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## Diabetes Research and Clinical Practice

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**International  
Diabetes  
Federation**



### International Diabetes Federation

# How can advocates, healthcare professionals and policy makers join forces to fight CVD in people with diabetes? ☆



On Wednesday, May 22, the World Heart Federation (WHF) and the International Diabetes Federation (IDF) hosted a side event (video stream available below) at the 72nd World Health Assembly [1] in Geneva (Switzerland). Experts and advocates discussed their experiences and perspectives on CVD and diabetes in a program entitled, *Joining forces to fight CVD in people with diabetes: pathways to solutions*. The in-depth discussion focused on Sustainable Development Goal (SDG) 3 “Ensure Healthy Lives and Promote Wellbeing for All at All Ages” and the targets 3.4–3.6 decrease of NCD-related premature mortality.

Dr Laurence S. Sperling, Director of the Emory Heart Disease Prevention Center, represented WHF as moderator and set the tone for the diabetes and CVD crisis: “Diabetes is more than just a CVD risk factor. It is a vascular and cardiovascular disease. Although diabetes affects the microvascular — the eyes, the kidneys, the nerves — most people with diabetes die of macrovascular complications like heart attack, stroke peripheral vascular disease and sudden death,” he said.

For two hours, invited guests presented material and discussed the realities of the healthcare landscape in three main areas: gaps for coordinated CVD in diabetes care worldwide; lifestyle issues and social determinant constraints; and government prioritisation of public health policies developed for prevention. Speakers represented ideas for possible solutions.

All panel members recognized the urgency to stop the diabetes and CVD epidemics as the leading causes of morbidity and mortality worldwide, particularly in low- and middle-income countries. Dr Sperling presented material from IDF’s *Taking Diabetes to Heart* survey which assessed CVD awareness among people living with type 2 diabetes. Results of the survey revealed that people either underestimated their risk or did not know about it.

Dr Brett Giroir, US Assistant Secretary of Health for the US Department of Health and Human Services, presented first, telling the audience, “30 million Americans have diabetes and 1 in 4 don’t know it. The US spends 18% of GNP on health-care equal to 3.6 trillion US dollars, and a large majority of that spending is for chronic illness.”

Dr Giroir spoke about the role of the US in healthcare guidelines worldwide, and the new and improved US nutritional and physical activity guidelines in development today. “We can dramatically lower all-cause mortality with exercise and muscle strengthening, about 150 min a week.” he said. But a modelling system where healthcare professionals are rewarded to stop chronic disease is a core focus for the US. “We are making a move from fee-for-service to value-based care. It’s a tsunami of transformation in the US Healthcare system right now. Rather than rewarding people for being sick, we are going to reward people for their health. Sustainable change is possible if you do reimbursement right, train doctors right, then we believe you’re going to be in pretty good shape.”

Stela Prgomelja (Serbia) and Lucas Xavier de Oliveira (Brazil) discussed the realities of living with type 1 diabetes (both were diagnosed during childhood) and their own understanding of CVD as a risk factor in their lives. Stela recounted her diabetes pathway, early diagnosis in childhood (1976), the lack of insulin access during the conflict in the Balkans, and her development of microvascular complications. She was unaware of her CVD risk until her doctor diagnosed her with high blood pressure and told that she had suffered a stroke.

“I did not know I had already had a serious stroke,” Stela told the audience. “I was not aware of the symptoms, so I could not be sure when it occurred.” Today Stela has taken steps to manage her risk but warns others, “CVD is silent. People must be educated and talk to their doctors,” she said.

☆ This article was originally published in [www.diabetesvoice.org](http://www.diabetesvoice.org), the online magazine of IDF.  
<https://doi.org/10.1016/j.diabres.2019.06.017>  
 0168-8227/© 2019 Published by Elsevier B.V.



Lucas, a nursing student in Sao Paulo, was diagnosed at age 9 with type 1 diabetes. His father had a heart attack when Lucas was just 12, but Lucas never understood his risk for CVD, even with his family history.

“If it weren’t for my nursing studies, I would know nothing about my risk for CVD.” Lucas is also a member of IDF’s Young Leaders in Diabetes and called for public health campaigns directed at young people. “All youth today should understand CVD risk factors, so they can make changes before it’s too late.”

A large part of the panel discussion focused on a presentation made by Mr Veli Auveinen, an economist from the Finnish Ministry, on Finland’s taxation of unhealthy foods and beverages, as well as tobacco. “In Finland, we have ambitious taxes on the environment and on food,” he said. “For example, we hope to end the use of tobacco completely by 2030,” he said. However, he did note that there was no empirical evidence that the taxes on sweets and soda helped public health. “We saw no decrease in consumption,” he said.

Dr Sperling asked his panel on this point – how can policies inform the public?

“Incentivize,” said Dr Giroir, “The US will not support taxation on sugar sweetened beverages or other sweets. We want to empower people to make the right choices. But

education is not enough. We know that social determinants constrain behaviour. If people live in food deserts [2], nothing is going to help them because they don’t have choices.”

Dr Rajeev Gupta, an at-large member of the WHF Board, had the last word, saying, “There is no solution that can fix all. Eighty percent of the world have very little healthcare. We must do what is possible where.”

For more information about IDF’s Taking diabetes to heart survey, click here.

#### REFERENCES

- [1] The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.
- [2] Food desert: an urban area in which it is difficult to buy affordable or good-quality fresh food.