

**International Diabetes Federation (IDF)
South and Central America (SACA) Regional Meeting**

Implementation of the United Nations Resolution on Diabetes

7 October 2008



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South and Central American Region**

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Foreword

South and Central America is currently facing a diabetes epidemic, one which carries serious consequences for both the health and economy of the region. For the 16 million people in the region who live with the disease, diabetes-related disability and illness can seriously impair quality of life and bring significant indirect and direct costs. Furthermore, it remains a global killer, with one person dying every ten seconds worldwide.

IDF SACA is committed to addressing this situation and our member associations in the region have already made great strides towards improving the quality of life of people with diabetes. This work has recently been brought into focus by the United Nations Resolution (UN Resolution) on Diabetes, which has called upon improvements in prevention, treatment and care of the disease.

The platform of the UN Resolution represents an important opportunity for the diabetes community to engage with governments, healthcare professionals and other stakeholders. Consequently IDF SACA has produced the following consensus document to provide a framework for strategies that address the primary and secondary prevention of diabetes. In some countries, these strategies may partly reflect work already in progress, but in many areas they tackle outstanding issues which require urgent attention at a national and local level.

We wish to thank our colleagues at IDF SACA for their involvement in the development of this consensus. We would like to recognize Merck & Co. for their invaluable support in making the initial meeting and resulting consensus document possible.

We are currently at a crossroads with regards to the management of diabetes. The IDF SACA Region is united and committed to working together to make a positive difference and we would encourage all those responsible for the delivery of diabetes care to carefully consider the consensus document and join us in taking action.

Susana Feria

President

International Diabetes Federation, South and Central America Region

Background

More than 250 million people in the world have diabetes, more than seven million people develop diabetes each year and one person dies from diabetes-related causes every 10 seconds. IDF led the Unite for Diabetes campaign which resulted in the adoption of Resolution 61/225 by the United Nations General Assembly in December 2006. The UN Resolution on Diabetes aims to improve the prevention, treatment and care of diabetes. The United Nations Resolution (UN Resolution) focuses world attention on the need to stop the growing diabetes epidemic through urgent action. On 7th October 2008, a meeting of representatives from IDF member associations from across South and Central America was convened to discuss actions and capacity-building needs to facilitate effective implementation of the UN Resolution within the region. As a result of this meeting, held in Río de Janeiro, Brazil, the following consensus action report has been developed.

Where are we now?

Challenges

- Education and prevention
 - Education and prevention are not recognized as a priority in diabetes management
 - Currently a preventative approach is not taken, and the focus is on treatment of complications when diabetes has developed rather than effective treatment
- Diabetes associations
 - Organization and collaboration difficulties among associations and government
 - Conflict between the diabetes community and medical associations in some countries
- Health professionals
 - Lack of training in primary care delays early detection and referral to specialists
 - Lack of specialist doctors
- Governments
 - Change of governments and healthcare authorities prevents continuity of programmes in addition to specialized personnel
 - Authorities do not consider chronic diseases a priority and diabetes competes with infectious diseases
 - Policy makers are not completely aware of the impact and burden of diabetes, preventing the required priority
 - Lack of awareness of the United Nations Resolution on Diabetes
 - Lack of financial resources available for the management of diabetes
- Patient population
 - People with diabetes are not aware of the important role they can play in the management of their disease
 - There are big differences in diabetes management between rural areas and cities

Areas of Opportunity

- Strengthen communication networks and create alliances
 - Create union of public and private healthcare sectors
 - Build alliances between diabetes associations and governments
 - Consolidate capacity-building needs and strengthen organizational capacity
 - Create union of diabetes associations with a common goal
 - Share human and financial resources to improve care
 - Involve the private sector, including non-medical industries
- Create a regional action plan to face public health issues
 - Create working groups on chronic diseases to avoid isolation and reduce the prevalence of non-transmittable diseases
 - Promote an integrated approach to diabetes management, including cardiovascular risk factors, primary prevention, prenatal care, etc.
 - Encourage society to pressure the government
- Raise awareness at governmental level of the importance, burden and impact of diabetes
 - Highlight that health promotion and prevention of diabetes avoids further complications which saves money in the long-term
 - Include data on maternal and child mortality to raise awareness
 - Drive focus on achieving the millennium goals
- Improve education and information
 - Promote lifestyle change in a new generation through education on diabetes risk factors from childhood
 - Demonstrate to authorities and primary care doctors that prevalence of diabetes and pre-diabetes can be reduced with primary prevention
 - Adopt successful models, like the HIV/AIDS prevention programme

Key Targets

Primary prevention strategies

- Set up collaboration and support networks involving government and industry alongside advocacy and medical associations
- Implement education programmes at all levels
 - Focus on driving lifestyle changes
 - Provide education to children and adolescents
 - Ensure training of diabetes educators
- Highlight the importance of prevention
 - Involve healthcare professionals in primary prevention and education
 - Implement and share existing prevention programmes
 - Implement a risk factor surveillance system focused on abdominal obesity, using Costa Rica's pilot programme as an example
- Promote the UN Resolution in the prevention, treatment and care of diabetes
 - Engage health authorities and society
 - Engage governments to achieve Millennium Development Goals regarding maternal and child health

Secondary prevention strategies

- Promote and where possible facilitate a multidisciplinary approach to diabetes care among key stakeholder groups
- Engage people with diabetes to promote the benefits of self-management
- Educate and inform people with diabetes of the complications associated with the disease
- Ensure access to the most appropriate and quality medication
- Inform people with diabetes of their right to appropriate treatment
- Drive appropriate implementation of evidence-based guidelines to ensure appropriate referral to secondary care and quick access to specialists
- Promote active participation of people with diabetes in lobbying the government and local politicians for better access to treatment and appropriate care

Regional strategies

- Publicize and implement the United Nations Resolution on Diabetes to key stakeholders, mass media and the general public
- Involve governments
 - Promote legislation to improve access to health services
 - Implement 'Mesas Regionales', working groups on chronic diseases strategic planning in each country
 - Facilitate inclusion of diabetes in the agenda of the annual meeting of ministers in the region (RESCA, Mercosur)
- Create alliances with industry to improve regional programmes of diabetes care
- Create alliances with the media to raise awareness of diabetes and associated unmet needs
- Education
 - Influence leaders in different countries, not only in the government but also in the public and private sectors
 - Encourage training for:
 - i. Primary care doctors on diabetes management
 - ii. Health educators, not only diabetes educators
 - iii. Peer advisors in diabetes
- Follow the example of successful prevention programmes, i.e. HIV/AIDS
- Establish a system to monitor the quality of diabetes care that follows evidence-based guidelines

Actions for collaboration with local governments

- Facilitate greater collaboration between health professional and patient associations to create a stronger voice
- Help people with diabetes to demand their rights
- Create an advocacy and education model for the region

This consensus was led by the International Diabetes Federation South and Central America Region and supported by Merck & Co, Inc.

International Diabetes Federation (IDF), South and Central America (SACA)
Regional Meeting
Participants List and Affiliation

1. Mrs. Maria Adriana Angelina – Argentina
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2. Mrs. Zoela Suero – República Dominicana
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3. Mrs. Aracely Basurto Calderon – Ecuador
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4. Dr. Patricia Orellana Pontaza – Guatemala
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Enfermedades No Trasmisibles del Ministerio de Salud de Guatemala
5. Dr. Ileana Mayes – Honduras
Directora de Enfermedades No Trasmisibles del Ministerio de Salud de
Honduras
6. Dr. Enrique Jose Medina Sandino – Nicaragua
Presidente de la Fundación Nicaragüense de Diabetes
7. Mrs. Lidia Lara Cerdeno – Panamá
Educatora de la Asociación Panameña de Diabetes
8. Mrs. Betsy Rodriguez – Puerto Rico
Educatora, Chair de la Comisión de Educación de la Región SACA e
integrante del Comité Ejecutivo
9. Lic. Leonardo Perez Rivera – Puerto Rico
Educatador, Integrante del Ministerio de Salud de Puerto Rico
10. Dr. Ammar Ibrahim – Dominicana República
Presidente, Instituto Nacional de Endocrinología y Nutrición (INDEN)

11. Dr. Manuel Vera Gonzalez – Cuba
Presidente Electo de la Región SACA, especialista en niños y adolescentes

12. Dr. Diego Paseyro – Uruguay
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17. Sra. Adriana Yaneth Florez Palacios – Colombia
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18. Sra. Adriana Marcela Gomes Moreira – Colombia
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19. Mrs. Ana Gladys Arauz – Costa Rica
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20. Mrs. Ione Fucs – Brasil
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21. Mr. Sergio Metzger – Brasil
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