

This chapter describes the peculiarities of DM in sub-Saharan Africa. Using Nigeria (the most populous country in the region) as a focal point, we highlight the roles of socioeconomic constraints, low literacy, late presentation, harmful cultural practices, lack of health insurance coverage, limited human and technical resources, and an overstretched healthcare delivery system. These factors militate against optimal control of DM, with often disastrous consequences. Investment in education, leading to improvement in health literacy and trained health personnel, would be a critical step toward better DM care in the region. The development and implementation of local guidelines for optimal DM care is desirable. Such guidelines must emphasize efficient practices, avoidance of unproven remedies, “doing more with less,” and a holistic approach. Expanding the rudimentary health insurance programs in some countries in the region also would improve access to care. Importantly, entrepreneurial initiatives in local production of pharmaceutical products, reagents, and devices used for DM management would break the precarious dependency on imported drugs and appurtenances for DM care. Efforts aimed at building patient support groups across the region would help translate DM self-management practices to local communities.