

# Minutes of the 84<sup>th</sup> IDF Board Meeting

## 12-13 March 2023, Cairo, Egypt

### Attendees

The following Board members were present:

- Prof. Akhtar Hussain (AH), President
- Prof. Peter Schwarz (PS), President-elect
- Prof. François Seynaeve (FS), Vice-President Finance
- Prof. Adel El Sayed (AES), Vice-President, Physician
- Dr Jackie Maalouf (JM), Vice-President, Non-healthcare Professional
- Dr Hermelinda Pedrosa (HP), Vice-President, Physician
- Ms Ana Fernanda Sanchez (AFS), Vice-President, Healthcare Professional
- Prof. João Valente Nabais (JVN), Vice-President, Non-healthcare Professional
- Dr Iryna Vlasenko (IV), Vice-President, Healthcare Professional
- Prof. Jacko Abodo (JA), Regional Chair Africa
- Prof. Nebojsa Lalic (NL), Regional Chair Europe
- Prof. Mohamad Sandid (MS), Regional Chair MENA
- Dr Reginald O'Loughlin (ROL), Regional Chair NAC
- Prof. Fadlo Fraige (FF), Regional Chair SACA
- Prof. A.K. Azad Khan (AK), Regional Chair SEA
- Dr Takashi Kadowaki (TK), Regional Chair WP

### Executive Office in Attendance:

- Mr. Phil Riley (PR), Campaign Director
- Ms. Dominique Robert (DR), Director of Operations and IDF Secretary

### 84/01 Opening of the Meeting

The President opened the meeting and welcomed everyone. He thanked Prof. Adel El Sayed for hosting the Board meeting.

Board members introduced themselves.

The agenda was reviewed. No changes to any items were requested.

### Motion: to approve the agenda of the 84<sup>th</sup> IDF Board Meeting

AK moved, JNV seconded

All in favour

The agenda was approved by unanimous consent.

As it was the first Board meeting for the majority of the Board, the President explained the importance of maintaining the confidentiality of the discussions. He reminded Board members that they do not represent their own association or country but have a global responsibility.

## **84/02 Goals and Targets for the Biennium**

AH reviewed the slides presented at the General Assembly. He explained how IDF is strengthening its ties with WHO to become the key partner in the diabetes space and support WHO in the Diabetes Compact. He said the IDF Diabetes Atlas is a very important tool, used to build evidence to inform the global response to diabetes.

He explained what he had been doing with the Education Committee to expand the offering of the IDF school and that IDF would expand its content for people living with diabetes on the understanding diabetes platform. He described the future direction for the IDF School to take a more regional approach and the development of complementary programmes, as well as ongoing discussions with leading academic institutions to create content. IDF should work closely with governments so that they recognise the school.

He commented on his ambition to make IDF more relevant to industry and to the scientific community and spoke of the two special issues in which he had been involved for DRCP, one on Covid and diabetes-and one to mark the centenary of insulin.

AH described the shortfalls in desired diabetes outcomes and the existing inequities in access to care, and a continued focus on access for IDF. He also described the activities of IDF to help secure the Resolution on Reducing the burden of non-communicable diseases through strengthening prevention and control of diabetes and approve the diabetes targets.

AH indicated IDF will produce new guidelines: Global Guidelines on T2DM, GDM, Fasting.

IDF will seek new and innovative partnerships, seeking closer collaboration with International NGOs and UN bodies. He will pursue closer ties to government to drive global advocacy. The first global ambassador for diabetes Her Excellency the HPM of Bangladesh is an example of this.

AH reported that he had met with the President of Zimbabwe, who invited him to discuss how to improve care for Zimbabwean citizens living with diabetes. His Excellency President Emmerson Mnangagwa had listened intently to IDF's presentation and agreed to a number of areas for potential collaboration. He requested IDF to follow up with a plan. A letter of intent

was delivered via former Board member and Deputy Minister of Health and Childcare Dr. John Mangwiro.

The President then suggested IDF investigate the legality of opening IDF Membership to States. This could provide IDF with sustained income and demonstrate to our partners that we hold relationships at the level of national governments.

Board members made some suggestions: FF stressed the importance to correct some data in the IDF Diabetes Atlas, provide insulin for free in all countries of his Region (SACA) and review the membership criteria as some members are inactive; JVN suggested collecting the experience of access to insulin by PLWD in each region. He also suggested to focus on empowering youth as agents of change. IV suggested including more information about the economic aspect of diabetes. AES suggested placing more information on all regions/countries suffering from disasters on the IDF website. PR indicated that the Executive Office would welcome content, stories, etc. to consider adding to the IDF website.

PS suggested to that the strength of IDF could be to translate the existing guidelines for local/regional applications. He also said that if Governments could become members of IDF, this would be a significant opportunity. He also suggested to associate the IDF School with some universities and provide degree courses and finally suggested to put more emphasis on people living with diabetes.

AES said that issues of discrimination and disasters should be more prominent on the IDF website. He felt that not enough information was available regarding the disaster in Syria. MS further commented that we should also emphasize countries with economic problems. NL commented that even in Europe some problems exist with access to essential medicines.

AH explained he would like IDF to consider opening membership to individuals. This would support IDF to become less dependent on congress for revenue. JVN pointed out that the AoAs would need to be revisited.

## **84/03 Committees**

Committees have to be setup during the first meeting of the Board. The President showed his proposal to the Board.

### **1. Audit & Risk Management Committee**

1. VP Finance as Chair – Mr. François Seynaeve
2. Prof. AK Azad Khan

3. Dr. Iryna Vlasenko
4. Dr. Mohamad Sandid
5. Prof. Fadlo Fraige

## **2. Finance Committee**

VP Finance as Chair – Mr. François Seynaeve

1. Prof. Peter Schwarz
2. Dr. Hermelinda Pedrosa
3. Prof. Takashi Kadowaki
4. Prof. Nebojsa Lalic

## **3. Strategic Governance Committee**

Acting VP Governance. Prof. Adel El-Sayed

1. Prof. Akhtar Hussain
2. Prof. João Valente Nabais
3. Dr. Reginald O’Loughlin
4. Mr. Gordon Bunyan

## **4. Remuneration Committee**

1. Prof. Akhtar Hussain- Chair
2. Prof. Peter Schwarz
3. Mr. François Seynaeve
4. Prof. Adel El-Sayed

## **5. Diabetes in Youth Committee**

1. Chair: Prof. Joao Valente Nabais
2. Dr. Iryna Vlasenko
3. Dr. Jackie Maalouf
4. Ms. Ana Fernanda Sanchez

### **Motion: to approve the Members of the Standing Committees (Audit, Finance, Governance, Remuneration, Youth)**

JM moved, AK seconded

15 votes in favour, 1 abstention

As no Vice-President Strategic Governance was elected in the last General Assembly, the Board has decided to appoint Prof. Adel El Sayed as acting Chair of the Committee until the General Assembly elects a new Vice-President.

**Motion: to request the Nominating Committee to launch the election process for the position of Vice-President Strategic Governance**

JVN moved, IV seconded

The motion was approved by unanimous consent.

The Board discussed other Committees and Working Groups

**Peer Review Committee**

Prof. Akhtar Hussain Chair

Prof. Stephen Colagiuri

Prof. Peter Schwarz

Prof. Antonio Ceriello

**IDF Consultative Group**

Proposed membership:

Prof. Andrew Boulton – Chair

Prof. Stephen Colagiuri – Member

Prof. Jean Claude Mbanya – Member

Prof. Kaushik Ramaiya – Member

**IDF 2023 Virtual Congress (Programme)**

Prof. Andrew Boulton – Chair

**IDF 2025 Congress (Programme)**

Prof. Antonio Ceriello - Chair

**IDF 2025 WDC – Organising Committee**

Balduino Tschiedel – Chair

Fadlo Fraige – Member

Douglas Villarroel – Member & former regional chair

Ammar Ibrahim – Member & former regional chair

Manolo Vera Gonzalez – Member & former regional Chair

Edwin Jimenez – Member & former regional chair

Hermelinda Pedrosa – Member

**IDF Atlas**

Prof. Dianna Magliano – Co-Chair

Prof. Ed Boyko Co-Chair

One person to liaise between Board and the Atlas committee (Prof. Akhtar Hussain)

**IDF Education Committee**

Prof. Akhtar Hussain – Chair

Dr. Iryna Vlasenko

Ms Ana Fernanda Sanchez

Prof. AK Azad Khan

Dr. Reginald O’Loughlin

Prof. Jacko Abodo

**Regional Committee**

Prof. Akhtar Hussain – Chair

Prof. Azad Khan

Prof. Fadlo Fraige

Prof. Mohamad Sandid

Prof. Jacko Abodo

Prof. Nebojsa Lalic

Dr. Reginald O’Loughlin

Prof. Takashi Kadowaki

Mr François Seynaeve

**Disaster Committee**

Chair: Prof. Peter Schwarz

Prof. Mohamad Sandid

Dr. Iryna Vlasenko

Prof. Takashi Kadowaki/ Dr Alicia Jenkins

A representative from Direct Relief (to be identified)

**Women and Diabetes**

Chair: Dr. Hermelinda Pedrosa

Dr. Jackie Maalouf

Ms Ana Fernanda Sanchez

Dr. Iryna Vlasenko

**IDF representation on NCD board**

Prof. Peter Schwarz

**IDF representation on LFAC Board**

Dr. Iryna Vlasenko

## **IDF representation on Medicine Patent Pool Advisory Group**

Prof. Stephen Colagiuri

### **Motion: to approve the Members of these Committees**

AES moved, AK seconded

All votes in favour

The members of the committees were approved by unanimous consent.

JM and JVN suggested taking more action on the Sustainable Development Goals (SDGs). It was suggested to create a working group to scan our programmes and check the links with SDGs. The responsibility was given to JM to create such a working group.

### **Sustainability working Group**

Dr. Jackie Maalouf

Prof. Peter Schwarz

Prof. Joao Nabais

## **84/04 Report from the President**

The President reported on discussions around setting up a Global Access Forum with major actors working globally. He reported the interest from Eli Lilly, and potential involvement of the Bill Gates Foundation, Unicef, LFAC, WDF, CGM companies. The goal is to strengthen health systems in LMICs and support national efforts to develop plans to improve the delivery of diabetes care.

AH further reported on an IDF event that will take place during the World Health Assembly in May. Access to quality care for people living with diabetes varies widely around the world. In many high-income countries, people with diabetes can access multidisciplinary care and treatment. However, quality care is inaccessible or unaffordable in other countries. In addition, continuous access to medicines remains a major problem in many low-resource settings, especially in low- and middle-income countries where 80% of people with diabetes live.

He also said that IDF would develop guidelines on Fasting & Diabetes as this concerns a number of religions, as well as a new Position Statement on diagnostic criteria for type 2 diabetes.

## **84/05 Finance**

FS started his presentation by thanking the staff for developing a new logo but suggested integrating 'People living with diabetes' into the logo. He continued highlighting the need for fundraising, because of the cumulative results since 2019.

Because of numerous questions received, FS explained who and how bank accounts can be opened anywhere in the world. A physical person or a company can open bank accounts in the country where they/the company are registered. However, IDF Regions (apart from Europe) are not legally registered and cannot open separate bank accounts. The Executive Office is able to pay the expenses for each region against invoices. Each region should send proposals to the Finance Committee on how to raise funds locally for the regional activities and it will be reviewed case by case.

FS further presented the 2022 results and compared these to the estimated results presented in Lisbon. The situation is much better than what had been anticipated but the congress results still showed a loss of about 170,000€, mainly due to the very low number of exhibitors and a low attendance at the congress.

The results of the last two congresses in Busan and Lisbon show that we need to be very careful for the next congress and must reverse the trend. FS suggested opening the congress to people living with diabetes and not only healthcare professionals. However, it was explained that, while healthcare professionals and advocates living with diabetes do attend the congress, it would not be possible to promote the congress to 'consumers' as this is not permitted in terms of industry compliance. HP said that we need to keep in mind that the Lisbon congress took place in a post-covid situation and not everybody was ready to travel. JM said we should be creative and find other industries (like the sports activity and apparel industry) who could provide grants. IV suggested collaborating with International Federation of pharmacists (for example organising a joint symposium as it may add participants to congress).

FS concluded in showing the 2023 budget and repeating that we should not initiate activities without first securing sufficient funding. He also showed the income and expenses of each region for 2022. AH explained why the regional contribution had been diminished and encouraged regions to raise funds to complement the regional activities. He said that agreement should be sought on how to expend the regional budget.



## **84/06 Membership**

DR presented an overview of the current membership with 245 Members in 160 countries & territories. The General Assembly counts 262 votes: 16 for the Board, 33 in Africa, 75 in Europe, 31 in MENA, 26 in NAC, 40 in SACA, 12 in SEA and 28 in WP.

At the moment three organisations have applied for membership:

- Fundación Creciendo con Diabetes (Honduras)
- Thai Association of Diabetes Educators (Thailand)
- Egyptian Society of Diabetic Foot (ESDF)

The Regional office will have to send their recommendation on these applications which will then be reviewed by the Governance Committee.

The invoices for dues were sent to all members and the total amount will reach 128,800 EUR.

AH indicated the level of investment required to support the attendance of IDF Members. He advised the Board of the need to show financial prudence and any change should be discussed and if the decision were to make a change, this change would be gradual.

He suggested introducing a flat rate on the travel support, based on geographical location. The amount would be based on an economy ticket purchased about 3 months (or more) ahead of the beginning of the congress. The money would then be reimbursed after the congress and only if the delegate registered and attended the General Assembly.

### **Motion: to introduce a fixed rate on travel support for the next IDF Congress and paid after the congress to GA attendees**

JVN moved, AES seconded

14 votes in favour, 1 vote against and 1 abstention

Two associations in Ukraine have requested their fees be waived because of the situation in their country. It was recognised that other countries are also experiencing difficulties such as Ethiopia with the Tigray situation, Syria, Turkey and Yemen.

### **Motion: to waive the fees of the associations in those countries if they send a request**

AES moved, AK seconded

All in favour. The motion was approved by unanimous consent.

The President asked Board members to vote to consider two new categories of membership: individual membership and state membership. This could generate additional income for IDF. We will consult with the Honorary Legal Counsel on these options to see whether they are feasible legally.

**Motion: to approve the possibility of opening IDF membership to individuals**

AES moved, NL seconded,

All in favour. The motion was approved by unanimous consent.

**Motion: to investigate a mechanism whereby States could become members of IDF**

AES moved, PS seconded

1 Abstention, 15 votes in favour

AH would also like to introduce a fellowship programme. The IDF School could explore the possibility of having fellows. Criteria would need to be set up and a cost identified. AH suggested that we could put a price of 10,000 EUR for this fellowship.

## **84/07 IDF Congresses**

DR presented a report on the Lisbon congress. The congress attracted 5,429 delegates (3,512 onsite and 1,917 online). The commercial exhibition had 13 companies and the Global Village counted 80 Members.

Satellite symposia were well attended with 9 lunch satellites and 6 evening satellite symposia.

DR reported a total income of 1,682,778 EUR divided between registration (752,261 EUR), satellite symposia (440,000 EUR), exhibition (233,770 EUR), sponsorship (169,107 EUR), commissions (23,640 EUR) and subsidies (64,500 EUR). Total expenses amounted to 1,862,267 EUR.

The IDF 2023 Virtual Congress on Diabetes Complications will take place on December 4-7. Four streams will run in parallel: cardiovascular & hypertension, eye & kidney, foot & neuropathy, diabetes in crises: the covid pandemic, natural disasters and conflicts. The programme is chaired by Prof. Andrew Boulton.

AH reported on the timing of the IDF Congress. IDF Congress is held in the month of December (after ADA in June and EASD in September). By the time the IDF Congress is organised, company budgets may well be exhausted from congresses organised earlier in the year. Furthermore, December is a period of Christmas vacation and travel for many.

Therefore, AH is proposes moving the dates of the congress to earlier in the year. However, we should take into consideration the Ramadan period and Easter.

JVN highlighted that if we move the congress to the next year, we will have to request the General Assembly to extend the mandate of the Board.

**Motion: To move the IDF Congress from December 2024 to April 2025 (dates to be confirmed).**

PS moved, IV seconded

All in favour. The motion was approved by unanimous consent.

The next steps will be discussed in Governance Committee and a vote of the General Assembly to extend the mandate of the Board will be necessary.

AH indicated some of the challenges that IDF could face to organise the congress in Rio de Janeiro:

- Colleagues from SACA and NAC traditionally attend ADA not IDF
- It will be hard work to motivate our MAs and their delegates to attend the IDF congress in 2025
- International delegates may be limited due to the cost of travel to and accommodation in Rio
- Cost to bring Members, Board, Speakers to Rio will be around 1 million Euro
- Local Tax regulations and accounting practices
- Local Brazilian Diabetes Association (SBD) will have their national congress in October/November 2025 in Rio.
- Industry support and the delegates will be divided between IDF and SBD

Under no circumstances, can IDF take the risk of a third financially unsuccessful congress.

After the financial situation presented by FS, PS said we should be very cautious and look into the costs. We have to consider the best location for the interests of IDF.

A site visit to Rio de Janeiro is planned on March 27-28.

**Motion: To agree that the President and the President Elect can act on behalf of the Board in the best interest of IDF and the Congress in 2025, including a change of congress location (if this is deemed necessary).**

ROL moved, PS seconded

15 votes in favour and 1 abstention.

## **84/08 Partnership**

DR reported that at the time of the Board meeting, a total of 710,698 EUR had been secured from 8 corporate partners. Many discussions are taking place with 9 other corporate partners. In addition to the corporate partnership fee (40,000 EUR), partners are approached to support activities and programmes such as WDD, Atlas, Advocacy, Educational platform for people

living with diabetes, IDF guidelines, IDF School modules and specific projects developed with the partners.

Board members also suggested adding the possibility of donations on the IDF website. JM suggested to hire a specialised consultant to increase the income from partnerships.

## **84/10 Regional Reports and Plans**

The President explained that this agenda item was being brought forward to allow all the Regions to report and present plans as some Regional Chairs would have to leave in good time to reach the airport for their homeward flights.

There was a discussion around the possible timing for the next Board meeting in Africa, with various Board members explaining that a date in November would be complicated because of commitments to activities for World Diabetes Day taking place throughout the month of November. The President said he would discuss the dates with the African Regional Chair and come back with a suggestion to the Board.

### **IDF Europe**

NL thanked the President and Board members for accommodating the change to the agenda.

The IDF Europe Board had met to plan the biennium. They listed some main strategic considerations. NL explained that IDF-Europe is in a unique position as the only Pan-European organisation with the capability and legitimacy to represent the voice of people living with diabetes and civil society. They have a significant footprint, with membership across all of Europe, including nearly all EU countries and belong to a sizeable international network of diabetes-focused associations and other stakeholders.

In this context, IDF Europe developed a work plan with three main pillars. Firstly, in terms of an external focus to advocate for policies that support the goal to improve the lives of people living with diabetes. Secondly, the Region will focus on building capacity by strengthening networks and building new partnerships. The third pillar had an internal focus on transforming the Region by diversifying its funding base, optimising the value of the relationships it holds as well as the networks it manages and to which it belongs. There would also be a focus on developing expertise.

NL listed the network partners with whom IDF are working, including partnerships with some alliances and network that might not typically be considered to be part of the diabetes sphere.

IDF Europe would look to strengthen these partnerships bearing in mind its own policies and those of IDF. NL described the priority projects and programmes for IDF Europe over the coming two years.

IDF Europe would look to build on its successes in the European policy arena, most specifically the new EU Diabetes Resolution. In November, they are hoping to organise a high-level summit on diabetes with WHO Europe and the Council of Europe.

Under the IDF Europe Centenary of Insulin campaign they would include a twinning programme to strengthen the capacity and increase the impact of diabetes associations in Europe. NL said that this could be applicable beyond Europe.

NL described the community building activities to bring forward the voice of people living with diabetes. This had worked well through the youth platform, with the focus on people with type 1 diabetes and they would now consider how best to create a platform for people living with type 2 diabetes in Europe.

One major area of work would be the development of a European Diabetes Code that would highlight what Europeans living with diabetes should expect from their healthcare providers and healthcare systems. It would describe the rights of people living with diabetes.

He outlined the thought-leadership programme that would include webinars, publications and position papers. He laid out the plans for World Diabetes Day and throughout the month of November, including the High-level summit.

NL explained that IDF Europe would once again have a symposium during the EASD with the objectives of raising awareness of critical aspects of diabetes management and care among key stakeholder, supporting the work of IDF Europe Members in their national advocacy efforts and strengthening relationships with stakeholders within the diabetes community to unite the voice of diabetes

NL gave an overview of the awards that IDF Europe give to advocates, researchers and individuals in recognition of outstanding achievements in service of the diabetes cause.

The IDF Europe Chair explained the activities they would undertake to leverage the EU resolution on diabetes.

NL went into detail on plans for the high-level summit, explaining who would be involved and what the summit hoped to achieve.

AH thanked the IDF Europe Chair and congratulated him on the breadth and strength of the proposed programme. He appealed to the Regional Chairs to consider how to include other Regions in projects as a way to strengthen all IDF Regions, calling out the twinning example that NL had presented as an excellent opportunity.

JM asked for clarification around a toolkit that IDF-Europe will work on. NL explained that the toolkit would take the bureaucratic language of the EU Resolution on diabetes and prepare a document that is more accessible for IDF members, with suggestions on how to best leverage the Resolution for action at the national level.

AH said that he felt an important area had been overlooked on day one when the committees had been proposed, namely the important area of diabetes in women. AH said that he would like a committee to be formed under the leadership of HP and include all female Board members as part of the group. AH has asked Antonio Ceriello to include women and diabetes in the congress programme for the next IDF World Diabetes Congress.

HP thanked AH for the opportunity to be involved in the committee and stressed the need for greater focus on the much neglected area of cardiovascular disease in women with diabetes. She has close ties to colleagues at ADA who have done some interesting work in this area.

JN commented on the inclusion of a stream on diabetes and women during the Lisbon Congress, led by Maria Schmitt and asked for consideration to have a woman with diabetes to co-chair the programme committee for the next congress

JM mentioned work on an awareness programme on diabetes in women in which she had been involved and which is celebrated on international women's day. She will bring this idea to the committee. She thanked the President for this important initiative.

### **IDF South-East Asia**

AK briefly presented the plan and budget for 2023, the planned activities include the organisation of a conference to cover all aspects of diabetes care. This would be presented to the IDF leadership for potential IDF endorsement. This would be followed by an update conference in one of the more neglected areas of the Region, either in Nepal or Bhutan, if they become a member, or the Maldives.

AK made the point that the Region would not exceed the budget allocated by IDF to the Region and, where extra budget is required, it will be raised by the Region.

The Region will give focus to extending access to insulin in countries that do not currently have universal health coverage. Access to insulin for all people with type 1 diabetes has been



achieved in Bangladesh. AK will look to extend the model to other countries in the Region. He commented that the lack of access to insulin was not a question of money. Rather, it is a question of political will.

Bhutan is the only country in the Region that is not a member of IDF. The Regional Chair will travel to Bhutan to encourage them to become a member of IDF. He mentioned that the current President of Bhutan is a medical doctor who qualified in Bangladesh and was a student of Prof. Kahn. The Regional Chair will deliver a letter from the HPM of Bangladesh, the Global Ambassador for Diabetes to encourage Bhutan to become a member. He said that while Bhutan is not a large country, with its economic advancement comes an alarming rise in the numbers living with diabetes in the country.

The Chair stressed the need for the Region to encourage innovative programmes to help prevent type 2 diabetes including GDM. In Bangladesh, they have introduced a programme in collaboration with faith leaders.

AK is in close contact with the Regional Chair Elect, who is extremely active. Together they will organise a pre-Ramadan webinar on Diabetes and fasting on March 19.

From a structural perspective the Region will include members from each country of SEA in the Governing Board of the Regional Council.

AH thanked the Regional Chair and stressed the need for innovative approaches to prevent diabetes. He mentioned the important education of women planning their pregnancy to prevent GDM and the collaboration with Imams to raise awareness of diabetes and screen for diabetes and check for hypertension – this programme has been supported by WDF and is now supported by the government.

## **IDF SACA**

The Regional Chair for the SACA Region presented the Budget for 2023 and presented the planned activities. He stressed the need for financial prudence to preserve IDF funds.

FF explained there would be a focus on promoting activities of SACA members. This would be done through social media and online through a website to present activities, share knowledge and evaluate the success of the activities undertaken.

There would be a strong focus on advocacy. FF stressed the need to change federal law and work with Ministries of Health to secure the distribution of affordable supplies of essential medicines for people with type 1 and type 2 Diabetes in the SACA Region. He stressed the

need not just for medicines but also the supplies people with diabetes need to control their diabetes.

FF explained that the Region was implementing a number of task forces to manage different work streams. A task force for diabetes during disasters, another to focus on the advocacy work and another for epidemiology to address the need for updated information on diabetes, including updates to the data in the IDF Diabetes Atlas.

FF said that the Congress had been discussed in detail on the first day but said they would support the planning and organisation of the IDF congress if it takes place in Rio de Janeiro.

In the Region they had developed a practical guide to diabetes education that they would look to disseminate among the members of the Region. The guide would be available in Spanish, Portuguese and English.

FF stressed the importance of the promotion of the courses available in the IDF School of Diabetes across the SACA Region.

In the Region they would encourage IDF members who have not been particularly active to do more in terms of education, awareness and advocacy in support of people living with diabetes in SACA.

He explained that they were working closely with PAHO on the prevention and treatment of diabetes. PAHO were in a good position to facilitate better contact with national governments. This would be useful for the Chair's ambition to improve access to care. He emphasised the need to keep working to educate politicians and governments as they change and new politicians come with different priorities, meaning that the advocacy work has to be re-initiated with each change of government.

He ended his presentation with an appeal to the VP finance to keep the IDF finances strong to secure the future of IDF.

The President thanked the Regional Chair for his presentation.

## **IDF MENA**

The Regional Chair MS gave a brief overview of the MENA Regional composition. He then presented the priority activities for the coming year.

A first priority will be to ensure access to essential medicines for people living with diabetes during crises. Unfortunately, the MENA Region has faced a number of disasters, including



conflict. He appealed for any possible support through strategic partners such as Insulin for Life and Direct Relief.

He highlighted some planned training activity, including a workshop to train diabetes educators and a training course for healthcare professionals on foot care.

Plans also included an awareness programme targeting high-school students to inform them about diabetes.

Activity would also include participation in the MENA Regional Congress, which will be held face-to-face and online.

There would be activity dedicated to marking World Diabetes Day in the Region.

MS presented the income and estimated expenses for the MENA Region in 2023.

IV asked what steps can be taken to address the humanitarian issues faced in the Region. MS responded by explaining that economic crises, natural disasters and armed conflicts meant that five countries in the Region are facing problems with the supply of essential medicines.

The President thanked the Regional Chair for his presentation.

## **IDF WP**

The Western Pacific Chair TK presented an overview of the main activities planned for the year.

He thanked all those, particularly Alicia Jenkins, the Regional Chair-elect for the delivery of the IDF-WPR Diabetes and Disasters Guideline. Work would now begin on disseminating these throughout the Region.

A Top Down - Bottom Up approach would be ideal, with presentations at international and national conferences, webinars and through face to face meetings with the associations and key stakeholders.

They would seek adaptation by each IDF WPR member country and translate key sections into local languages. It would be important to encourage the "key contacts" section to be completed so that this information would be readily available should disaster strike. At the grass roots level the Region would involve trainees, IDF Youth advocates and other volunteer groups

The Region will engage in advocacy with and for people with diabetes. This would require They would work to enhance communications with and between WPR member associations and the diabetes community: Tactics would include an IDF-WPR twitter account, regular newsletters and updates to the website.

TK emphasised the IDF-WPR conference in Japan in July 2023. It would take place in conjunction with the AASD Scientific Meeting and JADEC Annual Scientific Meeting. Online registration will open in April 2023 at a competitive price of around USD 75.

The Chair thanked the former WP Chair and his personal mentor Prof. Yutaka Seino for his support to the Region and the upcoming congress as well as his generous donation to support activities in the Region.

He presented the Regional budget.

AH praised the work that had gone into the WPR disaster guidelines. He also stressed that the IDF global T2 guidelines were in development and asked the Regions to look at them when they become available in 2024 and think how these can be adapted to suit the Regions. TK said that the Region would indeed try to adapt the guidelines for the Region and was pleased to hear that representation from the WP Region had been included in the committee leading the work.

IV thanked the WP Chair for the guideline and explained that it had been useful for her work to support Ukraine.

JN commented that he was pleased to see an emphasis on youth in some of the presentations. He said that IDF is training youth through the Young Leaders Programme and appealed to the Regional Chairs to integrate these Young Leaders into their plans and programmes.

## **IDF NAC**

The Chair of NAC ROL thanked the Board for the opportunity and presented plans for 2023. There would be a strong focus on education and a goal of including a diabetes educator in every NAC member. They would leverage the opportunity of the IDF school to have two people trained in every NAC country.

There would be a focus on prevention from an early age. In terms of tactics, the Region would target high school students and develop a quiz to raise awareness. Participation would be motivated by awarding prizes.

The Chair said that it had been suggested a country in his Region had been called the amputation capital of the World. Because of the extent of diabetes-related foot problems in the Region and the lack of podiatrists in the Region to support awareness and prevention – the launched in five of the countries in the Region

ADA 2023 – ADA is the Region’s big brother. The Region have tried to attend ADA meetings to avail themselves of the opportunity to learn more and to network. He was grateful to the ADA for having extended a free registration to each of the member countries.

World Diabetes Day would be marked throughout the Region with whatever support can be found in the countries and with the materials provided by IDF.

ROL presented the budget. He had based the budget on a number of assumptions, including the effective integration of a regional assistant into the Region to support activities and the end of the restrictions imposed by Covid.

The Region will continue to hold webinars and was happy to receive the support of expertise from ADA to support these. The close ties with PAHO would remain in place and PAHO would lead on some webinars for the Region, particularly in the lead up to World Diabetes Day.

He returned to the idea of the quiz and explained that the ambition would be to bring the prize winners together in one geography for a grand finale but, unfortunately, the cost would be too high, certainly for this year though he hoped this would be possible in 2024.

The Chair commented on the ongoing need for support from the Life for a Child programme. He explained that although insulin is widely and freely available throughout the Region, delivery systems and self-monitoring are not.. The Region is looking to build partnerships with LFAC in every association to support access to test strips and syringes.

AH stressed the need to promote the IDF school in the Regions and suggested that Regional Council meetings be organised in conjunction with a regional congress, that could present the opportunity to raise additional funds for the Regions.

JM said she greatly appreciated the idea of the quiz and would look to implement something similar in her context.

LP said that she could help forge links with key foot specialists to support the work of the Region.

PR mentioned the IDF KiDS programme as a potential source of material to support diabetes awareness activity in schools.

FS urged the Regions to task the Regional Assistants with identifying fundraising opportunities and advised they look after equipment purchased with the budget and, as it remains the property of IDF, pass this on to the next assistant at the end of the term of office as a means to save cost and preserve institutional memory.

FF voiced his support of the idea presented by JM to investigate the services of specialised fundraising agencies. AH agreed with the idea in principle as long as the benefit exceeded any associated costs. AH also suggested that the services of assistants might not be needed full time.

PR appealed to the Regional Chairs to bring any new studies on diabetes to the attention of the IDF Executive Office to support the data collection for the next IDF Atlas. He also appealed for the Chairs to help ensure that as many activities as possible are registered on the World Diabetes Day website and that as many HCPs as possible are encouraged to take courses on the IDF School of Diabetes. AH underlined the need to promote and utilise IDF resources.

IV asked for a moment to present one item of other business. She would like to continue to dialogue with the International Association of Pharmacists to collaborate with IDF. She also appealed for continued support to Ukraine.

JM added a comment on the IDF resources. She advised IDF members to repost IDF content. She also wishes to see IDF members express their pride of their membership of IDF.

AF mentioned the collaboration with PAHO and hoped that the IDF platform could support diabetes educators with certified education. She stressed the importance of the KiDS programme content for countries in SACA.

## **IDF Africa**

The Regional Chair explained the African context: The Region is dealing with a heavy burden of communicable diseases and a rising burden of NCDs, including type 2 diabetes. There are resource issues and a number of crises that are significant concerns for healthcare systems and the supply of essential medicines.

The highest prevalence of diabetes in the Region is found in adults aged 55 to 64 and the Region has the highest proportion of undiagnosed diabetes (69.2%).

At the structural level the Region would look to increase the number of diabetes associations, strengthen those associations that already exist and find ways to include countries that currently do not have a diabetes representative organisation.

He presented the plans for 2023-24. Only a few countries in Africa have UHC and not many have national diabetes plans. Every sub-Region will have a regular meetings and the Board will meet twice a year.

Screening and awareness is a great challenge. The Region plans to have screening activities each month to cover the countries of Africa and a week of activity around World Diabetes Day

The Region will map the countries for National Diabetes Plans and map the diabetes clinics across the Region.

There are many programmes that help provide insulin in Africa but they remain insufficient and many people who need it remain without insulin. JA said it was possible to have free blood glucose monitoring available for all people living with diabetes in Africa. The Region will push for improvements in the quality of care for people living with diabetes, including access to insulin and testing as well as relevant medicines on the WHO essential medicines list.

They are preparing diabetes guidelines looking at co-morbidities. The guidelines and associated training will address such areas as HIV, Malaria, Covid 19, Tuberculosis, the diabetic foot and diabetes in pregnancy.

They have many conferences in Africa and the Region want to get access to any training available during these conferences.

JA appealed to IDF to make all documents available in French to support the many francophone countries in Africa.

The Region would be carrying out a training programme to encourage peer-to-peer training. This would be conducted in English and French.

The IDF Africa Chair noted that there is no IDF Centre of Excellence in Africa and that four centres would be needed to cover the country.

An important project for this year would be a diabetes registry for Africa. They need the support of IDF to implement diabetes registries in every country.

AJ presented the budget for the region.

AH thanked the Africa Chair for his presentation. AH commented on his perceived unpreparedness in Africa to tackle the rising tide of diabetes in the Region. AH said that the Region has an important role to make governments aware of the situation. AH explained that diabetes centres should be encouraged to become recognised as centres of excellence. If they meet the requisite criteria, then there is no reason we cannot have IDF centres of excellence in Africa.

ROL asked whether the collection of diabetes data constituted a problem in Africa. JO confirmed that the problem of data collection was significant. ROL asked how the baseline could be established if data is scarce. AH indicated that the Atlas section on methodology would help explain this issue and how IDF resolves it with the existing data sources. He explained that we need national surveys to improve the data in the Atlas. Until we can have national survey recurring on a regular basis, we will continue to face challenges to deliver an accurate picture for all countries.

JM suggested that the opportunity to become an IDF Centre of Excellence should be a motivational factor for diabetes centres to strive to meet the criteria to gain this recognition.

The President thanked all the Regional Chairs for their presentations and for all their work to serve the IDF mission in the Regions.

## 84/09 Existing and Future Programmes

PR presented the major IDF projects and activities. However, time was limited and it was not possible to complete the presentation. He explained that all the items he would present had an associated paper among the Board papers.

PR explained that the office was available to support Board members in their IDF work and invited members to reach out when support is required.

**World Diabetes Day;** PR asked the Board to approve a World Diabetes Day theme to cover the next biennium and, potentially, beyond. Two themes were presented in the context of past themes and some indications of what constitutes a successful choice of theme. Option 1 was *diabetes and wellbeing* (2024-26). Focus areas under this then would be: mental health, physical activity, and healthy nutrition. The second option presented diabetes care for all/diabetes care is a human right (2024-26), with focus areas on access to care, early diagnosis, self-management, education. PR suggested that this theme was rather close to the

access and prevention theme adopted for the current World Diabetes Day, now in year three of its three-year programme.

To save time, the discussion on the theme was curtailed and the vote postponed. This will be managed online in late April/early May.

AH stressed the need to select a theme that aligns with IDF priorities, will promote IDF on the global stage and will support income generation.

PR reported on WDD 2021 and 2022 and previewed activity planned for 2023. He also introduced Diabetes Prevention Day (August 14) as a new IDF activity for 2023. Diabetes Prevention Day was approved by the IDF Board in 2022. Executing activity for the day will be dependent on attracting sufficient funding. AH mentioned the naming of the day as Diabetes Prevention Day and stated that he was in favour of this rather than use of the term “pre-diabetes”.

AES asked whether there was a standard tool for the screening activities. AH agreed that the data can be collected to give an idea of the numbers taking part but would not be scientifically valid. PR said that IDF had used a tool based on the Finnish Diabetes Risk Score. AH explained that risk varies across different populations and so different risk scores had been developed for different populations. AH advised exploring the opportunity of different risk scores for different countries.

PS said that the screening is just the first step. It is not enough to know that you are at high risk. You need to know what you can do about it.

PR acknowledged the work of the IDF communications team led by IDF’s Senior Communications Manager Lorenzo Piemonte.

The IDF Diabetes Atlas. PR reported on the excellent performance of the 10<sup>th</sup> Edition over the 12 months subsequent to its launch in December 2021. The 11<sup>th</sup> edition is now on a slightly different timeline from the traditional biennial rhythm, given changes to the IDF World Diabetes Congress schedule resulting from Covid. The 11<sup>th</sup> edition will launch in 2024. In the interim, a number of IDF Diabetes Atlas reports have been/will be launched. The first reports were released in 2022 and are being promoted. You can download the reports from:

<https://diabetesatlas.org/2022-reports/>. Board members are encouraged to use IDF Atlas data in their presentations and to promote the reports. Later this year, reports will be published on CVD and diabetes and CKD and diabetes. The reports will be accompanied by articles for publication in IDF’s Journal *Diabetes Research and Clinical Practice* (DRCP). Atlas-related articles are a key driver of the DRCP impact factor.



PR explained the frustration about the WHO numbers and efforts to see whether WHO and IDF could get behind the same figures. However, he explained that there are many operational barriers to alignment on this.

FS raised the question of donations to IDF through the IDF website and felt that this should be encouraged. AH agreed that we should investigate the possibilities of collecting donations through the website.

PR acknowledged the work of the Atlas team under the direction of the Atlas Chairs and led by Paraskevi Salpea.

PR presented projects underway and in plan in IDF's education portfolio, which include the IDF School of Diabetes, the new digital platform for people living with diabetes (understanding diabetes), the IDF WeChat platform in China, the development of guidelines and clinical practice recommendations, and the network of IDF Centres of Excellence. PR stressed that the Education initiatives were far broader than the School of Diabetes.

He reported on recent achievements for IDF Education initiatives. These include:

- the launch of a free online course on Biosimilar Insulins
- the launch of a French version of Module 1 *An Introduction to diabetes* on the Understanding Diabetes platform
- the launch of an English version of Module 3 *Insulin and how to use it safely* on the Understanding Diabetes platform
- Four new Group Registrations from United Arab Emirates (120 Nurses), Kuwait (25 Diabetes Educators), South Africa (500 Nurses), and Gulf Countries (59 Specialists).
- The website interface of Understanding Diabetes Platform available is now available in Spanish and French

AH commented on the success of IDF's educational initiatives and said the goal for the IDF School was to pass the landmark of 100,000 registered learners by the end of the year.

AH and PR stressed the need for Board members to promote the educational opportunities through the IDF School to attract more HCPs and PLWD to sign up on the platform.

PR reported on the School project pipeline for the coming year.

PS asked whether we collected information on the numbers taking courses to help us build the content strategy going forward. PR explained that IDF does collect data on the number of users along with other demographic information. He agreed that the content strategy was probably too opportunistic, based on financial support, whereas IDF was hoping to move a more



programmatic approach. AH stated that reaching the goal of 100,000 registered users on the platform would be an important step towards allowing IDF to deliver services as required based on IDF priorities. He asked all Board members to support the achievement of this goal during the current term.

FS asked about the Centres of Excellence. He wanted to know how they are selected and what their mission is. AH responded to the question explaining that we have criteria that must be fulfilled and a fee is paid. They benefit from the branding. AH stressed the need to maintain the standard. FF explained that his centre in Brazil had been through a rigorous process that had included multiple interviews over three days with an IDF representative.

PS was pleased by the data available and was impressed by the 40% completion rate.

AH agreed that IDF needs to train professional in LMICs. PS said that a logical next step after certification would be a degree for IDF School alumni. AH explained that IDF is very open to working with institutions recognised by the government to provide education. He also stressed the need to complement courses on offer by IDF members rather than competing.

AES wondered whether more translations could be available and whether he or other Board members might be able to help.

FS asked about the School business model and how to translate the numbers on the school into income for the organisation. PR explained the different income streams involved in supporting the school and emphasised the importance of the growing data base to attract more partners and cross-promote other IDF content and programmes, such as the World Diabetes Congress.

AFS asked what had happened to Centres of Excellence in South America because she had not received any information. AH clarified that IDF does have centres of excellence in the SACA Region. JN explained that Ecuador had submitted a request to become an IDF Centre of Excellence but had not received a reply.

JM was supportive of extending surveys to gather information about diabetes in different countries. She said that the proposed World Diabetes Day theme on wellbeing would be an excellent and timely choice as it aligned with the UN SDGs. She also thought that serving a donation banner to [ww.idf.org](http://ww.idf.org) visitors would be positive.

PR reported on IDF activities in global advocacy and community engagement. The main goals of IDF advocacy work are: 1. to increase recognition of diabetes as a global health and development challenge, 2. to foster action to translate international commitments into national policy, 3. To create a networked community of diabetes advocates and to strengthen global, regional and local advocacy capacity for diabetes.

PR reported on the advocacy plans for 2023. Time was not available to discuss the IDF Kids and Diabetes in Schools (KiDS) programme. The programme has been supported by Sanofi since 2013 and aims to fight diabetes-related stigma and promote healthy habits by making a space for diabetes education and awareness as part of school curricula.

AH thanked all Board members for their attention and contributions and closed the meeting.