Global Strategic Plan to Raise Awareness of Diabetes
Acknowledgements

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The mission of the International Diabetes Federation is to work with its member associations to enhance the lives of people with diabetes.

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Introduction

DIABETES IS REACHING EPIDEMIC PROPORTIONS WORLDWIDE. Whereas in 1985 an estimated 30 million people worldwide had diabetes, today over 190 million people have the condition. This figure is expected to rise sharply, possibly to double, by 2025.

The increase in diabetes cases will represent a serious problem not only for people who have the condition and their families, but also for governments, insurance companies, healthcare systems, etc. Diabetes will be a heavy burden for all unless action is taken now. There is a need to alert the public that diabetes is a serious condition, which is currently underestimated in terms of frequency, impact on quality of life and in economic terms. There is an urgent need to call on governments to increase awareness about diabetes and its consequences and the potential for prevention, and to invest in prevention programmes. In a few words: there is a need to increase diabetes awareness worldwide.

As a result of the Industry Liaison Group Meeting in Jerusalem, September 2000, representatives of the International Diabetes Federation (IDF) and corporate partners agreed that IDF and industry should collaborate closely in this effort. It was agreed that a strategic plan should be developed, which would include various items such as communication objectives, target audiences, key messages, tactics (actions), a timeline (with milestones) and evaluation tools.

This document reflects the discussions and outcomes of the working group and sets out to achieve the following:

1. identify core strategic messages;
2. define target audiences;
3. develop specific communication messages for each unique audience;
4. relate each communication message to one core message;
5. list relevant tactics, including existing and new ideas;
6. list relevant measurement methods.

During the time that these discussions were taking place, IDF and the World Health Organization (WHO) agreed to embark upon a ‘Global Awareness, Advocacy and Action’ campaign relating to diabetes. The contents of this document will inform this campaign.
Executive Summary

Throughout the world, there is recognition of the need to raise awareness of diabetes and its complications. To the best of our knowledge, however, there has been no attempt to produce global strategies to achieve this. This document aims to do just that. The strategies it contains are applicable at all levels, be they local, national, regional or international. They can be adapted to various target audiences and can be put into practice by all key players involved in diabetes.

We feel that it is important that the same messages about diabetes are spread all over the world. Of course, these messages have to be adapted to suit situational differences such as culture or target audience. However, the content of the message or the core message should be the same everywhere.

We hope that the Global Strategic Plan to Raise Awareness of Diabetes will provide helpful information and guidelines to all who read it. The document is intended for all those who have an interest in raising awareness of diabetes and want to see improvements in diabetes education, treatment and care. In particular, it is aimed at member associations of IDF, who have to tackle the lack of diabetes awareness in their own countries. It is also aimed at healthcare professionals who would like to run awareness campaigns.

Four core messages have been identified by the working group. We feel that these reflect the key information that all people should be aware of, from the epidemic of diabetes to its life-threatening complications, and to the need for timely diagnosis and prevention.

These messages are:

- Diabetes is a common condition and its frequency is dramatically rising all over the world
- Diabetes is a life-threatening condition
- Diabetes can be detected early and managed effectively
- In some instances diabetes can be prevented
The document is set out in two tables:

- The first establishes the four core messages and outlines the possible messages that can be derived from these according to target audiences.
- The second lists the various target audiences and re-allocates all possible messages according to them. The target audiences have been identified and prioritized as follows:
  1. health decision makers;
  2. high risk groups and families;
  3. people with diabetes;
  4. general public;
  5. healthcare professionals.

This document has been written by a working group involving representatives from IDF, WHO, Diabetes UK, and representatives of the industry: AstraZeneca, Eli Lilly, Novartis Pharma, Novo Nordisk, Roche Diagnostics, and Servier. It is the result of meetings and occasionally phone conferences held in January, May, June, August, November 2001, January, September and November 2002.

This document is a first step in establishing strategies to raise awareness of diabetes on a global level. We hope that it will contribute to improved diabetes treatment and education and to a better quality of life for all.
THE CURRENT MISSION OF IDF IS TO “WORK WITH ITS MEMBER ASSOCIATIONS TO ENHANCE THE LIVES OF PEOPLE WITH DIABETES”.

The VISION of IDF

IDF will enhance the lives of people with diabetes by helping to ensure that the major advances in diabetes treatment and education in recent years become available to an increasing proportion of people with diabetes and their families. Also it will encourage the implementation of primary preventive measures as one way in which the future burden of diabetes will be reduced (see Colombo Consensus, July 2002, annex 1).

The main priorities to achieve the goals of IDF are:
A. Raising awareness of diabetes and IDF (including advocacy and lobbying).
B. Education about diabetes (people with diabetes, healthcare professionals, public and the media).
C. Health improvement.

A. Raising awareness of diabetes

IDF strongly supports the issues of:
• generating awareness among the general public and healthcare professionals in the early recognition of diabetes;
• influencing health policy decision-makers to improve the lives of people with diabetes and, where possible, to prevent diabetes;
• increasing the understanding of the condition and its consequences;
• fighting for freedom from discrimination against people with diabetes.

Advocacy

Amongst the most important roles of IDF is advocating on behalf of people with diabetes. This involves talking among others to governments, employer organizations, health services and the insurance industry. Some of this is done in collaboration with WHO (for example the 2003-2005 “Global Awareness, Advocacy and Action in Diabetes – a WHO/IDF collaboration) and NGOs and/or in partnership with industry partners, but new ways need to be found to assist IDF member associations and regions to strengthen this activity.

B. Education about diabetes

People with diabetes everywhere have a right to education to help them manage their condition. This is needed all over the world not only for people with diabetes and their families, but also for the general public and for healthcare providers. IDF stresses the importance of:
• helping people with diabetes, their families and communities achieve a better understanding of the condition;
• helping train healthcare professionals and people with diabetes and their families to improve management of the condition.
C. Health improvement

IDF considers it essential:
- to help prevent diabetes and to improve outcomes for people with diabetes;
- to inform and promote as appropriate the major recent advances in diabetes management, including lifestyle changes;
- to promote the availability of and access to diabetes medications and test materials in all countries.
A. Linking Strategic and Communication Messages

Four core or ‘umbrella’ messages about diabetes have been identified. These core messages should be adapted according to the target audience, taking into account the country, culture, attitude of mind, ways of life, etc.

B. Definitions

Persons / People with diabetes: defined here as persons who have been diagnosed with diabetes or are affected by diabetes without knowing it.

High Risk Groups: defined here as persons who present one or more of these risk factors:
- family history of diabetes;
- excess weight, particularly abdominal obesity;
- over 45 years of age;
- a sedentary lifestyle;
- previous diabetes during pregnancy;
- previously demonstrated abnormalities of glucose metabolism, eg impaired fasting glucose (IFG) or impaired glucose tolerance (IGT);
- of particular groups, eg people of Indian origin living in the western world.

Healthcare professionals: defined here as professionals who care for people with diabetes and people who are at risk of developing diabetes:
- General Practitioners (GPs) and other primary healthcare providers;
- specialized internists (endocrinologists, diabetologists, etc);
- non diabetes specialists (eg ophthalmologists, cardiologists, gynaecologists, paediatricians, etc);
- diabetes educators;
- nurses;
- dieticians;
- pharmacists;
- psychologists;
- podiatrists;
- field workers, etc.

Health Decision Makers: defined here as those who influence health policies through their decision:
- ministers and governments at national, sub-national and local levels;
- persons responsible for social security and mutual benefit insurance systems;
- third party players.

General Public: defined as ‘anybody in the street’ who may or may not have diabetes and who may or may never have heard about the condition.
<table>
<thead>
<tr>
<th>Core Strategic Messages</th>
<th>Underlying Communication Messages (lists communication messages by target audience)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Diabetes is a common condition and its frequency is dramatically rising all over the world.</td>
<td></td>
</tr>
<tr>
<td>PEOPLE WITH DIABETES</td>
<td></td>
</tr>
<tr>
<td>• If you have diabetes, you are not alone.</td>
<td></td>
</tr>
<tr>
<td>HIGH RISK GROUPS</td>
<td></td>
</tr>
<tr>
<td>• Diabetes is particularly common among some particular groups, eg people of Indian origin living in the western world.</td>
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</tr>
<tr>
<td>• You are at high risk of developing type 2 diabetes if you have one of the risk factors listed above (p 8).</td>
<td></td>
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<tr>
<td>GENERAL PUBLIC</td>
<td></td>
</tr>
<tr>
<td>• Many people (and maybe you too) have diabetes without even knowing it.</td>
<td></td>
</tr>
<tr>
<td>HEALTHCARE PROFESSIONALS</td>
<td></td>
</tr>
<tr>
<td>• Diabetes and its consequences must be recognized.</td>
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<tr>
<td>HEALTH DECISION MAKERS</td>
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<td>• Diabetes and its consequences must be recognized.</td>
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<tr>
<td><strong>2</strong> Diabetes is a life-threatening condition.</td>
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<tr>
<td>PEOPLE WITH DIABETES</td>
<td></td>
</tr>
<tr>
<td>• If neglected diabetes shortens your life and has a significant impact on your quality of life. You can get serious complications including blindness, heart attack, kidney failure and amputations.</td>
<td></td>
</tr>
<tr>
<td>HIGH RISK GROUPS</td>
<td></td>
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<tr>
<td>• Diabetes can affect/damage your heart, eyes, kidneys and feet, so it’s important to have your blood glucose, lipids and blood pressure measured at regular intervals.</td>
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<tr>
<td>• Adjust your lifestyle to avoid excess body weight and to maintain an appropriate level of physical activity.</td>
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</tr>
<tr>
<td>GENERAL PUBLIC</td>
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<tr>
<td>• Diabetes is a very serious, life-long condition, which can affect/damage heart, eyes, kidneys and feet.</td>
<td></td>
</tr>
<tr>
<td>HEALTHCARE PROFESSIONALS</td>
<td></td>
</tr>
<tr>
<td>• Remember that people with diabetes should be checked regularly on all aspects over and above blood glucose control (body weight, arterial blood pressure, lipids, microalbuminuria, eyes, feet, heart, etc).</td>
<td></td>
</tr>
<tr>
<td>HEALTH DECISION MAKERS</td>
<td></td>
</tr>
<tr>
<td>• Assign adequate resources (money and people) to ensure prevention, early diagnosis, treatment and management of diabetes.</td>
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</tr>
</tbody>
</table>
### Core Strategic Messages

3. Diabetes can be detected early and managed effectively.

#### Underlying Communication Messages

<table>
<thead>
<tr>
<th>Audience</th>
<th>Message</th>
</tr>
</thead>
</table>
| **PEOPLE WITH DIABETES** | • Managing your diabetes every day is an important part of staying healthy and living longer.  
• Joining support groups may be beneficial. |
| **HIGH RISK GROUPS**    | • If you are over 45, overweight, and a member of your family has/had diabetes, ask your doctor to check your blood glucose, blood pressure and lipids annually. Consider the required lifestyle changes.  
• Be aware of early signs and symptoms. |
| **GENERAL PUBLIC**      | • Learn more about diabetes, its early signs and symptoms.  
• If you’ve never had your blood glucose measured, consider having it measured. |
| **HEALTHCARE PROFESSIONALS** | • Diabetes must be diagnosed early and treated: metabolic and long-term control matters and helps reduce complications.  
• Inform yourselves about the major recent advances in diabetes management and incorporate them into your daily practice. |
| **HEALTH DECISION MAKERS** | • Assign adequate resources (money and people) to ensure prevention, early diagnosis, treatment and overall management of diabetes. |

4. In some instances diabetes can be prevented.

#### Underlying Communication Messages

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<td><strong>PEOPLE WITH DIABETES</strong></td>
<td>• Some of your family members may be at high risk of developing diabetes and this can sometimes be prevented. Bring this to their attention.</td>
</tr>
<tr>
<td><strong>HIGH RISK GROUPS</strong></td>
<td>• Appropriate lifestyle changes can reduce your risk of diabetes. Reduce weight if you are overweight or obese. Maintain an appropriate level of physical activity and stay in touch with your healthcare provider.</td>
</tr>
<tr>
<td><strong>GENERAL PUBLIC</strong></td>
<td>• Lead a healthy lifestyle. Avoid becoming overweight (or reduce weight if necessary). Maintain an appropriate level of physical activity and seek healthcare advice if you think you may be in a high risk group.</td>
</tr>
<tr>
<td><strong>HEALTHCARE PROFESSIONALS</strong></td>
<td>• Recognize people at risk of getting diabetes and recommend the appropriate lifestyle changes.</td>
</tr>
<tr>
<td><strong>HEALTH DECISION MAKERS</strong></td>
<td>• Assign adequate resources (money and people) to ensure prevention and early diagnosis of diabetes.</td>
</tr>
</tbody>
</table>
Communication Objectives and Strategy

Preamble

We have a great challenge to bear in mind since we have two aspects to focus on at the same time. Diabetes is a condition with two faces: you can live a good life with diabetes, but you can also die from it! This can be a message to people with diabetes. For the general public it could be vice versa: you can die from diabetes, but you can also live a good life with it or even prevent it in some instances!

The global objective therefore should be to convince all audiences that diabetes is a life-threatening condition, which must be timely diagnosed and managed effectively.

The public awareness working group recommends prioritization of the target audiences in the following order:
1. health decision makers;
2. high risk groups and families;
3. people with diabetes;
4. general public;
5. healthcare professionals.
<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Communication Strategy (Who am I talking to?)</th>
<th>Communication Message (What will I say?)</th>
<th>Tactics (How will I do it?)</th>
<th>Measurement (How will I measure success?)</th>
</tr>
</thead>
</table>
| HEALTH DECISION MAKERS | • Through local national, regional, and international diabetes associations.  
• In collaboration with WHO to all Ministries of Health.  
• Through other appropriate bodies (eg European Union, Commonwealth, Arab League, etc). | • Assign adequate resources (money and people) to ensure prevention, early diagnosis, treatment and management of diabetes.  
• Preventing diabetes is, in the long term, cheaper than treating it. | • Local, national and regional coordinated approach. | • No. of countries who have national diabetes programmes.  
• Presence of NCD Officer with a recognized remit including diabetes within Health Ministry.  
• Compare with achievements of other countries. |

1 NCD: Non communicable disease
<table>
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<th>Tactics</th>
<th>Measurement</th>
</tr>
</thead>
</table>
| HIGH RISK GROUPS        | Partner with other relevant global organizations (eg IOTF²/IASO³, WHF⁴, ISN⁵) to leverage their communications channels. | • Diabetes is particularly common among some particular groups, eg people of Indian origin living in the western world.  
|                         |                                                                                         | • You are at high risk of developing type 2 diabetes if you have one or more of the risk factors listed on p.8.  
|                         |                                                                                         | • If you have an immediate family member who has diabetes, you may be at risk.  
|                         |                                                                                         | • Diabetes can affect/damage your heart, eyes, kidneys and feet so it’s important to have your blood glucose, lipids and blood pressure measured at regular intervals.  
|                         |                                                                                         | • Adjust your lifestyle to avoid excess body weight and to maintain an appropriate level of physical activity.  
|                         |                                                                                         | • If you are over 45, overweight and a member of your family has/had diabetes, ask your doctor to check your blood glucose, blood pressure and lipids annually. Consider the required lifestyle changes.  
|                         |                                                                                         | • Appropriate lifestyle changes can reduce your risk of diabetes. Reduce weight if you are overweight or obese. Maintain a sufficient level of physical activity and stay in touch with your healthcare provider.  | • Identify “IDF-Ambassadors”.  
|                         |                                                                                         | • Encourage youth participation.  
|                         |                                                                                         | • Website – Develop special section for ‘high risk’ groups.  
|                         |                                                                                         | • Distribute relevant medical education materials through partners’ channels (corporate partners, WHO, nurses associations, cardiology associations, insurance companies, occupational health systems, health clubs and gymnasiums, etc).  | • No. of active ambassadors.  
|                         |                                                                                         | • No. of youth groups involved.  
|                         |                                                                                         | • No. of hits.  
|                         |                                                                                         | • No. of information material requests.  
|                         |                                                                                         | • Distribution plan/reports on material requested.  |

² International Obesity Task Force  
³ International Association for the Study of Obesity  
⁴ World Heart Federation  
⁵ International Society of Nephrology
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</tr>
</thead>
</table>
| PEOPLE WITH DIABETES | • Through global and regional IDF publications and activities.  
                      • Through global networks of healthcare professionals (eg. World Medical Association, WONCA\(^6\), ICN\(^7\), etc).  
                      • Through member associations. | • If you have diabetes you are not alone: Join your local association and support groups.  
                                  • If neglected diabetes shortens your life and has a significant impact on your quality of life. You can get serious complications including blindness, heart attack, kidney failure and amputations.  
                                  • Managing your diabetes every day is an important part of staying healthy and living longer.  
                                  • Some of your family members may be at high risk of developing diabetes and this can sometimes be prevented. Bring this to their attention. | • Identify "IDF-Ambassadors".  
                      • Work in the youth sector.  
                      • Encourage IDF member associations to increase membership.  
                      • Diabetes Voice – Include relevant articles on helping people with diabetes.  
                      • Website (www.idf.org) - Include practical tools for people who have diabetes. Link to tools on partners’ sites.  
                      • Distribute educational materials through local member associations.  
                      • Host displays at international meetings (ADA, EASD, IDF, etc) and ‘patient oriented’ meetings which have a diabetes connection (eg. cardiology meetings).  
                      • Continuous management skills training of member associations.  
                      • Train the educators. | • No. of active ambassadors.  
                      • No. of camps organized for young people with diabetes.  
                      • No. of members in the associations.  
                      • No. of articles or issues dedicated to people with diabetes.  
                      • No. of hits.  
                      • No. of downloads.  
                      • No. of countries using the documents.  
                      • No. of events organized at meetings.  
                      • No. of trainings.  
                      • No. of trainings. |

\(^6\) WONCA: World Organization of Family Doctors  
\(^7\) ICN: International Council of Nurses
<table>
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<tbody>
<tr>
<td>GENERAL PUBLIC</td>
<td>• Work through global media channels.</td>
<td>• Many people (and maybe you too) have diabetes without even knowing it.</td>
<td>• Identify “IDF-Ambassadors”.</td>
<td>No. of active ambassadors.</td>
</tr>
<tr>
<td></td>
<td>• Enlist the collaboration of health promotion specialists using all appropriate settings (schools, workplaces, etc).</td>
<td>• Diabetes is a very serious disease which can affect/damage the heart, eyes, kidneys and feet.</td>
<td>• Do advertising campaigns.</td>
<td>No. of responses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If you’ve never had your blood glucose measured, consider having it measured.</td>
<td>• Conduct awareness programmes.</td>
<td>No. of people tested at awareness drives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lead a healthy lifestyle. Avoid becoming overweight (or reduce weight if necessary). Maintain an appropriate level of physical activity and seek healthcare advice if you think you may be in a high risk group.</td>
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<td></td>
<td></td>
<td>• Diabetes is not contagious.</td>
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<td></td>
<td></td>
<td>• People with diabetes should not be discriminated against in their work and private life.</td>
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<tr>
<td></td>
<td>• Identify “IDF-Ambassadors”.</td>
<td>• Website – Include section for general public asking about diabetes. Include relevant tools such as “Are you at risk?”, how to prevent diabetes risk factors, healthy recipes, and provide more links to relevant locations (nurses, dieticians).</td>
<td>No. of hits.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Do advertising campaigns.</td>
<td>• Media activities – actively promote World Diabetes Day, both through member associations, regionally and globally. Give information such as how to prevent diabetes.</td>
<td>No. of press cuttings. Periodic analysis of content.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct awareness programmes.</td>
<td>• Make links to other “World Days”.</td>
<td>No. of “World Days” linked to.</td>
<td></td>
</tr>
<tr>
<td>Target Audience</td>
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</tr>
</tbody>
</table>
| HEALTHCARE PROFESSIONALS | • Through international groups (eg association of ophthalmologists, etc).              | • Diabetes must be diagnosed early and treated: metabolic and long term control matters and helps reduce complications.  
• People with diabetes require more attention.  
• Remember that people with diabetes should be checked regularly on all aspects over and above blood glucose control (body weight, arterial blood pressure, lipids, microalbuminuria, eyes, feet, heart, etc).  
• Inform yourselves about the major recent advances in diabetes management and incorporate them into your daily practice. | • Through attendance and active involvement in national, regional and international conferences (ADA, EASD, IDF): offer them for example speakers.  
• Provide and, where appropriate, endorse medical education materials through:  
  - member associations;  
  - other relevant professional associations;  
  - WHO.  
• Host displays at international diabetes meetings.  
• Conduct media outreach (press releases, backgrounders, etc) aimed at specialist publications and websites.  
• Consider E-learning opportunities.  
• Provide kind of CME certificates.  
• Organize diabetes updating and training programmes in clinics and hospitals. | • No. of conferences attended.  
• No. of speakers involved at conferences.  
• No. of materials endorsed.  
• No. of meetings attended.  
• No. of press cuts.  
• No. of E-courses provided.  
• No. of certificates.  
• No. of programmes.  
• No. of staff enrolled. |
A consensus was reached on the Aetiology and Prevention of Type 2 Diabetes Mellitus at the Diabetes In Asia 2002 meeting held on 6-7th July 2002 in Colombo, Sri Lanka.

**Proposition**
- Current increase in the prevalence of type 2 diabetes mellitus worldwide – accepted with level “A” evidence
- Increased incidence of type 2 diabetes mellitus in childhood and adolescence – accepted with level “A” evidence

**Genetics**
Genetics is recognized as playing an important role in the aetiopathogenesis of diabetes. Monogenic forms have been identified. Susceptibility genes have also been identified in the common forms of type 2 diabetes mellitus. Genetic studies have contributed to the discovery of new pathogenic mechanisms. Accepted as a significant aetiological factor - level “A” evidence.
- Further studies need to be pursued.
- Genetic counselling not recommended at present.

**Foetal Origins**
Epidemiological studies have reported a higher incidence of type 2 diabetes in subjects with a low birth weight. The hypothesis that nutrition of the mother can profoundly affect the metabolic outcome of the offspring has been confirmed by elegant mechanistic animal studies. Low birth weight accepted as a significant aetiological factor – Level “A” evidence.
- Poor nourishment of the foetus increases risk of metabolic syndrome and type 2 diabetes and postnatal over-nutrition may aggravate the syndrome.
- Animal studies are confirmatory. Further clinical research in human beings recommended.

**Life Style**
There is a global epidemic of obesity affecting all ages. Obesity is associated with insulin resistance. There is a strong association between obesity, diabetes, impaired glucose tolerance (IGT) and cardiovascular disease (CVD). Physical inactivity is independently associated with increased insulin resistance. Lifestyle changes in subjects with IGT decreases progression to diabetes. Accepted as a significant aetiological factor - level “A” evidence.
**Stress**

Compelling animal evidence and mechanistic studies suggest a relationship between **stress** and **insulin resistance** with predisposition to **type 2 diabetes mellitus**.

Accepted as an aetiological factor - level "B" evidence.

- Further evaluation recommended

**Primary Prevention**

All of the above are likely to underline the urgent need for the primary prevention of type 2 diabetes mellitus and facilitate the introduction of programmes, which must be tailored to local circumstances in order to be effective. These should include lifestyle changes in all those at risk.

**Concerted actions, by governments and non-governmental organizations, should be directed to the following:**

- Increasing awareness
- Promotion of education at all levels
- Multi-sectoral advocacy

Level "A" evidence – Indicates full acceptance
Level "B" evidence – Partial acceptance with more evidence needed.
Before you get started you need to know:
– what you want to achieve;
– how to say it clearly;
– who your target audience is.

Understand who has power and influence
– all politicians are not equal;
– majority party members have more power;
– senior members are usually more influential;
– 'backroom' aides are often key;
– some may have a personal interest in the topic for which you are contacting them.

Know what drives your target audience
– appeal to their political agenda.

Best approach
1. write to see an official or politician and explain why (briefly);
2. follow the letter with a phone call, possibly, arrange a meeting.

Written communications with legislators and civil servants are effective when they:

- appeal to their political agendas;
- are brief (but detailed);
- are clear (but technically sophisticated);
- are followed up with a telephone call.

Your letter should:
- be on personal or business letterhead;
- be no longer than one page;
- be in your own words (no 'standard letters');
- state in the first paragraph what you are expecting from him/her;
- ask the politician to reply;
- ask directly whether s/he supports your case.

Your letter should NOT:
- use a threatening tone;
- overstate your position or influence;
- overstate the recipients influence;
- tell him/her what to do;
- arrive after the vote (in Parliament);
- forget to say thank you.
Meeting with officials/politicians
- don’t be nervous. You probably know more than they do;
- make an appointment if possible;
- take two or three people with you if desired;
- don’t forget to discuss issue from the official/politician’s perspective;
- if you can’t answer a question, say so;
- leave a fact sheet and an electronic Q&A file;
- write to say thank you and remind of agreements reached.

Telephoning:
- telephone call can be very persuasive;
- keep it brief;
- if you can’t get through, speak to assistant (in the case of a politician).

Other ways to communicate:
Invite politician to:
- visit your hospital/institution/facility;
- speak at a meeting organized by your group;
- meet with your board.