



World Health  
Organization

REGIONAL OFFICE FOR

Europe

# Global Diabetes Compact: Implementation in Europe

**Dr Jill Farrington, Regional Medical Officer, CVD and Diabetes, WHO Regional Office for Europe**



# Vision of the Global Diabetes Compact

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 management

## The Global Diabetes Compact

what you need to know





## Application for Membership - WHO Global Diabetes Compact Forum

This survey is to gather information about stakeholders interested in participating in the WHO Global Diabetes Compact Forum.

Membership is open to organizations but at this time membership is not open individual persons. Applications for membership will be subject to a due diligence process, in alignment with the [The WHO Framework of Engagement with Non-State Actors \(FENSA\)](#)

### What is the Global Diabetes Compact?

The WHO Global Diabetes Compact has the vision of reducing the risk of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care. It seeks to reduce inequity in access to diagnosis and treatment, ensuring everyone can access care. It will also support the prevention of type 2 diabetes. It does this by addressing obesity, unhealthy diet and physical inactivity.

The Global Diabetes Compact is itself based on the views and aspirations of WHO Member States, as expressed in Resolution WHA74.4

[Home](#) / [Initiatives](#) / The WHO Global Diabetes Compact

# The WHO Global Diabetes Compact

## The vision

Responding to the increasing burden of diabetes around the world, the World Health Organization has launched the Global Diabetes Compact. The launch coincides with the 100th anniversary of the discovery



# IMPROVING DIABETES OUTCOMES FOR ALL, A HUNDRED YEARS ON FROM THE DISCOVERY OF INSULIN

## Report of the Global Diabetes Summit

co-hosted by the World Health Organization and the Government of Canada



# Workplan

The workplan will evolve through 6 workstreams, assembling **multistakeholder teams and techniques** to accelerate the pace and progress of diabetes prevention and care in countries

- |                     |  |
|---------------------|--|
| <b>Workstream 1</b> | Access to essential diabetes medicines and associated health technologies                |
| <b>Workstream 2</b> | Technical products (e.g., global targets, global price tag)                              |
| <b>Workstream 3</b> | Prevention, health promotion and health literacy   |
| <b>Workstream 4</b> | Country support, incl. humanitarian settings   |
| <b>Workstream 5</b> | Research and innovation  |
| <b>Workstream 6</b> | Governance, strategy and partnership (e.g., TAG-Diabetes, Global Diabetes Compact Forum) |



# The MANDATE WHA 74: DIABETES RESOLUTION

World Health Assembly urged 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, management, including its complications, and integrated service delivery, while emphasizing the importance of early and childhood prevention”.

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA74.4

Agenda item 13.2

31 May 2021

## **Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes**

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;<sup>1</sup>

Recalling WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the following five voluntary global diabetes-related targets for 2025: a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; halt the rise in diabetes and obesity; at least 50% of eligible people receive medicinal treatment (including glycaemic control) and counselling to prevent heart attacks and strokes; 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; and a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years;

Recalling also the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2 (2011), which recognizes the primary role and responsibility of Governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control;

Also recalling resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and decision WHA72(11) (2019), which extended the global action plan until 2030;

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

Recalling the United Nations General Assembly resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the

# Executive Board 150th Session

## Recommendation actions for

- Member States
- International partners, including the private sector
- WHO

To

- (a) Strengthen national capacity, leadership, governance, multisectoral actions and partnerships in order to **accelerate country response for the prevention and control of diabetes**
- (b) **Reduce modifiable risk factors** for diabetes and underlying social determinants
- (c) **Strengthen and orient health systems** to address the prevention and control of diabetes through people-centred PHC and UHC
- (d) Promote and support national capacity for high-quality **research, innovation and development** for the prevention and control of diabetes
- (e) **Monitor the trends** and determinants of diabetes and evaluate progress in their prevention and control

Source: [https://apps.who.int/gb/ebwha/pdf\\_files/EB150/B150\\_7-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf)



EXECUTIVE BOARD  
150th session  
Provisional agenda item 7

EB150/7  
11 January 2022

## Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases

EB150/7

### ANNEX 2

#### DRAFT RECOMMENDATIONS TO STRENGTHEN AND MONITOR DIABETES RESPONSES WITHIN NATIONAL NONCOMMUNICABLE DISEASE PROGRAMMES, INCLUDING POTENTIAL TARGETS

#### CHALLENGES AND OPPORTUNITIES

1. Never in the past has our knowledge been so profound and the modalities to prevent diabetes and treat all people living with diabetes so great. And yet, many people and communities in need of effective prevention, life-enhancing and live-saving treatment for diabetes do not receive them.

(a) The global age-adjusted prevalence of diabetes among adults over 18 years of age rose from 4.7% in 1980 to 8.5% in 2014.<sup>1</sup> Today, more than 420 million people are living with diabetes worldwide. This number is estimated to rise to 578 million by 2030 and to 700 million by 2045.<sup>2</sup> One in two adults with diabetes are unaware of their condition.

(b) Diabetes is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation, especially in people who are unaware of the condition or if it is insufficiently managed.

(c) People with type 1 diabetes need insulin to survive. Today there is a high prevalence of diabetic ketoacidosis at the point of diagnosis worldwide. Efforts to improve earlier diagnosis of diabetes is critical for type 1 diabetes and initiation of insulin treatment in order to prevent deaths.<sup>3</sup>

(d) Although the overall number of diabetes deaths increased markedly from 2000 to 2019, the proportion of diabetes deaths occurring under the age of 70 has decreased by 2%.<sup>4</sup>

(e) The increasing prevalence of type 2 diabetes is largely caused by the increasing prevalence of obesity and concurrent physical inactivity. The global prevalence of overweight and obesity among children and adolescents aged 5–19 has risen dramatically, from 4% in 1975 to more than 18% in 2016.<sup>5</sup> In 2019, only 40% of countries have an operational policy that addresses

<sup>1</sup> Global report on diabetes. Geneva: World Health Organization; 2016.

<sup>2</sup> Saeedi P, Petersohn I, Salpea P, Malanda B, Karuranga S, Unwin N, et al. IDF Diabetes Atlas Committee. Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: Results from the International Diabetes Federation Diabetes Atlas, 9th edition. Diabetes Res Clin Pract 2019;157:107843. doi: 10.1016/j.diabres.2019.107843.

# Proposed targets

Submission of revised coverage targets for the  
Executive Board

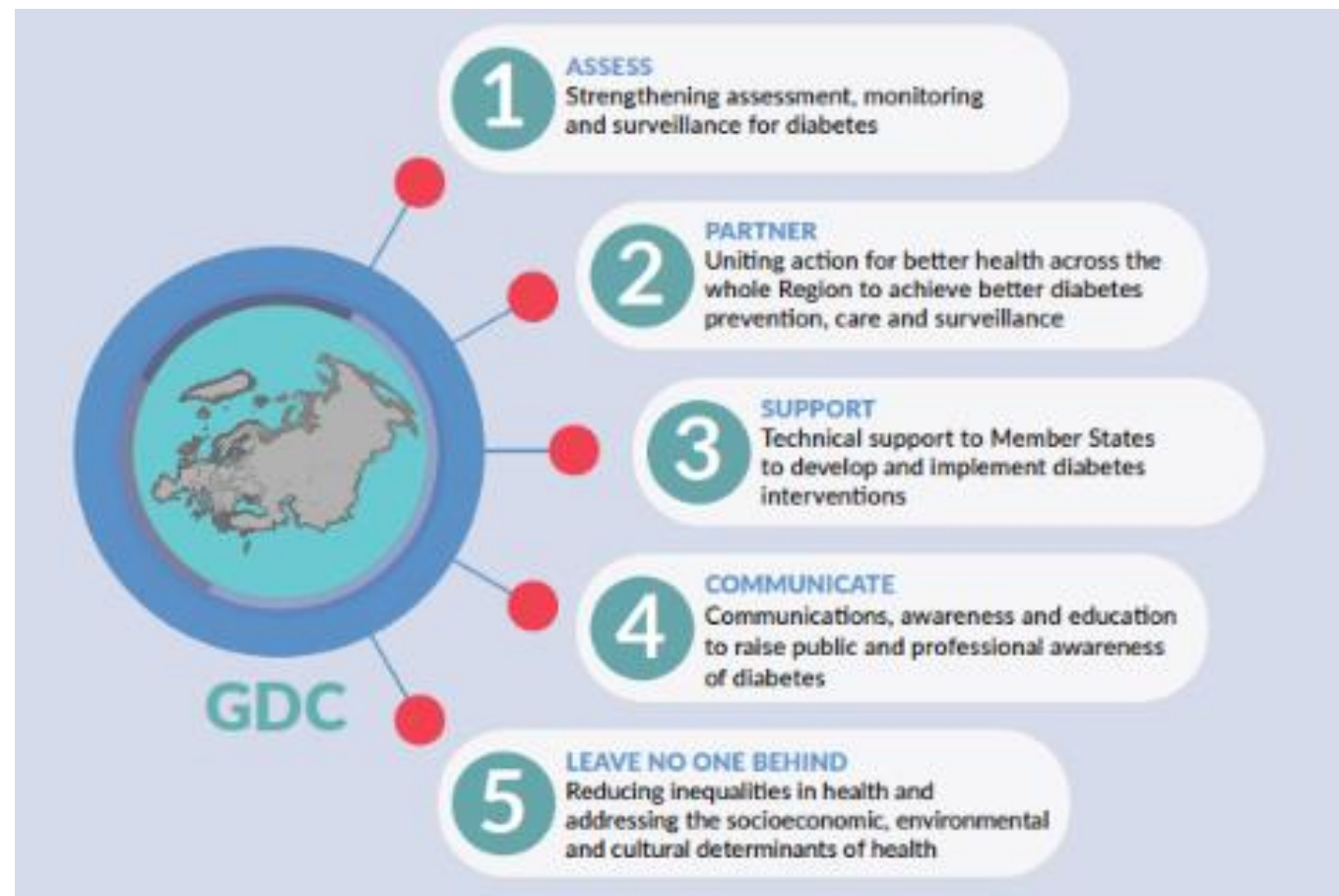


- **80%** of people with diabetes are diagnosed
- **80%** of people with diagnosed diabetes have good control of glycaemia
- **80%** of people with diagnosed diabetes have good control of blood pressure
- **60%** of people with diabetes of 40 years or older receive statins
- **100%** of people with type 1 diabetes have access to affordable insulin treatment and blood glucose self-monitoring



# Global Diabetes Compact

Implementation in the WHO European Region



Source: <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/diabetes/publications/2021/global-diabetes-compact-implementation-in-the-who-european-region-2021>



# Assess

## Global NCD Target 8

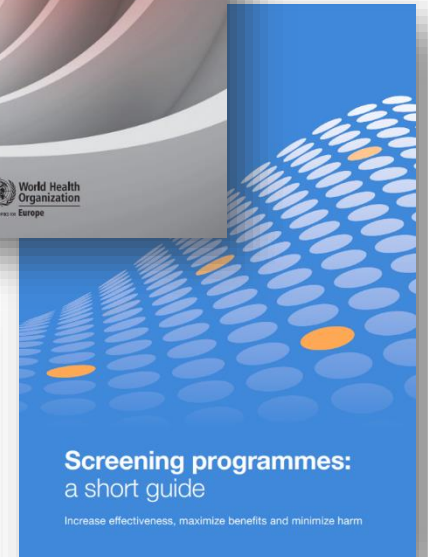
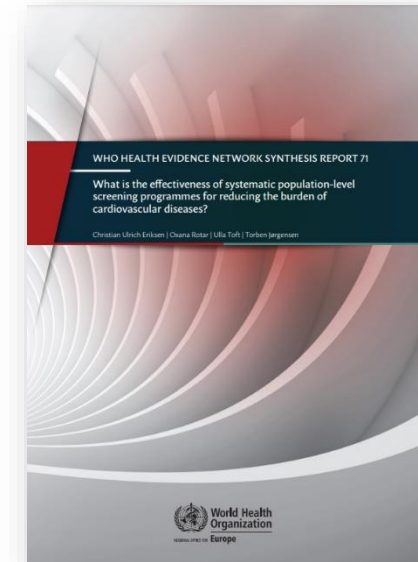
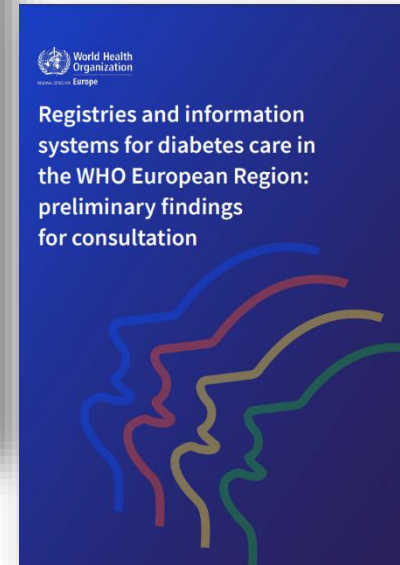
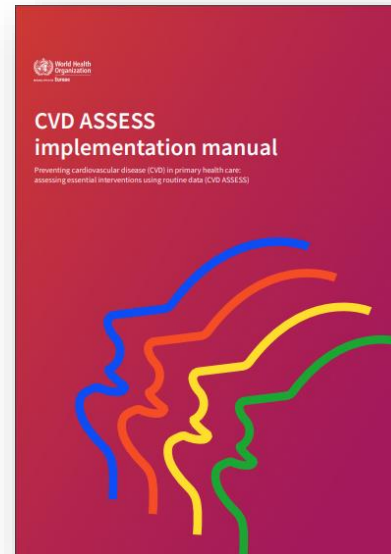
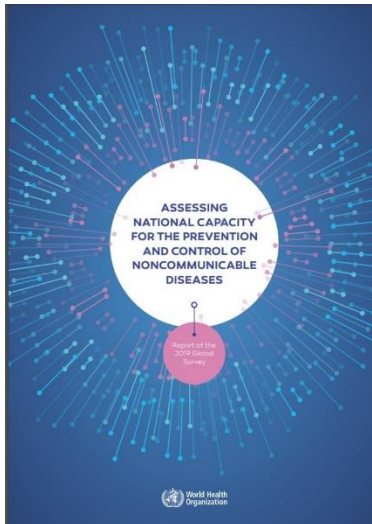


At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

## Global NCD Target 7



**Halt** the rise in diabetes and obesity




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### European Programme of Work

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European Programme of Work (2020–2025) – United Action for Better Health in Europe

► **Flagship initiatives**

The Pan-European Mental Health Coalition

Empowerment through Digital Health

### Empowerment through Digital Health



The COVID-19 pandemic highlighted an urgent need for effective digital tools and an unprecedented rush to implement eHealth services, including telemedicine consultation and digital contact tracing, in countries across the Region. This is most welcome, but there are risks involved, for example, in terms of human aspects of care and undermining of fundamental rights. The adoption of interoperable digital technologies for clinical and public health decision-making struggles to overcome technical and political hurdles. This flagship initiative complements initiatives from

# Partner



**European  
Diabetes Forum**



Dr Jill Farrington  
@JillFar

Happy to participate in the launch of the Diabetes Blueprint today. Congratulations! @MEPsDiab @IDFEuropeBXL @WHO\_Europe



9:15 AM · Feb 25, 2021 · Twitter for iPhone



WHO/Europe  
@WHO\_Europe

.@WorldDiabetesF signed a grant of USD 900,000 with WHO/Europe for a three-year project to improve access for the prevention & control of noncommunicable diseases in primary care in Kyrgyzstan & Uzbekistan with a strong focus on #diabetes.

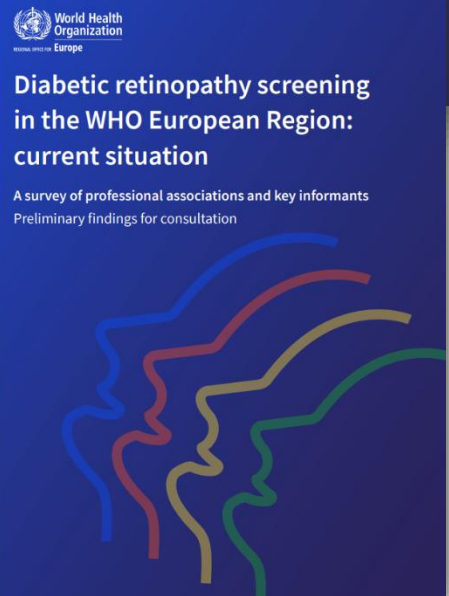
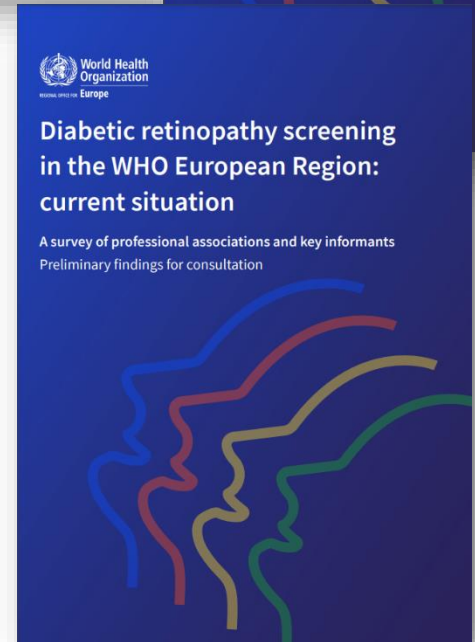
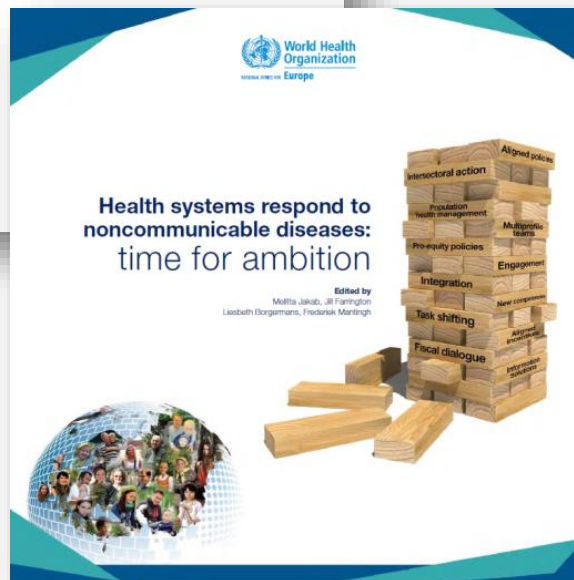
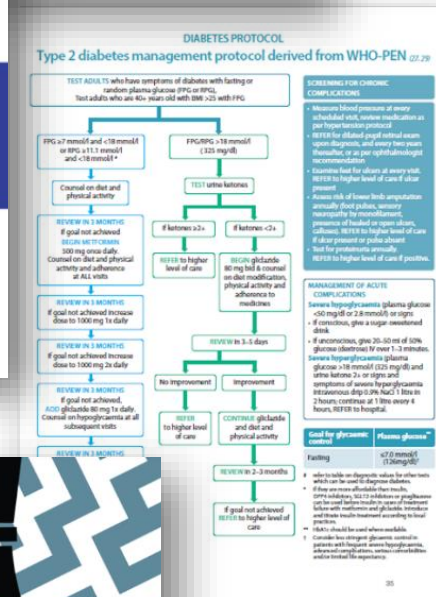
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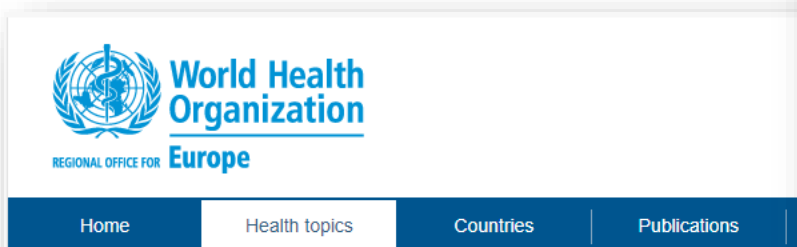


## 27/C





# Communications



Health topics > Noncommunicable diseases > Diabetes > Activities > Diabetic Retinopathy Screening

## Diabetes

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## Diabetic Retinopathy Screening



Diabetic retinopathy (DR) is a leading cause of vision impairment and blindness across the WHO European Region, with an estimated 950 000 people affected.

WHO recommends DR screening, alongside prompt treatment for those who need it, as an effective intervention for all people with diabetes to prevent vision impairment and blindness.

There is much that countries in the WHO European Region can do to improve the effectiveness of DR screening.

By acting, they may reduce the burden of vision impairment and blindness due to DR in their populations.

Diabetic retinopathy screening in the WHO European Region: plans for development, barriers and facilitators (2021)

Portugal – Diabetes in the time of the COVID-19 pandemic. Reflecting on the year 2020

Diabetic retinopathy screening in the WHO European Region: current situation (2021)

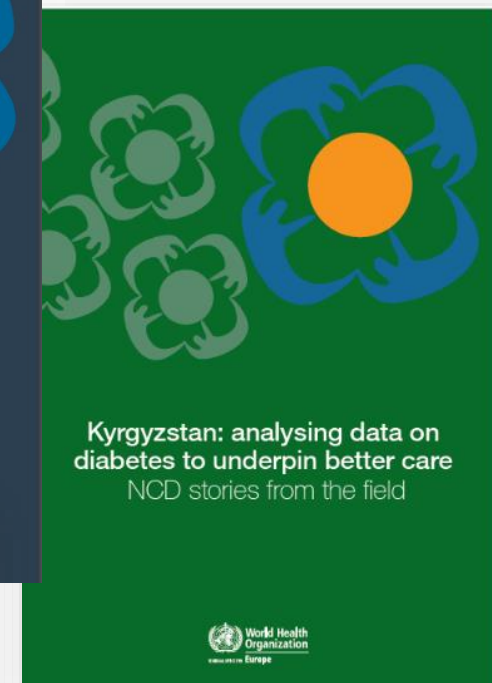
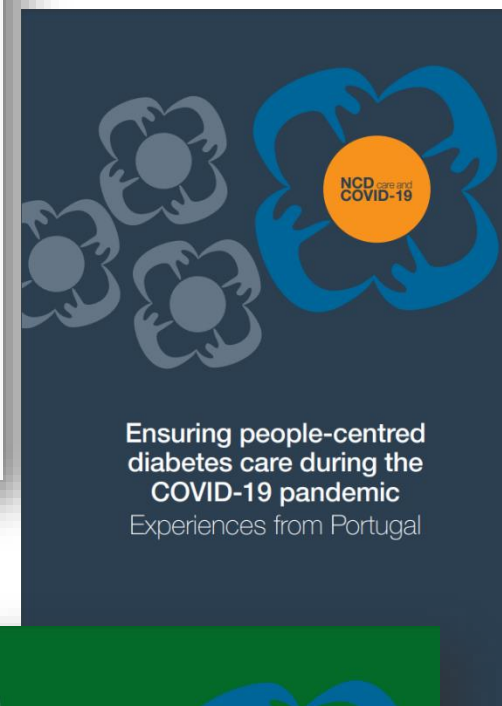
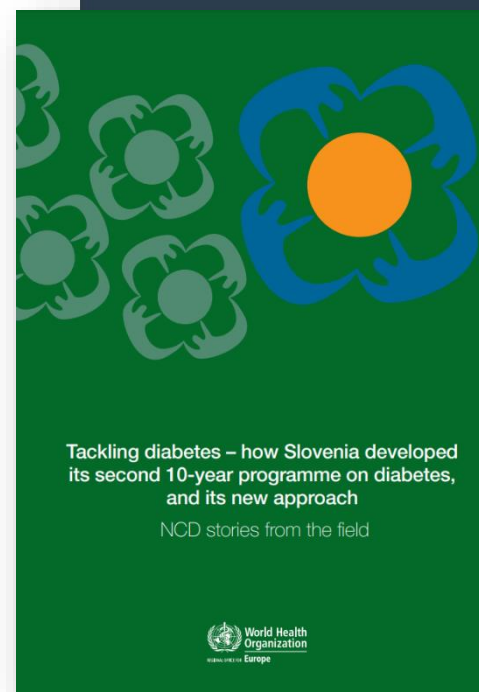
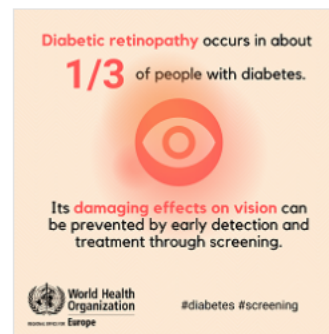
Diabetic retinopathy screening: a short guide (2020)

WHO/Europe is focusing on eye screening for people with diabetes  
13-11-2020

Armenia – targeted screening approach aims to prevent diabetic sight loss  
13-11-2020

Scotland, United Kingdom – using technology to safely manage increased demand for screening  
13-11-2020

Spain – making regional screening programmes work nationally



# Leave no-one behind

## EQUITY & HEALTH

Working together to leave no one behind



**Strategy on women's health and well-being in the WHO European Region**


Dr Hans Henn

Two years of the international solidarity protecting the health leadership is needed to improve human cohesion across the region. We continue to strengthen health crises, ideas health services and further work affected by the pandemic. It is our goal to do this. It is our goal to do this. It is our goal to do this.

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**Strategy on the health and well-being of men in the WHO European Region**

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## EUROPEAN PROGRAMME OF WORK

### 2020-2025

UNITED ACTION for BETTER HEALTH

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### European Programme of Work

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European Programme of Work (2020-2025) – United Action for Better Health in Europe

► **Flagship initiatives**

- The Pan-European Mental Health Coalition
- Empowerment through Digital Health
- The European Immunization Agenda 2030
- Healthier behaviours: Incorporating behavioural and cultural insights

► **Core priorities**

► **Multimedia**

- Faces of WHO
- Pan-European Commission on


### Healthier behaviours: incorporating behavioural and cultural insights

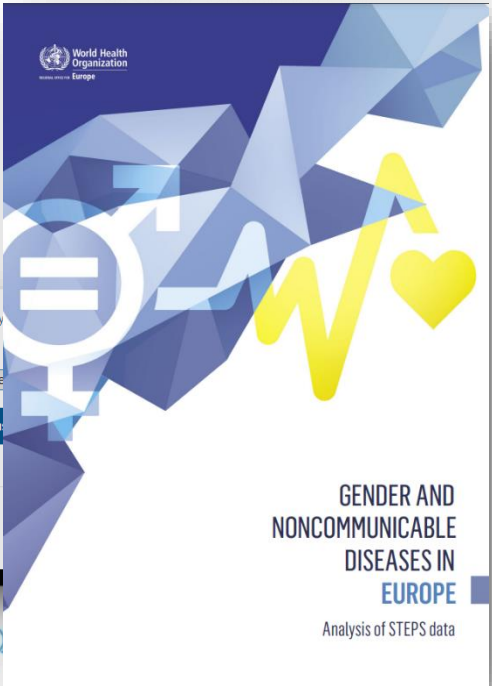


With this flagship initiative, WHO/Europe intends to invest in new insights that can help to build a culture of health in which everyone is enabled to make healthy choices, in their daily lives and in the way they use health services. People's behaviours can be adversely affected by factors often insufficiently taken into account in the design and implementation of policies, the organization of services or the behaviour of health workers: these can range from a lack of health literacy, conflicting belief systems, feelings of fear, mistrust, and uncertainty, mis-processed information, feelings of inconvenience or an experience of disrespect or discrimination. Often these barriers to optimal health can be avoided or corrected by building a better understanding of these social, behavioural and cultural factors.

The initiative will promote the use of insights into these social, behavioural and cultural factors to improve health literacy, as well as the design, procedures and provider behaviour at the interface between citizens and their health and social care services. It will foster new scientific understanding on how these factors and the design of policies and service delivery processes interact to assist countries in optimizing uptake of services, adherence to treatment, self-care, and individual and collective



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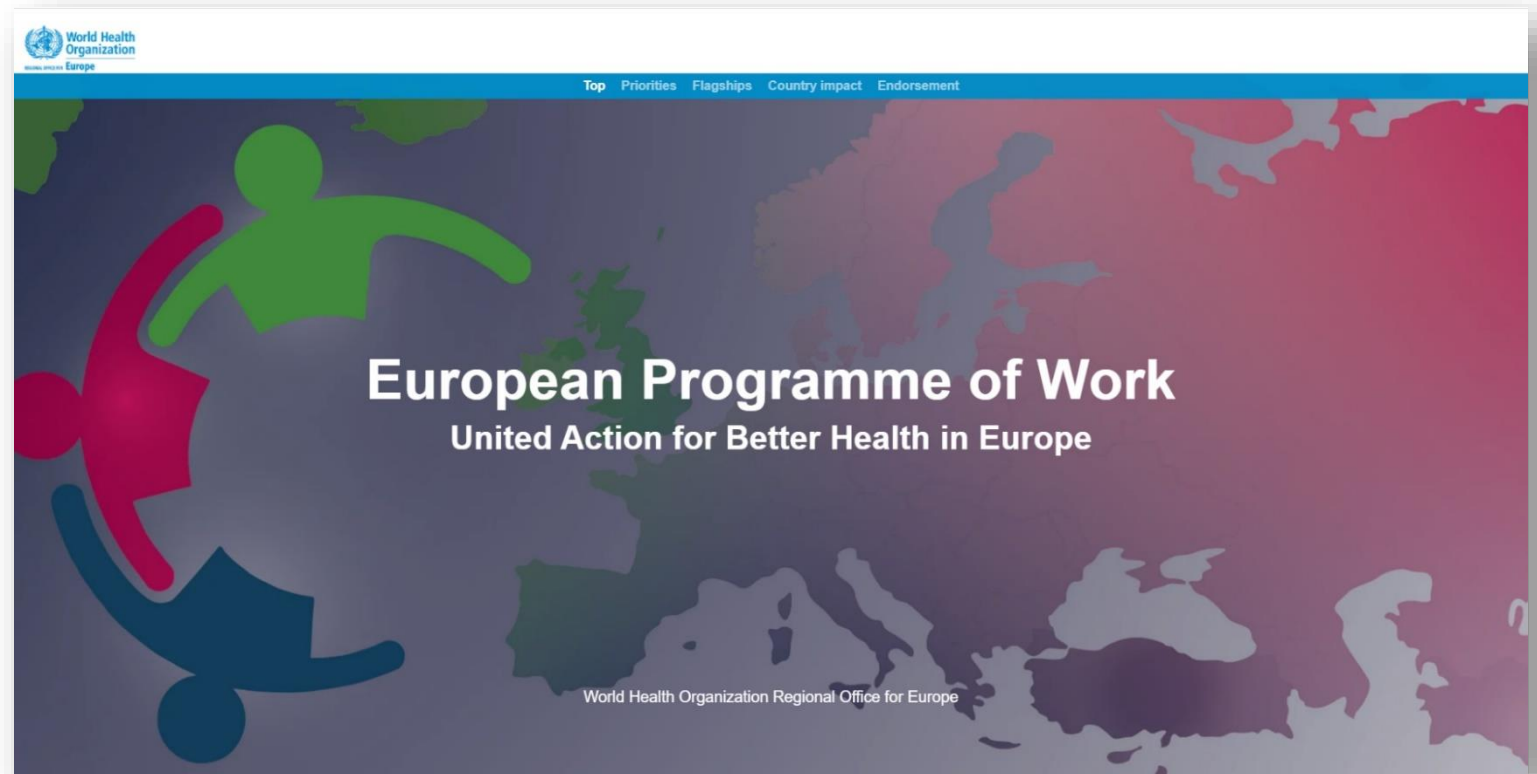


## GENDER AND NONCOMMUNICABLE DISEASES IN EUROPE

Analysis of STEPS data

# Conclusions

- Strong global mandate for action on the prevention and control of diabetes
- At global and European levels of WHO workstreams are already underway
- United Action for Better Health in Europe
- Exciting opportunities ahead







# Thank you!

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