

WHO GLOBAL

DIABETES COMPACT

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WHO



10 REASONS TO FOCUS ON DIABETES

1) Growing diabetes epidemic:

- **Rise in global deaths:** 70% ↑ since 2000, now 9th leading cause of death in the world.
- **Rise in premature deaths:** 5% ↑ since 2010
- **Rise in number of people with diagnosed diabetes:** 420M (today) to 570M (2030) to 700M (2045).

2) Insufficient prevention: Obesity ↑ 150% (since 2000). Sub-optimal diets are now responsible for 20% of premature mortality worldwide. The decline in tobacco use is slowing: 24% of adults is still using tobacco in some form. 28% of adults are physically inactive.

3) Lack of diagnosis and treatment: 4/5 persons with undiagnosed diabetes live in low- and middle-income countries, which leads to more heart attacks, strokes, and amputations

4) Lack of access to medicines and technologies: 50% of people with type 2 diabetes don't get the insulin they need. Human insulin is not available in 39% of health facilities in low-and middle –income countries and analogue insulins is not available in 87%.

5) Lack of access to PHC: Limited access in many low -and middle-income countries to primary health care professionals trained in diabetes. Evidence-based health literacy is at an early stage in many countries. Lack of capacity to improve diagnostic services.

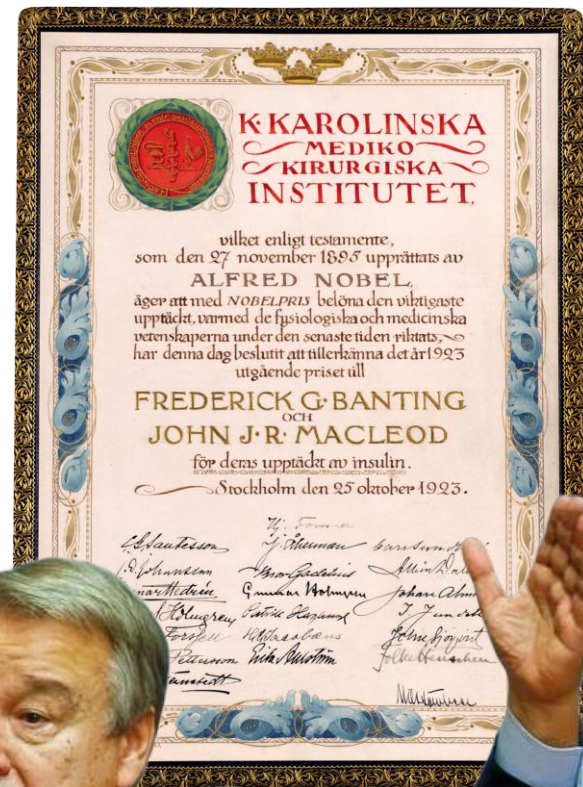
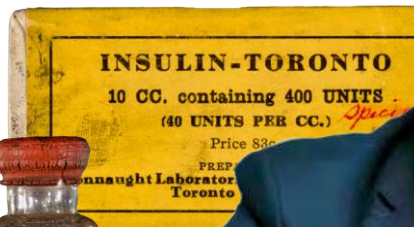


10 REASONS TO FOCUS ON DIABETES

- 6) **Not included in UHC:** Diabetes health services are conspicuous by their lack of progress as part of UHC in comparison to those for communicable diseases. Global ambitions to accelerate progress on UHC service coverage are increasingly unlikely unless concerted action on diabetes occurs.
- 7) **COVID-19:** People living diabetes are more vulnerable to becoming severely ill or dying from COVID-19. Around 50% of countries report disruption of services to treat diabetes and its complications due to COVID-19.
- 8) **An immediate quantum lead in halting and beginning to reverse the diabetes epidemic** will prevent a downward spiral and set the stage for recovery from the worst recession since the Great Depression.
- 9) **Action on diabetes builds resilience** of a population in the face of a new virus or pandemic.
- 10) **Insulin was discovered 100 years ago!**

"The COVID-19 pandemic has brought additional pain. Many people who require regular care and treatment for their diabetes have struggled to access that care. And people with diabetes are at increased risk of severe disease and death from COVID-19."

UN Secretary-General





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A COALITION FOR BUNDLING SOLUTIONS

A COALITION FOR BUNDLING SOLIDARITY

**WE NEED A NEW MODEL TO
MOVE TO. WE NEED TO
CREATE ONE. ONE BASED
ON PUTTING PEOPLE LIVING
WITH DIABETES FIRST.**

Phu Thi Hong Thuy, a 48-year-old woman living with diabetes, had to have her leg amputated after she cut herself on a closet at home.



BUNDLING SOLUTIONS



EVERY COUNTRY HAS OPTIONS, BUT NO COUNTRY CAN MAKE PROGRESS ON DIABETES THROUGH A SINGLE INTERVENTION. ACCESS TO INSULIN IS NECESSARY, BUT NOT SUFFICIENT, AS HOLISTIC APPROACHES ARE NEEDED TO ENSURE ACCESS TO EARLY DIAGNOSIS AND APPROPRIATE DIABETES CARE. IN ADDITION, COMPREHENSIVE APPROACHES TO TACKLING THE MODIFIABLE RISK FACTORS OF UNHEALTHY DIET, PHYSICAL INACTIVITY AND TOBACCO USE REQUIRES STRENGTHENING IN MOST COUNTRIES.

Persons living with diabetes waiting for tissue removal or amputation surgery.



DRIVING PROGRESS TOWARD A CONCRETE GOAL

VISION

**To reduce the risk
of diabetes
and to
ensure that all
people who are
diagnosed with
diabetes have
access to
equitable,
comprehensive,
affordable and
quality
treatment and
care**



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MISSION

Create choices for countries in the face of complexity for diabetes prevention, early diagnosis, treatment, care and rehabilitation, **whatever the development context**, and to **create the conditions for new ways** for governments, UN organizations, civil society, philanthropic foundations, businesses, academic institutions and people living with diabetes to power ahead, together, faster and further than before in bringing diabetes care to all who need it



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PROTECT

Reduce major diabetes **risk factors** through population-based policy and fiscal measures.

DETECT

Include **diagnosis and treatment** of diabetes as part of primary health services and Universal Health Coverage benefit packages.

TREAT

Scale-up access to essential diabetes **medicines**, including insulin and associated devices.

RECOVER

Protect people living with diabetes from COVID-19 and **build back better**

OBJECTIVES



PROTECT

- 1) More people covered by at least one measure to reduce **consumption of fats, salt/sodium and sugars**
- 2) More people covered by at least one measure to increase population levels of **physical activity** across the life course
- 3) More people covered by at least one comprehensive **tobacco control** measure

DETECT

- 4) More people benefitting from an equitable distribution of and increased access to affordable standard diabetes diagnostic tests as part of **primary health care** (when people living with undiagnosed diabetes come into first contact with the health system)
- 5) More people benefitting from the elimination of financial barriers to access diabetes diagnostics and the inclusion of diabetes diagnosis and treatment into **universal health coverage**.

EXPECTED OUTCOMES

AN ACCOUNTABILITY FRAMEWORK FOR THE COMPACT, TO TRACK PROGRESS AND MEASURE IMPACT, IS UNDER DEVELOPMENT

TREAT

- 6) More people diagnosed with type 1 diabetes, covered by **insulin**
- 7) More people diagnosed with type 2 diabetes, covered by a **blood glucose management protocol**, including access to insulin
- 8) More people screened for **chronic complications** of diabetes and getting **access to the management they need**
- 9) More people benefitting from **capacity building, education and health literacy**

RECOVER

- 10) More people with diabetes covered by a large-scale coordinated and comprehensive **domestic health response to COVID-19**
- 11) More people with diabetes participating in a domestic **transformative recovery process** that addresses the inequalities, exclusion, gaps in social protection systems and the many other injustices faced by people living with diabetes that have been exposed and exacerbated



TARGET 1 NCD/GAP

A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, **diabetes**, or chronic respiratory diseases by 2025

TARGET 9 NCD/GAP

An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases (including **diabetes**) in both public and private facilities by 2025

TARGET 7 NCD/GAP

Halt the rise in **diabetes** and obesity by 2025

TARGET 4 NCD/GAP

a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ year by 2025

TARGET 8 NCD/GAP

At least 50% of eligible people receive medicinal treatment (**including glycaemic control**) and counselling to prevent heart attacks and strokes by 2025

TARGET 3 NCD/GAP

A 10% relative reduction in prevalence of insufficient physical activity by 2025

(Part of the set of 9 voluntary global targets for 2025 included in the WHO Global NCD Action Plan 2013-2025)

FAST-TRACKING PROGRESS TOWARDS EXISTING TARGETS

(Part of the Sustainable Development Goals for 2030 included in the 2030 Agenda for Sustainable Development)

SDG 3.4

NCD

Reduce premature mortality from NCDs by 1/3 by 2030

SDG 3.8

UHC

Cover all people with health services by 2030



DEVELOPING MISSING TARGETS

The HIV treatment target

90%

diagnosed

90%

on treatment

90%

virally suppressed

The cervical cancer treatment target

90%

vaccinated

70%

screened

90%

treated

The diabetes treatment target

?

?

?



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REACHING THOSE FURTHEST LEFT BEHIND

Special emphasis on:

- The poor (the lowest household income quintile)
- Those who are vulnerable or in vulnerable situations
- Those who are in marginalized segments of the population
- Those living in humanitarian emergencies.
- Migrants



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India is "sitting on a volcano" of diabetes. A father's effort to ban junk food sales in and near schools aims to change what children eat.





RECOMMENDATIONS ON HOW TO STRENGTHEN THE PREVENTION OF DIABETES IN COUNTRIES

↓ CHILDHOOD OBESITY

Reduce childhood obesity through using regulatory, fiscal and other measures to promote intake of healthy foods that are low in energy, fats, sugars and sodium

↑ PHYSICAL ACTIVITY

Increase levels of physical activity

↓ TOBACCO USE

Reduce tobacco use

↑ APPROACHES

Pursue health-in-all-policies approaches, equity-based approaches and life-course approaches

↑ SETTINGS

Promote approaches through specific settings such as school, home, or the workplace

RECOMMENDATIONS ON HOW TO STRENGTHEN THE **EARLY DETECTION** **AND TREATMENT OF** **OBESITY AND DIABETES** IN COUNTRIES

↑ **PHC**

Include the diagnosis and management of obesity and diabetes as an essential service in primary health care supported by the health system building block.

↑ **CO-MORBIDITY**

Include diabetes-HIV-TB comorbidity and leverage existing global financial institutions

↑ **BBB & UHC**

Use the momentum of building back better after the disruption of services by the COVID-19 pandemic to get diabetes management on all relevant programmes and integrated into PHC and UHC.

↑ **MANAGEMENT**

Expanding access to insulin and other essential medical products and technology by enabling the manufacture of generics and strengthening the country capacity for supply chain management.



RECOMMENDATIONS ON HOW TO STRENGTHEN SURVEILLANCE OF DIABETES IN COUNTRIES

↑ SURVEYS

Conduct national population-based surveys once every five years.

↑ INDICATORS

Adapt the clinical monitoring indicators for diabetes and ensure that they are part of the national health information systems


↑ DIGITILIZATION

Use digital technology and other resources for improving clinical management of diabetes.

↑ REGISTRIES

Ensure diabetes registries is developed in order to establish and monitor prevalence and complication status.





Apply before 30 April 2021
<https://www.who.int/teams/noncommunicable-diseases>

WHO CALL FOR EXPERTS

Technical Advisory Group on
Diabetes

Technical Advisory Group on
Noncommunicable Disease-related
Research and Innovation

Strategic and Technical Advisory
Group on the Prevention and Control
of Noncommunicable Diseases





PARTNERSHIPS

THE BUILDING AND COORDINATING OF RESULTS-ORIENTED COLLABORATIVE EFFORTS AND ALLIANCES ARE ESSENTIAL COMPONENTS OF THE COMPACT.

PARTNERSHIPS ARE ALSO VITAL BECAUSE RESOURCES FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES ARE LIMITED IN MOST NATIONAL AND INSTITUTIONAL BUDGETS.

COLLABORATIVE WORK WILL BE FOSTERED AMONG UNITED NATIONS AGENCIES, OTHER INTERNATIONAL INSTITUTIONS, ACADEMIA, RESEARCH CENTRES, NONGOVERNMENTAL ORGANIZATIONS, PEOPLE LIVING WITH DIABETES, PHILANTHROPIC FOUNDATIONS, AND THE BUSINESS COMMUNITY.

CO-CREATION AND EXPANDING PARTNERSHIPS



2021

Launch of the
Compact



2025

UN High-level
Meeting on NCDs



2030

SDGs

A COLLECTIVE JOURNEY ON OUR WAY TO 2030



OUR JOURNEY SO FAR



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01

SEP 2020

Workshop on access to
insulin

02

OCT 2020

Expert consultation on
diabetes

03

OCT 2020

Stakeholder consultation
on diabetes

04

NOV 2020

Recommendations from the
Lancet Commission

05

17 FEB 2021

HEARTS meeting

06

23-24 FEB 2021

Dialogue with the pharmaceutical
industry on insulin

WE ARE THE WORLD
IN #WDD
#Insulin4all



OUR JOURNEY SO FAR



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“Diabetes is on the rise globally and rising faster in low-income countries. Too many people who need insulin encounter financial hardship in accessing it or go without it and risk their lives.

It is a failure of society and the global community that people who need insulin should encounter financial hardship to buy it or go without it and risk their life.

This year has been a wake-up call. People living with diabetes are at an increased risk of severe illness and death from COVID-19, while diabetes care has been severely disrupted due to the pandemic. We must and can do better.”

Dr Tedros, Director-General, WHO



OUR JOURNEY SO FAR



WORLD DIABETES DAY: 14 NOVEMBER 2020

UN Secretary-General: “WHO will launch the Global Diabetes Compact, a new initiative that will bring structure and coherence to our complementary efforts to reduce the burden of diabetes”

The Lancet Commission on Diabetes: “The Global Diabetes Compact represents a valuable opportunity to build partnerships between governments, care providers, patient advocates, and NGOs to support countries to mobilize resources and accelerate structural transformations. This renewed global diabetes movement will enable the scale-up of access to essential diabetes medicines and technologies, inclusion of diagnosis and treatment of diabetes in PHC and UHC packages, and reduction of diabetes risk factors such as obesity. The case to act has never been more urgent.”

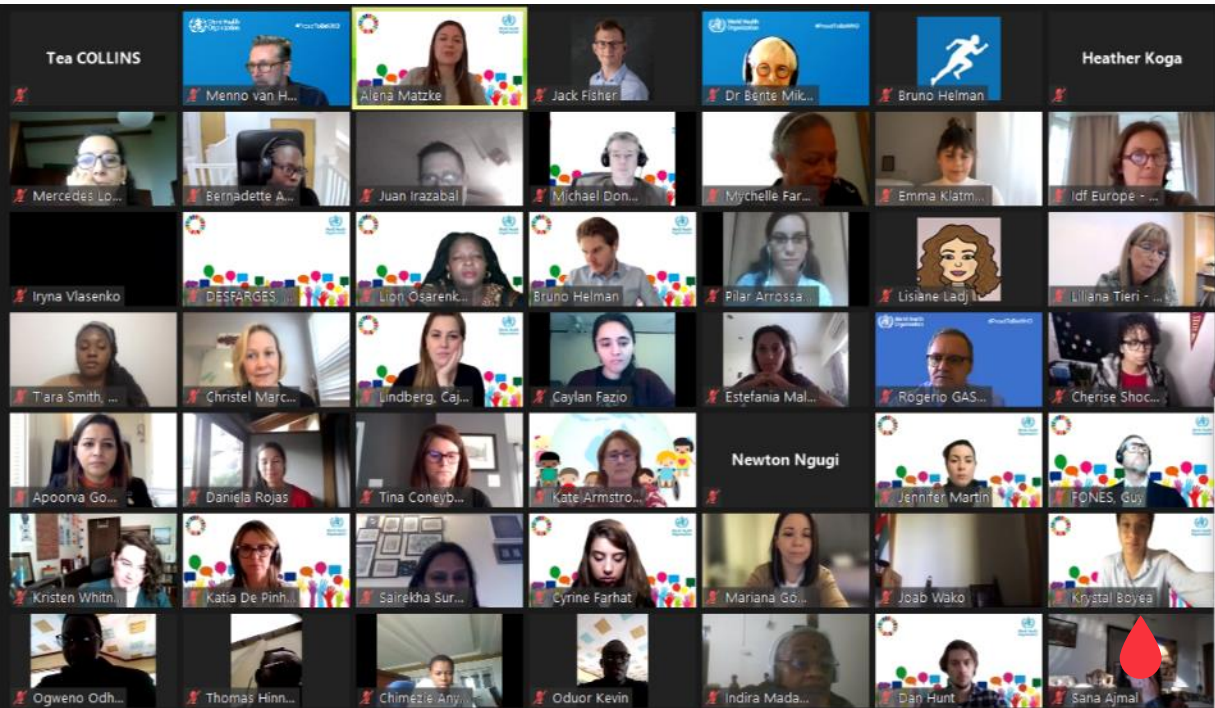
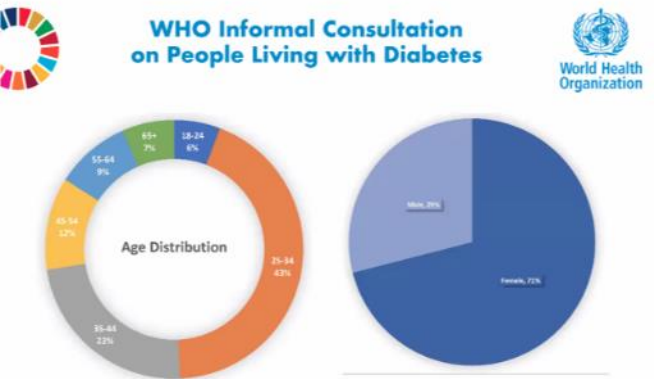
University of Toronto: “The discovery of insulin by University of Toronto 100 years ago is one of the most significant advances in the history of medicine. Few events have transformed the lives of so many people, so suddenly and profoundly.”



THE WORLD CAN'T KEEP IGNORING PEOPLE LIVING WITH DIABETES.

ACCESS TO DIABETES CARE IS ESSENTIAL TO A LIFE OF DIGNITY AND EQUALITY.

Full representation and leadership of people living with diabetes is a prerequisite for a fair and better world.



EIGHT KEY ASKS

FOR ALL: ENGAGE PLW-D

>INNOVATE

Close research and **normative gaps** and spur innovation

>FUND

Fund appeals to improve diabetes care for people living in **humanitarian emergencies**

>UNITE

Collaboratively unite stakeholders, including people living with diabetes, **around a common agenda** and scale up advocacy

>TREAT

Improve access to diabetes diagnostics, medicines and health products, particularly insulin, in low- and middle-income countries

>EDUCATE

Promote **health literacy** and education on diabetes prevention, early detection, treatment and care

>INTEGRATE

Integrate diabetes prevention and management into **PHC and UHC** and triple country support

>TRACK

Develop global coverage targets for diabetes care (accompanied by a global price tag) and **track global progress**

>POWER AHEAD

Build back better based on the experiences from the COVID-19 pandemic and the need to build preparedness and social security





GLOBAL DIABETES SUMMIT



Organized jointly by WHO and the Government of Canada,
in close collaboration with the University of Toronto

TORONTO - 14 APRIL 2021 - 11:00 EST/17:00 CET

**Launch of the WHO Global Diabetes Compact on the
occasion of the discovery of insulin 100 years ago**

LAUNCH 14 APRIL 2021

Hosted by WHO and Canada in close
collaboration with the University of Toronto

- 1) A **high-level global segment** from 11:00 to 13:00 (Toronto) / 17:00-19:00 (Geneva), including the launch of the WHO Global Compact on Diabetes and involving people living with diabetes.
- 2) A **global segment for people living with diabetes** from 13:00 to 15:30 (Toronto) / 19:00 to 21:30 (Geneva).
- 3) Canadian **segment for people living with diabetes:**
100 Years of Insulin—Celebrating Its Impact on Our Lives from 16:30 to 20:15 (Toronto) / 22:30 to 02:15 (Geneva).



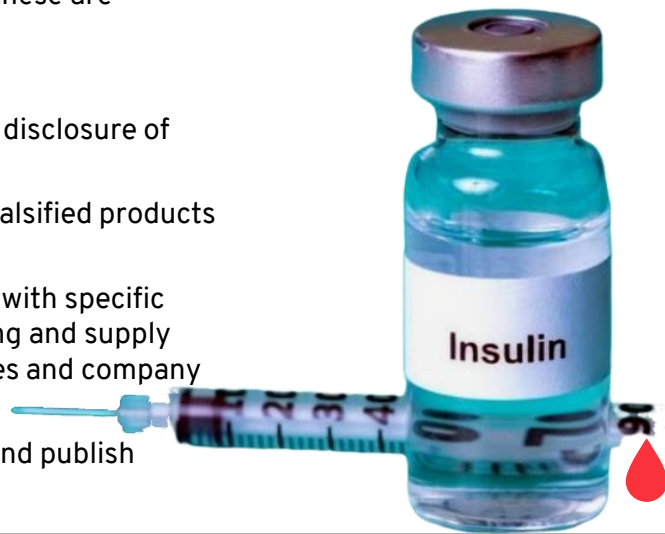
High-level global segment

Toronto time	Geneva time	Theme
11:00-11:45	17:00-17:45	<i>Insulin: a century of saving lives, yet all who need it still cannot benefit</i>
		<ul style="list-style-type: none"> • Opening • Panel discussion • Short video statements from Heads of State and Government, people living with diabetes, NGOs, academic institutions, philanthropic foundations, business associations and private sector entities
11:45-12:30	17:45-18:30	<i>Resilient health systems: improving outcomes by preventing, diagnosing and managing diabetes</i>
		<ul style="list-style-type: none"> • Short video statements from Heads of State and Government, people living with diabetes, NGOs, academic institutions, philanthropic foundations, business associations and private sector entities
12:30-13:00	18:30-19:00	<i>Everyone playing a part, from words to action</i>
		<ul style="list-style-type: none"> • Short video statements from Heads of State and Government, people living with diabetes, NGOs, academic institutions, philanthropic foundations, business associations and private sector entities • Closing remarks

ACCESS TO QUALITY, SAFE, AND AFFORDABLE INSULIN

Asks from WHO to the private sector to strengthen their commitment and contribution to improve the access to quality, safe and affordable insulin in the poorest countries.

- Guaranteed, ongoing production and uninterrupted supply of human insulin for low- and lower-middle income countries
- Participation in the WHO Prequalification Programme for insulin and associated health technologies
- Agreement to participate in UN or international procurement mechanisms, when these are established
- Public disclosure of patent status of all diabetes products, including technologies
- Rapid filing for registration of all essential diabetes products in LMICs, with public disclosure of registration status of all
- Rapid reporting on product shortages by country and industry, substandard, and falsified products to national regulatory authorities and WHO
- Developing and publicly sharing access strategies in LMICs for diabetes products, with specific components such as: Intellectual property strategy and licensing, ethical marketing and supply strategy, equitable access strategies (including pricing), humanitarian emergencies and company incentives for access-to-medicines initiatives
- Report and participate in the reporting mechanism that WHO will use to register and publish contributions of the private sector



ARCHITECTURE

**LED BY THE WHO NCD DEPARTMENT
WITH ALL LEVELS OF WHO ENGAGED**

WHO GLOBAL DIABETES COMPACT



STAG, TAGs

NCDs, Diabetes,
Research and Innovation



Global Hearts

Partners' meeting,
Global Initiative,
HEARTS-D module



PLW-D

People living with
diabetes at decision-
making tables



GDC Forum

Sharing the latest
innovations on how
partnerships can best
advance diabetes
prevention, treatment
and care



Partners, constituencies and engagement mechanisms

Policy makers, partners, parliaments,
civil society, private sector

- 1) WHO's Director for the NCD Department leads the Compact
- 2) The Secretariat of the Compact is located in the WHO NCD Department, and includes focal points from the WHO Regional Offices
- 3) The Director for the NCD Department reports on the work of the Compact to the WHO Technical Expert Network on NCDs

WORKPLAN

The workplan will evolve through 12 workstreams, assembling unconventional **multistakeholder teams and techniques** (e.g. Accelerator Labs) to accelerate the pace and progress of diabetes prevention and care in countries

WORKSTREAM 1 Access to insulin and devices

WORKSTREAM 2 Research gaps

WORKSTREAM 3 Innovation

WORKSTREAM 4 Global price tag

WORKSTREAM 5 Additional global targets

WORKSTREAM 6 Technical products

WORKSTREAM 07 United voices: Compact Forum

WORKSTREAM 08 Country support

WORKSTREAM 09 Capacity building

WORKSTREAM 10 Prevention, health promotion and health literacy

WORKSTREAM 11 Humanitarian emergencies

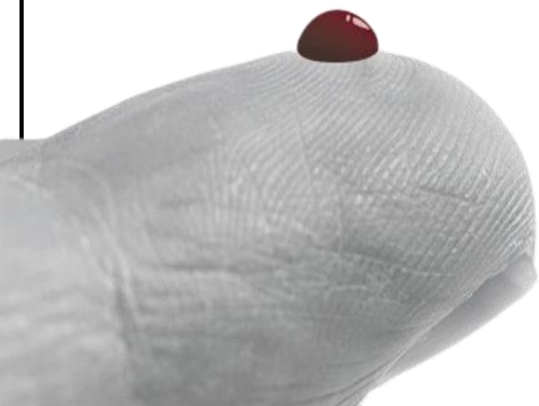
WORKSTREAM 12 Strategy 2021-2030 and political advisory



SYNERGIES



**PARTNERSHIP
ACCELERATOR**
2030 AGENDA
FOR SUSTAINABLE DEVELOPMENT

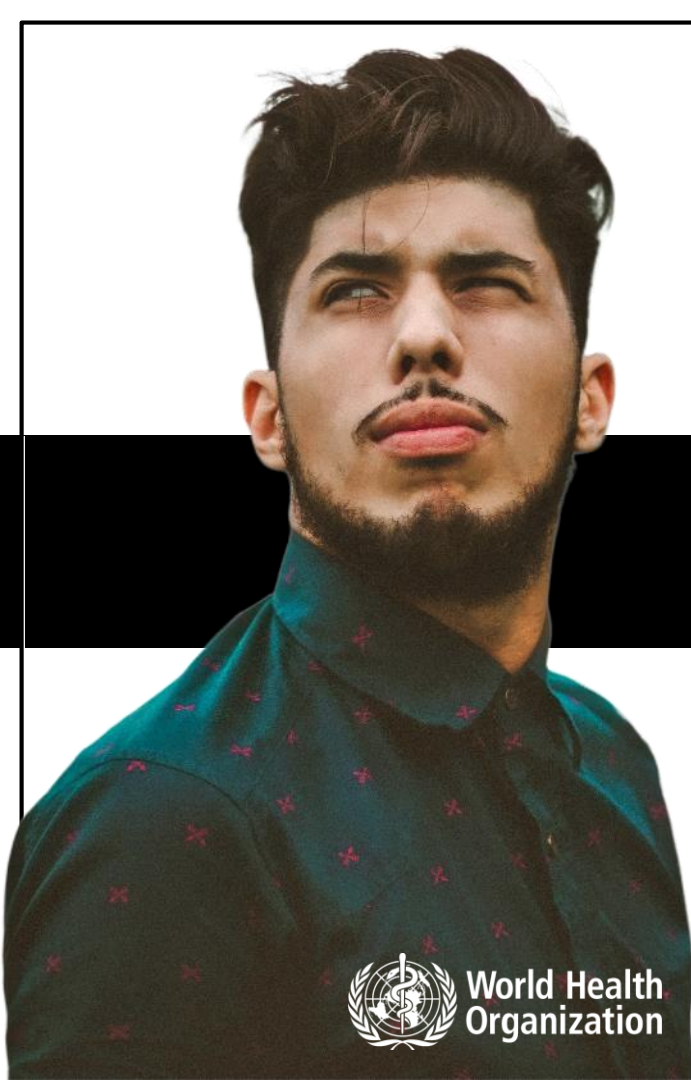


THANK YOU



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ANNEX

- 
- We (Heads of State and Government) commit to **progressively cover [...]** **additional people [...]** **with** quality essential [diabetes] **services** and quality, safe, effective, affordable and essential [diabetes] **medicines, diagnostics and health technologies, with a view to covering all people by 2030.**

(2019 UNGA Political Declaration on UHC)

MANDATES

- We commit to continue exploring **voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance** [diabetes] **action at all levels.**
- Scale up efforts to use ICTs [...] **through the promotion of public-private partnership** to accelerate ambitious action towards the prevention and management of [diabetes].

(2018 UNGA Political Declaration on NCDs)



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- We (Heads of State and Government) promote meaningful **civil society engagement to encourage Governments to develop ambitious national multisectoral responses** for the prevention and management of [diabetes,] and to contribute to their implementation, **forge multi-stakeholder partnerships and alliances** that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by [diabetes].
(2018 UN Political Declaration on NCDs)

MANDATES

- We commit to engage with the **private sector**, taking into account national health priorities and objectives **for its meaningful and effective contribution to the implementation of national** [diabetes] **responses** in order to reach SDG target 3.4 on NCDs, while giving due regard to managing conflicts of interest.
(2018 UN Political Declaration on NCDs)






- The WHO Executive Board recognizes that **people living with diabetes are at higher risk of developing severe COVID-19 symptoms and are among those most impacted by the pandemic.**

(Decision EB148(6) 2021)

MANDATES

- The WHO Executive Board urges Member States to **intensify**, where appropriate, **efforts to address the prevention and control of diabetes** as a public health problem as part of universal health coverage, by advancing comprehensive approaches on prevention and management of the disease, including its complications, and on integrated service delivery, while emphasizing the importance of early and childhood prevention and ensuring that no one is left behind, within the framework of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.



- 
- EB148 requested the WHO Director-General to update the report to be submitted for consideration to the Seventy-fourth World Health Assembly by adding an annex on major obstacles to achieving the diabetes-related targets in the global action plan.
(Decision EB148(6))

MANDATES

- The annex will be published as Annex 11 to the report of the Director-General on "Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases" to WHA74.



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A SEAT FOR PEOPLE LIVING WITH DIABETES AT THE **DECISION-MAKING TABLE** OF THE GLOBAL FUND

HIV



Cervical cancer
Kaposi sarcoma
Non-Hodgkin lymphoma
Hodgkin lymphoma
Anal cancer
Liver cancer
Colorectal cancer
Prostate cancer
Breast cancer
Lung cancer
Cardiovascular disease
Liver disease



TB

Diabetes

Tobacco use
Liver disease

HIV and TB

Diabetes

Lung disease
Lung cancer



HIV, TB and malaria

Malnutrition

The Global Fund's next stretch 2023-2027:

Addressing co-morbidities from diabetes and other NCDs will reduce mortality among women and men living with HIV, TB, and malaria



DIALOGUE WITH THE PRIVATE SECTOR

31 asks from WHO to the private sector to strengthen their commitment and contribution to the implementation of national diabetes responses to reach SDG 3.4 on NCDs by 2030.



Short-term asks

Guaranteed, ongoing production and uninterrupted supply of human insulin for LMICs

Participation in the WHO Prequalification Programme for insulin and associated health technologies

Agreement to participate in UN or international procurement mechanisms, when these are established

Public disclosure of patent status of all diabetes products, including technologies

Rapid filing for registration of all essential diabetes products in LMICs, with public disclosure of registration status of all

Rapid reporting on product shortages by country and industry, substandard, and falsified products to national regulatory authorities and WHO

Developing and publicly sharing access strategies in LMICs for diabetes products, with specific components such as: Intellectual property strategy and licensing, ethical marketing and supply strategy, equitable access strategies (including pricing), humanitarian emergencies and company incentives for access-to-medicines initiatives

Report and participate in the reporting mechanism that WHO will use to register and publish contributions of the private sector



DIALOGUE WITH THE PRIVATE SECTOR

31 asks from WHO to the private sector to strengthen their commitment and contribution to the implementation of national diabetes responses to reach SDG 3.4 on NCDs by 2030.

Medium-term asks

Submission of first file to WHO/UN PQ; or request preview

Development of first product-specific access plans for LMICs

Data on heat stability of human insulin products shared with WHO

Full transparency and public disclosure of all company commitments, actions, and outcomes in support of universal access to essential diabetes products with public reporting and to WHO on company progress in relation to these commitments

Filing of regulatory submissions in LMICs

Company commitment not to file or enforce patents in LMICs and some upper middle-income countries with high burden of disease (diagnostics and pens)

Transparency about prices for public sector procurement in LMICs

Transparency on all long-term product donations (geographic range, targets, actual volumes donated, and transition plans)

Diagnostics trade association: prepare a report on company access initiatives on diagnostics, differential pricing, licensing, donations

Biosimilar trade association: prepare a report on company access initiatives including differential pricing, licensing, donations

Capacity strengthening in LMICs public and NGO sector, in diabetes diagnosis, care, and patient education, in collaboration with Member States and other actors, and adhering to WHO guidance

