

A United Nations Resolution on Diabetes – The Result of a Joint Effort

a report by

Martin Silink

President, International Diabetes Federation and Professor of Paediatric Endocrinology, University of Sydney and The Children's Hospital at Westmead

Every 10 seconds a person dies of diabetes. In the same 10 seconds, two more people develop diabetes. There are now over 246 million people living with diabetes. The number is predicted to reach 380 million if action is not taken to curb the pandemic. The International Diabetes Federation (IDF) issued a call to action and made the world aware that to do nothing is not an option. On 20 December 2006, the General Assembly of the United Nations (UN) unanimously adopted a Resolution on diabetes. This was a monumental occasion for the global diabetes community. For the first time, the UN acknowledged that diabetes is a global epidemic that is as serious a threat to global health as the infectious disease epidemics such as HIV/AIDS, tuberculosis and malaria.

Resolution 61/225: 'World Diabetes Day' recognises diabetes as a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, countries and the entire world. It designates 14 November, the current World Diabetes Day, as a UN Day to be observed every year beginning in 2007.

The Campaign for a UN Resolution

In June 2006, IDF launched an audacious campaign to raise global awareness of diabetes and to secure a UN Resolution on diabetes.

The Unite for Diabetes campaign was an unprecedented success and proved a catalyst for uniting the global diabetes community. It brought together the largest ever coalition of diabetes stakeholders. Diabetes organisations from around the globe, including all IDF Member Associations, the majority of the world's global scientific and professional

diabetes societies and industry partners, as well as many charitable foundations and service organisations with an interest in diabetes, all joined together to call for a UN Resolution.

IDF's bold goal to secure the Resolution by World Diabetes Day 2007 was easily surpassed when the Resolution was secured six months after the launch of the Unite for Diabetes campaign. This success was the consequence of the work of diabetes advocates everywhere, who engaged collectively in a global movement that combined top-down political advocacy with grass-roots awareness.

Key Support from Developing Nations

The political success of the Resolution is a testament to the support and advocacy of a number of countries, many of which are the developing nations that will bear the brunt of the rising diabetes epidemic.

The People's Republic of Bangladesh was a key advocate and emerged as the ideal partner to initiate and facilitate the passage of the Resolution through the diplomatic process. It was joined by other powerful voices in the developing world.

On 20 December 2006, during the 61st session of the UN General Assembly, the First Secretary of the Permanent Mission of South Africa to the UN introduced the draft Resolution on World Diabetes Day on behalf of the Group of 77 (a coalition of developing countries) and China. The following countries were listed as co-sponsors: Armenia, Bosnia and Herzegovina, Croatia, Monaco, Austria, Georgia, Malta, Portugal and Ukraine.

In her speech to the Assembly, the First Secretary, Ms Laoura Lazouras, spoke of the potentially devastating impact of the silent epidemic of diabetes. She highlighted the disproportionate threat to life and well-being in low- and middle-income countries and warned of the huge increase in the number of people affected by diabetes that is expected over the coming decades. (The complete text of the speech is available online at: www.g77.org/Speeches/122006.html)

The draft resolution A/61/L.39 Rev.1 was tabled and approved by consensus by the General Assembly on 20 December 2006. The efforts of the numerous countries and the global diabetes community paid off with the passage of this landmark Resolution on diabetes. For the first time, governments acknowledged that a non-communicable disease is as serious a global health threat as the infectious epidemics.

The World Diabetes Day Resolution

The Resolution's passage is a major achievement, but is just the first step in the struggle to reverse the diabetes epidemic and save lives. The UN has



Martin Silink is President of the International Diabetes Federation (IDF) for the period 2006–2009. He is also Chair of the IDF Child Sponsorship Program and he led the successful Unite for Diabetes campaign that resulted in the passage of the United Nations World Diabetes Day Resolution in December 2006. Professor Silink is Professor of Paediatric Endocrinology at the University of Sydney and The Children's Hospital at Westmead, Sydney, Australia. His main research interests are diabetes complications in the young and the changing patterns of diabetes in childhood and adolescence. Professor Silink is Chairman of the IDF Western Pacific Childhood Diabcare 2001 and 2003 projects, which are international collaborative audits of the health of children and adolescents with type 1 and type 2 diabetes attending 92 centres in the countries of the Western Pacific Region. Professor Silink is a member of various professional societies including the Australian Diabetes Society, the American Diabetes Association (ADA), the European Association for the Study of Diabetes (EASD), the Endocrine Society of Australia, The Endocrine Society (USA), Lawson Wilkins Pediatric Endocrine Society (USA) and the International Society of Pediatric and Adolescent Diabetes (ISPAD).

shown its commitment to this struggle by throwing its support behind World Diabetes Day and encouraging nations to take immediate action.

The Resolution invites all Member States, relevant UN organisations and civil society to observe World Diabetes Day on 14 November, in order to raise public awareness on the prevention and care of diabetes through education and the media.

Resolution 61/225 welcomes “the fact that the International Diabetes Federation has been observing 14 November as World Diabetes Day at a global level since 1991, with co-sponsorship of the World Health Organization (WHO)” and designates “14 November, the current World Diabetes Day, as a United Nations Day, to be observed every year beginning in 2007.”

World Diabetes Day is the primary awareness campaign of the diabetes world. It was introduced by IDF and the WHO in 1991, in response to concern over the escalating incidence of diabetes around the world. It is celebrated every year on 14 November. The date was chosen because it is the birthday of Frederick Banting, who, along with Charles Best, first conceived the idea that led to the discovery of insulin in 1921.

Significantly, Resolution 61/225 establishes the global agenda for the coming fight against the diabetes pandemic by encouraging all nations to develop national policies for the prevention, care and treatment of diabetes. It asks for nations to do this in line with the sustainable development of their healthcare systems, taking into account internationally agreed development goals, including the Millennium Development Goals.

Implementing the Resolution

The full impact of the World Diabetes Day Resolution will take many years to unfold. There are two main challenges that need to be addressed: the prevention of diabetes and the prevention of complications in people with diabetes, now numbering almost 250 million, or roughly 6% of the world’s adult population. Different strategies and responses will be required. The Resolution, by calling on UN Member States to develop national policies for the prevention of diabetes, underscores the need to stem the tide of new cases to prevent the world’s healthcare systems from being overwhelmed.

The development of national policies for the prevention of diabetes will create many challenges, not least of which is the need to improve understanding of the environmental and societal factors that are driving what has been called the epidemic of the 21st century. Individual lifestyle choices and changes in the living environment beyond the control of the individual will need to be scientifically evaluated. Simplistic responses do little to solve the problem. The solution will require increased public awareness that the prevention of type 2 diabetes is possible and that individuals and families are ultimately responsible for the lifestyle choices that they make. However, strategies must also be developed to address the negative changes to the living environment that are behind the pandemic. These strategies will demand whole-of-government actions, not just those of agencies responsible for healthcare.

Diabetes is one of the world’s biggest causes of lost expenditure, mortality, disability and lost economic growth. There are

simple, cheap treatments that can help prevent these losses, many of which will actually save money in countries both rich and poor. The economic returns of improved diabetes prevention and treatment are relatively higher in the world’s low- and middle-income countries, where the majority of people with diabetes live but where few of them are treated cost-effectively.¹

For most of the world, the solutions to the spiralling diabetes pandemic will involve improving access to proven but low-cost therapies, especially in low-income countries that face major environmental and social problems as well as poverty. Developing countries will need to be supported by national and international partnerships but will ultimately need to take ownership and leadership of the solutions that they will need to implement. Country-specific data on the burden of diabetes are required urgently, together with a clear understanding of the extent of national policies for the prevention and care of diabetes. In developing countries, many vertical streams of excellence in delivering diabetes care exist. Yet all too often they work in isolation. The horizontal integration of their efforts would greatly enhance their effectiveness.

The World Bank recently identified seven diabetes treatments that would actually save money if prescribed, even in the poorest regions of the world, and five more that would be highly cost-effective (in the poorest regions, US\$60–660 per life-year saved). It is tragic that these treatments are not used more. This situation presents an opportunity. IDF believes that the fastest and most efficient way to improve health in poor and middle-income countries is to provide cheap, simple, proven treatments to people at risk of diabetes and cardiovascular disease. Doing so will help strengthen primary care, stabilise families, liberate women to seek greater educational and employment opportunities and improve standards of living.

The reality is that there will be no automatic increase in funds for the prevention or treatment of diabetes in the short term. However, the diabetes community could bring many assets to future partnerships for the prevention and care of diabetes with inter-sectoral government agencies, UN organisations, non-governmental organisations, civil society and industry.

IDF will explore the feasibility of creating a Global Fund to attract, manage and disburse additional funds for the prevention and care of diabetes through private-public partnerships. The Global Fund would be closely modelled on the Global Fund to Fight AIDS, Tuberculosis and Malaria.

None of these outcomes would be possible without the unprecedented success of the Unite for Diabetes campaign and the resulting Resolution. Resolution 61/225: World Diabetes Day is a testament to the unity and strength of the global diabetes community and to the increasing awareness of UN Member States to the devastating global impact of the diabetes pandemic. ■

Resolution 61/225 is available at:
<http://daccessdds.un.org/doc/UNDOC/GEN/N06/507/87/PDF/N0650787.pdf?OpenElement>

1. *Diabetes Atlas* (3rd Edn), International Diabetes Federation, 2006;247.