Plan of Action
2006–2010
for the Western Pacific
Declaration on Diabetes

Diabetes concerns all of us!

www.WPDD.org
Acknowledgements

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Plan of Action 2006–2010 for the Western Pacific Declaration on Diabetes

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The logo of the Western Pacific Declaration on Diabetes is similar to a beehive and epitomizes the features of “sweetness” that characterizes diabetes and the importance of “collaboration” in preventing diabetes and achieving quality care. The hexagon shape (a hexagon of hexagons representing a network of networks) also highlights the need to replicate efforts and promote synergism at multiple levels. The Plan of Action has also identified six major agents or stakeholders in the effort to raise awareness and improve care. The six cells of the beehive are associated with the many auspicious meanings related to the Chinese pronunciation of “six” including perpetual success and fulfillment.
Foreword

The threat and consequences of this epidemic of diabetes for the people of the Western Pacific Region and the need to intensify our fight against it, has been clear to us for some time. The WPDD is one of the weapons in our arsenal.

The WPDD has, since 2001, had three goals which focus on prevention of diabetes and the capacity of national health systems to achieve this. The development of the new Plan of Action 2006–2010 renews our efforts in the Western Pacific Region and focuses the energies of International Diabetes Federation Western Pacific Region members to achieve these goals.

Without this regular renewal and commitment to action, the WPDD will be nothing but words on a page. The Plan of Action 2006–2010 provides an ongoing mechanism to put ideas into action.

I am grateful to the Steering Committee for its commitment to continually improving the WPDD and its relevance. I am confident that the International Diabetes Federation Western Pacific Region’s Declaration and this new Plan of Action will make a real contribution to the defeat of this epidemic.

Gordon Bunyan
Chair
International Diabetes Federation
Western Pacific Region Council
In some areas within the Pacific region, diabetes has reached epidemic proportions with devastating consequences as a result of the complications this largely preventable disease inflicts. As the prevalence of diabetes in the Pacific region is three to four times higher than the rate in other population groups, if no effective action is taken now, the Pacific will bear the brunt of this human tragedy.

I therefore call on all governments and policymakers in our region to use this new Plan of Action 2006–2010 for the Western Pacific Declaration on Diabetes (WPDD) to meet the global challenge of combating the most urgent public health challenge of our time.

Let me thank the steering committee of the WPDD for the timely attention given to this new Plan of Action to help substantially reduce the public and personal cost of diabetes.

Dr Jimmie Rodgers
Director-General
Secretariat of the Pacific Community

Diabetes has become one of the most daunting causes of sickness and death in the Western Pacific. It is estimated that in the Region, the number of people with the disease will double over the next 25 years. The World Health Organization Western Pacific Regional Office has been working in close partnership with Member States, the International Diabetes Federation-Western Pacific Region, and the Secretariat of the Pacific Community in addressing this problem.

The first Plan of Action for the Western Pacific Declaration on Diabetes led to five years of impressive achievements, but much more must be done. With this second Plan of Action 2006–2010, we will build on our continuing collaboration to help inform and strengthen efforts of all partners in combating this devastating but highly preventable health problem.

Dr Shigeru Omi
Regional Director
World Health Organization
Western Pacific Region
History of the Western Pacific Declaration on Diabetes

At the fifty-first session of the World Health Organization Regional Committee for the Western Pacific, the Committee adopted resolution WPR/RC51.R5 which:

- recognized the public health and economic burden of noncommunicable diseases, especially cancer, cardiovascular diseases (CVD) and diabetes;
- noted that CVD, cancer and diabetes have common risk factors that are lifestyle-related and determined by political, economic, social, cultural and physical environments;
- endorsed the WPDD as a regional strategic alliance between the World Health Organization Regional Office for the Western Pacific, Secretariat of the Pacific Community (SPC) and the International Diabetes Federation-Western Pacific Region (IDF-WPR) as a focal point for control of diabetes;
- urged Member States within the Region to make noncommunicable diseases, including diabetes, a top national priority;
- requested the World Health Organization Regional Directors to support countries to develop and implement the Plan of Action for the Western Pacific Declaration on Diabetes.
The WPDD Strategic Alliance

• The International Diabetes Federation, founded in 1950, is the only global advocate and opinion leader in the field of diabetes. It is a federation consisting of 190 diabetes associations from more than 150 countries. The IDF-WPR, one of its seven regions, has 22 associations from 21 member countries.

• The Secretariat of the Pacific Community (SPC), established in 1947, is the first Pacific regional development assistance organization and serves 22 island countries and areas to develop the technical, professional, scientific, research, planning and management capability of Pacific island people.

• The World Health Organization is the United Nations specialized agency for health. Its objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. It has 193 Member States divided into six regions with 37 countries and areas in the Western Pacific Region.
Our Vision

An environment that reduces the public and personal burden of diabetes.¹

Our Mission

To achieve better health outcomes through better care and healthier environments for people with or at risk of diabetes.¹

Our Goals

Building on the accomplishment of the Plan of Action for the Western Pacific Declaration on Diabetes (2000–2005), we shall continue to serve as a regional voice for people with diabetes to promulgate the vision and mission of the WPDD:

• to encourage governments to create environments conducive to the promotion of healthy lifestyles and reduce obesity, especially childhood obesity, through legislation and policies;

• to educate communities on risk factors for diabetes and obesity and their prevention and management, including targeted screening;

• to reform health care systems to make patient-orientated and integrated diabetes care accessible, sustainable and affordable.
Our Objectives

• To increase the number of countries with health care systems that provide accessible, affordable and patient-orientated care and education programmes to people with diabetes and associated complications.

• To increase the number of countries with health care systems that provide screening and prevention programmes to subjects at risk for diabetes.

• To increase the number of countries with demonstrable programmes which create work and leisure environments conducive to the promotion of a healthy lifestyle through intersectoral collaborations, particularly in the business sectors.

• To increase the number of countries with legislation to provide specific health policies to reduce childhood and adolescent obesity.

• To increase the number of countries with legislation on standards to be applied to the labelling, production and advertising of food, including limits on tobacco and alcohol intake.
Our Strategies

- To encourage governments to create environments conducive to the promotion of a healthy lifestyle and to reduce childhood obesity.

- To educate communities on risk factors for diabetes and its prevention and management, and empower people with diabetes to take responsibility for their condition.

- To reform health care systems to make quality and patient-orientated diabetes care accessible, sustainable and affordable.

- To conduct local and regional research programmes to improve our understanding of diabetes and to evaluate the cost-effectiveness of intervention programmes.

- To improve the quality of life of people with diabetes.

All member associations and member states of the WPDD strategic alliance will collaborate to synergize our efforts to raise awareness and advocate for changes in policies and practices to prevent diabetes and improve care.
Our Actions

• To continue to use WPDD as an advocacy document to strengthen the capacity of national health systems to deliver and monitor equitable, affordable and effective prevention and care services for diabetes and its complications.

• To collaborate with mass media, industry, advocacy and professional groups, strategic alliances and nongovernmental organizations which share similar goals to raise awareness about the burden of diabetes.

• To provide all stakeholders, particularly policy-makers and the business sector, with information on diabetes and its prevention in order to facilitate changes in policy and practice that will further increase the impact of the WPDD resolutions.

• To develop a mechanism within the Region to encourage policy-makers and care providers to develop, set goals and achieve targets in the surveillance of health promotion and clinical care programmes in diabetes.

• To hold regular meetings to review success stories and identify barriers encountered in the pursuit of prevention of obesity, diabetes and their associated complications.
To people with diabetes and their loved ones

High blood glucose, high blood pressure and high blood cholesterol levels will eventually damage large and small blood vessels leading to multiple organ failure, especially in the presence of smoking.

People with diabetes have a 2–3 fold increased risk of developing heart disease and stroke. Diabetes is the leading cause of blindness, non-traumatic leg amputation and kidney failure. Many of these complications are treatable and preventable. However, good diabetes control can only be achieved through self-care and being part of the health-care team.
As a person with diabetes, you should learn about your disease and take charge of your own health. Adopt a healthy lifestyle and adhere to your medications.

Work closely with your health-care team to define and work towards your desirable and achievable treatment goals including body weight, blood pressure, blood lipid, blood glucose. Accumulate walking to at least 150 minutes a week. Stop smoking and use alcohol responsibly within national guidelines.

As a family member of a person with diabetes, you should give him/her every support as he/she strives to cope with the disease. Assist your loved ones to work towards their treatment goals. Help him/her develop a healthy way of life, one of purpose and fulfillment.

Control of multiple risk factors, even by small increments, will minimize the risk of complications

- **HbA<sub>1c</sub>** less than 6.5% *
- **BP** lower than 130/80 mmHg
- LDL-**C** cholesterol less than 2.5 mmol/l²

*Advise those in whom target HbA<sub>1c</sub> levels cannot be reached that any improvement is beneficial.
To Governments and Policy-makers

According to the World Health Organization, in the Western Pacific Region the number of people with diabetes is projected to rise from 35 million in 2000 to 71 million in 2030. The International Diabetes Federation-Western Pacific Region (including Indonesia and Thailand) will have both countries with the largest number of affected people (e.g. China) and those with the highest prevalence of diabetes (e.g. Pacific islands). The main increase will occur in the young to middle-aged group, affecting many young parents and economically active people.\textsuperscript{3,4,5}
lifestyle risk factors (unhealthy diet, physical inactivity, tobacco and alcohol) cause 4 major diseases (diabetes, cancer, cardiovascular and respiratory diseases) which account for 60% of all deaths, disproportionately affecting the poor and the less educated sectors of our community. Of the 17 million people who die every year from heart disease or stroke, 50% were found to have diabetes.6,11

Evidence-based care models using a multidisciplinary and patient-orientated approach have been initiated in the Western Pacific Region. These programmes have clearly confirmed that diabetes and associated complications are preventable and that these care models are cost-effective.6,7,8,9,10

• of the 17 million deaths, 11 million come from Asia including the Western Pacific Region
• each year, 1 million people develop end stage renal disease, mainly due to diabetes, and many more are dying due to lack of access to dialysis in the Western Pacific Region
• diabetes shortens life span by 10 years especially in young people
• In most countries, 5%–10% of health care expenditures are spent on treatment of diabetes complications11,12,13,14,15,16
Despite the disease burden and cost-effectiveness of prevention, the investment in diabetes prevention and care programmes is disproportionately low. People with diabetes are more vulnerable to develop disabilities and undergo premature death, yet diabetes and its complications are highly preventable and there are proven strategies which can save both lives and money.

- Respond to the WHO Regional Committee resolution WPR/RC51.R5 and increase allocation and/or redistribute resources to develop a national diabetes and noncommunicable disease surveillance, prevention and control programme.

- Reduce childhood obesity by providing healthy school meals, ending energy-dense and low-fibre food advertising to children, ending energy-dense food vending in schools, promoting more fruit and vegetable consumption and teaching cooking and healthy food skills to younger and older generations. Many of these measures are now in place or are being recommended to governments in countries both within and outside the Region.\textsuperscript{17,18}

- Ensure people with diabetes have adequate access to education and lifesaving medications for the control of blood glucose and blood pressure, especially improving the availability of insulin.\textsuperscript{19}

- Use legislation, including taxation, to curb the rising trend of diabetes by discouraging the use of tobacco and excessive alcohol consumption, improving food standards and enforcing accurate and informative food labelling of energy dense foods.\textsuperscript{19}
To our parents and schoolteachers

Childhood and adolescent obesity is the main driving force for the growing number of young people with diabetes.

At least 30%–50% of obese children will remain obese as adults with substantially increased risks for diabetes and premature heart disease and kidney failure. Home and school environments have a profound influence on the personal values and behaviour of our future generation.

To prevent early onset of obesity and diabetes, we strongly encourage teachers and parents to work together to help our children develop a healthy lifestyle.

- Adopt balanced dietary habits (e.g. eat more fruits and vegetables, limit the intake of energy dense food and sugary beverages).
- Engage in regular sport activities, exercise programmes and discourage inactivity (e.g. limit time spent watching television, excessive computer use and playing video games).
- Acquire self-management skills including good hygiene habits and knowledge about nutrition and prevention of chronic diseases as an investment in their future health.17,18

Act now and serve as models for our future generation, a vital investment for our society.

Nurture our children through encouragement, love, guidance and care.
To all members of our communities

Diabetes is a killer. Yet diabetes is **highly treatable and its complications are largely preventable**. The majority of people with type 2 diabetes do not have symptoms. Seek advice if you have any of the following:

- Feel unusually thirsty and tired
- Increased frequency of urination
- Sudden unexplained weight loss, especially if previously overweight
- Frequent infections especially involving skin and genitalia

Even if you have no symptoms, you should consider you may be at risk for diabetes. If you have any one of the following, have a medical check up to screen for diabetes and related risk factors:

- Overweight (body mass index* greater than 25 kg/m\(^2\) or waist circumference 80 cm–88 cm in women or 90 cm–102 cm in men depending on ethnicity)
- Family history of diabetes, especially affecting siblings and parents
- Non-Caucasian people adopting a westernized lifestyle
- Low consumption of fruits and vegetables
- History of high blood glucose during pregnancy
- History of high blood pressure or high blood fat levels or receiving treatment for these conditions
- History of stroke or heart disease
- Heavy tobacco and alcohol intake

Know your **risk profile** and reduce your risk of developing diabetes.

- Avoid being overweight
- Lose at least 5%–10% of your body weight if overweight
- Walk briskly whenever possible, accumulating at least 150 minutes a week
- Eat sensibly and enjoy large portions of vegetables and fresh fruits
- Avoid foods with high fat, high simple sugar and high salt content
- Reduce intake of preserved food and fast food
- Stop smoking and binge drinking
- Enjoy life by balancing work, leisure and family activities\(^{20}\)

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*Body mass index = body weight (kg) ÷ body height (m) ÷ body height (m)
To our employers

Rising affluence has led to increasingly early onset of diabetes. Apart from human suffering, this killing disease will eventually bankrupt our health care system, erode corporate earnings and reduce societal productivity.

Based on surveys from leading companies in the United States, if blood glucose levels are controlled in 95% of people with diabetes, every year, 1,473 lives could be saved, 1.4 million sick days avoided and US$ 164 million saved.21

According to the analysis of a leading consultancy company, more than 50% of corporate profits of Fortune 500 companies now go to payment for health care. Help your employees, your company’s most important assets, to preserve their health and your corporate earnings.21
There are now diabetes care models proven to be cost-effective in reducing these devastating complications.\textsuperscript{9,10,22} However, there is a need to change health care systems to make these care models accessible, affordable and sustainable.

Your network and influence will greatly expedite these much needed changes.

- Help your employees, your company’s most important asset, to preserve their health and your corporate earnings.

- Lobby the government to introduce policies such as tax rebates and subsidies and provide corporate incentive schemes to encourage people with diabetes to invest in their health and take early preventive measures.

- Workplace health promotion programmes are an effective and established approach with great potential for prevention and control of diabetes. Improve the work environment to facilitate physical fitness and to reduce the levels of psychosocial stress of our work force.

- Develop innovative medical insurance programmes to ensure that people with diabetes are not denied access to patient-orientated and integrated prevention and care programmes for diabetes.

- Instigate quality assurance programmes that will ensure people with diabetes receive appropriate education, assessment and treatment from their health-care providers that will reduce complication rates and preserve quality of life.
To our strategic partners

- We share a common mission to advocate for people with or at risk of having diabetes and associated complications.

- We share the same ideals to reduce the obesogenic environment of our society through education, legislation and compulsory school policy. These ideals are to protect the population in general and our children in particular from developing these chronic diseases.

- We share knowledge, experience and know-how in the prevention of obesity, diabetes and associated complications.

- We share the same concerns that despite the evidence and availability of solutions, there are multiple barriers in translating prevention programmes into standard care for the benefit of our communities.

- We share the common belief that government support and community mobilization are needed to effect changes in policy and practice through multisectoral and interdisciplinary collaborations.

- We share the same commitment to lobby for support to change the health care system and to reallocate or redistribute resources to make quality preventive care programmes accessible and affordable for people with diabetes.
Endnotes


17 Fight the Obesity Epidemic New Zealand Incorporated (FOE). The Health Select Committee of Inquiry into Obesity and Type 2 Diabetes in New Zealand (www.foe.org and www.diabetes.org.nz).


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Together, we can make a difference!