetes and obesity should be halted by 2025, and that premature mortality due to diabetes be reduced by a third, by 2030. To facilitate achievement of this, the sugar content of individual diets should be reduced by 10%, while the proportion of populations consuming  $\geq 5$  portions of fruits/vegetables should be increased by 50%, by 2020.<sup>1</sup>

**Situational analysis**

Kerala has implemented a 14.5% 'fat tax' on burgers, pizzas and other junk food served at branded restaurants.<sup>2</sup> Bihar has imposed a 13.5% tax on luxury foods including sweets priced more than Rs 500/kg and on packaged salty items such as samosas and

kachoris, both of which are rich in trans-fats. Such measures, which promote healthier food consumption, are being adopted throughout the country, and may be extended to include sweetened beverages.

India is a major producer of fruits and vegetables, but these food stuffs account for only 9% of total calorie consumption. India's Phytonutrient Report reveals significant disparity across the five surveyed cities. On an average, however, a middle and upper income Indian consumes 3.5 servings (2 of vegetable and 1.5 of fruits) per day.<sup>4</sup> This need to be increased by enhancing efficiency in production, reducing costs, and ensuring affordability. A nationwide campaign to encourage fruit and vegetable consumption can be backed by promotion of kitchen gardening.

The food labeling system followed by India is quite robust, and allows consumers to understand the source and constituents of the processed foods they are eating. This allows persons with diabetes to make informed choices about the quality of foodstuffs being consumed.

**Early Detection****Targets**

The Berlin Declaration hopes for a 25% reduction in the frequency of diabetes-related complications detected at diagnosis, and a similar reduction in the number of patients with an HbA1c level  $\geq 7\%$  at diagnosis by 2025. To make this possible, targets include a 50% increase in the number of people taking a risk for type 2 professionals being trained in diabetes detection, in the number of primary care professionals offering a risk test for type 2 diabetes, and in the number of high risk patients being tested for type 2 diabetes, by 2020.<sup>1</sup>

**Situational analysis**

India already has a National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) in place, which is currently operational in many districts of the country. A validated screening risk assessment tool has already been developed, and has been utilized in multiple settings. There is not much stigma attached to type 2 diabetes, considering its ubiquitous presence and humungous impact. On the contrary, type 1 diabetes is linked with social stigma, especially in relation to employment opportunities and marriage prospects.

Various capacity building initiatives, such as the certificate programmes of the Public Health Foundation of India, have helped improve diabetes awareness among primary care professionals. Availability of comprehensive nationwide diabetes prevalence data has also brought diabetes into the limelight, independent of other non-communicable diseases.

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## Early Control

### Targets

The Berlin Declaration envisages a 25% reduction in premature mortality from diabetes by 2025. The targets laid down to assess progress by 2020 include 90% of people with type 2 diabetes being tested annually for HbA1c, blood pressure, lipids, foot disease and retinopathy. They also include a 10% rise in the number of people achieving their HbA1c, blood pressure and lipid goals, each year. Audits should also be undertaken to assess the number of hours devoted to diabetes in the undergraduate and postgraduate curriculum, average length of time that people with suboptimal diabetes control wait before their next clinical appointment, and percentage of local services prescribing according to nationally-identified guidelines.<sup>1</sup>

### Situational analysis

Berlin's target for early control can be achieved only if India achieves its national targets. The country has good quality national guidelines on diabetes care, gestational diabetes mellitus, insulin technique, and psychosocial management of diabetes.<sup>5</sup> It is a part of regional guidelines on diabetes management during Ramadan, sulfonylurea use and sodium glucose cotransporter-2 inhibitor use.<sup>6</sup>

While self-management education is offered as part of routine care, it is rarely standardized. The National Diabetes Educator Programme (NDEP) has worked to create a team of trained diabetes educators, who provide therapeutic diabetes education across the country .

## Early Access to the Right Interventions

### Targets

The Berlin Declaration states that

by 2020, all countries should have a comprehensive national diabetes plan. By 2025, a national diabetes registry should be in place, with regular monitoring of adherence to guidelines for management. Progress can be assessed by noting a 10% increase in the percentage of people who have access to personalized education, an individualized lifestyle programme, and a review of their treatment plan, within one year of diagnosis.<sup>1</sup>

### Situational analysis

India boasts of a comprehensive well-conceived national diabetes control programme, and a well-crafted National List of Essential Medicines (NLEM). The control programme includes diabetes along with other non-communicable diseases, as per current World Health Organization strategy, while NLEM includes drugs used for managing type 2 diabetes, blood pressure and lipids.

## The Way Forward

India is home to one of out every six persons living with diabetes . For the Berlin Declaration to fulfil its aims, India has to work towards meeting its targets. Without India, the rest of the world will not be able to make meaningful gains in early control. As responsible diabetes care professionals, we must therefore ensure that we work collectively, with the government, to internalize, and fulfill, the ambitions of Berlin.

Health, health facilities and medical care are being considered as the right of all the citizens. Hence, early prevention, early detection, early control, and early access to the right interventions are essential for every Indian at risk of, or living with, diabetes. Existing programmes with minor modification, have the potential to manage the diabetes endemic.

What is needed, however, is to ensure implementation of these programmes on the ground. As the Berlin Declaration mentions, "If every country takes steps, \_\_\_\_\_ we have the potential to transform \_\_\_\_\_millions of lives\_\_\_\_\_".<sup>1</sup>

## Summary

Every journey begins with a single step, and individual steps collect to form a mass movement. India is one of the global hotspots of diabetes, where the condition seems to have become endemic, rather than epidemic. Hence, the importance of the Berlin Declaration to India cannot be over emphasized. At a country level. India needs to assess its national and state health policies, build on its strengths, and work towards correcting its weaknesses. The burden of diabetes is so huge that neither the public nor the private health care sector is equipped to handle it. A public-private partnership, supported by leading professional organizations of endocrinologists and diabetologists, is necessary in order to tackle it.

## References

1. The Berlin Declaration. Available at: <http://www.idf.org/berlin-declaration-driving-early-action-type-2-diabetes>. Last accessed on 29 December, 2016
2. In a first, Kerala imposes 14.5% fat tax on junk food. Available at: <http://economictimes.indiatimes.com/news/politics-and-nation/in-a-first-kerala-imposes-14-5-fat-tax-on-junk-food/articleshow/53113799.cms>. Last accessed on 29 December, 2016
3. Bihar to tax samosas and sweets. Available at: <http://www.thehindu.com/news/national/other-states/Bihar-to-tax-samosa-and-sweets/article13997860.ece>. Last accessed on 29 December, 2016
4. India's Phytonutrient Report. Available at: <http://icrier.org/just-released-indias-phytonutrient-report/>. Last accessed on 29 December 2016
5. Madhu SV, Saboo B, Makkar BM, Reddy GC, Jana J, Panda JK, et al. RSSDI Clinical Practice Recommendations for Management of Type 2 Diabetes Mellitus, 2015. *International Journal of Diabetes in Developing Countries* 2015; 35:1-71.
6. Pathan MF, Sahay RK, Zargar AH, Raza SA, Khan AA, Ganie MA, et al. South Asian Consensus Guideline: use of insulin in diabetes during Ramadan. *Indian Journal of Endocrinology and Metabolism* 2012; 16:499.