

# The Global Diabetes Compact

what you need to know



# WHAT IS DIABETES?

Diabetes is a chronic disease that occurs when either the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces.

Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes. Over time, it can lead to serious damage to many of the body's systems, especially the nerves and blood vessels.

Type 1 diabetes is characterized by deficient insulin production, and requires daily administration of insulin. Neither the cause of type 1 diabetes, nor the means to prevent it, are known. Type 2 diabetes results from the body's ineffective use of insulin, and is the most common type of diabetes. Type 2 diabetes is largely the result of excess body weight and physical inactivity, and is influenced by factors such as race, ethnicity and age.

If undiagnosed or poorly managed, people living with diabetes face unnecessary risks of debilitating and irreversible complications. Over time, diabetes can lead to serious damage to the heart, eyes, kidneys and nerves, increasing the risk of limb amputation, loss of vision and early death.

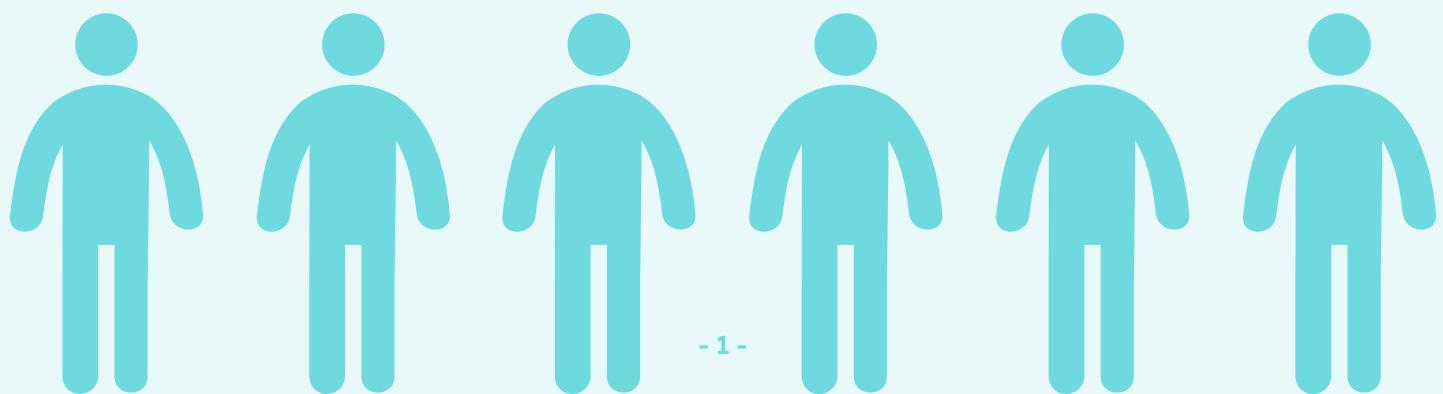
# WHY DO WE NEED TO ACT?

Diabetes is a global epidemic. Today, approximately 6% of the world's population – more than 420 million people – live with either type 1 or type 2 diabetes.

This number has quadrupled since 1980, and is expected to rise beyond half a billion by the end of the decade.

While premature mortality from other major noncommunicable diseases (NCDs) is decreasing, early deaths from diabetes actually increased by 5% between 2000 and 2016.

Diabetes presents a serious risk to achieving UN Sustainable Development Goal target 3.4, to reduce premature mortality from NCDs by one-third, through "prevention and treatment and promotion of mental health and well-being."



# WHAT'S GOING WRONG?

Globally, health systems are failing to diagnose and care for people living with diabetes.

Despite the discovery of insulin 100 years ago, many children, adolescents and adults with type 1 diabetes struggle to access insulin, as well as essential technologies such as blood glucose meters and test strips.

Meanwhile, half of all adults with type 2 diabetes are undiagnosed. Those who are diagnosed are not guaranteed access to essential diabetes and related medicines and regular screening for complications. Inadequate health systems, including an inability to test for and diagnose diabetes and lack of medicines, undermine the provision of vital services for diabetes and related complications.

Diabetes often affects communities differently. Diabetes prevalence is routinely higher among Black, Hispanic, Asian and indigenous populations, highlighting the need for tailored approaches to preventing and treating diabetes effectively and ensuring equitable access to care.

The COVID-19 pandemic has resulted in a high proportion of people with diabetes among hospitalized patients with severe manifestations of COVID-19. In addition, the pandemic has caused severe disruption of diabetes services. A WHO survey conducted in mid-2020 reported that services for diabetes and diabetes-related complications had been partially or completely disrupted in around half of countries surveyed.

In addition to these challenges, people living with diabetes often experience stigma, resulting from lack of awareness and myths and misconceptions about the disease in their communities.



**49%**

the percentage of countries reporting that their services for diabetes and related complications have been partially or completely disrupted by COVID-19



Insulin was discovered in **1921**

— yet a century later, far too many people still cannot access it

# WHY A GLOBAL DIABETES COMPACT?

In response to the increased burden of diabetes, the World Health Organization (WHO) is launching its Global Diabetes Compact to coincide with the 100th anniversary of the discovery of insulin.

The 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 that everyone can access care in primary health settings. It will also support the prevention of type 2 diabetes from obesity, unhealthy diet and physical inactivity.

# OUR KEY ASKS

Eight key asks have been identified for the WHO Global Diabetes Compact, through expert discussions and collaboration with key stakeholders, including UN agencies, suppliers of insulin and health technologies for diabetes management, academia, civil society and those with lived experiences of diabetes.



## UNITE

**Collaboratively unite stakeholders, including people living with diabetes, around a common agenda**

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Many opportunities already exist to help better prevent and control diabetes. From preventing modifiable risk factors, to effective treatment and care, we know what works. What is missing is a common agenda with clear goals and targets, around which all stakeholders unite, taking action in their specific areas of expertise.



## INTEGRATE

**Integrate diabetes prevention and management in primary health care and universal health coverage**

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In many countries, services for the prevention, diagnosis and treatment of diabetes, including screening for complications, do not exist at the primary care level or cannot be accessed free of charge. In addition, in many parts of the world, diabetes medicines are not included in health insurance schemes or cannot be purchased without financial hardship. The increasing prevalence of diabetes, and indeed other NCDs, is a major challenge. Yet, experience tells us that the integration of affordable diabetes management into primary health care is critical to address this serious public health issue.



## INNOVATE

**Close research and normative gaps while spurring innovation**

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The WHO Global Diabetes Compact seeks to close priority research gaps. It will promote innovation, including for the development and evaluation of low-cost technologies and digital solutions for diabetes care, with a focus on serving the most vulnerable.



#### TREAT

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

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Many children, adolescents and adults struggle to access affordable diabetes medicines and technologies. Beyond leadership from governments, improving access will require engagement from the pharmaceutical, health technology product and related private sector industries. We are working on identifying ways that these industries can help resolve these issues in a meaningful way, for example by increasing transparency, guaranteeing uninterrupted supplies of human insulin for lower-income countries and humanitarian settings, participating in future procurement mechanisms, and engaging in WHO's prequalification programme for insulin.



#### TRACK

**Develop global coverage targets for diabetes care, accompanied by a “global price tag”**

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Setting global coverage targets can galvanize action to improve access to care for people living with diabetes. Given that many people currently live with diabetes without knowing it, a global target to reach these people is vital. Targets are being developed by learning from other WHO goals, such as the “90-70-90” targets for cervical cancer, i.e. by 2030, 90% of girls are fully vaccinated against HPV, 70% receive high-performance screening, and 90% of those identified with disease receive treatment by 2030.

Investing in action on diabetes can be cost-effective and equitable. Conversely, inaction leads to significant and avoidable costs from complications, lost economic productivity, and missed opportunities to invest in development. Explaining the links between strengthened health systems and economic growth, and the economic benefits on offer, is necessary to make the investment case for action. Accordingly, work on a “global price tag” will seek to quantify the costs and benefits of closing the gap between people who can access diabetes services, and those who cannot.



## FUND

### Improve diabetes care for those living through humanitarian emergencies

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Several million people who live with diabetes are estimated to have been displaced by protracted complex emergencies and natural disasters. These individuals face unique challenges. For them, access to essential medicines and diagnostics is often insufficient. Developing and adopting context-specific and evidence-based interventions in collaboration with humanitarian partners must be a priority.



## EDUCATE

### Improve understanding of diabetes

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Improving understanding of diabetes, and how it can be prevented and treated, is vital. From better understanding the signs and symptoms of diabetes, to explaining nuances within diabetes, and what interventions are available, expanding education and health literacy at the community level is important.



## POWER AHEAD

### Build back better based on experiences from the COVID-19 pandemic

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Without immediate action, diabetes threatens the livelihoods of families, the resiliency of national health systems, and global growth and development. The COVID-19 pandemic is an additional pressure on these threats, and will have long-lasting impacts on health, and the health systems vital for rehabilitation and care. Recovery from COVID-19 needs to go hand-in-hand with action to address diabetes. For these reasons, the Global Diabetes Compact is not just important but urgently needed.

# CROSS-CUTTING FEATURES

Three key issues are shared across our eight asks: accessing insulin and essential medical products and technologies for diabetes; ensuring resilient health systems; and meaningfully engaging people with diabetes to co-create solutions.

## INSULIN: A CENTURY-OLD SOLUTION TO SAVE LIVES

Insulin was first discovered as a treatment for diabetes 100 years ago. It has been on WHO's List of Essential Medicines since it was first published in 1977. But unusually for an essential medicine, and despite a century's worth of evidence and benefits, far too many still lack access.

However, increasing access to insulin alone will not resolve the diabetes burden. Improving access to medicines and technologies is complex, but only part of the wider challenge of improving disease prevention efforts, increasing access to health care and strengthening health systems.

## STRENGTHENING HEALTH SYSTEMS

There is an urgent need to better prevent and care for diabetes in primary health settings, and for considering diabetes in plans to advance universal health coverage. Investment in training of health-care workers in diabetes prevention and management, and better integration of diabetes care at primary health care level, are fundamental building blocks.

The Global Diabetes Compact will focus on supporting countries to implement evidence-based interventions based on country-specific needs, building on and integrating within existing systems. Specific interventions will also be tailored for resource-limited settings and humanitarian contexts.

## LEARNING FROM THOSE WITH LIVED EXPERIENCE

To improve the care that people receive to prevent and control diabetes, the insights and perspectives of people with lived experience with the condition are fundamental.

Building on a first global consultation with people living with diabetes in March 2021, those with lived experience will be invited to partner on, and continue to co-create, each of our eight priority areas for action.