
THE WESTERN PACIFIC DECLARATION ON DIABETES

KUALA LUMPUR, JUNE 2000



International Diabetes Federation
Western Pacific Regional Office
Singapore



World Health Organization
Regional Office for the Western Pacific
Manila, Philippines



Secretariat of the
Pacific Community
Noumea, New Caledonia

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This document is a consensus statement on the prevention and control of diabetes mellitus and its complications by participants and experts from countries in Asia and the Pacific at a meeting in June 2000, Kuala Lumpur, Malaysia, organized by the International Diabetes Federation Western Pacific Regional Office and the World Health Organization Western Pacific Regional Office in co-sponsorship with the Secretariat of the Pacific Community and hosted by the Ministry of Health, Malaysia.

THE WESTERN PACIFIC DECLARATION ON DIABETES

We, the World Health Organization Regional Office for the Western Pacific (WHO/WPRO), the International Diabetes Federation, Western Pacific Region, and the Secretariat of the Pacific Community, the signatories of this document, unite to highlight the serious nature of diabetes, currently estimated to affect at least 30 million people in the Region. We, on behalf of people affected by diabetes, jointly call upon all governments, organizations and individuals in the Region to undertake the following actions, according to the needs of each country:

1. Recognize the personal, public and economic burden of all types of diabetes and establish diabetes as a priority health concern.
2. Develop and implement national strategies and programmes to prevent and control diabetes and reduce its risks.
3. Work towards universal access to quality care, training, essential diabetes medications and other supplies and support for all people with diabetes.

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4. Encourage a strategic alliance among governments, international and regional development agencies, health and non-health sectors, mass media, industrial partners, non governmental organizations and other stakeholders involved in the prevention and care of diabetes.
 5. Recognize and promote the importance of education for people affected by diabetes, health professionals and the general public in the prevention and management of diabetes
 6. Integrate diabetes activities with those of other noncommunicable diseases in order to promote healthy lifestyles and environments for the prevention and control of diabetes and its complications.
 7. Recognize and address the problem of discrimination against people with diabetes.
 8. Encourage research to advance and apply knowledge about the effective prevention, delivery of care, and management of diabetes.

The Western Pacific Declaration on Diabetes and its associated Plan of Action have been developed through a process of consultation that extended over one year and culminated in a meeting held in Kuala Lumpur, Malaysia, in June 2000. The meeting finalized and endorsed the Declaration and the Plan of Action

The Declaration was signed by the International Diabetes Federation Western Pacific Region, World Health Organization Regional Office for the Western Pacific, the Secretariat of the Pacific Community and the host Government Malaysia during a signing ceremony on 4 June 2000 in Kuala Lumpur. The Declaration was also supported by the following organizations, associations, governments, WHO collaborating centres, institutions and government hospitals who participated in this meeting:

Organizations:

World Health Organization Headquarters

International Diabetes Federation Headquarters

Government:

Ministry of Health Federated States of Micronesia

Diabetes associations:

Diabetes Australia

Diabetes division, Hong Kong Society for the study of endocrinology, metabolism and reproduction

Indonesian Diabetic Association

Japan Diabetes Society

Korean Diabetes Association

Macau Diabetes Association

Malaysian Diabetes Association

Diabetes New Zealand

Diabetic Association of Papua New Guinea

Diabetic Society of Singapore
Diabetes Association of Thailand
Diabetes Association of Tonga

WHO collaborating centres:

Center for the Epidemiology of Diabetes and Health Promotion
for Control of Noncommunicable disease, International
Diabetes Institute, Caulfield, Australia

Center for Diabetes Treatment and Education, Kyoto National
Hospital, Kyoto, Japan.

National Institutions:

Australia - Australian Center for diabetes strategies, Prince
of Wales Hospital, Sydney

China - Chinese Academy of Preventive Medicine, Beijing

Korea - Seoul National University

Mongolia - National Medical University of Mongolia, Ulan
Bator

Pakistan - The Aga Khan University, Karachi

Philippines - University of the Philippines, Manila

Government Hospitals:

Samoa, Tupua Tamasese Meaole Hospital, Apia

Viet Nam, Endocrinology Hospital, Hanoi

Also present, as observers, were representatives of Abbott
Laboratories, Aventis Farma, Bayer Diagnostics, Becton Dickinson
& Company, Eli Lilly, Johnson & Johnson, Lifescan Asia Pacific,
Merck Sharp and Dohme, Novartis, Novo Nordisk, Project Hope,
Roche Diagnostics, SmithKline Beecham and Servier.

THE WESTERN PACIFIC DECLARATION ON DIABETES – A STRATEGIC ALLIANCE

The Western Pacific Declaration on Diabetes establishes an alliance between the International Diabetes Federation, Western Pacific Region (IDF/WPR), and the World Health Organization Regional Office for Western Pacific (WHO/WPRO). Strategic alliances with the Secretariat of the Pacific Community (SPC) and industrial partners are emphasized from the outset. Strategic alliances and partnerships are also made with individual governments, international and regional organizations, the media, health and non-health sectors, national institutions, professional associations and health professionals to advocate international, regional and national commitment and action against diabetes.

THE PROBLEM OF DIABETES IN THE WPR

Diabetes Mellitus is a major and growing health problem in the Western Pacific Region, affecting all ages in almost all countries. It is an important cause of prolonged ill health and early death. It has

been estimated that at least 30 million people in the Western Pacific Region have diabetes. It is expected by conservative estimates, that this figure will double by 2025.

The increase in diabetes results from continuing changes in lifestyle such as unhealthy diet, physical inactivity and obesity, which are associated with urbanization, mechanization and industrialization. Recent data from 12 countries and areas of the Region show that the prevalence of diabetes in the adult population exceeds 8%. In 1993, the prevalence of diabetes among adults was 8.2% (urban areas) and 6.7 % (rural areas) in Malaysia; 8.9% in Singapore, and 10.9% in Japan. In some Pacific islands and Australian Aboriginal communities, 20% or more of the population suffer from diabetes. For example, 28.1% of the adult population in Nauru had diabetes in 1994. In other parts of the Region where lifestyle changes have not yet taken hold (e.g. Cambodia, Vietnam) diabetes prevalence rates remain relatively low at present, but there are signs that this is changing and rapid rises in prevalence can be anticipated unless urgent preventive action is taken. The problem is particularly complicated in China with its massive population and heterogeneous pace of development and urbanization. It is predicted that in China alone there will be 38 million adults with diabetes by 2025. There will be about 9 million in Japan. A particular problem attributable to diabetes in the Western Pacific Region includes the emergence of type 2 diabetes in children and adolescents.

In all countries in the Region, more than 50 % of people with diabetes have not been diagnosed and are inadequately treated. People with diabetes are prone to both short-term and long-term complications. The most important long-term complications are diabetic eye disease (retinopathy and cataract), kidney damage (nephropathy), nerve damage (neuropathy), peripheral vascular disease, foot ulceration leading to amputation, infections, heart disease and stroke. These complications are common yet severe. For example, diabetic retinopathy is the leading cause of blindness and

visual disability in adults in economically developed societies. After 15 years of diabetes, approximately 2% of the afflicted people become blind while 10% develop severe visual handicap. Diabetic nephropathy is the most common single cause of end-stage renal failure but its frequency varies among populations and is related to the severity and duration of the disease. By the age of 50, about 40% of people with young-onset diabetes develop severe kidney diseases that may require dialysis and/or a kidney transplant. Heart diseases and stroke together account for 75% of all deaths among people with diabetes in developed countries. In some WPR countries, for example China and Japan, stroke remains the single leading cause of death attributable to diabetes. The risks of death due to heart diseases, strokes and kidney diseases increase about 3-fold in the presence of diabetes. In many Asian countries, stroke and renal failure are the most common causes of death among people with diabetes. Diabetes is also the most common cause of non-accidental limb amputations. In the Pacific island countries and areas, diabetic foot problems are of particular significance and in some islands these are the most common initial manifestations of diabetes. In many developing countries, diabetic ketoacidosis, foot infections, and other infections such as pneumonia and tuberculosis, remain the most important problems leading to hospitalization. These latter problems in particular are by and large preventable.

Because of the chronic nature and severity of diabetic complications, together with the means required for their control, diabetes is a costly disease both for the affected individual and for the health sector as a whole. Most direct costs of diabetes relate to the costs incurred in medical care and management of complications is the largest single component in these costs. Other costs include loss of earnings and productivity due to sickness, disability, premature retirement and premature death. Intangible costs include a significant reduction in the quality of life and life expectancy, discrimination in the employment and in the workplace. Studies in some developed countries of the Western Pacific Region show that from 5% to 10%

of health care budgets are spent on the treatment of diabetes and its complications. For example, in Australia, at least US\$720 million was spent on diabetes health care in 1995 compared with US\$550 million in 1990. It is projected that by 2010 the cost will rise by approximately 50%. In New Zealand, 5% of the health budget is spent on direct diabetes care and a further 5% on diabetes-related disability allowances. In Japan, the direct cost to the health care sector of diabetes is about US\$16.94 billion and accounted for 6% of the total health budget in 1998. A point of particular importance in the Western Pacific Region is that the largest rise in the number of people with diabetes is likely to occur in the economically-productive age groups (20 – 64 years of age). The huge cost of diabetes care and the loss of productivity due to illness will impose a heavy burden on many developing countries in the future.

WHAT ARE THE SOLUTIONS?

The rising prevalence of diabetes (Type 2 diabetes) is associated with unhealthy lifestyles and the environments that give rise to them. Evidence shows that modification of lifestyle-related risk factors can not only protect susceptible individuals from developing diabetes, it can also reduce the need for diabetes care and the need to treat diabetic complications. According to a study undertaken among a susceptible population in China, lifestyle modifications (appropriate diet and increased physical activity and a consequent reduction of weight), supported by a continuing education programme, were used to achieve a reduction of at least one-third in progression to diabetes over a six-year period. Recent studies, such as the Diabetes Control and Complication Trial (USA), United Kingdom Prospective Diabetes Study (UK) and the Kumamoto Study (Japan) emphasize the potential preventability of all microvascular complications, as well as stroke and heart diseases, by the effective control of blood glucose levels

and other associated risk factors such as hypertension. There is now conclusive evidence that control of blood glucose levels can substantially reduce the risk of developing complications and slow the progression of the disease in all types of diabetes

The required knowledge and technology for the prevention and management of diabetes exist. Reversal of the worsening epidemiological trend, reduction in the prevalence of associated risk factors and improvements to diabetes care at all levels require firm government commitment, comprehensive national strategies and programmes, and integrated responses from multiple sectors of society. It is important for countries to recognize diabetes as a national health priority and to deploy adequate resources to achieve a solution. Governments and the society should create an environment in which a major reduction in the burden of disease and death due to diabetes can be achieved. There is a need to address poverty and inequities in health care delivery, both within countries and between countries. It is a fundamental right of people with diabetes to have access to information, education and skill acquisition to enable them to participate in the management of their disease.

Strategies and programmes for prevention, diagnosis and treatment of diabetes and its complications should be formulated at local, national and regional levels. The barriers to the effective development and implementation of these strategies and programmes and efficient use of the technology need to be overcome. The principal barriers include low priority in national health planning; low awareness of diabetes among the public, decision-makers and health professionals; no or low availability of, and accessibility to, prevention and high quality curative care. Literacy and knowledge are particularly important to the individual with diabetes as they greatly contribute to the capacity for effective self-care. Poverty, in particular, has an adverse effect on all aspects of diabetes prevention and care. It reduces the likelihood of prevention and diagnosis at an early stage, reduces the adequacy of care and the affordability of

treatment, increases the risk of serious complications and reduces the chance of these complications being diagnosed until it is too late for preventive measures to be applied.

STRATEGIES

The present situation in the Western Pacific Region is unacceptable. Delivery of health care for diabetes - from primary prevention to treatment of complications - is inadequate in most countries. Unless this situation is changed, the future is bleak.

Change requires appropriate strategies and a commitment on the part of all nations. The signatories of this Declaration commit themselves to encourage all nations to develop and promote strategies based on the components itemized below.

1. Formal recognition, by the governments of all relevant countries, that diabetes is a serious, growing and costly public health problem that should be identified as a priority on the national health agenda.
2. Formulation of appropriate national diabetes strategies or integrated NCD control strategies to include diabetes as a priority component based on the epidemiological and economic scale of the problem. Establishment of a surveillance system or strengthening the existing system.
3. Development of national programmes including appropriate goals, indicators and outcome measures. Establishment of a national focal point for its planning, implementation, coordination and evaluation as well as assuring a multi-sectoral coordination.
4. Adequate attention in national programmes to primary prevention with emphasis on modification of major common risk factors, such as unhealthy diet, obesity and lack of physical

exercises. Development of an integrated approach to noncommunicable diseases and establishment of links with programmes, such as those targeting cardiovascular diseases, health promotion, Healthy Cities and Healthy Islands programmes, national plans for nutrition, and child and adolescent health.

5. Allocation of adequate, sustainable resources to the prevention and care of diabetes. The allocation must include resources for prevention, early diagnosis and effective management of diabetes and long-term complications.
6. Formation of a strategic alliance against diabetes through the establishment of liaison and partnerships among all organizations involved in diabetes care. These should include both governmental and nongovernmental organizations, health and non-health sectors, mass media, industry partners and individuals whose input may be relevant.
7. Strengthening of appropriate and affordable diabetes prevention and care, particularly at community and district levels, including patient education and self-care and referral system. Integrated health care models should be established. Diabetes prevention and care should be introduced into primary health care. Best practice guidelines should be developed to improve standards of care.
8. Raising diabetes awareness among patients with diabetes, health professionals, decision-makers and the general public through active health education and campaigns. Education of people with diabetes is essential to empower them to manage their disease. Education of patients' families and friends and working associates is also critical to ensure quality care. Education of health care professionals is essential to allow the development of the skills required in the provision of care.

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9. Encouragement and support of research in diabetes. The research activities should highlight prevention at both primary and secondary levels, as well as integrated health care models, including community-based models, for the effective management of diabetes.
 10. Development of a diabetes information network to share and exchange information on diabetes strategies, epidemiological trends, guidelines on prevention and management, and to provide training in diabetes prevention and care.
 11. Working towards universal access to medications (including insulin) and all supplies and support needed to manage diabetes effectively, at affordable cost, for all people with diabetes.
 12. Recognition of, and action to address, the problem of discrimination against people with diabetes.

PROGRESS AND THE WAY FORWARD

Several measures on diabetes prevention and control, as well as an integrated approach to NCD, have been undertaken in the past years within the Region which have greatly strengthened epidemiological assessment, development of national strategies and programmes, training of health workers, and community-based diabetes care. These include:

- Development of the Regional plan for the integrated prevention and control of cardiovascular diseases and diabetes for the Western Pacific Region 1998-2003, developed by WHO/WPRO through a Regional working group, in Kuala Lumpur, Malaysia, in November 1997. The plan was widely distributed for implementation.

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- Various activities conducted by International Diabetes Federation (IDF) as combined ventures between the Region and the IDF Consultative Sections on childhood and adolescent diabetes and diabetes education. The activities include leadership/needs assessment workshops and a project which is being initiated involving sponsorship of needy children with diabetes within the Region.
 - Publication of the IDF/WHO WPR guidelines (second edition): “Type II diabetes: practical targets and treatments”, in 1999.
 - Development of the Secretariat of Pacific Community (SPC)/WHO report, “Improving diabetes outcomes through structured information”, during a joint SPC/WHO meeting in Canberra, April 1999.
 - Publication of the “Asian Pacific Perspectives: Redefining Obesity and its treatment” by a group of experts in collaboration with WHO/WPRO, International Obesity Task Force and the International Association for the Study of Obesity, in February 2000.
 - IDF Leadership Workshops on Childhood and Adolescent Diabetes and Diabetes Education

However, diabetes prevention and care in most countries are still a low priority in national health plans and even among the international community. Active advocacy and establishment of a Regional alliance against diabetes with all parties concerned are therefore urgently needed for generating international and national commitment and actions.

The St. Vincent’s Declaration in Europe on Diabetes Care and Research (1989) and the Declaration of the Americas on Diabetes (1996) have demonstrated how successful partnerships, formed on a regional basis, can improve strategies and produce significant results

in diabetes prevention and care. A similar regional approach to diabetes in the Western Pacific Region is therefore deemed very appropriate.

Within the Western Pacific Region, the original suggestion for a similar diabetes declaration came from an IDF Member Association, Diabetes New Zealand, about ten years ago but was not further pursued at that time. The Diabetes New Zealand representative raised the issue again at the 1998 IDF/WPR regional council meeting in Singapore as an agenda item, and a draft proposal to strengthen diabetes care was proposed. Collaboration with WHO was suggested as essential. WHO/WPRO positively responded to the proposal from IDF. Since then, IDF/WPR and WHO/WPRO have worked together to prepare the ground for a declaration. At the regional congress of IDF/WPR held in Sydney in 1999, with support of WHO, participants declared a “Call for Action” on diabetes in the Asia-Pacific region.

A preparatory meeting organized by IDF/WPR and WHO/WPRO for the proposed Declaration was held in Hong Kong from 14 to 16 March 2000. The meeting revised the proposed Declaration, identified major components and composed the framework of an action plan for implementation of the Declaration. It also considered possible partnerships and appropriate mechanisms for coordination. Representatives from the SPC, WHO collaborating centres, partner organizations and the industrial sector attended the meeting.

A WHO/WPRO and IDF-WPR joint meeting for the Western Pacific Declaration on Diabetes, co-sponsored by SPC and in collaboration with the Ministry of Health Malaysia, has been held from 2 to 4 June 2000, in Kuala Lumpur, Malaysia. The meeting included representatives from IDF-WPR, and IDF Headquarters, member associations of IDF-WPR, WHO/WPRO, WHO Headquarters, SPC, the Ministry of Health Malaysia, key players from active national institutions and WHO collaborating centres, other related non governmental organizations and industrial partners.

During the course of the meeting, the participants have:

1. endorsed the Western Pacific Declaration on Diabetes for the establishment of a strategic alliance against diabetes;
2. discussed and endorsed the plan of action for the implementation of the Declaration;
3. identified appropriate mechanisms for executing the plan of action; and
4. discussed mechanisms for resource mobilization.

This Declaration has been the result of a collaboration among the Western Pacific Region of WHO which encompasses 37 countries and areas, the Western Pacific Region of IDF which encompasses 16 member associations, SPC which encompasses 22 member states, and individual governments, national institutions, WHO collaborating centres, international organizations and industrial partners. The following steps have been currently undertaken or are proposed:

1. Discussion and finalization of a structure for the steering committee and secretariat for the planning, monitoring and evaluation of the implementation of the Declaration. The secretariat should be functioning by the end of 2000.
2. Obtain final approval of the 2000-2005 plan of action for the implementation of the Declaration by the three partner organizations
3. Further discussion on possible alliances and liaison mechanisms with governments and industry. Establishment of an appropriate mechanism for resources mobilization
4. Obtain government endorsement and support for the Declaration and its associated plan of action. Referring to the 1989 World Health Assembly resolution (WHA 42.36) on the prevention and control of Diabetes Mellitus, the technical report

of the 1996 WHO study group on the Prevention of Diabetes Mellitus and the 2000 World Health Assembly resolution (WHA 53.17) on the prevention and control of noncommunicable diseases, the Declaration and the plan of action will be reported to WHO Regional Committee Meeting in September 2000 and a meeting of Ministers and Directors of Health in the Pacific will be held in March 2001 to encourage government commitment and action.

THE THREE MAJOR PARTNER ORGANIZATIONS OF THE WESTERN PACIFIC DECLARATION ON DIABETES

The International Diabetes Federation (IDF) was founded in 1950 and celebrates its 50th anniversary in the year 2000. It is the only global advocate which strives specifically to improve the lives of people with diabetes and is the most important global opinion leader in the field of diabetes. The IDF has its headquarters in Brussels and is a Federation of more than 170 member diabetes associations from over 140 countries. The IDF is subdivided into seven separate regions. The Western Pacific Region (IDF WPR) was founded in 1984. It comprises 16 member associations from 16 countries and has a regional office in Singapore. It promotes a number of activities within the region to improve the circumstances of people with diabetes and to combat the perils of diabetes, and also acts to further the interests of the International Federation at the regional level. Notable examples of activities include the development of triennial regional congresses, liaison with the IDF Consultative Sections on Childhood and Adolescent Diabetes and Diabetes

Education to hold regional leadership workshops and with IDF Task Forces which examine issues such as Diabetes Health Economics. The region also works closely with the IDF Education Foundation and with World Diabetes Day activities and has its own official journal-Diabetes Research and Clinical Practice.”

The Secretariat of the Pacific Community (SPC), previously called the South Pacific Commission, has as its mission “to develop the technical, professional, scientific, research, planning and management capability of Pacific Island people to enable them to make informed decisions about their future development and well-being”. SPC is the oldest regional organization in the Pacific serving the 22 Island countries and territories of Melanesia, Micronesia and Polynesia since 1947 and is based in Noumea, New Caledonia. It implements the activities and projects identified as priorities by its members and incorporated in its annual integrated work programme. The Lifestyle Health Section, part of SPC’s Community Health Programme, coordinates the noncommunicable diseases programme, diabetes being one of its major concerns. The Section focuses on preventive and educational strategies to address lifestyle health problems while being mindful of the need to tailor these to individual country needs. Its long-term goal is to improve and promote better lifestyle health of pacific people with an emphasis on building the capacities of regional indigenous health workers.

Founded in 1948 and headquartered in Geneva, the **World Health Organization (WHO)** is one of the United Nations 16 specialized agencies. It currently has 191 member states divided into six regions. WHO Regional Office for the Western Pacific (WPRO) based in Manila, the Philippines covers 37 countries and areas and exists to support all countries and peoples of the Region to achieve the highest attainable level of health, which is defined in the WHO constitution as “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

Prevention and control of noncommunicable diseases has been identified as a WHO priority at global and regional levels. The Non Communicable Disease (NCD) is one of 17 focuses in the WHO regional technical programme. Diabetes is an integrated part of NCD which aims at reducing morbidity, disability and premature mortality resulting from NCD and at improving the quality of life of people with NCD through the development of comprehensive prevention and control programmes and strengthened surveillance and management. The WHO WPRO NCD programme focuses on assessment of the epidemiology of NCD and their associated risk factors and environmental determinants, advocacy for strong political commitment, provision of support for the development of public policies and evidence-based NCD prevention and control, increasing awareness of NCD and their risk factors. NCD control is seen as integrated part of primary health care and development of an integrated approach to NCD and diabetes prevention and control within the framework of Healthy Cities and Healthy Islands programmes is encouraged.