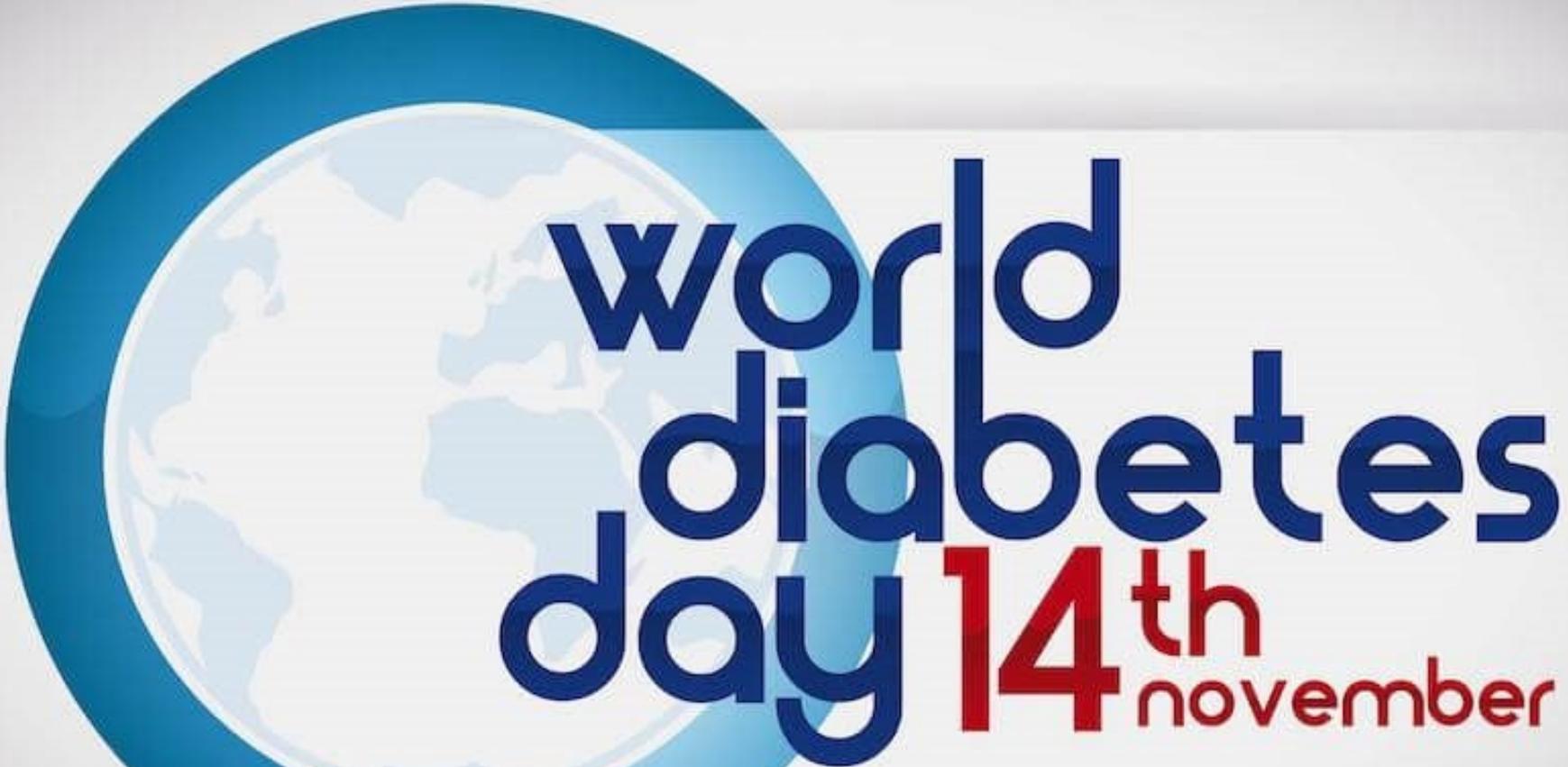


**November 14th**

The logo for World Diabetes Day features a stylized globe in shades of blue and white on the left. To the right of the globe, the words "world diabetes day" are written in a bold, dark blue, sans-serif font. Below "day", the number "14" is written in a large, bold, red font, followed by "th" in a smaller red font. Below "14th", the word "november" is written in a smaller, red, sans-serif font.

world  
diabetes  
day 14<sup>th</sup>  
november

The theme for World Diabetes Day 2021-23  
is Access to Diabetes Care.

**November 17th**

# **Diabetes Advocacy for Wellbeing in Asia**

**Masamine Jimba**

**Department of Community and Global Health  
Graduate School of Medicine**

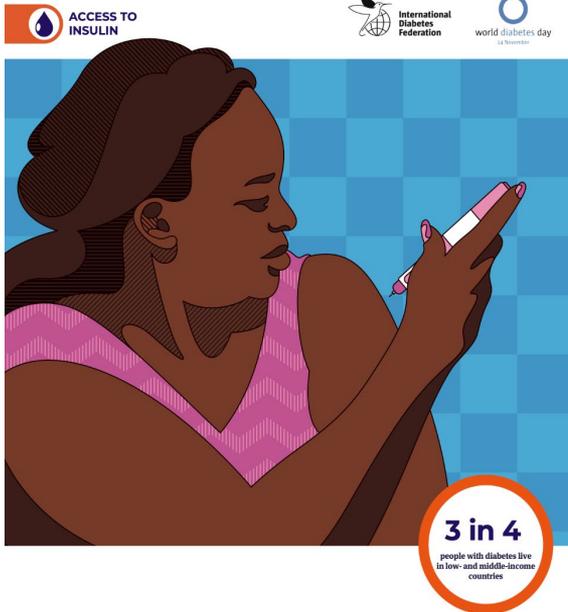
**The University of Tokyo ([ohjimba@gmail.com](mailto:ohjimba@gmail.com))**

**30 Oct, 2022 @ Taipei**

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1. Diabetes advocacy in the world
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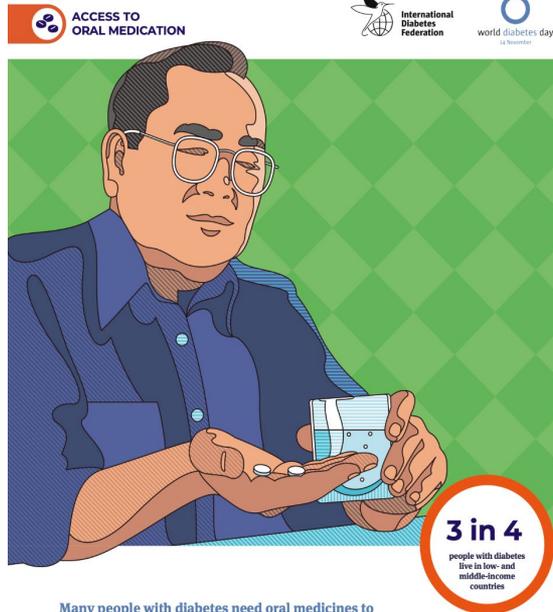
# 2021 - 100<sup>th</sup> anniversary of World Diabetes Day-



100 years after its discovery, millions of people with diabetes cannot access the insulin they need.

## IF NOT NOW, WHEN?

Join our campaign at:  
[www.worlddiabetesday.org](http://www.worlddiabetesday.org)  
#IfNotNowWhen



Many people with diabetes need oral medicines to manage their condition. These remain unavailable or unaffordable in many low- and middle-income countries.

## IF NOT NOW, WHEN?

Join our campaign at:  
[www.worlddiabetesday.org](http://www.worlddiabetesday.org)  
#IfNotNowWhen

- 100 years after its discovery, millions of people with diabetes cannot access the insulin they need.
- Many people with diabetes need oral medicines to manage their condition. These remain unavailable or unaffordable in many low- and middle-income countries.
- 3 in 4 people with diabetes live in low- and middle-income countries.

IDF. Posters | World Diabetes Day Available from:  
<https://worlddiabetesday.org/resources/wdd2021-23/posters/>

# 2021 - 100<sup>th</sup> anniversary of World Diabetes Day-



## Diabetes: education to protect tomorrow

More than 90% of diabetes care is self-care.  
Do you have the knowledge to make informed decisions?

**Take charge of your diabetes care**

Access free diabetes education:  
[worlddiabetesday.org/understandingdiabetes](https://worlddiabetesday.org/understandingdiabetes)

#WorldDiabetesDay #EducationToProtect



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# 2021 - 100<sup>th</sup> anniversary of World Diabetes Day-



## Diabetes: education to protect tomorrow

One in nine people will have diabetes by 2030. This will put more pressure on healthcare professionals to provide the best care.

### How up-to-date is your knowledge?

Access free diabetes education:  
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#WorldDiabetesDay #EducationToProtect



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- How up-to-date is your knowledge?

IDF. Posters | World Diabetes Day Available from:  
<https://worlddiabetesday.org/resources/wdd2021-23/posters/>

# What is Diabetes Advocacy?



# Diabetes advocacy

Diabetes advocacy aims **to increase public awareness** about diabetes, **raise funds** for research and care, **influence policy** impacting people with diabetes, and **promote optimal individual outcomes**. (Hilliard ME et al. Curr Diab Rep. 2015;15(9): 59)

International Diabetes Federation (IDF) aims to **influence** the development and implementation of public health measures to improve the health of people living with diabetes, prevent type 2 diabetes and **stop discrimination** against people with diabetes.”

IDF Advocacy activities. Available from: <https://idf.org/our-activities/advocacy-awareness/advocacy-activities.html>



# Diabetes advocacy in the world - history-



world **diabetes** day

14 November

(Birthday of Dr. Frederick G.  
Banting who discovered Insulin )

**1991**

Establishment of World Diabetes Day

**2006**

UN Resolution 61/225 "World Diabetes Day"  
– the first UN Resolution for a NCD

**2015**

SDGs: targeting a 30% reduction in  
premature mortality from NCDs by 2030

# D-advocacy in the US

It aims to...

- increase **public awareness** about diabetes,
- raise **funds** for research and care,
- influence **policy** impacting people with diabetes, and
- promote **optimal individual outcomes**.



# D-advocacy in the US



## ADA's priorities for D-advocacy

- Access to adequate and affordable health care
- Diabetes research, programs and innovation
- Discrimination
- Health equity
- Prevention

# US CDC National Diabetes Prevention Program

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

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## DiabetesTV

Diabetes > DiabetesTV



**IMAGINE YOU PREVENTING TYPE 2**

**NATIONAL DIABETES PREVENTION PROGRAM**



**THEY CUT THEIR RISK FOR TYPE 2. YOU CAN TOO.**



Imagine how it would feel to take charge of your life and lower your risk for type 2 diabetes.

Imagine having more energy to do the things you love with the people you love. These real-life participants got the chance to reverse their prediabetes and improve their health when they joined CDC's National Diabetes Prevention Program (National DPP) [lifestyle change program](#). In the program, they learned skills to build healthy habits with the support of a trained Lifestyle Coach and other participants who shared the same goals.

# Diabetes Advocacy Alliance (USA)

## DAA's prevention priorities:

Diabetes Advocacy Alliance. Available from:  
<https://diabetesadvocacyalliance.com/policy-priorities/prevention/>

- Support CDC's National Diabetes Prevention Program and address barriers to success
- Address social determinants of health
- Educate about access to the full continuum of care to treat obesity as another tool to address diabetes prevention
- .....



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## 日本における糖尿病患者数の増加



\* 糖尿病患者数

\*糖尿病が強く疑われる人

- 1) 平成9年度糖尿病実態調査
- 2) 平成14年度糖尿病実態調査
- 3) 平成19年度国民健康・栄養調査
- 4) 平成24年度国民健康・栄養調査
- 5) 平成28年度国民健康・栄養調査

- # of people with diabetes in Japan  
→10 million  
( About 10% of total population)
- # of internists  
→60,000
- # of diabetes doctor  
→5,600

# A survey of clinical physician's perceptions of stigma and advocacy in patients with type 2 diabetes in Kanagawa, Japan (Matsuzawa Y, et al. J of Diabetes Invet. Aug, 2022)

Experience of prejudice and discrimination

Knowledge about stigma

Knowledge about advocacy

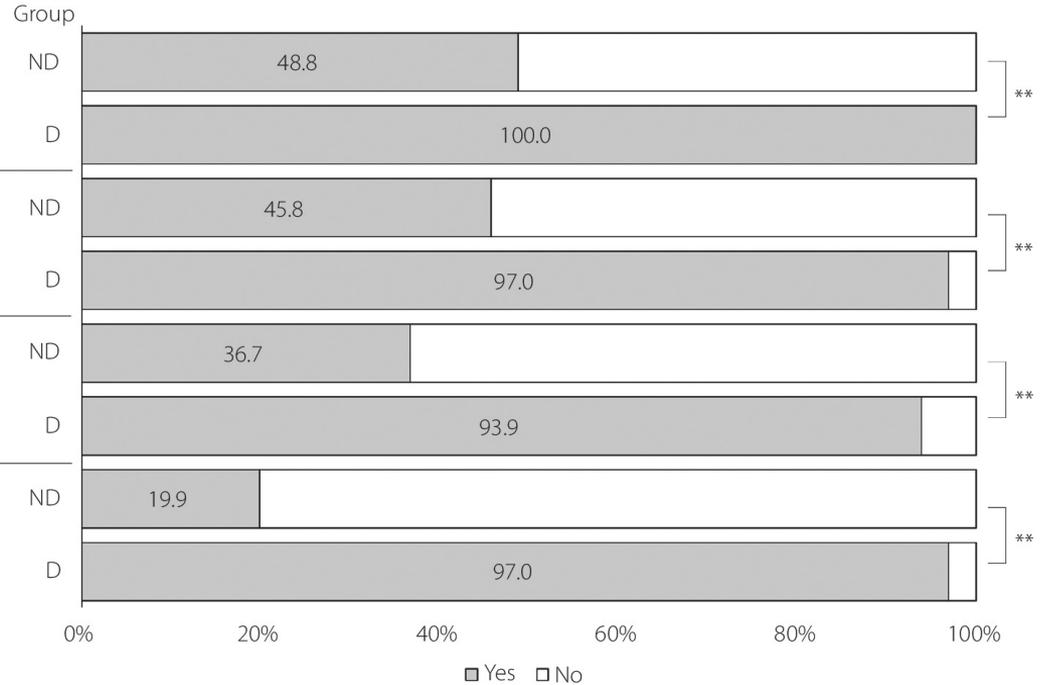
Advocacy activity in Japan

Patients with type 2 diabetes may experience "prejudice" or "discrimination" because of diabetes. Do you know this fact? (Yes / No)

Being labeled as such and suffering social disadvantage are called "Stigma". Do you know this fact? (Yes / No)

An activity in which healthcare providers or supporters speak for patients and defend patients' rights is called "Advocacy"? Do you know this fact? (Yes / No)

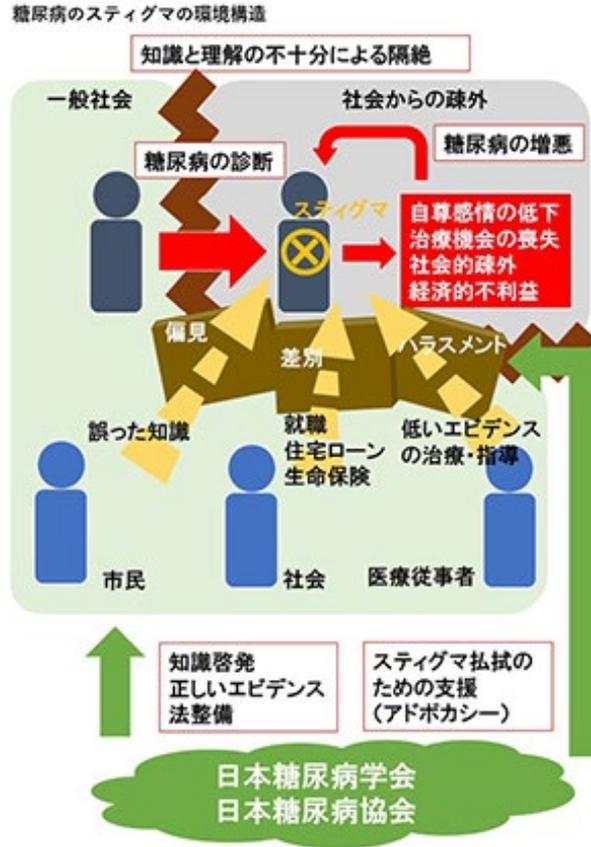
JDS and JADEC have conducted advocacy activities to reduce or eliminate stigma. Do you know this fact? (Yes / No)



ND: Non DM specialists (n=166, people with DM, 50/month)

D: DM Specialists (N=33, people with DM, 550/month)

# Stigmatization against people with diabetes in Japan



Stigmatization against people with diabetes can result in:

- Losing self-respect
- Avoiding care and treatment
- Marginalization by society
- Economic impact

Japan Association for Diabetes Education and Care

Available from:

[https://www.nittokyo.or.jp/modules/about/index.php?content\\_id=46](https://www.nittokyo.or.jp/modules/about/index.php?content_id=46)

[https://www.nittokyo.or.jp/uploads/files/PR54\\_advocacy.pdf](https://www.nittokyo.or.jp/uploads/files/PR54_advocacy.pdf)



## GENEVA CHARTER FOR WELL-BEING

The Geneva Charter for Well-being underlines the urgency of creating sustainable “well-being societies”, committed to achieving equitable health now and for future generations without breaching ecological limits. The Charter builds on the outcomes of the 10th Global Conference on Health Promotion, hosted in Geneva, Switzerland, and virtually on 13–15 December 2021, and the legacy of the Ottawa Charter and previous global conferences on health promotion.

# 21ST CENTURY HEALTH PROMOTION RESPONSE

**1. VALUE, RESPECT AND NURTURE PLANET EARTH AND ITS ECOSYSTEMS**

**2. DESIGN AN EQUITABLE ECONOMY THAT SERVES HUMAN DEVELOPMENT WITHIN PLANETARY AND LOCAL ECOLOGICAL BOUNDARIES**

**3. DEVELOP HEALTHY PUBLIC POLICY FOR THE COMMON GOOD**  
.... Elimination of all forms of **structural discrimination** and **injustice**... is essential for ensuring the right to health for all.

**4. ACHIEVE UNIVERSAL HEALTH COVERAGE**

**5. ADDRESS THE IMPACTS OF DIGITAL TRANSFORMATION**

# Japanese term for diabetes - 糖尿病 (Tou-nyou-byou)

「糖尿病」病名自体が患者さんに不利益を与えていないか？

## 「糖尿病」病名の歴史

- 紀元前2世紀 カッパドキアのAretusが' Diabetes(サイフォン、溢れ出す)'と命名
- 紀元前250年頃 中国にて「黄帝内経素問」・「金匱要略」に「消渴」と記載がある
- 18世紀にWilliam Cullenによって"Diabetes Mellitus(蜂蜜のよう)"と名付けられた
- 1792年「西説内科撰要」にてオランダ語の原典のDiabetes, pislloedを「尿崩」と翻訳(pis=尿、vloed=洪水、Diabetesは翻訳できなかった?)
- 1872年「内科摘要」では尿崩症との区別から「蜜尿病」と記載された
- 1907年の第4回日本内科学会講演会にて「糖尿病」と統一された

(羽賀、三輪 糖尿病、2006)

「糖尿病」は歴史を表すが病態を表さない。英、仏、独語は翻訳なし  
排泄物の名前がつく病名は患者さんには喜ばれないだろう  
「ディアベティス」？発見者の名前を付けるなら「アレテウス病」？

Could the disease name  
itself result in stigmatization  
against patients?

糖尿病 (Tou-nyou-byou)  
literally means “sugary urine  
disease.”

# Diabetes advocacy by Japan Association for Diabetes Education and Care

Word-replacement to avoid stigmatization

Blood sugar control

-Blood sugar management

Diabetes patients

-People living with diabetes

【スティグマをもたらすことばの見直し】

見直すべきことば（赤字）	置き替えることば（文脈によって使い分ける）
療養指導 指導	治療支援、治療サポート、医療、治療、啓発 支援、教育、相談、アドバイス
糖尿病患者	糖尿病のある人、糖尿病がある人、糖尿病とともに歩む人
血糖コントロール	血糖管理、血糖マネジメント
服薬（注射）コンプライアンス、アドヒアランス	服薬（注射）実施率
健康な人と変わらない生活	糖尿病のない人と変わらない
生活習慣病	※使用しない、生活習慣病を一括りにしない

【ことばの置き換え例】

糖尿病の予防と療養についての正しい知識の普及啓発	治療
糖尿病に関する情報配信や療養指導	治療サポート
糖尿病療養の最新情報	医療
療養生活のコツ	糖尿病ライフを充実させるコツ
糖尿病療養指導に携わるスタッフ	糖尿病医療



糖尿病をもつ人は、  
あなたと同じ社会で活躍できる人です。

糖尿病について何も知らない人たちの誤解や偏見のために、  
就学や就職、結婚、マイホームの夢を絶たれる人がいます。  
病気のことが言えずに、無理をしながら生活している人がいます。

糖尿病治療に前向きになれない人がいます。

近年、糖尿病は治療が飛躍的に向上し、  
ふつうの人と変わらない一生を送ることができる病気なのに....  
「私は糖尿病とは無関係だから、知らなくてもいいんじゃない?」  
いいえ。

今、あなたの、そして社会からの正しい理解を必要としています。

糖尿病には、あなたの正しい理解が必要です。



公益社団法人 日本糖尿病協会



一般社団法人 日本糖尿病学会

糖尿病とともに生きる人の可能性や未来を偏見で摘み取らない社会づくりに私たちは取り組みます。

詳しくは



# Diabetes advocacy in Japan

A poster by Japan Association for Diabetes Education and Care

- Calling for a better understanding of the condition among the general public
- Main message is that “**people with diabetes are also a productive member of the society, just like you.**”

Available from: [https://www.nittokyo.or.jp/modules/about/index.php?content\\_id=46](https://www.nittokyo.or.jp/modules/about/index.php?content_id=46)

# Evolving definition of “health”

- *Traditional definition of health:*
- *“Health is a state of complete **physical, mental and social** well-being and not merely the **absence of disease or infirmity.**”*
  - Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- *Newly proposed definition of health:*
- *“Ability to **adapt and self-manage** in the face of social, physical and emotional challenges.”*
  - Huber M, et al. How should we define health? BMJ 2011; 343;d4163.



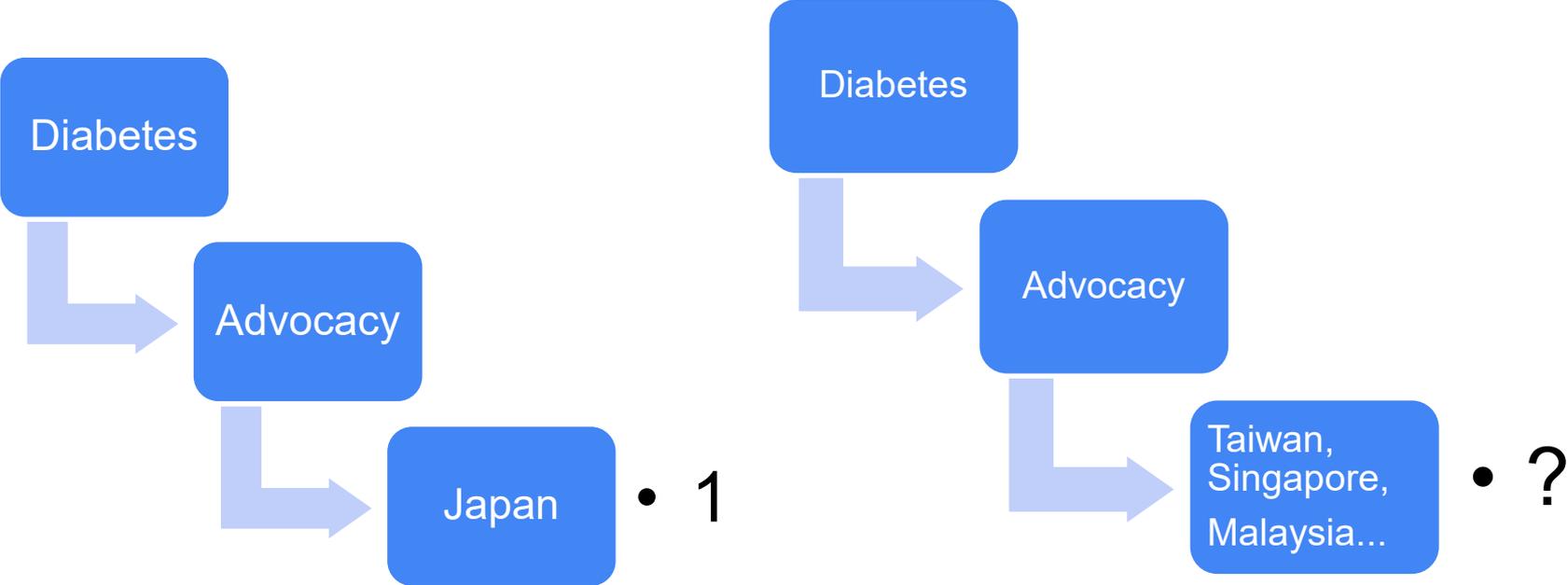
## The power of newly proposed definition of “health”

- “Ability to *adapt and self-manage* in the face of social, physical and emotional challenges.”
- Even if s/he is diagnosed as **diabetes**, if s/he has ability to adapt and self-manage it...
- S/he is a  person!

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# Need for D-advocacy research in Asia: Title search in PubMed



# NCD advocacy and HIV advocacy

AJPH RESEARCH

## Ability of HIV Advocacy to Modify Behavioral Norms and Treatment Impact: A Systematic Review

Bruno F. Sunguya, MD, PhD, MS, Murallitharan Munisamy, MD, MCommHS, Sathinikom Pongpanich, PhD, MA, Junko Yasuoka, DS, MPH, and Masamine Jumba, MD, PhD, MPH

**Background.** HIV advocacy programs are partly responsible for the global community's success in reducing the burden of HIV. The rising wave of the global burden of noncommunicable diseases (NCDs) has prompted the World Health Organization to espouse NCD advocacy efforts as a possible preventive strategy. HIV and NCDs share some similarities in their chronicity and risky behaviors, which are their associated etiology. Therefore, pooled evidence on the effectiveness of HIV advocacy programs and ideas shared could be replicated and applied during the conceptualization of NCD advocacy programs. Such evidence, however, has not been systematically reviewed to address the effectiveness of HIV advocacy programs, particularly programs that aimed at changing public behaviors deemed as risk factors.

**Objectives.** To determine the effectiveness of HIV advocacy programs and draw lessons from those that are effective to strengthen future non-communicable disease advocacy programs.

**Search methods.** We searched for evidence regarding the effectiveness of HIV advocacy programs in medical databases PubMed, The Cumulative Index to Nursing and Allied Health Literature Plus, Educational Resources and Information Center, and Web of Science, with articles dated from 1994 to 2014.

**Search criteria.** The review protocol was registered before this review. The inclusion criteria were studies on advocacy programs or interventions. We selected studies with the following designs: randomized controlled design studies, pre-post intervention studies, cohorts and other longitudinal studies, quasi-experimental design studies, and cross-sectional studies that reported changes in outcome variables of interest following advocacy programs. We constructed Boolean search terms and used them in PubMed as well as other databases, in line with a population, intervention, comparator, and outcome question. The flow of evidence search and reporting followed the

standard Preferred Reporting Items for Systematic Reviews and Meta-analyses guidelines.

**Data collection and analysis.** We selected 2 outcome variables (i.e., changing social norms and a change in impact) out of 6 key outcomes of advocacy interventions. We assessed the risk of bias for all selected studies by using the Cochrane risk-of-bias tool for randomized studies and using the Risk of Bias for Nonrandomized Observational Studies for observational studies. We did not grade the collective quality of evidence because of differences between the studies, with regard to methods, study designs, and context. Moreover, we could not carry out meta-analyses because of heterogeneity and the diverse study designs; thus, we used a narrative synthesis to report the findings.

**Main results.** A total of 25 studies were eligible, of the 1463 studies retrieved from selected databases. Twenty-two of the studies indicated a shift in social norms as a result of HIV advocacy programs, and 3 indicated a change in impact. We drew 6 lessons from these programs that may be useful for non-communicable disease advocacy: (1) working at-risk populations in advocacy programs, (2) working with laypersons and community members, (3) working with peer advocates and activists, (4) targeting specific age groups and asking support from celebrities, (5) targeting several, but specific, risk factors, and (6) using an evidence-based approach through formative research.

**Author conclusions.** HIV advocacy programs have been effective in shifting social norms and facilitating a change in impact.

**Public health implications.** The lessons learned from these effective programs could be used to improve the design and implementation of future noncommunicable disease advocacy programs. (*Am J Public Health*. 2016;106:e1–e8. doi:10.2105/AJPH.2016.303179)

### PLAIN-LANGUAGE SUMMARY

In the era of antiretroviral therapy, advocacy programs have contributed a great deal to control HIV infection. Because of the chronic nature of HIV, such programs can be also useful for noncommunicable diseases (NCDs), but their potential has been little studied. Through literature review, we examined the effectiveness of HIV advocacy programs. To measure the effectiveness, we used 2 outcome variables: changing social norms and change in impact. Changing social

norms in HIV advocacy may include changes in awareness, beliefs, attitudes, and values, and changes in public behavior, including risky sexual behaviors. It also includes changes in HIV-related stigma, knowledge, awareness, information-seeking behaviors, and health-seeking behaviors, such as voluntary counseling and testing utilization. Meanwhile, change in impact includes antiretroviral therapy initiation, antiretroviral therapy adherence, and HIV risk reduction. In total, 25 studies showed evidence on the effectiveness

of HIV advocacy interventions; 22 studies indicated a shift in social norms, and 3 indicated a change in impact. We identified 6 lessons for NCD advocacy programs: (1) involving at-risk populations in advocacy programs, (2) working with laypersons and community members, (3) working with peer advocates and activists, (4) targeting specific age groups and asking support from celebrities, (5) targeting several, but specific risk factors, and (6) using an evidence-based approach through formative research.

## 25 studies

HIV advocacy interventions is effective.

## 22 studies

Indicated a shift in social norms

## 3 studies

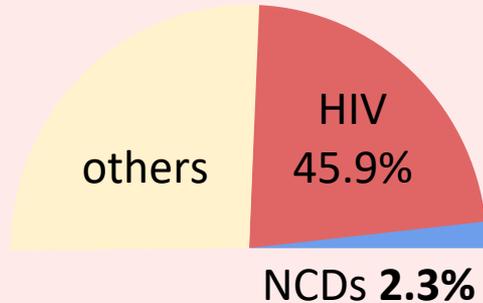
Indicated a change in impact

Sunguya BF et al. Ability of HIV Advocacy to Modify Behavioral Norms and Treatment Impact: A Systematic Review. *Am J Public Health* 2016 Aug Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4940638/>

# HIV

= a lifelong communicable disease

**Global Health Development Assistance  
In 2013**



# NCDs

= also chronic

**74%**  
of all deaths globally

**77%**  
of all NCD deaths in LMIC

HIV

= a lifelong communicable  
disease

Global Health  
In 2013

NCD

= also chronic

**Lessons from effective HIV  
advocacy programs**



**NCD advocacy programs**

NCDs 2.3%

11C

# 6 Lessons for NCD advocacy programs

Involve at-risk populations in advocacy programs

Work with laypersons and community members

Work with peer advocates and activists

Target specific age groups and asking support from celebrities

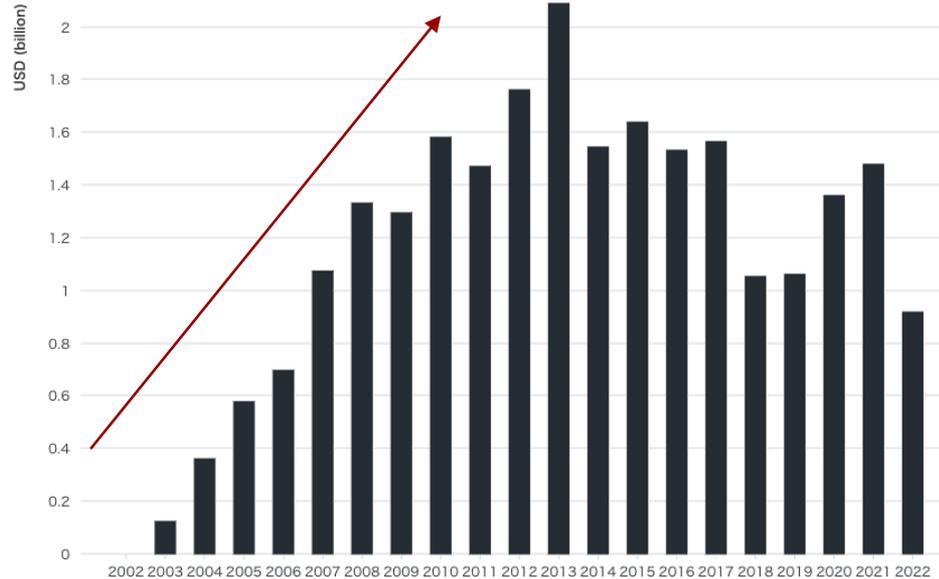
Target several, but specific risk factors

Use an evidence-based approach through formative research

# HIV advocacy - Increased global fund-

Investments - Disbursed  
24,493,596,817 USD

■ HIV □ Show Cumulative



2003  
to  
2022  
  
0.1  
billion  
USD  
to  
2 billion  
USD

How about  
NCDs  
(diabetes)?

# Summary

1. More advocacy for D-advocacy research in Asia
2. D-advocacy for all health professionals
3. D-advocacy for policy makers

**Before all become people with diabetes !**

# Acknowledgements



**I would like to express my special thanks of gratitude for helping this work.**

**Ken Ing Cherng Ong, Ph.D. Assistant Professor  
Risa Morita, Master Student**



**Department of Community and Global Health  
Graduate School of Medicine  
The University of Tokyo**