The discovery of insulin in 1921 stands as one of the great achievements of medical science in this century. Seventy-five years ago, young people with "juvenile onset diabetes" typically died within two years of developing this disease. Following the introduction of insulin, mortality from the disease plummeted.

However, with this success came new problems: people with insulin-dependent diabetes mellitus who previously would have died now lived—although with a high risk of developing disabling complications that required much more than the average amount of health care resources. In addition, non-insulin-dependent diabetes mellitus (NIDDM) has emerged as a consequence of lifestyle changes associated with modernization and now dominates the spectrum of diabetes throughout the world.

Today, diabetes is an important cause of disability and death in virtually all countries of the Americas. In 1994 there were an estimated 28 million cases in the Region (one quarter of the world total): 15 million in the United States of America and Canada and 13 million in Latin America and the Caribbean. By the year 2000, the case load in Latin America and the Caribbean will exceed that in the United States and Canada; by 2010, it is projected to increase to 20 million, pushed upward by the aging of the population as well as social changes and their associated risk factors.

The Pan American Health Organization, therefore, in 1995 included support for diabetes program development as a priority for its newly formed Noncommunicable Diseases Program. Initial emphasis was placed on consensus development activities, in conjunction with the Latin American Association for Diabetes (ALAD), the Caribbean Diabetes Association (CDA), and the International Diabetes Federation (IDF).

Other important initiatives included development of a diabetes-based approach for integrated noncommunicable disease programs, support to a regional epidemiology training course in Colombia, support to an IDF course for the leaders of diabetes associations in South America, design of a study to demonstrate the clinical and economic impacts of quality improvements in diabetes management, translation into Spanish of the IDF publication Lowering the Price of Ignorance—A World View on Diabetes Education, and production of a brochure entitled "Diabetes in the Americas: facts for health professionals."

The increasing toll of diabetes among many population groups throughout the Americas, along with recent evidence of the efficacy of prevention and treatment strategies, justifies heightened attention to this disease from both clinical and public health...
sectors in all countries. As is the case with other major chronic diseases with which health services must now cope, much can be done to alleviate the impact of diabetes on individuals and societies. Key areas for action are the following:

- promoting maintenance of healthy weight and reduced dietary fat intake, together with increased physical activity, which could lower the incidence of NIDDM by as much as 50%.
- attacking risk factors such as smoking and high blood pressure and improving control of glucose metabolism, which together could reduce complication rates on the order of 50% or more.
- improving quality of care, with increased emphasis on self care (including the patients and their families in the health team), which will improve the quality of life of persons with diabetes and will also lower health care costs per patient by helping them to prevent complications.
- supporting the development of well-managed diabetes programs, at local and national levels, that are integrated within programs for control of chronic noncommunicable diseases of major public health importance; this action could greatly improve the prospects for stemming the rate of increase projected for this disease in the coming decades.
- supporting the development of national diabetes associations, which can assist in prevention and control of this disease through such activities as public and patient education, support for clinical training, and community-based care, and could potentially expand the resources available for coping with the disease's impact.

The recent establishment of official relations between PAHO and the International Diabetes Federation was an important development that reflected a considerable amount of joint activity over the past year. The focus is on the needs of the Americas, and both the North American and the South and Central American Regional Councils of IDF have been involved. A six-year planning framework has been established that will facilitate cooperation and the coordination of our activities in the Americas.

The Declaration of the Americas (see p. 263) is the first example of IDF/PAHO cooperation in the area of diabetes policy development. This Declaration will only be meaningful to the extent that it is accompanied by the kind of planning and implementation that followed the Saint Vincent Declaration on diabetes in the European Region of WHO (Saint Vincent, Italy, 1989).

In 1996, the 75th anniversary year of the discovery of insulin by Banting, Macleod, Best, and Collip in Toronto, Canada, our Region as a whole has recognized that the time has come to stem the tide of diabetes. I therefore issue a challenge to all our member countries to reduce the projected impact of this disease through health promotion, preventive medicine, and improved quality of care. For guidance in this task, I commend to you the Declaration of the Americas.
A regional meeting on diabetes was held in San Juan, Puerto Rico, on 2–4 August 1996. The meeting, cosponsored by the Pan American Health Organization and the International Diabetes Federation, brought together participants from 29 countries and representatives of ministries of health, professional associations, diabetes societies, private industry, lay organizations, the media, and other international organizations.

The Declaration of the Americas on Diabetes, which was adopted at the meeting, highlights the growing importance of diabetes in the population’s burden of disease as well as effective strategies that should be implemented. As a matter of national policy, people with diabetes should have equal access to employment. As a health policy, communities should promote healthy diet and exercise for prevention of the onset of non-insulin-dependent diabetes. At the health services level, the quality of care, including patient education, should be improved in order to prevent complications in people with the disease and to ensure availability of insulin.

Diabetes itself is an important cause of morbidity and mortality; it is also an underlying cause of cardiovascular disease. It has an impact on the quality of life of affected people and their families and on the health care system that bears the costs of complications and disability.

The Declaration outlines principles of diabetes program development in the context of integrated noncommunicable disease prevention and control. It seeks participation of all stakeholders and mobilization of existing resources, in addition to training, research, dissemination of information, and partnerships for technical cooperation within and between the Member States.

DECLARATION OF THE AMERICAS ON DIABETES

Preamble

Diabetes mellitus is a growing pandemic. In 1996, an estimated 30 million people with diabetes live in the Americas, more than a quarter of the world’s total case load. By the year 2010 the Americas case load is expected to increase to 45 million, taking into account demographic aging of populations and trends in underlying risk factors which are related to the process of modernization that is taking place in all developing countries. There is also a higher incidence and prevalence of diabetes in certain ethnic groups in the Americas.

Diabetes is a serious and costly public health problem in the Americas. It adversely affects people of all ages and at all socioeconomic levels. Millions of people with diabetes are not diagnosed. Millions of people with diabetes are not properly treated. The impact of diabetes on societies and individuals is underestimated. People with poorly controlled diabetes have a markedly increased risk for and incidence of heart attack, stroke, blindness, kidney failure, leg amputation, and early death. Not only is their productive life-span shortened, but the quality of life of people with diabetes and their families is severely im-
pacted. Scientific evidence clearly demonstrates that much of this human suffering can be prevented.

Diabetes, especially when poorly controlled, can be a major economic burden to the individual and society. Most of the direct costs of diabetes are related to its complications, which can often be reduced, delayed in onset, or, in certain cases, prevented. Depending on the country, available estimates indicate that diabetes may account for 5%-14% of health care expenditures.

Poverty adversely affects diabetes care. It influences the likelihood of being correctly diagnosed, the quality of education received, the adequacy of care, the affordability of treatment, and the risk of developing serious complications. There is a need to address these inequities in the development of diabetes prevention and control strategies and programs in all countries.

Unless these trends are addressed through the development of more strategic and integrated multisectoral responses, there will be a commensurate increase in severe, costly complications with associated reduced quality of life as well as premature death from diabetes.

With current knowledge and technology, it is possible to promote health and prevent complications in people with diabetes with good glycemic control and modification of cardiovascular risk factors. In relation to what is now known about the preventability of this disease and the efficacy of clinical management, current efforts in its management in all countries fall far short of what is possible. Unfortunately, many people with diabetes are not brought to care. Many who are able to access health care are not receiving the quality of care that is possible even under quite modest circumstances. There are opportunities to redirect the resources that are already being applied in response to this increasing problem in ways that will reduce the rate of increase and the frequency of complications and improve the quality of life for all people with diabetes and their families. There are also opportunities to achieve better care at lower cost per patient through attention to the development and more appropriate use of ambulatory and community care. Equally important is the need to enlist the people affected by diabetes in the health care team so as to achieve a greater measure of self-care and quality of life for people with diabetes.

It is in the best health, economic, and social interests of all nations to recognize diabetes as a national health priority and to ensure that the resources applied to this problem achieve all that is possible in terms of effectiveness, efficiency, and quality of life.

To change the way things are to the way things ought to be requires a vision, a plan, and commitment on the part of all nations in the Americas to accept the challenge as we move towards the year 2000 and beyond.

Vision

Better health for people affected by or at risk for diabetes in the Americas by the year 2000 and beyond.

Plan

To realize this vision, all nations should pursue the following general strategic plan:

1. Recognize diabetes as a serious, common, growing, and costly public health problem. Each nation should determine the true epidemiological and economic burden of diabetes as a basis for establishing its priority on the national health agenda.

2. Develop national diabetes strategies, which should include specific and appropriate goals, process indicators, and outcome measures. To the extent possible, this should include reference to quantity, quality, and time.
3. Develop and implement a national diabetes program to include delivery of quality care, promotion of healthy lifestyles, and prevention of disease, in order to reduce the morbidity and mortality of all people with diabetes and to improve their quality of life. This national diabetes program can be free-standing or integrated with related noncommunicable disease programs.

4. Allocate adequate, appropriate, and sustainable resources to prevent diabetes where possible, manage the disorder, manage and prevent its debilitating consequences, and provide for important research activities. Management skills should be developed at all levels so as to promote the most effective and efficient use of these resources.

5. Develop and implement an integrated health care model involving people affected by diabetes, health care professionals, and a variety of other individuals within the health system. This model combines care and education, ensures communication of information at all relevant levels, and includes continuous quality improvement. Emphasis should be placed on primary health care to achieve early diagnosis, proper treatment, and follow-up care. Clinical practice guidelines should be introduced so that quality care can be standardized and implemented.

6. Ensure that available and affordable insulin and other medications, as well as supplies needed to properly manage diabetes and prevent its disabling complications, are available and affordable to all people with diabetes.

7. Ensure that people affected by diabetes are able to acquire knowledge and skills to enable and empower them to provide self-care for their chronic disease. Ensure that the health care team has the specific knowledge and skills necessary to care for people with diabetes.

8. Develop national organizations to promote public awareness and the well-being of people affected by diabetes and to provide an avenue for participation in the development of national diabetes programs. Recognizing the problem of discrimination that affects many with diabetes, a key role of associations is to promote a supportive environment for persons affected by diabetes and to advocate social equity. Another key role is to support and promote research which can uncover new knowledge on diabetes. This information can be translated to better health care and ways to prevent diabetes and its complications.

9. Develop and implement a common information system for diabetes in the Americas to document and track the attainment of better health for people with diabetes. The data obtained will provide information for development and improvement of patient care as well as for optimizing systems for care delivery and resources for future programs.

10. Promote partnerships among the major stakeholders involved in achieving better health for people with diabetes. Continuous collaboration between these stakeholders is essential for this mission.

**Commitment**

All the nations of the Americas will invest in diabetes prevention and control, as a practical application of the strategy for health for all.