EXECUTIVE SUMMARY

Diabetes Association of Botswana is a non-profit organization which was registered in Botswana in 2001 and officially launched in 2004. The Patron is Dr Churchill Onen who, together with others, was instrumental in the founding of the association. The association is currently run by volunteers of 8 board members with no administrative support. The board members are elected annually at the full annual general meeting and they are either health care professionals or people who have close dealings with diabetes.

The present Chairperson is Dr Dipesalema Joel, a paediatric endocrinologist working at Botswana-Baylor Children’s Clinical Centre of Excellence. Other board members include Dr Seeletso Nchingane, Dr Claire Brockbank, Mrs Motlalekgomo Matsheng-Samuel, Mrs Joy Crosbie, Boitshwarelo Rachaba and Charles Muyela. The association has over 100 paid up members.

The Association collaborates closely with Ministry of Health and other partners, such as the Lion’s Club, in most of its activities. Currently, our annual activities include commemoration of the World Diabetes Day in November, participation in fund raising sponsored walks, the hosting of the annual diabetes youth camp and bi-monthly support group meetings. The association is often invited to assist
other organizations at wellness days and other events. The association has an Action Committee, which is a sub-committee of volunteers who fund-raise and assist with the above-mentioned events. The association sells glucose monitoring equipment and recipe books.

Diabetes mellitus, like other non-communicable diseases, are increasing at an alarming rate in Botswana and they are reaching epidemic levels. Hence there is a need to scale up public awareness, prevention and treatment against these disorders. The association still remains one of the few main forces engaged in addressing these challenges. There is a lot of potential and willingness within the association to make a big difference as evidenced by a few aforementioned efforts.

Diabetes Association of Botswana relies totally on the generosity and support of individuals and companies, and fund raising events held each year to be able to execute the aforementioned activities.

For this year, the association will partner with the Bank Gaborone to engage in a fund raising activity through the sale of apples and this will be called the “Apple Project”. The aim of the apple project is to increase public awareness about healthy eating and diabetes mellitus, while at the same time raising funds for the association.

Future goals of the Diabetes Association of Botswana are to have a full term staff that run the daily activities of the association and reduce dependence on the volunteers. The Association would also like to engage in the training of the health workers in the public and private sectors in the care and treatment of diabetes mellitus. The association also intends to strengthen the relationship with the Ministry of Health, international organizations like World Health
Organization (WHO), International Diabetes Federation and other partners so as to intensify the fight against diabetes mellitus.
INTRODUCTION

Epidemiology of Diabetes Mellitus in Botswana

The exact prevalence of diabetes mellitus in Botswana and a number of countries in Africa is unknown. This is largely due to the lack of a Diabetic registry in most of the developing countries. The non-communicable diseases are emerging at a faster pace worldwide and very soon they will outnumber communicable diseases as major public health problem in the developing world if no intervention is done. According to the International Diabetes Federation, there were an estimated 371 million people living with diabetes worldwide in the year 2012. Of these, 80% of them live in the middle and low income countries and half of them don’t know they have diabetes. This is so because diabetes can go for many years without showing symptoms, or symptoms may be misdiagnosed as other conditions, meanwhile high blood glucose is causing damage to major organs in the body. In the year 2012 alone, about 4.8 million people worldwide died from diabetes. It is estimated that diabetes will affect 552 million people by 2030 if no intervention is made. In Botswana, there were 96000 people living with diabetes in the year 2012, giving us a national prevalence of 8.25%. Compared to the rest of Africa where the average prevalence stand at 4.3%, our national prevalence is nearly twice that of the African continent. This places Botswana in the top five highly affected countries in Africa. Diabetes is a disease of development. Urbanization and the accompanying changes in lifestyle are the main drivers of the epidemic in addition to changes in population structure where more people are living longer. As high middle income developing country, we have witnessed a rapid increase in the urbanization and the change in the life style of our people in the last 4 decades. As we continue to develop as a country and our people start to live longer, this epidemic will only increase unless effective prevention and treatment measures are put in place.
To respond to this emerging pandemic, Diabetes Association of Botswana commit to partnering with the Ministry of Health and other stakeholders like the Bank Gaborone and members of the media in the fight against diabetes through public education and health screening campaigns.

**Diabetes Association of Botswana**

The Diabetes Association of Botswana is a non-profit voluntary organization that has been involved in a number of community projects aimed at educating members of the public about diabetes mellitus. Currently, the association has registered one hundred and twenty children under the age of twenty-one years who have Type 1 diabetes mellitus. The demographic characteristics of these children vary, they live in villages all over Botswana, and there are probably many more of them. About seventy of these children attend specialized care at Princess Marina Hospital. This service, established in April 2010 followed the collaboration between Botswana-Baylor Children’s Clinical Centre of Excellence, University of Botswana School of Medicine and Princess Marina hospital, and is run by paediatric endocrinologists, Dr Seeletso Nchingane, and Dr Dipesalema Joel and diabetes specialist nurse, Mrs Motalalekgomo Matsheng Samuel, the latter who are both on the Management Committee of the diabetes association. In addition, Diabetes Association of Botswana has supported diabetes patients from Diabetes Centre of Excellence at Block 6 Clinic through our bimonthly diabetes support group meetings.

The Diabetes Association of Botswana began as Diabetes Care Group (DCG) in July 1994 when Dr Churchill L Onen called a meeting of interested healthcare providers at PMH to a meeting in his clinic. Among responders were Dr MJ Makhema (Physician), Mrs Onalethata Johnson (Pharmacist), Mrs Gladness Thlhomelang (Dietician), Dr Patson Mazonde (Paediatrician), Ms Diteko Matlako (MOPD nurse) and many others including physiotherapists, social workers, other
nurses, other pharmacists and surgeons. The enthusiasm to initiate and improve the care of diabetics was overwhelming. But soon the interests quickly waned leaving a small hardcore of people whose dedication and determination to see the idea through were unwavering. That group included Dr Makhema, Mrs Tlhomelang, Mrs Johnson and Dr Onen. The group was joined about two months later by Derby Albers (A nurse at GPH) and Ms Hilda Kawuki (A dietician GPH) whose zeal catapulted the aspirations of the DCG to the birth of the Diabetes Support Group the following year. The management of GPH threw its full weight behind the DSG, thanks to the then deputy matron of the hospital Mrs MacDonald and her husband. Regular patient-centred talks were given mainly at GPH which provided the venues and snacks. For most part, the attendance was abysmal and inconsistent on the side of diabetics and/or their relatives. Virtually all the talks were prepared and delivered by a small core of health providers particularly those who were at the centre stage of the idea. They held regular activities including fund-raising walks along the Western Bypass (12-18 km) generously supported by Mr & Mrs MacDonald, the staff of PMH and GPH as well as many others. There were also several workshops and symposia held to coincide with the commemoration of World Diabetes Day, which were started in 1997. Among our resource persons were eminent Diabetologists like Prof MAK Omar (Durban), Prof Naomi Levitt (Cape Town) and Dr Larry Distiller (Centre for Diabetes & Endocrinology Johannesburg).

With the help of Dr Makhema and Mrs Johnson, Dr Onen drafted the existing constitution of the Diabetes Association of Botswana. DAB was officially registered in 2001 with the help of Mrs Trish Markides and others. Initial attempts to launch the association were thwarted when some of the elected executives -two of whom were diabetics failed to show up for subsequent meetings. The core group finally bore the onus and kept the flame burning until it went into limbo due to staff transfers and resignations. DAB was finally launched in 2005 with Dr Onen as the founding chair, Marcus Markides as vice-chair, Mrs
Joy Crosbie as treasurer, Mrs Gladness Tlhomelang as secretary and Mrs Trish Markides as an official. Notable resource persons to DAB included nurse Motlalekgomo Matsheng (PMH). Details of subsequent activities of DAB from then on to date including the Youth Camps at Mokolodi will be outlined below.

**Diabetic Youth Camps**

These camps, which are free of charge for youth with diabetes, began in 2004 with picnics arranged by Joy Crosbie and some mothers of children with Type 1 diabetes mellitus. Seven children and their mothers attended the first picnic. The first full weekend camp was in 2008 and 17 youth attended.

From 2008 to 2012, an experienced team from the Centre of Diabetes and Endocrinology in Johannesburg, headed by Dr David Segal, a Paediatric Endocrinologist, facilitated the camp. From 2013 up to today, the camp is now fully facilitated by the local health care professionals who include among them 2 Paediatric Endocrinologists, 2 Diabetes Nurse Educators, Registered Nurses and Dieticians.

The main purpose of the camp is to educate the children so that they have the knowledge and confidence to make healthy choices in their day-to-day lives. With knowledge, they have the ability to control their glucose levels as they develop and mature into adulthood. Good glycaemic control from early on is necessary for the prevention of the complications of diabetes so often seen in later life.

The annual diabetes youth camp for the year 2013 was the largest in the history of youth camp, as 73 children aged between six and twenty-two years from all over Botswana attended the camp. About 40 of them were from the greater Gaborone area and 33 of them were from the rest of the country. The Ministry of
Health had availed mini-buses to transport these kids to and from the camp. The activities at the camp included, sporting games, drawings, paintings, chit chatting as well as interactive lectures by various experts. Those lectures covered a variety of sessions ranging from alcohol and diabetes, tobacco use and diabetes, complications of diabetes, life skills, sexual reproductive health plus the question and answer sessions.

Despite the fact that diabetes is lifelong chronic illness, there seems to be positive side to be a “diabetic child” according the stories told by the children at the camp. Among the positive attributes of being diabetes is being treated special at home and at school. Some say that they do not participate in mandatory competitive sporting activities at school because of diabetes and they are given anything they want because of their condition. Some of them say their parents have taken advantage of their condition by rejecting work related transfers to faraway places citing a “diabetic child” as one of the reasons why they will not be able to transfer! However, almost all of them said that they hate checking blood glucose now and again. They all seem to enjoy the camp as they say it enables them to meet new people and make friends.

Fig 1: The mini bus transport to the camp and diabetic children and their health care providers at the end of the Diabetes Youth Camp
Some of the children were very poorly controlled, uninformed, and underprivileged. Those who did not have glucometers, essential for home glucose monitoring, received one. Unfortunately, this testing equipment is expensive and not always available from the government clinics.

At the camp, the children tested their glucose levels six times a day and even at 2am. They were well educated on all aspects of diabetes care, but they also had lots of fun and met others who have the same condition. Friendships were forged and professional support and encouragement given to those who were in need.

These camps would not take place without the fund raising efforts by the action sub-committee members of the Diabetes Association, and the generous donations received as a result from companies and individuals in the community.

**World Diabetes Day**

Every year since 2004, The Diabetes Association of Botswana in collaboration with the Lions Club of Gaborone, Princess Marina Hospital, Diagnofirm and other volunteers, commemorate World Diabetes Day (WDD) in November by offering free cardio-metabolic risk assessments to the public.

In 2013, over three hundred members of the public participated in the screening offered at Game City Mall, Gaborone and over two hundred members of the public participated at the event at Gaborone Main Mall.

During the week of WDD 2013, educational broadcasts were made over the Botswana Television (BTV) Breakfast show and the “Molemo wa kgang” programme. The national Botswana Radio Botswana morning program, “A o tsogile” carried the educational session on diabetes for the whole week.
Fig 2: Public health screening at Game City Mall in Gaborone, Botswana during the world diabetes day in November 2013

**Diabetes Support Group Meetings**

For over ten years, The Diabetes Association of Botswana has been holding regular Diabetes Support Group Meetings (SGM). These take place every two months and all people with diabetes, their families and friends are welcome to attend.

The SGM provides physical, psychological and social support to those with diabetes mellitus and their families, which supplements that given by the national health care system and private health care professionals. Various health care professionals give relevant presentations thus providing on-going education.
Participants are given the opportunity to ask questions relating to their diabetes, which provides them with a better understanding of their condition.

*Fig 3: Patients support group meetings in Princess Marina Hospital*

**Rotary Diabetic Health Day**

The Rotary Club of Botswana holds annual health days in villages throughout Botswana and the association assists with this day by providing diabetes awareness, education, and counselling whenever possible.

**Other activities of the Diabetes Association of Botswana**

**Sponsored Walk**

The Diabetes Association of Botswana hold annual sponsored walk to raise funds for the association and also to increase awareness about diabetes mellitus. For the year 2013, the walk was sponsored by Nandos.
Sponsored Talk Show

The association also hosted a talk show by a famous TV/Radio personality, Patricia Glynn from South Africa as part of the fundraising effort. The talk show was well attended by 100 participants and it was based on her bestselling book, “What Dawitt Knew”

Other Fundraising events

- Golf Day
- Gaborone city marathon – sponsored walk
- Craft market
• Christmas Fair

Home glucose monitoring equipment is available at Tshedisa Institute, cost depending on individual circumstances.

**Activities by youth leaders** – talks at primary schools and church youth conferences and they assist at all events.
Future Plans -

- Partner with Bank Gaborone to run the Apple Project
- Forge an agreement with the Ministry of Health to financially and technically support all the activities of the Association.
- Production of educational literature.
- Website launch.
- Continue Fund raising events.
- Offer more promotional items for sale.
- Increase membership.
- Train the District Healthcare Team on the management of diabetes mellitus and its complications through the training of the trainer program.