Gabriela Allard â?? President, Mexican Diabetes Association (AMD)

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The Mexican Diabetes Association (AMD) is an organization dedicated to providing education and training to Mexicans living with diabetes and their families. President Gabriela Allard comments on the importance of raising awareness in a country with a serious obesity problem, the AMDâ??s various educational and prevention programmes, and the lack of widespread access to treatmenst and glucose monitoring devices.

To start, could you introduce the Mexican Diabetes Association (AMD), its mission, and objectives?

The Mexican Diabetes Association in Mexico City was founded 35 years ago by a group of parents with children and young people living with type 1 diabetes. They observed the lack of education about this condition and other types of diabetes, realizing that education was necessary. Therefore, the primary mission was to emphasize the importance of health education, given that diabetes is a condition largely managed by the patientâ??s own actions. It focused not only on the clinical aspect but also on providing support and understanding for the complexity of living with a chronic condition. Thus, the main objective was to create projects and a space where people living with diabetes and their families could learn, understand, and better manage their disease.

What is the fundamental role of civil society in supporting people with chronic diseases? Why do patients seek you out?

In public health, there are formal and informal support groups. Formal groups are governmental institutions or groups that offer support through their programs, while informal groups are families and civil organizations that form support communities, learning to handle the challenges that this condition requires. When we talk about any type of diabetes, we are referring to a particularly complex condition because glucose is affected by many factors, such as diet, exercise, stress, and hormones. The first challenge is to keep glucose under daily control, which requires a lot of education, and the second challenge is the economic situations and lack of access to complete treatment that most of the population faces.

We help people understand their condition, learn about it, and apply what they have learned to make the necessary changes to live a healthy life. Through our educational programs, we help them understand the seven behaviours they need to develop to prevent complications. These behaviours, marked by the American Association of Diabetes Educators (AADE), are designed to help people with this condition begin to understand their role and act with the necessary knowledge to live a full and responsible life.

How do you ensure that the patient is trained to take care of their health?

When a person is diagnosed, they go through several emotional stages, such as anxiety, sadness, and a sense of loss. Suddenly, they have to learn to deal with many changes in their habits and also measure their glucose levels several times a day without knowing what to do with those numbers. Understanding the why and the purpose is part of the education: measuring glucose is not just about recording a number, but about making informed decisions about its management. Self-monitoring is not just for the doctor; it is for the patient to make informed decisions themselves and know how to resolve acute problems. In this way, self-monitoring becomes an empowerment tool, allowing the patient to be more aware of their health.

What role has technology played in this process?

Technology has been fundamental, and its advancements have been spectacular. Nowadays, it is much easier to keep a glucose record. Technology allows glucose monitoring through sensors connected to the phone, facilitating decision-making and communication with the doctor. There are also glucose sensors that give us trends of hypoglycaemia or hyperglycaemia, sending alerts to act in time, which not only provides peace of mind to the person using it but also to their informal caregivers who are in charge or accompanying the process. However, most devices and their daily maintenance are expensive, and not everyone has access to them. Technology has offered people with diabetes a better quality of life and a sense of security and protection. However, the cost, which can vary widely and be approximately MXN 1,500 (USD 85) biweekly, limits access for many people.

How does the Association reach communities?

Through various educational projects and Health Days, and also through our book publication â??Living Healthily with Diabetes,â?• which explains in simple terms the necessary steps to understand what diabetes means and its relationship with food, exercise, emotions, sick days, various treatments, comorbidities, etc. We firmly believe that education is the most valuable tool to improve quality of life.

For us, the biggest challenge is raising awareness among people and their families and identifying their specific needs. We know that the family plays a crucial role in support and protection, but we do not always have these resources, so we turn our organization into that support group that can accompany them with information and education, trying to make people who go through this educational path perhaps become a health promoter within their environment, inspiring others to self-care. Part of our work also includes educating families so they can support and protect the member with diabetes, creating a safe and positive support environment. Viewing it this way, the experience is more positive and fosters a healthy environment at home and in the community.

Through courses, workshops, webinars, masterclasses, and health days, we offer comprehensive education programmes to learn more about the different types of diabetes. For type 1 diabetes, we have our Tonalli camp, which celebrates its 33rd anniversary this year. It is a project we are very proud of, as we have demonstrated how education not only empowers children and young people but also protects and strengthens them for their development. The Tonalli Camp is a place where campers living with T1D not only interact with peers with the same condition but are also accompanied by a group of specialists who help them identify their trends and, through various activities, learn about carbohydrate counting, managing hypo and hyperglycaemi, and also about managing emotions, all surrounded by fun activities. Tonalli is a family; the healthcare professionals, advisors, academic, and administrative staff put their hearts into every detail so that the experience leaves a mark and learning for each camper.

As prevention programmes, we also work on our Health Days project, where through various tests, we identify modifiable risk factors such as obesity, stress, smoking, etc., raising awareness of the importance of changing these habits to prevent the diagnosis and onset of this condition as much as possible. In Mexico, we have a severe obesity problem not only among the adult population but also among children. Therefore, talking about healthy eating habits, exercise, and activities that lead to improved quality of life is part of our responsibility.

Most of the time, a person newly diagnosed with diabetes wants to know about medical devices and new technologies, which is why, as part of our projects, we developed a glucose meter museum where you can observe and consult the different devices available on the market today, their prices, and where to find them, aiming to provide information that fits their needs.

What would you mention as the main challenges?

In our healthcare system, there is no generalized access to self-monitoring. Patients have to buy their own glucose meters and test strips, which can impact their finances. Most of the population is not aware of these devices or financially able to access them, making self-care and proper glucose control difficult. In the countryâ??s public health system, there is a lack of access to these monitoring devices and test strips that could help patients be more responsible for their condition.

That said, I can mention two more challenges. In the world of diabetes, we face not only â??miracle productsâ?• that deceive people and families with false hopes but also myths about the condition itself. Misinformation is as dangerous as not knowing glucose levels to act properly and on time.

The second, which is a major challenge, is dealing with the lack of access. Although we know that one can live well with diabetes, 50 percent of the population with this condition does not have access to necessary treatments and supplies. This is very stressful, as it implies great economic sacrifices for families. We face the reality that many children and young people with type 1 diabetes cannot afford essential devices such as insulin pumps or glucose sensors due to their high maintenance costs. We work daily to make these needs visible. We know that health is a universal right. Our goal is for everyone, especially children, to have access to the best possible treatments so that their life can be full and healthy.

As a final message, how do you think industry, government, and civil society can cooperate better to create a healthier country?

By regulating. We all have to do our part. We appreciate and recognize the efforts and research of the industry, which have changed the history and hope of many conditions. However, we know that for a state-of-the-art device or medication to reach a person with a chronic condition, it goes through several providers, which greatly increases the final price for the consumer. In this case, the person suffering has to face out-of-pocket expenses to best manage their condition. Most of the time, economic problems affect adherence to treatment. Today, there are many loyalty and adherence programs that can help make different treatment options more accessible. We all need to view the chronic patient with empathy in all their facets because surely, we or someone in our family will have to walk this path at some point. In the end, we are all or will be patients one day.

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