Diabetes is a chronic metabolic disease, characterised by high levels of glucose in the blood. It occurs either because the pancreas stops producing the hormone insulin (type 1 diabetes, insulting dependent diabetes, genetic predisposition), which regulates blood sugar, or through a reduced ability to produce insulin (type 2 diabetes, non-insulin dependent in most cases, lifestyle related), or through reduced ability to respond to insulin (insulin resistance). People with diabetes are at a greater risk of developing cardiovascular diseases such as heart attack and stroke. They also have elevated risks for vision loss, foot and leg amputation due to damage to nerves and blood vessels, and renal failure requiring dialysis or transplantation. Globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. The global prevalence of diabetes has nearly doubled since 1980, rising from 4.7% to 8.5% in the adult population, and caused 1.5 million deaths in 2012, with an additional 2.2 million deaths due to higher-than-optimal blood glucose (WHO, 2016[27]). In LAC, about 41 million adults (over 20 years old) live with diabetes and about half of them are undiagnosed and unaware of developing long-term complications.

Among LAC countries, the prevalence of diabetes in adults in 2019 ranged from under 6% in Ecuador and Argentina to 17% in Belize (Figure 3.32). On average, prevalence in LAC countries was 9.7%, an increase from 7.4% in 2010. Belize is the country that has experienced the largest increase, 10 percentage points, while prevalence in both Venezuela and Uruguay has decreased around 6 percentage points in the 2010-19 period.

In the 2010-19 period, mortality attributable to high blood glucose in the 20 to 79 years age group increased in countries such as Paraguay (+72%), Antigua and Barbuda (+65%), and Saint Lucia (+55%). In average, it increased in LAC by 8%, in opposition to the OECD average reduction of 14% (Figure 3.33). Several countries experienced significant decreases, such as Honduras (-47%), Haiti (-37%), and Guyana (-30%). In 2019, the country with the highest mortality was Guyana with 188 deaths per 100 000 population, followed by Suriname and Saint Vincent and the Grenadines, with 155 and 153, respectively. These three countries are the only ones above the OECD average of 151 deaths per 100 000 population.

Policy initiatives can be directed towards both reducing diabetes prevalence and mortality. Strengthening the integral response to NCDs, including diabetes, particularly at primary-care level is a key action. In general, countries with strong primary care systems obtain better diabetes results (e.g. Costa Rica, Cuba). For diabetes, this includes the implementation of guidelines and protocols to improve diagnosis and management, ensuring equitable access to essential technologies for all population groups (e.g. insulin). Most of countries in LAC have programmes devoted to diabetes, which is a relevant step toward its control (WHO, 2016[27]). Prevalence must be addressed by targeting risky behaviours (e.g. unhealthy diet and sedentarism are the main ones, as well as alcohol and tobacco consumption).

Definition and comparability

Diabetes prevalence refers to the percentage of people ages 20-79 who have type 1 or type 2 diabetes. Accurate diabetes estimates at the national and global levels rely heavily on the quality and availability of data sources. Data sources were searched and selected according to established criteria, and the standardised, age-specific prevalence of both diabetes and impaired glucose tolerance (IGT) were estimated. For countries where data sources were not available, prevalence was extrapolated based on data sources from similar countries. Mortality rates per 100 000 population were calculated based on data on number of deaths attributable to high blood glucose in the 20-79 age group from the International Diabetes Federation, and total population in the 20-79 age group from the United Nations Population Prospects.

References

[27] WHO (2016), *Global report on diabetes*, World Health Organization, *https://apps.who.int/iris/handle/10665/204871*.

Figure 3.32. **Diabetes among adults aged 20-79 years, age-adjusted prevalence, 2010 and 2019**
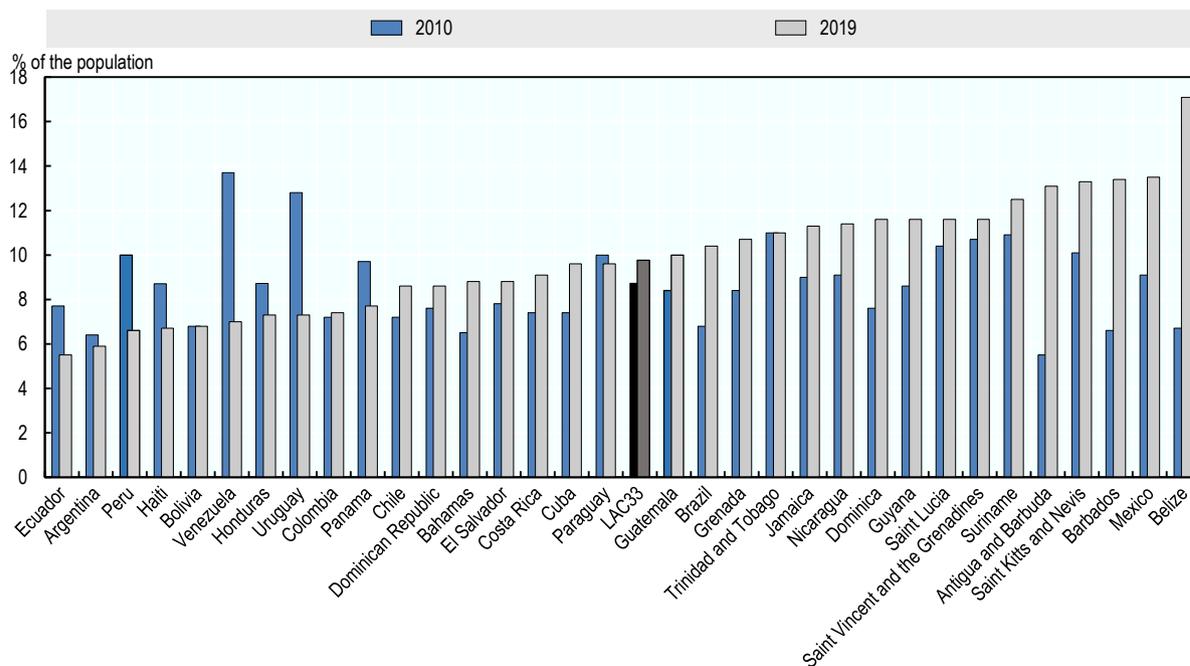
Source: International Diabetes Federation. Diabetes Atlas 2020.

StatLink 🖎 *https://stat.link/ucgm73*

Figure 3.33. **Deaths attributable to high blood glucose for adults aged 20-69 years per 100 000 population, by country, 2010 and 2019**
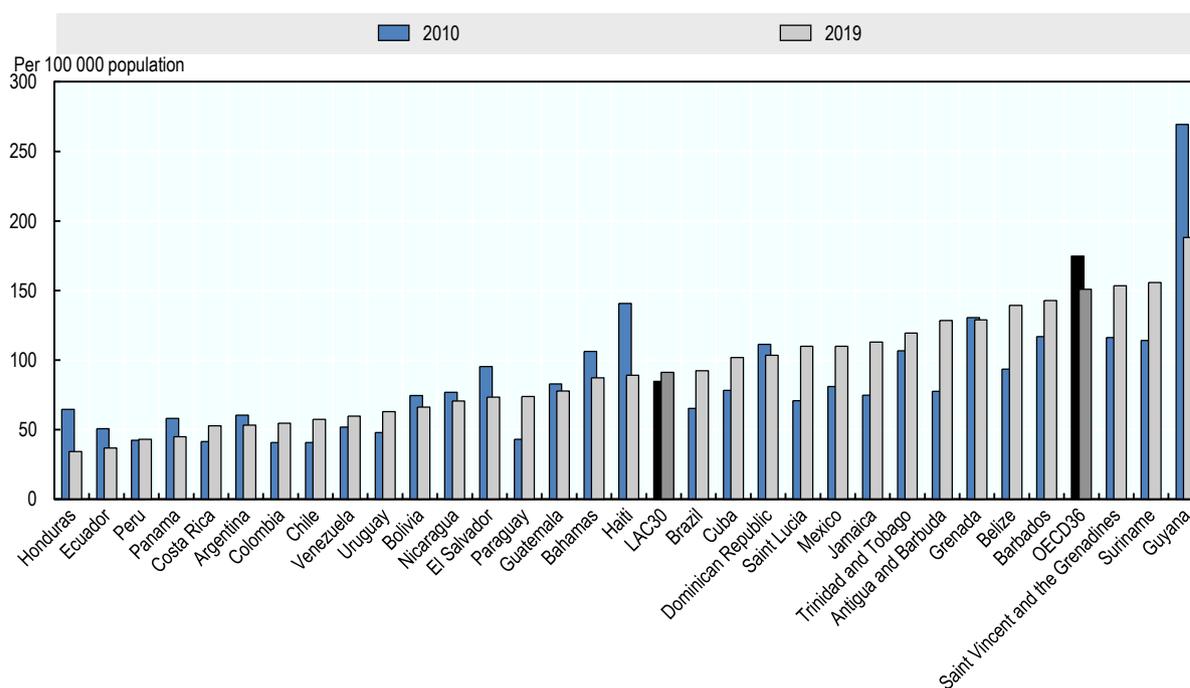
Source: International Diabetes Federation. Diabetes Atlas 2020.

StatLink 🖎 *https://stat.link/kefnxj*
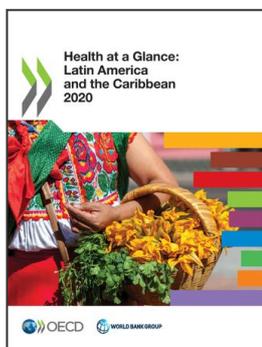
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