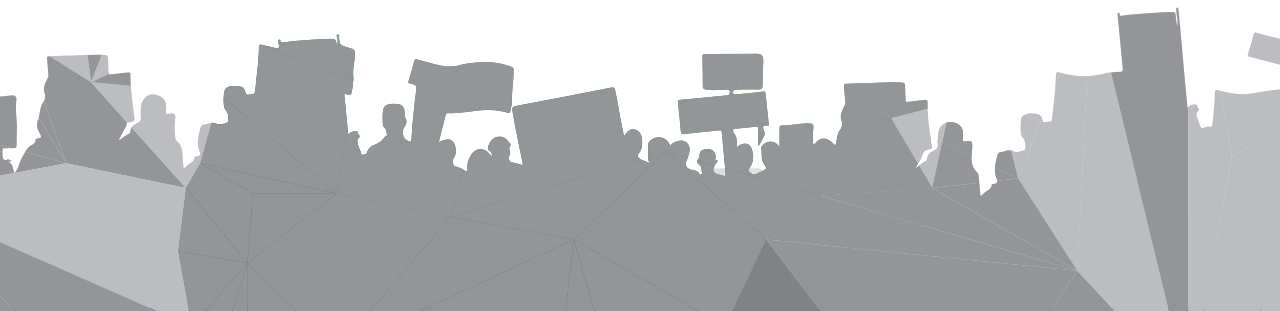


INTERNATIONAL DIABETES FEDERATION



IDF Advocacy Toolkit  
**CVD in Diabetes**





# CONTENTS

<b>INTRODUCTION</b>	<b>6</b>
What are Diabetes and CVD and why do they matter?	6
What is advocacy and how can it help?	6
Who is this toolkit for?	6
How to use this toolkit?	7
Time to act now!	8
Elevator pitch	8
Key messages	9
Fact sheet	10
Recommended solutions	13
<b>1. DEFINING THE SITUATION OF DIABETES AND CVD</b>	<b>14</b>
<b>2. SETTING YOUR GOALS, OBJECTIVES AND PRIORITIES</b>	<b>15</b>
<b>3. IDENTIFYING YOUR TARGET AUDIENCE</b>	<b>16</b>
<b>4. USING KEY MESSAGES</b>	<b>17</b>
<b>5. SELECT MESSAGE AND MESSENGER</b>	<b>18</b>
<b>6. WORKING IN PARTNERSHIP</b>	<b>20</b>
<b>7. MONITOR AND EVALUATE</b>	<b>20</b>
<b>RESOURCES AND REFERENCES</b>	<b>21</b>
A. Sample letter to the President, the Minister of Health or Member of Parliament (on a letter head)	22
B. List of essential diabetes medicines	23

# ACKNOWLEDGMENTS

## Contributors

Sabine Dupont  
Weronika Kowalska  
Belma Malanda  
Sameer Pathan  
Lorenzo Piemonte  
Romina Savuleac  
Els Sung

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# LIST OF ACRONYMS

<b>CPA</b>	Commonwealth Parliamentary Association
<b>CVD</b>	Cardiovascular Disease
<b>IDF</b>	International Diabetes Federation
<b>KPI</b>	Key Performance Indicators
<b>LMIC</b>	Low- and Middle-Income Countries
<b>NCD</b>	Non-Communicable Diseases
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>WHF</b>	World Heart Federation
<b>WHO</b>	World Health Organization

# INTRODUCTION

## What are Diabetes and CVD and why do they matter?

Diabetes is a major global health issue, affecting an estimated 425 million adults in 2017 <sup>1</sup>. It is a non-communicable disease where the body is unable to produce (enough) insulin (type 1 diabetes) or the body has insulin resistance and relative insulin deficiency, thus is unable to use the insulin effectively (type 2 diabetes). Cardiovascular disease (CVD) is a heart and blood vessel disease. It includes stroke, coronary artery disease, and peripheral artery disease.

Type 2 diabetes is a major risk factor for CVD alongside other risk factors such as smoking and lipid disorders, and in turn CVD is the most prevalent cause of mortality, morbidity and healthcare costs among people with type 1 diabetes and type 2 diabetes<sup>2</sup>. CVD also leads to lower life expectancy in people with diabetes. As the number of people with diabetes is predicted to increase to 629 million by 2045, acting now on CVD prevention and management is critical to prevent costly complications and premature deaths.

## What is advocacy and how can it help?

Advocacy is a process that represents strategic actions that will influence policies, practices, decisions and more. Advocacy is a tool that uses the public voice to support causes or recommend particular policies for clearly-identified issues. It covers a broad range of activities such as public education, campaigning and lobbying<sup>3</sup>. It is a process that is based on providing evidence-based arguments to influence decision makers, stakeholders and other people who have the power to effect change.

## Who is this toolkit for?

Everyone has “the right to the highest attainable standard of health” according to the Office of the United Nations High Commissioner for Human Rights (OHCHR) and therefore it is important to ensure that all can receive appropriate care. This advocacy toolkit highlights relevant International Diabetes Federation (IDF), World Health Organization (WHO) and World Heart Federation (WHF) policies and key messages on CVD in Diabetes for people living with diabetes and/or CVD, their caregivers, patient organisations, the media and local and national health authorities.



## How to use this toolkit?

This toolkit will help you to develop your own advocacy plan in seven steps. These will then need to be tailored to your own context and environment. Although these steps complement each other, your advocacy initiatives may not always include all of them.



1. Define the situation



2. Set up your goals, objectives and priorities



3. Identify your target audience



4. Use key messages



5. Select message and messenger



6. Work in partnership



7. Monitor and Evaluate

## Time to act now!

We have prepared an elevator pitch, key messages, a fact sheet and recommended solutions for you to use. To tailor your advocacy to your own context and environment, you will find in the next chapter a description of how to develop your own advocacy plan.



## Elevator Pitch

CVD is the most prevalent cause of mortality among people with type 1 diabetes and type 2 diabetes, placing a huge burden both on the individual's health and well being as well as on countries' economy and finances. It is therefore critical for governments, communities, families and individuals to work together to ensure that proper measures regarding the diagnosis, prevention and management of CVD in diabetes are in place to guarantee a healthy and affordable future for all.





## Key Messages

Ask your national government to:

- Prioritise the management of CVD in diabetes by implementing national strategies such as disease monitoring systems to track progress in the prevention and control of CVD in diabetes.
- Ensure that essential diabetes medicines, supplies and equipment are available for all people with diabetes to achieve blood pressure control.
- Focus on lifestyle interventions to increase healthy eating and physical activities.
- Implement public health policies such as reducing tobacco consumption through legislation, e.g. ban on smoking indoors or in public spaces.

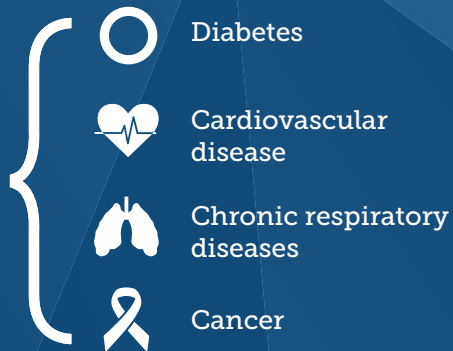
The school environment can encourage children to live healthier lifestyles by incorporating more physical education classes during the school week and healthy food options in school canteens.

Many risk factors of CVD in diabetes can be prevented by living a healthier lifestyle. This includes a balanced diet, more physical activity and smoking cessation.





## NON-COMMUNICABLE DISEASE INCLUDE



Diabetes

Cardiovascular disease

Chronic respiratory diseases

Cancer



People with diabetes have an **increased risk** of cardiovascular disease



**4 MILLION** adults died of diabetes in 2017

## Fact sheet

Below are a few definitions, facts and figures to help you frame the CVD in diabetes issue.

### Non-communicable diseases

The four main types of non-communicable diseases are diabetes, cardiovascular disease, cancer and chronic respiratory diseases. Many of these diseases share modifiable risk factors such as unhealthy eating, physical inactivity, excess alcohol consumption and tobacco use.

### CVD and Diabetes

- People with diabetes have a higher prevalence of many of the CVD risk factors compared to the general population.
- People with diabetes have a significantly increased risk of CVD compared to people without diabetes.

### Mortality

- Life expectancy is reduced by 12 years in diabetes patients with previous CVD
- Adults with diabetes have a 2-4 fold increased risk of dying from heart diseases compared to adults without diabetes.

## Health Expenditure<sup>4</sup>

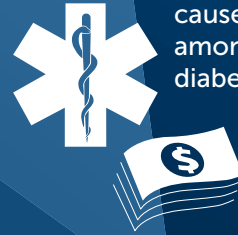
- CVD creates a large burden not only on the health of individuals but also on their financial situation, as CVD treatment is very expensive, reflecting the high prices of care (including medication, monitoring and frequent doctor appointments)<sup>5</sup>.
- Diabetes and CVD impose a significant economic burden as they account for a large portion of national health expenditure.

## Risk factors

- People with diabetes have a 2-3 times higher risk of developing CVD compared to people without diabetes.
- People with diabetes aged 75 and over have a six-fold higher risk of developing CVD compared to people without diabetes.
- Diabetes increases the risk of stroke by 150-400% and the risk of stroke-related dementia by more than three folds.

## Hypertension (high blood pressure)<sup>5</sup>

- High blood pressure is a major risk factor for CVD.
- High prevalence of raised blood pressure shows a significant association with CVD mortality, especially in low-income countries (LIC).
- Research has proven a strong association between high blood pressure and insulin resistance.
- People with both diabetes and high blood pressure double their risk of CVD.



CVD is the most prevalent cause of healthcare costs among people with type 1 diabetes and type 2 diabetes.

## Risk factors



Hypertension



Smoking



Obesity



Poor diet



Lack of physical exercise



Abnormal cholesterol and high triglycerides

## Obesity<sup>6</sup>

- Obesity is a major risk factor for CVD and type 2 diabetes.

## Lack of physical exercise

- Physical inactivity is a risk factor for both insulin resistance and CVD.
- Regular exercise and weight loss can prevent or postpone the onset of type 2 diabetes, and reduce blood pressure and the chance of heart attacks and strokes.

## Smoking<sup>7</sup>

- Smoking is a significant risk factor for stroke.
- Smoking increases the risk of coronary heart diseases for people with type 2 diabetes.

## Poor diet<sup>8</sup>

- Poor diet is a risk factor for both CVD and type 2 diabetes.

## Abnormal cholesterol and high tryglicerides<sup>9,10</sup>

- High level of cholesterol (hypercholesterolemia) is a major risk factor for CVD.
- Triglyceride is a type of fat found in the blood, which the body uses for energy. Triglycerides are necessary for good health, but high triglycerides increase the risk of heart diseases.

## National Income

- Countries with high CVD mortality rates are more likely to be LMIC that spend less than 8% of their gross domestic product on health.
- Countries that do not have a non-communicable disease monitoring programme in place are more likely to have high CVD mortality rates.



# Recommended solutions



## Public health measures

Regardless of a country's national income level, implementing non-communicable disease monitoring systems has proved to result in lower CVD disease mortality rates compared to countries which do not have them. Governments should:

- Implement strategies that prioritise non-communicable disease surveillance.
- Invest in better prevention, treatment and the management of CVD in diabetes.
- Focus on prioritising control of blood pressure and guaranteeing the availability of essential medicines, supplies and equipment to achieve blood pressure control.
- Reduce tobacco consumption through legislation and the implementation of policies.



## School/community based interventions

School-based obesity prevention has proved effective in reducing obesity among children. This includes:

- Encouraging physical activity and healthy diets at school.
- Providing education on nutrition.
- Addressing the barriers to lifestyle changes.



## Home/family based interventions

Involvement and support from their family have proved to be successful for children who are at risk of CVD in diabetes.



## Lifestyle interventions

Lifestyle interventions have shown long-term benefits for type 2 diabetes, including:

- Lifestyle interventions to increase and encourage healthy eating and physical activities.
- Lifestyle management programmes to treat obesity in order to prevent the development of type 2 diabetes and CVD.



## Healthy eating

Healthy and balanced diets ensure overall well-being. Recommended measures include:

- Promoting healthy eating.
- Reducing food with saturated/trans fatty acids, cholesterol, sugar and salt.
- Decreasing the consumption of sugar-sweetened beverages.



## Physical activity

This, combined with a healthy diet, will promote weight loss, in turn resulting in an improvement in insulin resistance and lower blood pressure.

# 1. DEFINING THE SITUATION OF DIABETES AND CVD

As an advocate to help reduce the incidence of CVD in diabetes, it is crucial to know and understand all facts and the links between these two conditions. Developing a strategic advocacy plan will help you understand the best way to deliver key messages, while, at the same time, putting resources to their most effective use. Ultimately, this will help you reach short-term outcomes while keeping long-term goals in mind.<sup>11</sup>

That is why IDF has developed this **strategic advocacy plan** for CVD in Diabetes which will assist you in reaching effective outcomes.

The first step in planning a successful CVD in diabetes advocacy campaign is framing the issue you wish to address. This is essential as it will help

both the people who collaborate with you and the people you want to influence understand the extent of CVD in Diabetes, identify where the problems lie and take appropriate and efficient measures to address them.

Most importantly, defining the situation provides you with a reference framework that will help you set your advocacy goals and objectives as well as develop your key message when communicating to your target audiences.

The list below explains what is involved in the analysis of the situation and how to access the right resources.



## How to analyse the situation and how to access the right resources

While defining your short- and long-term objectives, consider the following elements:

- Scope, burden and size of CVD in diabetes in your country
- Political and economic impact of diabetes in your country
- Public opinion, support for change and public understanding of CVD in diabetes and related issues
- Specific policies or actions you want to influence and what has already been achieved (i.e tighter regulation on food labelling, measures to tackle obesity, etc.)
- Your available resources. If they are limited you need to focus on well-defined and achievable objectives

## 2. SET YOUR GOALS, OBJECTIVES AND PRIORITIES

After defining the burden of CVD in Diabetes in your area/region/country, the second step for successful advocacy is thorough planning. It is therefore essential that you establish long-term goals and SMART (specific, measurable, achievable, realistic and time-framed) objectives around which your advocacy plan can be structured.

When defining your goals and objectives, it is important that you keep in mind immediate opportunities and obstacles depending on your situation.

Your advocacy work should be structured accordingly in order to plan the most effective route forward. For example, if common misconceptions and lack of understanding of diabetes are an obstacle, you may want initially to focus on an awareness campaign for the general public.



### Goals and objectives

**Goal:** effective advocacy activities start with clear goals.

A goal needs to be long term, and is often a broad statement that gives you an opportunity to clarify your vision and provides a focus for your work.

A goal is most of the time not measurable – it does not necessarily relate to specific numbers or specific time frames

**Example:**

Living in a world without diabetes.  
Or prevent cardiovascular disease among people living with diabetes

**Objective:** this represents a realistic target for your work. It indicates the steps you need to take to achieve your goal. An objective helps define and focus your activities, and answer some of the key practical questions – Who is doing what, by when, why and to what standard.

**Example:**

To reduce premature death from CVD by 25% by 2025, and 1/3 by 2030.

### SMART objectives are:

**S** **Specific:** Why, What, for Whom and How? i.e. to decrease the prevalence of people living with diabetes and CVD by 10% by 2030, through increased awareness and prevention campaigns.

**M** **Measurable:** qualitatively or quantitatively.

**A** **Achievable:** in a given time frame or political climate.

**R** **Realistic:** likely to achieve the desirable result.

**T** **Time Framed:** needs to be time bound, by when will you accomplish your goal?

### 3. IDENTIFYING YOUR TARGET AUDIENCE

Identifying key audiences and the influencers who can help drive your agenda forward effectively is vital to campaigning. Many campaigners use a stakeholder analysis to help identify the most important targets, especially those who have the greatest influence on, and interest in, the way diabetes is viewed and tackled. Start by listing the decision makers and influencers, and ask questions such as: Who sets the agenda that you are trying to influence? Who allocates funds for health, CVD or diabetes? Who are the most influential partners you could work with to be more effective?

#### Potential decision makers

- The Prime Minister or President
- Ministers of Health and their advisers (e.g. The Director of the NCD department)
- Budgetary decision-makers (e.g. cabinet, ministries of finance, education, environment, agriculture, sports and planning)
- Donors and philanthropic institutions
- Business leaders
- NGOs that implement policies on behalf of governments and organisations
- Hospitals and healthcare professionals

#### Potential influencers

- Parliamentarians, especially those who have raised the topic of diabetes and NCDs in debates or belong to relevant interest groups
- Civil society – NCD Alliance member associations, NGOs, patient lobbying groups, academics, faith-based organisations
- Healthcare professionals and their organisations – physicians, nurses, diabetes educators, community health workers, pharmacists etc.
- Community or religious leaders
- Key Opinion Leaders (KOLs) and celebrities
- Media



#### Tips for engaging parliamentarians

- Identify parliamentarians that are affected by, interested, or active in, diabetes/NCDs by using web-based resources such as voting rolls and records of debates.
- Check who is serving on relevant committees and sub-committees related to health, nutrition, education etc.
- Find out if there are relevant parliamentary groups that could champion the issue and influence politicians.
- Regional parliamentary networks can be effective forums to promote an issue – for example the Commonwealth Parliamentary Association (CPA).



## Ways of reaching your target audiences:

- Write directly to decision makers, setting out the case for global/national/local action.
- Speak or write to healthcare professionals and parliamentarians and urge them to question ministers and raise the issue of the local (and global) epidemic of CVD in diabetes in Parliament.
- Use social media (blogging, twitter, Facebook etc.) to rally support or retweet KOLs.

## The five steps to work with decision-makers

1. Identification: which politician is or has a family member affected by diabetes or NCDs? Which politicians need to be influenced? What role do they have? Why are they a target?
2. Engagement: to whom will you reach out, to build a relationship/partnership?
3. Education: what do they know? What do they need to know? And how best can you do this to introduce them to the issue?
4. Motivation: what will push them to act and why should they care?
5. Action: what precise action do you want them to take?

## 4. USE KEY MESSAGES

Communicating with maximum impact means understanding your audience. Just put yourself in the place of the people you are trying to reach. Do they know very much about diabetes, CVD and its related complications? Are they busy individuals with little time to read lengthy letters or documents?

Here is a short list of what you need to consider when developing your messages:



Follow the 5Cs rule: be Clear, Concise, Consistent, Compelling and Convincing.

In addition:

- Make sure your messages on CVD in diabetes are evidence-based.
- Keep sentences and paragraphs short and punchy to catch and keep attention.
- Avoid jargon, dry bureaucratic language and acronyms.
- Use facts and statistics that mean something to the audience.
- Illustrate your messages with human interest case studies or success stories.

### Talking Points

While key messages will capture your audience's attention, talking points will further keep their interest. Talking points are longer statements that help build on and support your key message. Talking points can be presented in the form of stories, arguments or even images and/or photographs to reinforce your key messages and to be more specific to your own environment.

## 5. SELECT MESSAGE AND MESSENGER

After establishing the key messages, the next step is being able to communicate them in a compelling way. The messages need to be tailor-made, depending on who the audience is, what they would need to hear and what motivates them. Messages should both relay the truth and appeal to the audience's interest.

- There should be one primary message formulated simply and directly. This statement should attract immediate attention.

### Example:

Diabetes and CVD were responsible for an estimated 22.7 million death in 2015. The number of people diagnosed with diabetes and CVD is expected to double by 2025, making this a global health emergency. Now is the time to act!

- This primary statement could be complemented by additional messages, positioned to make them relevant to the specific audience.(stakeholders, target audiences and partners).
- Evidence-based studies are an effective way to get your message across, as they provide legitimacy. The language of the message should be simple, clear and persuasive to retain attention. Using facts, statistics, illustrations or success stories can help keep the attention of the audience.

### Example:

Diabetes imposes a huge economic burden both on individuals and their families, and also on the national health system. In 2017, the USA spent 727 billion U.S. dollars on health expenditure due to diabetes. This number could persuade the US government to put diabetes care and management as a priority<sup>12</sup>.

The impact of the message is dependent on who delivers the message. The messenger will have to have great communication skills (eloquent, persuasive and powerful public speaker). Depending on the audience, an expert with high credibility could be most appropriate, whereas in other situations a person who can speak from personal experience will be able to move and persuade the audience.

### Messengers could be:

- Scientific experts, recognised professionals, academics
- Healthcare professionals
- Celebrities or public figures
- Political leaders
- Community leaders
- Someone living with diabetes or a family member

## Ensuring that the message reaches its intended recipient

Alongside identifying your target audience and tailoring your advocacy messages, you also need to identify opportunities that will allow you to promote your advocacy messages among its intended recipients. Once this is done, you can decide on the format of your message (private meetings, public campaigns, electronic communications etc.).

## Engage the media

Working with the media is a cost-effective and powerful way of communicating your messages on CVD in diabetes. Professionally-executed media plans are the most likely to generate media coverage.

Media advocacy includes mass media technology such as TV, radio, newspapers, written material and

the Internet (social media) to spread information to one person, organisations, institutions, governments or the general public.

The internet has become an important tool for media advocacy. It can be used to inform the public, spread news, educate and raise awareness.



### Media advocacy includes activities such as:

- Initiating calls, emails to journalists, reporters and producers, to develop long-term relationships
- Developing targeted paid media campaigns
- Writing editorial, op-ed, columns, letters for papers/magazines/newspapers
- Organising strategic media events

## 6. WORK IN PARTNERSHIP

Establishing partnerships with like-minded NGOs, academia, the private sector and other organisations is often an effective way to spread your messages and reach a wider audience.



Four quick steps for establishing a local alliance:

- **Scope:** check out the representative organisations in your region, country or community.
- **Convene:** obtain contact numbers or email addresses, make contact and organise an initial meeting.
- **Strategise:** discuss your shared agenda and opportunities for joint advocacy efforts.
- **Act:** work together to press the case for global action on CVD in diabetes and its complications.

## 7. MONITOR AND EVALUATE



During this process it is important to monitor your work and revise or amend your strategy if necessary. Revisiting the steps of the strategic advocacy plan is a good way to check if you are reaching the right audience, sending out the right message and achieving your interim outcomes and goals. Key Performance Indicators (KPIs) are a good way to check if you are on track.

**Example:**

Keeping track of the profile visits, likes, followers, comments on your social media channels.

The evaluation framework should ideally be designed prior to the advocacy effort or during the development of the advocacy strategy. This will ensure that you can evaluate as systematically and objectively as possible, and determine the impact and significance of your advocacy strategy.

# RESOURCES AND REFERENCES

This section will provide you with useful resources (fact sheets, sample letters, documents) that will support you in your advocacy work.

## Key documents

[IDF – Diabetes and Cardiovascular Disease - Report](#)

[IDF – Diabetes and Cardiovascular Disease – Executive Summary](#)

[IDF – Diabetes and CVD Report – PPT](#)

A. [Sample letter to the President, the Minister of Health or Member of Parliament \(on a letterhead\)](#)

B. [List of Essential Diabetes Medicine](#)

## International Organisations

[NCD Alliance](#)

[World Heart Federation](#)

[World Health Organization](#)

## A. Sample letter to the President, the Minister of Health or Member of Parliament (on a letterhead)

*Adapted from IDF Europe Advocacy and Communication toolkit and 2018 IDF Diabetes Advocacy Toolkit*

To: *(Insert name and title. Ideally, the letter will be sent to 1. the Minister of Health; 2. the Minister of Finance; 3. the Prime Minister or equivalent; 4. other policymakers (senators, deputies, members of the Parliament))*

*Insert address*

*Insert date*

Dear *(XXX)*, *(always check the correct protocol)*

Diabetes is one of the largest global health emergencies of the 21st century, currently affecting over 425 million people worldwide and many more at risk. In 2017, *(XXX)* million adults had diabetes in *(insert your country)*, but *(XXX)%* of them were not diagnosed – and were therefore exposed to life threatening complications. That year, diabetes caused *(XXXX)* deaths throughout *(country)*. IDF estimates that without further government action to control this situation, the number of adults with diabetes in *(country)* will reach *(XXX)* million by 2045.

Diabetes is one of the leading risk factors for cardiovascular disease (CVD), the number one cause of death in the world, responsible for over 17.5 million deaths per year<sup>13</sup>. The rising tide of diabetes and its associated complications threatens to place an unsustainable burden on national healthcare budgets. In 2017, global healthcare expenditure on diabetes and CVD was approximately *(insert the latest available figures)*

*(Name your association/organisation/Institute)* is committed to tackling this global health issue. We urgently need your help to ensure that the prevention and treatment of diabetes and cardiovascular complications are a priority in the government's agenda and that people living with diabetes and at risk have access to the care required to optimally manage their condition.

Please find enclosed a copy of *(insert name of available report)*, together with an analysis of the burden of diabetes and related CVD complications *in our region/country*. As you will see, there are areas where people affected by these conditions are not being adequately looked after by the health service. This is simply not good enough.

The good news is that cost-effective solutions exist to reduce the burden of diabetes and CVD, through investment in risk assessment, prevention, early diagnosis, patient education and efficiency of essential care processes.

We ask you to act on behalf of the thousands of people with and at risk of diabetes and CVD. You can help us by campaigning to ensure that citizens in our country get the levels of treatment and care they deserve and are entitled to.

For further information, please contact *(name of contact person, telephone number, and e-mail address)*

We will follow this letter with a phone call and would welcome the opportunity to meet with you to discuss this important issue further.

Yours sincerely,

Insert name and signature

Insert Function

*(Signatures from high level officers from all associations supporting this letter)*

*(Please, remember to submit the tailored letter(s) to [advocacy@idf.org](mailto:advocacy@idf.org) and to let us know if you receive a response.)*

## B. List of essential diabetes medicines<sup>14</sup>

The World Health Organization lists five diabetes-related medicines on its Model List of Essential Medicines. These medicines are short-acting insulin, intermediate-acting insulin, gliclazide, glucagon, and metformin<sup>15</sup>.

### Insulin

Insulin is a hormone that is produced in the pancreas, which allows glucose to enter the body's cells, where it is used for energy. People with type 1 diabetes need insulin to survive, and it is also used by approximately 27% of people with type 2 diabetes<sup>16</sup>, and up to 18% of women with gestational diabetes<sup>17,18,19</sup>. Nearly 100 years after its discovery, insulin is still not available on an uninterrupted basis in many parts of the world. This is an issue in low- and middle-income countries, as well as low-income groups in some high-income countries.

Insulin can be given by injection, or by an insulin pump delivering insulin subcutaneously continuously and with user-initiated meal boluses. Most insulin available on the market since the 1980s is so-called 'human insulin' that is produced in a laboratory using *E. coli* bacteria. Short-acting (regular or soluble) insulin is taken up to about 30 minutes before a meal. Intermediate-acting insulin is held in a suspension (e.g. NPH insulin) in order to prolong its action. It is usually injected once or twice a day, in the morning and/or in the evening, and helps to keep blood glucose levels more stable overnight and between meals.

### Glucagon

Glucagon is another hormone produced by the pancreas and increases blood glucose levels by breaking down stores of glycogen in the liver and muscles. It is also available as a manufactured injectable medicine in the form of a powder that

must be reconstituted just prior to injection under the skin or into muscle. It has the opposite effect of insulin, increasing blood glucose levels, and is used to treat severe episodes of low blood glucose (hypoglycaemia).

### Metformin

Metformin belongs to another class of oral medicine, biguanide, used for type 2 diabetes treatment. It works by reducing insulin resistance and enabling the body to use its own insulin more effectively. It is regarded as the first-line treatment for type 2 diabetes in most guidelines around the world.

### Sulfonylureas

Sulfonylureas are a class of oral medicines used for the treatment of type 2 diabetes that work by stimulating the pancreas to increase insulin production. Sulfonylureas include gliclazide, glipizide, glimepiride, tolbutamide and glibenclamide, although the latter is not recommended because of its long half-life and increased risk of hypoglycaemia.

### Other diabetes medicine

Over the years new insulin and other diabetes medicines have been introduced. For more information we refer you to the 'Access to Medicines and Supplies for People with Diabetes' report available on the IDF website.

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**International  
Diabetes  
Federation**

**International Diabetes Federation**

166 Chaussee de La Hulpe

B-1170 Brussels, Belgium

P: +32-2-538 55 11

F: +32-2-538 51 14

info@idf.org [www.idf.org](http://www.idf.org)

