

Reviving the St Vincent Declaration

✉ Michael Hall, Itamar Raz, Lex Herrebrugh

On the occasion of the signing of the St Vincent Declaration in St Vincent, Italy in October 1989, representatives of diabetes organizations and government health departments from European countries agreed unanimously on key health objectives for people with diabetes. Five-year targets were incorporated within the framework of the Declaration, which effectively recognized that diabetes outcomes were measurable; European nations were thus challenged to improve standards of care. In this article, representatives of the European Region of the International Diabetes Federation (IDF-Europe) report on achievements in European diabetes care as a result of the St Vincent Declaration, and look forward to legislative measures to ensure its implementation at European level.



data, a pre-requisite for measuring progress, proved problematic, as did the existence of diverse approaches to drawing up plans for national diabetes programmes.

In order to revive the momentum that drove the St Vincent Declaration, the Board has taken some concrete steps, including the appointment of a St Vincent Declaration manager funded by grants from the Dutch Diabetes Association and Novo Nordisk. The first objective of the manager (supported by the Board of IDF-Europe) was to formerly assess the situation among IDF-Europe's Member Associations regarding the development and implementation of national diabetes programmes.

In 2003 the Board of IDF-Europe concluded that the consensus behind the successful signing of the St Vincent Declaration had not been lost. However, a number of the objectives agreed upon in 1989 were either never reached or were by-passed as new initiatives were undertaken; most of the latter, while they were not included in the

original text, were implied by the Declaration. This was the case of the call for the implementation of national diabetes programmes.

Furthermore, the Board recognized the difficulties experienced by European states in executing a number of the recommendations of the Declaration. In particular determining baseline

European states experienced difficulties in executing a number of the recommendations of the St Vincent Declaration.

In order to do this, a short questionnaire was sent to all IDF-Europe Member Associations in December 2003. By the end of April

2004, the European office had received 33 responses from 31 different countries. We provide a brief round-up of the survey findings below.

The IDF-Europe survey

Of the 33 respondents, 17 reported that their country has a national diabetes programme. The first of the national diabetes programmes was initiated in 1989; all the other programmes began around the mid-1990s or later. In all but one of those countries without a diabetes programme, work is under way to establish a national plan for diabetes action – through the initiative of a diabetes association and/or the pharmaceutical industry or under the supervision of the government. In a number of countries, existing programmes have been cancelled due to the lack of resources or political instability.

National diabetes associations are represented in inclusive working groups to prepare and implement national diabetes programmes.

In most countries (17), inclusive working groups have been established or are in the process of being set up to prepare and implement a diabetes programme. Many of these groups appear to be government-centred. Concern was expressed that people with diabetes may be excluded or kept at a distance by medical and political ‘experts’. Fortunately, in many cases, the national diabetes association(s) are represented and

have a voice in these working groups. A wide variety of topics are covered in the existing European national diabetes programmes.

The principal areas covered are:

- ◆ diabetes care and services
- ◆ diabetes complications
- ◆ early detection
- ◆ diabetes education
- ◆ information systems.

Other topics are: raising awareness, prevention, medication, psychological and behavioural issues, research, and evaluation of the programme. It is clear from the results of the survey that

topics such as prevention of diabetes, awareness, access to medication, and psychological aspects of having diabetes could be addressed more systematically.

There was a consensus among respondents on the key problems relating to the preparation, agreement and implementation of a national diabetes programme:

- ◆ a weak national health-care structure
- ◆ the lack of co-operation between the various stakeholders in diabetes care
- ◆ the lack of empowerment of people with diabetes



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- ♦ the excessive time between implementing a plan and achieving its final results
- ♦ reductions in the health-care resources devoted to diabetes care.

Respondents indicated further difficulties in the implementation of a country-wide diabetes programme. These included:

- ♦ the excessive focus given to the health-care professionals compared to the people with diabetes
- ♦ time restraints, especially during consultations
- ♦ a lack of defined targets
- ♦ overall shortage of physicians and nurses
- ♦ a lack of training for nurse educators
- ♦ the under-use of diabetes associations – despite there being an important source of knowledge and influence.

The Member Associations were asked to suggest ways in which IDF-Europe could play an increased role in promoting the implementation of national diabetes programmes. A common request was for IDF-Europe to act as a clearing house for the diffusion of published material, including: a framework for such a programme; comparative data on the national programmes of individual countries; and information and training material for health carers.

It was felt that IDF-Europe should continue to work to enhance public awareness of the condition, and to lobby the European Union (EU) at parliamentary level for increased prioritization and resources for

diabetes. The need was also expressed for IDF-Europe to offer support to encourage and facilitate Member Associations themselves in lobbying the EU and their own governments.

Suggestions were made regarding the provision by IDF-Europe of some financial support and the staging of European symposia on quality assurance in diabetes care.

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Some conclusions

The St Vincent Declaration helped initiate a consistent approach to the management of diabetes. Although the targets agreed in 1989 have since been proved over-optimistic, these served as challenges to governments and professionals throughout Europe.

The Declaration empowered people with diabetes and diabetes organizations in the Region to question health services and demand better care. We believe that in too many European countries, plans continue to be discussed; it is time to use the knowledge at our disposal on the management of diabetes to move from programme recommendations to best practice.

The Board of IDF-Europe is in agreement that the development of a European strategy for diabetes – including recommendations on diabetes prevention, diagnosis and management – would support

European states in tackling more effectively the barriers to achieving best practice.

The recent statement by the EU Health Council (in May 2004) recognizing the importance of prioritizing attention to diabetes will hopefully lead to a request by the next Health Council (due at the end of 2004) to the European Commission for the formulation of such a strategy. The status of this strategy would be advisory rather than legislative; its existence would enhance the ability of EU states to achieve the recommendations of the St Vincent Declaration.

☒ **Michael Hall, Itamar Raz, Lex Herrebrugh**

Michael Hall is a member of the Board of IDF-Europe.

Itamar Raz is a member of the Board of IDF-Europe and country representative for Israel.

Lex Herrebrugh is Regional Manager, IDF-Europe.

The text of the St Vincent Declaration and its objectives can be obtained from the European pages of the IDF website at www.idf-europe.org.