In 2008, whilst I was working in Kambia, I witnessed the death of a previously fit and healthy young man. He had developed diabetes and was in desperate need of insulin. There was no insulin available and he lapsed into a diabetic coma. I shall never forget the look in his eyes.

I could not believe that someone died simply because insulin was not available. I shall always remain devastated for him and for his family.

∞

The number of cases of diabetes in sub-Saharan Africa is rising dramatically and the complications of this disease cause enormous human suffering and premature death.

Diabetes is a global concern which many organisations, including the World Health Organisation, have highlighted as an evolving catastrophe.

HISTORY

In an attempt to address these issues, Dr Patrick Turay, medical director of the Holy Spirit Hospital, Makeni (HSH), launched a diabetes speciality service in April 2013.

The clinic opening followed a period of nurse training based upon the formulation of a diabetes clinic protocol.

There is now a diabetes team, a diabetes register for patients and individual diabetes medical records.

Patient information support has been developed. This includes written information on diet, foot care and healthy lifestyle. The information has been translated into Krio.

We have created diabetes symptom awareness posters which are displayed in the hospital as well as the peripheral health units.

The diabetes clinic at the HSH takes place once a week each Wednesday.

Patients seen in the clinic have the following checks: assessment of glucose control, urinanalysis, lifestyle counselling, blood pressure check, vision testing and foot inspection. Patients are asked about diabetes complications (including erectile dysfunction in men.)

Medication is prescribed accordingly.
FINDINGS

We are detecting new cases of diabetes each week.
We are also seeing patients with known diabetes attending for check ups.
There is huge concern and fear within the local community about diabetes.
Diabetes is associated with blindness and amputation.
Most people have no knowledge about the condition and information combined with reassurance about appropriate care is so desperately needed.
The majority of patients have Type 2 diabetes which presents in adulthood.
Type 2 diabetes can be effectively managed with education about lifestyle, diet and exercise combined with taking oral medication under supervision.
A minority of patients have Type 1 diabetes.
Type 1 diabetes generally affects young people. It is due to a sudden loss in the production of the body to produce insulin. These patients require insulin urgently in order to live.
Without insulin death is inevitable. The life expectancy for a child who develops diabetes is 1 year.

THE MAIN PROBLEMS WE FACE

• A lack of awareness in the general population about diabetes; what is diabetes? Why does it happen? How does it present? What is the treatment?

• There are no treatment centres specialising in diabetes.

• A lack of simple blood testing facilities. The diagnosis of diabetes is made by taking a small sample of blood from a finger prick to check the sugar levels.

• Very limited access to oral medication. The tablets are far too costly for the vast majority. Diabetes is a lifelong condition. How can people be expected to pay for treatment when they may have barely enough money for daily expenses?

• No reliable supplies of insulin in the country. Insulin has been available since 1922 and is classified as an essential drug by the WHO. Despite this, the only insulin that is available in the country is the insulin which individual people have brought into Sierra Leone.
HOW IS HELPMADINA WORKING TO HELP ADDRESS THESE ISSUES?

Our contribution is tiny but it is a start. Together with Dr Patrick Turay and the hospital medical staff, we have been working last year to set up a diabetes treatment centre at the Holy Spirit Hospital.

We are raising awareness about diabetes in the community by speaking on the radio. We have had live question and answer phone-ins. There is clearly huge ignorance about diabetes with one person asking us if diabetes was caused by witchcraft and another asking if it was a sexually transmitted condition.

We provide ongoing training for the medical staff.

We are helping to assist in the funding of blood tests.

Financial aid for the cost of tablets needs to be considered on an individual patient basis. These patients, through no fault of their own, require lifelong medication. We provide insulin free of charge for those who need it. We bring the insulin with us from the UK on each of our visits to ensure there are adequate supplies of insulin at the Holy Spirit hospital.

A FEW INDIVIDUAL CASE STORIES

Peter

Peter is 16 years old. He was diagnosed with diabetes about 12 months ago. He lives at home with his family and attends school when he is well enough. He would like to be an accountant. During the last 12 months, Peter has had insulin intermittently when it is available. Unfortunately, most of the time, there is none and so he has been very ill. His mother has brought Peter repeatedly for hospital admission, carrying him on her back when he has been semi-comatose. The extended family felt his mother should abandon hope of treatment and let him go. She has refused to give up. Both she and Peter are now so incredibly relieved to have sufficient supplies of insulin.
Frank

Frank is 10. He was recently diagnosed with diabetes. When he attended the clinic with his mother another hospital had prescribed him out of date (and no longer manufactured) insulin. His family were paying one million leones a month for the treatment which meant that they could no longer afford to build their home. Frank was shown how to inject himself with the insulin we had brought and his mother cried with the relief of knowing that her son would receive continuing supplies of his life saving insulin.
Man on ward

This gentleman was admitted with an infection and high blood sugars. He was treated with insulin to bring his sugar levels down. Unfortunately, he could not afford to pay for the other medications he also needed and he went back to his village.
Abdulai lives in Sierra Leone. He is 26 years old.  
Dillon lives in the leafy Cotswolds in England. He is 12 years old.  
Dillon and Abdulai are only 7 hours away from each other by plane journey.

Questions
1. Q. What is the one thing that Abdulai and Dillon have in common?  
A. They both have diabetes.

2. Q. Who do you think needs lifesaving access to regular insulin?  
A. Abdulai and Dillon. They both need regular insulin to stay alive.

3. Q. Who do you think gets insulin?  
A. Dillon. Dillon has twice daily injections of insulin to keep him alive.

So...  
What happens to Abdulai? There is no care in place for people with diabetes in Sierra Leone. There is no access to insulin.

2013: Abdulai sadly passed away. Dillon is still with us in 2014.
Helpmadina is a small charity. We are not political and we are unable to influence the major drug companies which produce insulin.

Helpmadina supports the 100campagn for insulin to be available to every country in the world by 2022.

Please help us to promote diabetes care in Sierra Leone

By making a donation to Helpmadina

All images are reproduced with consent

Veronica Sawicki (May 2014)