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GSO Program on Diabetes and Social Responsibility
Report to Sponsors on the Phase One Roundtable Series
August 2007

Contents

Introduction to the GSO Program on Diabetes and Social Responsibility

The Geneva Social Observatory (GSO) was founded in 2004 and works to promote a neutral setting for constructive dialogue on global social issues. The mission of the GSO is to initiate dialogue on social issues in order to encourage leaders to engage in a broadened search for solutions and policy coherence. This service is based on a participatory process in a neutral space that brings all interested parties together across national boundaries to identify solutions and policies that are coherent. These solutions can then contribute to policy-making at the governmental and intergovernmental levels.

In October 2006, the Geneva Social Observatory launched a multi-year project on Diabetes and Social Responsibility on Diabetes and Social Responsibility in the World of Work in Geneva, Switzerland. Initial funding and support for the first phase of the series were provided by Founding Platinum Sponsor, Merck and Company, Inc. Additional funding came from Gold Sponsor, Pfizer; and Silver Sponsors, Accor Services, BD (Becton Dickinson) and Eli Lilly. The GSO deeply appreciates their support for the series. Both the International Labor Organization and Hagen Resources International provided additional in-kind support, and a multi-stakeholder Planning Committee provided continuing guidance. The GSO also deeply appreciates the contributions from these institutions and individuals. Planning Committee members are listed at the end of this report.

Phase One of this project involved three roundtables, one videoconference and two briefings. Summary reports were sent out to all participants following each event. GSO edited the presentations and discussions at the roundtables and videoconference for a publication that was presented at two briefings in May and June. Supplementing this publication are separate reports on the two briefings, which are included here as annexes to this wrap-up report. Phase One was completed in June 2007.

Implementation of Phase One

The project was motivated by the recognition that diabetes is a growing global epidemic with alarming statistics of premature death and disability. It is a condition that is increasingly affecting working age people all around the world, with devastating implications for productivity and sustainable livelihoods. Also of concern is the increasing incidence of diabetes among children and teenagers. Prevention and early management of the disease can have a significant impact, and yet the epidemic continues to grow.

Given the gravity of the diabetes epidemic, the GSO launched a multi-year project on Diabetes and Social Responsibility to mobilize awareness and stimulate action with the support of the multi-stakeholder Planning Committee. A thematic emphasis on the world of work was chosen for the first phase. The Committee identified three sub-themes for a series of roundtables convened in Geneva on 17 October and 15 November 2006 and on 15 January 2007 to draw on the diverse actors and experts in the Geneva international arena.

The first sub-theme was on “Exploring the Scope of Diabetes;” the second sub-theme was focused on “Defining the Role of Key Actors;” and the final sub-theme concentrated on “Building an Action Plan.” Each roundtable included plenary presentations on chosen sub-theme and workshops for the participants to present recommendations and exchange views. The GSO also participated in a videoconference on the main theme organized by Merck from Cape Town, South Africa during the Global Congress of the International Diabetes Federation in December 2006.

Given the gravity of the diabetes epidemic, the GSO launched a multi-year project on Diabetes and Social Responsibility to mobilize awareness and stimulate action with the support of a multi-stakeholder Planning Committee. A thematic emphasis on the world of work was chosen for the first phase. The Committee identified three sub-themes for a series of roundtables convened in Geneva on 17 October and 15 November 2006 and on 15 January 2007 to draw on the diverse actors and experts in the Geneva international arena. The first sub-theme was on “Exploring the Scope of Diabetes;” the second sub-theme was focused on “Defining the Role of Key Actors;” and the final sub-theme concentrated on “Building an Action Plan.” Each roundtable included plenary presentations on chosen sub-theme and workshops for the participants to present recommendations and exchange views. The GSO also participated in a videoconference on the main theme organized by Merck from Cape Town, South Africa during the Global Congress of the International Diabetes Federation in December 2006.

All told, over 60 participants attended one or more sessions in the series, representing the private sector (13), NGOs (22), governments (11), international organizations (10) and academia (6). The Planning Committee reviewed the contributions of participants at the videoconference and the roundtable series and consolidated them into a list of recommendations in ten key action areas. This action plan and the supporting documentation from the videoconference and the three roundtables have been published in a report. Copies of this report are available upon request from the GSO. The consolidated list of recommendations is included here in the annex to this report.

The publication served as the basis for two briefings to promote broadened awareness of the challenge as well as to share information on actual solutions from people around the world. One briefing was co-sponsored by the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) at a PharmaForum breakfast just prior to the World Health Assembly in May 2007. The GSO also had the opportunity to report on the project and distribute the report at a luncheon organized by Merck and others during the World Health Assembly. The second formal briefing was held at the ILO with the support of ILO staff during the International Labor Conference in June 2007. Through these three events, the GSO was able to distribute over 100 copies of the publication and brief labor and health officials from an additional 20 to 30 countries.

The Impact of Phase One

The project has helped to mobilize awareness about the diabetes epidemic, not only among the participants in the roundtable series and videoconference, but also among the health and labor officials and social partners who attended the World Health Assembly and the International Labor Conference. In addition, the participants in the series have discovered new partnering opportunities among the many NGOs and private sector representatives, as well as the representatives from governments and international organizations who attended the roundtables and videoconference.

The Planning Committee drew on this information for an action plan that encompasses both priority areas for action to combat the diabetes epidemic generally and priority areas where the GSO could play a useful role itself. Also, the plan includes specific initiatives connected to the world of work as well as linkages between the world of work and the communities and families that are affected by the epidemic.

Specific recommendations for GSO action in Phase Two include four distinct action items as follows:

1. Gather existing data to demonstrate a clear policy message for companies to act, for publication in a major health-related journal;

2. Convene a workshop to develop a draft protocol to guide workplace/corporate policy for individual companies;

3. Convene a multi-stakeholder forum to showcase initiatives that promote both healthy food consumption and healthy food production;

4. Convene a second multi-stakeholder forum with key health-related NGOs for a dialogue on innovative screening and treatment programmes.

The GSO will continue to work with the Planning Committee Members, listed below, to implement these four action items. A separate proposal for Phase Two has been prepared to proceed with these action items.

GSO Planning Committee Members
Roundtable Series on Diabetes and Social Responsibility

Ms. Helen Alderson, Director of Development, World Heart Foundation

Mr. Eric Boulte, Director, External Relations, Accor Services

Ms. Meredith Bullamore, Diabetes Programme Coordinator, Geneva Social Observatory

Ms. Isabelle Busta Drayton, European Office, BD

Mr. Manuel Carballo, Executive Director, International Centre for Migration and Health

Ms. Patrizia Carlevaro, Head of International Aid Unit, Eli Lilly

Ms. Linda Carrier-Walker, Director of Communications and External Relations, International Council of Nurses

Ms. Susan Crowley, Senior Director International Organization Relations, MSD (Europe), Inc

Ms. Anne-Marie Felton, Chairman, Federation of European Nurses in Diabetes

Ms. Isabel Fourcade, European Office, BD

Mr. David Gold, Senior Specialist on Psychosocial Issues, Coordinator, InFocus Programme, International Labour Organization

Dr. Katherine Hagen, Executive Director, Geneva Social Observatory

Mr. Philip Hedger, Executive Managing Director International Affairs, Pfizer Inc.

Ms. Lucy Howe López, Project Coordinator, Geneva Social Observatory

Ms. Fara Ndiaye, International Centre for Migration and Health

Ms. Nathalie Renaudin, Business Developer, Accor Services

Dr. Gojka Roglic, Technical Officer, Diabetes Unit, World Health Organization

Mr. Mandeep Singh, Director, WW Emerging Markets Strategy, BD

Ms. Angela Wasunna, Assistant Director, International Affairs/Corporate Affairs, Pfizer Inc.

Annex 1: Diabetes and Social Responsibility Roundtable Recommendations Phase One, October 2006 to June 2007

1) **Compile existing statistics to justify diabetes and chronic disease initiatives**
    a. Pull together social and economic data to demonstrate a clear policy message for companies to act, with case studies and best practices
    b. Include additional economic analysis on the overall impact of diabetes (utilize such resources as the OECD, ECDC, etc)
    c. Monitor and evaluate existing community and workplace wellness programs
2) Use metrics to open communication with employers and employees to open up attitudes
3) **Develop a skeleton of workplace/corporate policy for individual companies**
    a. Incorporate holistic prevention programs
        i. Early intervention benefits
        ii. Address screening issues, including discrimination and privacy
        iii. Promote physical activity
    b. Develop disease/condition-specific treatment and management programs
    c. Adequately address workplace discrimination and accommodation issues
    d. Develop evaluation targets
4) **Encourage expert dialogue by convening leaders of the food and beverage industry**
    a. Survey of existing tools in health education and labeling
    b. Inventory of best practices (e.g. color codes)
    c. Discussion of financial incentives for healthy food production and consumption
5) Recognize that diabetes is more difficult to treat than other health-related conditions
    a. Acknowledge the difficulties of managing the social and psychological aspects of compliance with the continuous and complex treatment for diabetes
    b. Studies are needed to accurately measure true socioeconomic costs and impacts of treatment that go beyond clinical costs and search for cost-effective solutions
6) **Evaluate public policy merits of basic health exams and preventive disease screening**
    a. Study screening practices and resulting treatment options in all regions
    b. Consider screening for obesity and/or hypertension may be more effective and cost efficient (more study needed)
7) Strengthen education, but advance a multifaceted approach
    a. Recommendation to make unhealthy options less appealing and healthy options more attractive- this demonstrates a need for new partnerships
    b. Advance government support of physical activity in schools
8) Create new multistakeholder, community-based partnerships
    a. Advance levels of professional education among health experts
    b. Raise awareness of diabetes impact and effectiveness of intervention
    c. Facilitate closer cooperation among patient groups and healthcare providers for prevention strategies and education programs
9) Encourage and facilitate innovative public/private partnerships
    a. Identify clear dietary needs and options with input from the food industry
    b. Make healthy options viable in all regions
    c. Improve healthy outcomes for prevention with pharmaceutical companies (specific proposal to IFPMA)
10) Proceed with a comprehensive communication strategy
    a. Utilize personalities and role models in education and public awareness campaigns
    b. Bring diabetes/chronic disease into mainstream awareness

Annex 2: IFPMA Geneva Pharma Forum
Roundtable Discussion on "Diabetes and Social Responsibility: Building an Action Plan for the World of Work"
Thursday, 10 May 2007, 8h30 to 10h00
CICG, Geneva, Switzerland

Summary of First Briefing

The International Federation of Pharmaceutical Manufacturers and Association (IFPMA) and the Geneva Social Observatory (GSO) organized a breakfast roundtable discussion on "Diabetes and Social Responsibility: Building an Action Plan for the World of Work" at the Geneva Conference Centre on 10 May 2007. The discussion was part of the "Geneva Pharma Forum" series and included the presentation of the recently published GSO Report of Phase One of the Roundtable Series on Diabetes and Social Responsibility[1]. The Roundtable Series took place in 2006 and 2007.

Susan Crowley, Chair of the IFPMA's Partnership and Public Health Advocacy (PPHA) Committee, opened the discussion by welcoming participants and thanking them for coming.

Katherine Hagen, Executive Director of the Geneva Social Observatory, as moderator of the discussion gave an introduction on the roundtable series on diabetes and social responsibility. She acknowledged the support and substantial contributions made by Susan Crowley on behalf of Merck and Co., Inc., the Founding Platinum Sponsor of the series, and to Gold Sponsor Pfizer Inc. and to Silver Sponsors Accor Services, BD and Eli Lilly and Company.

Dr. Hagen then introduced the three panellists and made mention of their contributions to the roundtable series. As a multistakeholder dialogue, the roundtables drew upon the workplace expertise of the ILO, the health expertise of the WHO and a wide array of NGOs, trade unions and companies. The International Labour Organization (ILO) was the venue for the three roundtables, while the GSO also benefited from the active involvement of Mr. Assane Diop, Executive Director for Social Protection, Dr. David Gold, Senior Specialist on Psychosocial Issues and several other ILO staff. The contributions of the World Health Organization (WHO) included the diabetes expertise of Dr. Gojka Roglic, Technical Officer in the Diabetes Unit and the nutrition expertise of Dr. Christophe Roy, Specialist on the Global Strategy on Diet, Physical Activity and Health. Among the NGOs that were active in the series, the GSO was especially appreciative of the leadership and insights of Dr. Manuel Carballo, Executive Director, International Centre for Migration and Health (ICMH).

Dr. Gojka Roglic informed participants that she is the only person employed in the WHO's diabetes unit. She gave this as an example of how priorities have not changed significantly in the WHO in the last few years despite the scale of the problem presented by diabetes in the world. Many people do not realize that the toll for diabetes is as heavy as that of HIV/AIDS. Diabetes is similar to HIV/AIDS inasmuch as many do not realize that they have it. No agency can handle the multiple challenges of the increasing incidence of diabetes alone; so the GSO initiative is particularly welcome. Diabetes is not only affecting the old as was once the case. In fact the age group most affected are those between 45 and 65. Diabetes has costly, debilitating and deadly complications. The improved management of

[1] 'Roundtable Series on Diabetes and Social Responsibility: Report on Phase One'. Geneva Social Observatory, Geneva, April 2007.
http://www.gsogeneva.ch/GSO%20Diabetes%20and%20Social%20Responsibility%20Phase%20One%20Report%20-%20April%202007.PDF

the disease is an important part of the strategy, to be sure. In addition, interventions have been developed to delay or even avoid the onset of diabetes, but there have been many obstacles to the implementation of these interventions. Dr. Roglic would like to see an improved outcome at all levels of prevention and treatment.

Dr. David Gold made a presentation on his involvement in workplace health promotion and safety at the ILO. The concept of prevention is an important one in this work. In the past four or five years he has been looking in particular at the prevention of chronic diseases and psychosocial issues through improved nutrition and adequate exercise. He noted the effects of these issues in the form of heart disease and diabetes. He reminded participants that the issues were complex giving the example of the possible reasons behind obesity, involving stress, violence, sleep deprivation, addictive behaviours and so on. He asserted that it is necessary to treat them as a whole. The work with the GSO has been very interesting. They have made linkages with the SOLVE programme and chronic disease prevention and treatment. Furthermore they want to establish national capacity in the 40 countries where the SOLVE programme is in operation to address chronic disease prevention in the workplace. They are reliant on workplace representatives to do this work at the grassroots level.

A new programme is being developed to deal with psychosocial issues, peer counselling. Often when a worker has a problem they are reluctant to go to a medical professional or to their personnel department but rather feel more comfortable talking with a peer. They are creating opportunities for peers to educate other workers about health issues.

The GSO roundtable series has been the catalyst to look at diabetes as a condition with a focus on lack of nutrition and of regular exercise. Dr. Gold then introduced participants to the Finnish ‘156’ programme that was promoted within the ILO itself amongst employees on 20 April this year, World Day of Health and Safety at Work. Record cards to take note of regular exercise (three times a week, 52 weeks a year, hence 156) were made available to employees.

Dr. Manuel Carballo reminded participants of the three types of diabetes: Type 1, which has a genetic element to it; Type 2, which is more widespread and related to lifestyle and nutrition; and gestational diabetes that can occur in pregnancy. As a representative of ICMH he has been happy to be part of the roundtable series process. Diabetes does not receive sufficient attention and the series has been a means to make it known to a wider audience. The audience has also been instrumental in giving ideas as to where interventions can take place.

The implications of diabetes are not only fatal they are also disabling. In any country, and especially in poorer countries, there are numerous amputees and those who are blind as a result of having diabetes. Then there are the social and economic consequences of their disability to cope with as well as the disease. The roundtable series has highlighted that all parts of society are impacted and that all of us are involved. He is glad that the ILO is involved, the workplace is very important. There is also a need to focus on schools with the educational authorities as diabetes is on the increase amongst children.

Education and the workplace are two tools for intervention but every place in society is affected. Health-related NGOs and associations were involved in the roundtable series including the ICMH. At ICMH they are concerned about diabetes because migrant populations are particularly vulnerable to disease and chronic conditions, up to 7 times more vulnerable in some cases, e.g. the Asian population in the UK.

Those who have type 2 diabetes automatically go on the list of those at risk of cardio-vascular disease (CVD). In the UK people from the Caribbean are four times more likely to suffer strokes and hypertension is also a big problem. Diseases are not equally distributed

around the world though there is a high incidence of diabetes and CVD at the world level. Emigration and immigration are a factor in this.

We need to be able to respond to diabetes when it occurs. It is also necessary to sensitize people to the widespread nature of the condition and to the possibilities of prevention. During the roundtable series he came into contact with partners that he wouldn't have had contact with otherwise. They are beginning to work with governments in a more specific way on how to plan to cope with diabetes.

Discussion

Q: Does the ILO have any documents on this topic?

A: Dr. Gold responded by asking participants to consult the SOLVE site on the ILO website (http://www.ilo.org/public/english/protection/safework/whpwb/solve/index.htm).

Q: One participant stressed the importance of prevention stating that the private sector has a responsibility, especially the food companies. There is also the issue of affordability of good nutrition in developing countries.

A: Dr. Carballo told participants that the issues of costing and the contribution of the food industries have been examined quite thoroughly during the course of the roundtable series. He confirmed that good nutrition is often more costly and that this had resulted in specific recommendations in the report. Food companies are reacting though they are not doing enough yet. Amongst migrants fast food is more affordable and readily attainable. This is particularly worrying amongst migrant children who come under pressure from peers to eat fast food. Migrants are vulnerable to cultural, social and economic pressures as they are not 'in the know'. Regarding diet they are obliged to make rapid changes and more often than not cannot find or afford the ingredients for their traditional dishes. Also they tend to work harder for longer hours and less pay so the opportunities for preparation of balanced home cooked meals are less.

Dr. Gold added that the ILO does have a book on nutrition and the workplace. He also stated that there are companies who offer healthy meal options, e.g. Lufthansa has certainly given them in the past. A presentation was made by Nathalie Renaudin from Accor Services during the roundtable series on their healthy eating programme, a summary of which is included in the GSO Report of Phase One of the Roundtable Series. We do tend to assume that people know what it is to eat healthily though this is clearly not always the case, with some confusing quantity with quality.

Dr. Hagen mentioned that rural to urban migration is also an element in the change in consumer's eating habits.

At this point **Mr. Eric Boulte** from **Accor Services** talked about what their group is trying to do with the meal voucher programme. Firstly they train workers to eat properly. Once they have been trained the restaurants are encouraged to provide balanced meals that are they approved by nutritionists who also provide guidelines. The restaurants volunteer to be part of the programme by signing a charter with the group after which they can signal balanced meal options for consumers with the group logo on their menus. The programme has started in France and they are in the process of expanding it into other European countries including Belgium and Romania. They are also presenting a proposal to the European Commission to prevent obesity.

Q: The challenge in the work of prevention is often to do with a lack of resources although interventions are proven. What should we be doing differently to attract resources? This

meeting is a sign that resources are being opened up though generally the resources given to care and those to prevention are grossly misaligned. This is a real challenge for frontline health workers.

A: Dr. Gold acknowledged that the focus on treatment does need to change and that the idea of making a business case for prevention needs to be reinforced. At a meeting of the World Economic Forum in New York 18 months ago best practice was explored and gave some cause for optimism. However there remains the challenge in the UN system, amongst governments and civil society organizations to make the business case for prevention in a variety of occupational safety and health settings. The GSO is focusing on prevention. There are representatives of the business community at the discussion today but a broader platform is needed.

Q: With regard to migrants and refugees there is a big issue of access to and lack of health care as well as security.

A: Dr. Carballo replied that it is necessary to inform politicians and agencies of the scale of the problem, of the number of people involved and those who are at risk of CVD. We need to illustrate much more graphically what we are talking about. Tragically we have never thought of the refugee population, some 65 million people, in terms of chronic diseases. The focus has always been on providing for their immediate needs for housing, food, clothing and essential medicines. It has been proven that stress and depression prompts the incidence of diabetes. We could try to reduce the risk of stress, talk to employers and employees about how to engineer work conditions that reduce the risk. Another problem for refugees and migrants is access to health care. There is often a problem with language, ignorance of how a system works or sometimes they just simply do not have the right to treatment because of their status or lack of medical insurance coverage. They are at higher risk of falling sick and are less likely to be treated. It is a major problem.

Q: In Pakistan have parents who are both diabetics. They take medication for it and up until today the participant thought that treating diabetes was something like treating a headache that affects mainly the elderly. Fast food bars are opening up in China and in Pakistan. There is a problem about not knowing what healthy food is. Healthy food is expensive and is not as easily available, even in Switzerland. Here it is difficult to find what you want even if it exists because of language problems.

A: Dr. Carballo confirmed that the prevalence of diabetes in Pakistan and in the Asian subcontinent in general is going up. He mentioned also that having talked about nutrition there is also the need to talk about exercise as we have an increasingly sedentary lifestyle. Even if diets are not changed more regular exercise has a proven positive benefit to health. With regard to language they have a project in New York that includes radio broadcasts to Senegalese immigrants in their own language so ways can be found to help immigrants adapt.

He continued by saying that the steps for the prevention of diabetes are simple enough. Treatment today is more specialized and diabetics can lead better lives as a result. The benefit of regular screening has also been proven as well as early diagnosis. Having said that prevention is still clearly the priority, though it is more difficult to make the changes at the individual level than it is to write a prescription. People don't understand how big the problem is, even the WHO doesn't!

Dr. Hagen added that in many cases diabetes is a hidden disease with a lot of stigma involved. There is discrimination in the workplace as there is a perception that diabetics are prone to attacks and are less able to perform even though treatments are highly effective. The WHO Global Strategy on Physical Fitness, Diet and Health needs to be moved forward.

Dr. Hagen reminded participants of the forthcoming agenda of the World Health Assembly and encouraged them to take action to promote the cause of diabetes there. In particular the World Health Assembly will be debating a resolution and outline for an action plan to implement the WHO Strategy on Non-communicable Diseases. She also mentioned the Code on Workplace Safety and Health that needs to be promoted at the International Labour Conference in June.

Susan Crowley wrapped up the panel discussion by thanking panellists and participants for an excellent discussion.

Annex 3: Luncheon Briefing on Diabetes and Social Responsibility
Wednesday 13 June 2007, 12h30 to 14h00
Room 6-20, ILO, Geneva, Switzerland

Summary of Second Briefing

The Geneva Social Observatory (GSO) organized a luncheon briefing on Diabetes and Social Responsibility at the International Labour Organization on 13 June 2007. The briefing was timed to coincide with the annual International Labour Conference (ILC) of the ILO taking place from 30 May to 15 June and included the presentation of the GSO Report of Phase One of the Roundtable Series on Diabetes and Social Responsibility[2]. The Roundtable Series took place in 2006 and 2007 and the briefing, principally to ILC delegates, marked the end of Phase One of the project.

Dr. Katherine Hagen, Executive Director of the Geneva Social Observatory, introduced the GSO and its projects elaborating in particular on the roundtable series on diabetes and social responsibility which had a particular focus on the workplace. She acknowledged the critical support and substantial contributions made by the ILO to the process. Dr. Hagen then introduced Dr. David Gold, Senior Specialist on Psychosocial Issues, Coordinator, InFocus Programme at the ILO.

Dr. David Gold started off by observing the changes in consumption patterns especially in industrialized countries with the result that more and more fast and processed foods with high sugar levels are being eaten. He promoted the workplace as a venue for information exchanges to influence workers to change their behaviours to adopt more healthy habits. He applauded the efforts of education ministries, for example in Botswana, the benefits of which will be seen in the next generations. In the meantime too many are ignorant of the prevalence and risks of diabetes. The work with the GSO has been valuable in underlining the importance of changes in diet and lifestyle and of a role for the workplace in addressing prevention and effective disease management programs.

Dr. Hagen then continued with a presentation of the Report of Phase One of the roundtable series. She described the multistakeholder process that involved three roundtables in Geneva and a videoconference from Cape Town, South Africa. This process culminated in ten recommendations made by participants. These are featured in the GSO Report on Phase One. A summary list is given here for reference.

1) Compile existing statistics to justify diabetes and chronic disease initiatives
2) Use metrics to open communication with employers and employees to open up attitudes
3) Develop a skeleton of workplace/corporate policy for individual companies
4) Encourage expect dialogue by convening leaders of the food and beverage industry
5) Recognize that diabetes is more difficult to treat than other health-related conditions
6) Evaluate public policy merits of basic health exams and preventive disease screening
7) Strengthen education, but advance a multifaceted approach
8) Create new multistakeholder, community-based partnerships
9) Encourage and facilitate innovative public/private partnerships
10) Proceed with a comprehensive communication strategy.

[2] 'Roundtable Series on Diabetes and Social Responsibility: Report on Phase One'. Geneva Social Observatory, Geneva, April 2007.
http://www.gsogeneva.ch/GSO%20Diabetes%20and%20Social%20Responsibility%20Phase%20One%20Report%20-%20April%202007.PDF

Commenting on the recommendations Dr. Gold applauded the strategic approach evident in the recommendations and looked forward to working with the GSO on Phase 2, and especially the recommendations directly relating to the workplace. Referring in particular to the second recommendation, he underscored the usefulness of metrics to communicate the seriousness of the diabetes epidemic. He gave the example of measurements used by Adidas in their wellness cafes that show the direct results of adopting a healthier lifestyle. Dr. Gold was also keen to promote the use of holistic prevention programmes in workplace policies as part of the third recommendation.

Dr. Hagen observed that the first three recommendations were a priority for GSO in Phase 2 of this project. Also, among the recommendations, the fourth one on engaging with the food and beverage industry had been a top concern for a number of the roundtable participants. Dr. Hagen observed that in fact the industry is making some positive changes by producing and promoting more healthy options for consumers. The GSO could include an opportunity to showcase the innovations that food and beverage companies are developing in this next phase.

Discussion

Participants at the briefing spoke of their experiences in their home countries and organizations. It was acknowledged that the workplace can be used to disseminate healthy messages. Some enterprises are also interested in implementing programs to facilitate healthier lifestyles, although they are still grappling with how to tie that in with other CSR initiatives. It was felt that governments can help with screening programs in cooperation with the private sector. Also, governments can play a role in the pricing of healthy foods to ensure that they are affordable.

Education was seen to be of primary importance as a means of getting messages into the home. Dr. Hagen and Dr. Gold echoed this by saying that the issues do indeed go beyond the workplace and into the community. Healthy lifestyles require a supportive environment in the family and community as well as the workplace. Education plays an important role in raising awareness and learning about the choices for families and communities.

There was some talk of the cultural dimension, of young people rejecting traditional dishes and the peer pressure to eat fast food. Associated with this was the issue of exercise and lack of access to exercise particularly among the working population. In this regard, Dr. Gold spoke of the effectiveness of incentive schemes for workers to engage in exercise programs rather than taking frequent smoking breaks.

When the discussion turned to treatment of the condition of diabetes, the use and misuse of traditional medicines and the dangers of counterfeit drugs were both identified as common problems. Access to reliable medicines and a decent infrastructure for primary health care had to be public policy concerns. Meanwhile, it was agreed that prevention was paramount, and one participant talked of the introduction of annual health checks in the workplace as a means of monitoring and controlling the incidence of diabetes. One delegate reported that they had placed wellness issues on the agenda of a forthcoming national tripartite forum, and others were encouraged to explore similar initiatives to direct public policy support for wellness programs.

Dr. Hagen wrapped up the discussion by thanking participants and asking them to share their ideas and news of their projects with the GSO. In Phase Two, the GSO will be welcoming opportunities to link up with other partners and initiatives.