

## Campaigns and resolutions



Just some thoughts and observations from me about campaigning for diabetes causes and lobbying for political recognition – before you start to turn the pages of this journal and read the interesting articles contributed by our

colleagues. I am aware that many of you will have a lot more experience in this field than me, so feel free to correct me – or to add your own thoughts in the next issue.

We now have a United Nations Resolution for diabetes; there is not much that can beat that in terms of a powerful message to the world. The campaign that led to the resolution was excellently organised, but also inclusive of the entire diabetes community – all stakeholders had a voice – or were offered the opportunity. This must be an example of the best type of campaign – because of its generous spirit at the outset.

## Lobbying for diabetes issues

Watching the progress of the UN Resolution made me ponder a bit on lobbying and campaigning for diabetes issues. The world seems to be getting ever smaller and issues are decided on increasingly larger scales, decisions are made further from home and the purse strings are sometimes held by people with no idea of how things are for 'us'. This means that 'our' message must be taken directly to the place where decisions are made. More often these days this means going to Brussels and presenting a case to the European Parliament and Commission. Easier said than done!

Officially, in 2004 there were 5039 lobbyists registered at the European Parliament; however, it is estimated that the real figure is closer to 15 000. This means that any campaign is fighting for a share of the time and good faith of a hard working Member of the European Parliament to take it up in competition with powerful interests of other groups, some who promote equally urgent and worthy issues. This means that you must be organised, have a good plan and know who your friends are, know the issues and understand the background to the issues. Above all it helps to be thick skinned, not give up at the first sign of opposition, and have a good sense of humour.

Sometimes it is hard to see what if anything is actually achieved by a single event (meeting, seminar, lunch etc) when experts are brought in and high level discussions take place. To me it seems this process is a

gradual one, it takes months if not years, to get official recognition for an issue in the form of legislation, but in the meantime you build your case, back it up constantly with data – and with real world examples, you keep it in the public eye – and in the eyes and ears of the decision makers. At some point the climate will be right and you will move a few steps forward.

With diabetes this has been the case, and slowly victories have been made in the European institutions paving the way for more concrete achievements that will have an effect on people who live with the disease, and the other stakeholders in healthcare and research. Along the way, the 'general public' are becoming more aware about the disease, general knowledge and awareness of diabetes is immensely improved on the situation even 20 years ago. This knowledge is shared by the decision makers who hopefully bring such wisdom to their decision-making.

## Aging of Europe and diabetes

During the first half of 2007 the European Union has a German Presidency, the issue of demographics has been highlighted, it cannot be only me who noticed many articles in the general press about our aging continent and how difficult life will be when we are old and there is a shrinking workforce to contribute to our national health systems. Europe is 'aging' faster than any other continent. Aging of the population matters in diabetes – the older part of the population is most likely to be affected by the disease and its complications – and have a lower quality of life and more expensive healthcare needs.

The younger generation is becoming ever more affected by the disease – type 2 diabetes occurring in children is a tragic example and we do not know what the outcome will be. In the case of diabetes in young women we do not know what will happen to the next generation and more research needs to be done in this group as they hold the key to a healthy future. This year has been designated the European Year of Equal Opportunities, and this group of key members of the population would seem a good place to start. This is something that our elected representatives should take note of!

## Sarah Hills

Editor, European Diabetes Nursing Pisa, Italy