

Minutes of the 86th IDF Board Meeting

13-14 April 2024, Brussels, Belgium

Attendees

The following Board members were present:

- Prof. Akhtar Hussain (AH), President
- Prof. Peter Schwarz (PS), President-elect
- Mr. François Seynaeve (FS), Vice-President Finance
- Ms Sharon Fraser (SF), Vice-President Strategic Governance
- Dr Jackie Maalouf (JM), Vice-President, Non-healthcare Professional
- Dr Hermelinda Pedrosa (HP), Vice-President, Physician
- Prof. Adel El Sayed (AES), 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 (online)

Executive Office in Attendance:

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

86/01 Opening of the Meeting

The President opened the meeting and welcomed everyone.
The Board reviewed the agenda. No changes were requested.

Motion: to approve the agenda of the 86th IDF Board Meeting

IV moved, JM seconded

All in favour

The agenda was approved by unanimous consent.

86/02 Report from the President

AH reported on activities since the last Board meeting.

Contact with Ministers of Health:

The President had travelled to Mauritius. He explained that he had a successful meeting with the Minister of Health.

In India he had spoken with local government representatives. The local Governor felt that significant progress was being made towards policy implementation for improved diabetes access and care.

AH went to Saudi Arabia last December and had met with the deputy Health minister. However, the experience was not altogether positive

The President spoke about the position statement on novel criteria for diagnosing intermediate glycaemia. This scientific breakthrough places IDF in a leading position in the debate.

The Global Diabetes Ambassador (term 2025-2026) remains a work in progress. Because of the political environment, officials in India were difficult to contact. The President felt that approaching a small country such as Mauritius might be a better option.

Prof. Adel El Sayed is now established in Qatar. He is in contact with the First Lady of Qatar, who is Chair of the Qatar Foundation. It is hoped that she may consider the role. AH is also considering an option from sub-Saharan Africa.

Proposed diabetes guidelines are underway, including soon-to-be-finalised guidelines for type 2 diabetes and guidelines on diabetes and fasting which PS is leading.

AH also mentioned discussions with the WHO NCD team on a number of topics. He will meet with the director of the NCD section soon.

AH announced the launch of the IDF individual membership programme and the inclusion of donations through the IDF website, as had been requested by the Board. He said that the IDF fellowship programme would soon be live.

AH mentioned the major IDF education initiative in 40 LMICs supported by Sanofi. AH will visit Tanzania at the end of April upon WHO's request.

He reported that IDF 2025 & 2027 congresses were key areas of focus.

The topic of our initialism “IDF” was discussed. Some Board Members had aired concern over potential confusion with the Israeli Defence Force given the current environment. AH asked PS to consider changing the name during his term but stressed that we cannot change it at the current time because of our long history and the IDF Congress in 2025.

The IDF executive office has supported a survey into the accessibility to care/medicines for people with diabetes: Responses were being analysed, and a publication will be submitted for publication in the IDF Journal Diabetes Research and Clinical Practice.

Attracting funds from industry partners is proving difficult. Ways to make sure IDF remains relevant and attractive to partners are under consideration and meetings are being arranged with our leading donors as well as former partners and new prospects.

AH concluded that IDF is making considerable progress, with the Board involved in multiple projects.

86/03 Reports from Board Committees

Membership criteria

Some IDF members are not active, but still receive free registration to IDF congresses, which presents a high cost for IDF. FF reported that in SACA, out of 37 members, only 10 undertake activities in the region and respond to communications from the Regional Chair. This situation is not unique to SACA.

AH said that we should find an objective way to identify inactive associations. matters.

JM said that that we should give a chance to all associations. She emphasised that we don't want to lose members but want to attract more active associations and encourage greater engagement.

The board needs some more time to define how to identify an inactive member. A report will be delivered at the next Board meeting.

Woman and diabetes

HP presented the work of the committee.

The committee is working on a call to action to highlight the inequitable screening, diagnosis, treatment and prevention of diabetes and its complications among women worldwide.

As Women who missed the post-natal follow-up are at high risk of developing CVD. There is an urgent for improved surveillance.

HP had participated in the IDF' Women as leaders of change' webinar in March to mark international women day. The webinar was a great success in terms of participation.

The committee had suggested that CVD and heart failure would be good topics for World Diabetes Day and emphasized that actions towards women and diabetes haven't focussed on them since 2017.

The committee had already contacted experts in this field and three specialists had confirmed their interest to participate in developing the call to action: Drs Chantal Mathieu (Belgium),

Rodica Pop-Busui (USA) and Maria Inês Schmidt (Brazil). HP also mentioned the possibility to make further links with the EASD and the ADA, through Drs Mathieu and Pop-Busui respectively. HP said she hoped the committee could launch the call to action in November and present the results during the 2025 Congress.

AH thinks that diabetes and depression should also be considered as it is important, particularly in societies where the topic is considered taboo. HP explained that the committee is aware of this situation and in fact psycho-social aspects shall be addressed in a second action.

JA stressed post-partum risk for heart failure as a key topic and said that more focus should be placed on women to help reduce global prevalence. He said that Screening for diabetes in pregnancy in LMICs was key. HP suggested the topic to be inserted in the programme of the African Congress in October.

AH mentioned that women and diabetes could be a future a theme for World Diabetes Day.

AH asked the committee to come up with a more precise proposal.

Sustainability

JM gave an overview of the activity of the working group.

She highlighted the 17 Sustainable Development Goals (SDG's) adopted by all United Nations Member States and emphasised the need for IDF to be more aligned with the SDGs or at least make the obvious linkages more clear. Specifically, the SDG's relating to:

- Quality Education Goal #4
- Gender Equality Goal # 5
- Good Health and Well being SDG #3
- Partnerships to achieve the Goals SDG# 17

She said that IDF should mark the calendar to always celebrate International Women's Day with activity addressing women in diabetes.

The committee suggested that all partnerships and contractual arrangements signed by IDF should mention that the organisation is in alignment with the SDGs.

The same is true for the IDF School of Diabetes: it should inform all learners that it aligns with the SDGs related to Education. JM suggested we add content on IDF platforms to inform people about the SDGs.

JM stressed that it is good to show our networks and members that IDF is working towards the UN development goals.

The committee also recommended adding a visible mention on the IDF website stating that IDF contributes to the implementation of the SDGs.

We could also allocate a session during the 2025 Congress, if possible.

At least, it should be shown during the congress. This may be important for our partners.

AH said that we must be careful with the wording since IDF was not created by the UN.

Disaster Committee

PS reported that he had visited the West Bank and met with the Palestine Diabetes Association. It was not permitted to enter Gaza. PS had an online meeting with people in Gaza and was deeply impressed by the high quality of diabetes care for children in Gaza at that time, which was comparable to what would be available in Belgium or Germany, for example. The availability of medicines and insulin was not the same situation in Gaza and the West Bank. In Gaza, Qatar financed much of the healthcare system, which benefitted from a huge amount of donations. In the West Bank, everything must go through Israel with a lot of legal red tape.

PS said that following the last disaster committee meeting in October, the situations in Morocco and Sudan had improved. He thanked AES for his work to help establish an extra clinic to provide healthcare for refugees in Sudan.

He reported that Direct Relief had been very efficient in bringing medication to the borders of Gaza. But we been unable to deliver the insulin into Gaza because there was no official approval to deliver it. On the ground, people had reported that in the hospitals in Gaza there was no insulin shortage during the two first months of the conflict. Then, the situation changed, and they were only able to deliver insulin to 10% of the population.

PS stated that it is unacceptable that a country uses the delivery of medical aid as a weapon against the population. He recommended that IDF take a strong position on this. He expressed his hope that the situation would soon improve.

There are academic articles in journals and discussions in the media but this had not resulted in sufficient action to alleviate the situation.

PS & Prof. Alicia Jenkins had written a publication in the British Medical Journal and an editorial with AH and Prof. Antonio Ceriello had been published in Diabetes Research and Clinical Practice.

PS raised a concern about the level of misinformation being put out on the topic.

PS recommended trying to build up an infrastructure so that the IDF can react quickly (as Direct Relief does) to help people with diabetes during disasters. He suggested the organisation put an operational management system in place.

FF asked for a report to be distributed among Members to explain what IDF does in crisis situations.

ROL explained that in Haiti, there will be soon shortages of food and insulin. He reported that Haiti was being helped by Direct Relief, but the violence was increasing in the country and is disrupting the distribution of essential medicines.

IV explained the situation in Ukraine in territories occupied by Russia. There were deaths of people with diabetes because of the interrupted supply of essential medicines. She suggested to closely work with WHO in crisis situations.

Youth in Diabetes

JVN reported on the work of the committee. He talked about the importance of the advocacy work undertaken by the Young Leaders in Diabetes (YLDs). A call for nominations has been launched to all IDF members. The nominees should be selected carefully and a connection should exist between the nominee and the association.

After their training, the YLD's start working on their projects but sometimes their associations had not signed the report that the YLDs must periodically send with the development of the implementation of the project. Signing the reports are mandatory, according the current process.

JVN asked Board Members to promote the YLD program, in particular with the IDF member associations and highlight their role in supporting their YLDs.

JVN explained the selection criteria and the timeline for recruiting the new cohort ahead of the YLD leadership training summit that will be done in parallel with the IDF World Congress. Dexcom, Sanofi and Servier are committed to supporting the advocacy projects. He said that It looks good for the Bangkok training as fundraising had started early. JVN suggested having the YLDs with their country flags at the opening ceremony to show the global impact of the programme.

He stressed that the KiDS programme should be implemented widely and informed the Board that KiDs materials are translated into many languages. JVN asked all IDF Member associations to use this material and to collaborate more with IDF on this matter to address diabetes in schools.

IDF representation on Board of Life for a Child (LFAC)

This is a collaborative effort where IDF is represented. IV represents the IDF on the Board of LFAC.

IV presented the LFAC Board and the programme's donors. LFAC's vision for 2030 is to increase the support to 150,000 children in more than 65 countries. IV presented the LFAC new activities: 1) Expansion of insulin, blood glucose meter and strip, and HbA1c support to Sierra Leone, Guinea Bissau, and soon Chad, Somalia, Zambia and Yemen; 2) Carb-counting books for India,

Mexico and Ecuador; 3) Training workshop in Burundi; 4) New work and publication on the T1D Index with JDRF and IDF; 5) Research on thermostability of insulin; 6) Webinars on human rights and type 1 diabetes; 7) Education program for health professionals working with children and youth with diabetes being planned.

IDF representation on the Board of the NCD Alliance (NCDA)

PS said that diabetes is not as represented as it could be within the NCDA given that IDF represents so many individuals living with diabetes. He said that the time commitment for an IDF representative is considerable given the number of Board meetings.

There will be a meeting in Geneva at the WHA in May and in another in Kigali in October. This would be an opportunity to meet persons from other NGO's and build relations with the network. We should have IDF represented at NCDA meetings with presentations/sessions. As we have to keep diabetes in the spotlight. PS suggested it would be a good idea to offer NCDA the opportunity to attend our congress in Bangkok and potentially hold a session. NL said that we should maintain our strong ties with the NCDA.

86/04 Congress

A short list for the 2027 World Diabetes Congress was presented. On the list are: Rio, Toronto, Doha and Sydney.

A summary for the funding proposals from each of the potential destinations was shared with the Board.

PS suggested each applicant be invited to a virtual meeting to discuss the proposals and answer the questions. PS expressed his interest to visit the different conference centres.

Depending on the number of delegates we can attract, the proposals are interesting in different ways. The decision will not be obvious and requires deeper consideration. PS and the team from the IDF office will make an evaluation based on the information we have and the replies to any follow up questions we may ask of the centres.

HP said that we had never had a congress in the SACA Region and that this should be taken into consideration and also explained that all the convention centres which belonged to the governments have been privatized and no longer are available free of charge in Brazil. She invited PS to attend the Brazilian Diabetes Society congress in Rio in October 2025, on behalf of the president of the congress, Dr Lenita Zajdenverg.

As well as the number of attendees, consideration will be given to the cost of flights into the target destination, visa requirements and other aspects such as public transport and safety for attendees.

Findings will be Presentation at the next Board Meeting.

If we choose Rio, the timing will have to be shifted to match availability at the congress centre mid-April 2027.

Motion: to approve the short list: Rio, Toronto, Doha and Sydney and the assessment process. The final decision will be taken at the next Board Meeting

PS moved, JVN seconded

All in favour

The shortlist was approved by unanimous consent.

86/05 Regions

WP

TK presented the activity report. He outlined some ongoing activities.

The WP Region has established a disaster manual. The content will be presented at the IDF World Diabetes Congress and other conferences.

T1D diabetes research has been undertaken for publication in IDF WPR official journal.

A mortality study has collected and analysed data from across the region.

A newsletter is published quarterly and serves to promote congresses and events organised by members.

TK highlighted the Fiji footcare project: a new project initiated in 2023 to support foot care in Fiji.

New activities for 2024:

A clinical practice guideline is to be developed with AASD: a working group will discuss this. Diabetes and Stigma is an area under discussion. The Region intends to look at this topic for people living with type 1 and type 2 diabetes.

SEA

AK presented the activities from the region:

- SEA Region will organize an annual conference in New Delhi, India in November 2024 with RSSDI.

- The Regional Council Meeting will be held in Dhaka in September.
- The region encourages Bhutan to become an IDF Member
- DiabMaldives will organize a Youth Camp in May for T1D adolescents and young adults.
- Diabetic Association of Bangladesh will arrange a residential camp for T1D and HCPs in December in Dhaka.
- BADAS will meet the Ministry of Health in Bangladesh on access to insulin for people with both T1 and T2 and will organise a meeting with health professionals including doctors, nurses, dieticians, and diabetes educators working in 130 centers of BADAS to promote IDF School of Diabetes.

SACA

FF presented the activities from the region.

In 2023, SACA had setup a communication task force to deal with many educational activities such as webinars, webpage and infographics.

They have developed an infographic to help PLWD in case of natural disasters. It will be translated in English and sent to IDF.

They promoted physical activities via webinars.

They send newsletters about SACA Region every week.

ALAD organised a congress in Panama.

In total, 22 members reported 360 activities on WDD. FF showed pictures of the activities.

In 2024:

Casa de la diabetes continues to deliver education projects such as Guidelines for TD2 in Ecuador.

There will be activities to mark the World Obesity Day.

A congress will take place in Sao Paulo on July 25-28 for HCP's and Students.

SACA will promote the IDF Congress in the region.

A Regional Council meeting took place. Out of 39 Members, only 9 participated in the Meeting.

AH said we should take this seriously into consideration and suggested that those who do not attend 2 meetings without proper reason will not be invited to the IDF Congress.

The Region needs to find out what's the problem with the associations not showing as they still pay the membership fee so we can guess they're still interested in being part of IDF.

The lack of communication from these associations is a problem.

The Regional Chairs will share the information about how many Members attend Regional Council Meetings for the next Board Meeting.

AH said that when accepting a member, we should have a Charter mentioning the obligations of the member they have to sign. DR suggested sending this document to the current members as well.

Motion: to create a Member Association's Charter outlining members' obligations and responsibilities as part of the Federation.

AH moved, IV seconded

All in favour.

NAC

ROL presented the Q1 2024 report.

- NAC held an online meeting and looked for the possibility to have a face-to-face meeting during ADA in Florida, but financial issues were raised due to the travel costs, and they did not reach a quorum of participants.
- NAC Region has monthly meetings with PAHO representatives from SACA & NAC and hope to organise a webinar in the future about complications & accessibility to care.
- They received the resignation letter from the Regional Chair-Elect, Mr Irazabal.
- They also had an online assessment about the Dfoot project with pilot group within NAC.

It was also mentioned that PS visited a few associations in NAC Region.

MENA

MS presented the MENA activities.

- The Region organised a hybrid meeting in collaboration with Egypt, Bahrain & Lebanon to encourage the creation of a national diabetes programme with 210 attendees.
- 2 new associations were recommended by the committee: Egypt & Pakistan.
- A Regional board meetings will be held in June in Beirut, in October in Tunis and in December in Saudi Arabia.

The main challenges in the MENA region are high prevalence & diabetes undiagnosed. Since is why they have awareness campaigns and screening in all MENA Region.

They have developed Arabic material about diabetes & Ramadan and diabetes & pregnancy as well as trainings for HCP's and webinars about diabetes & Ramadan.

As the MENA region is the most affected region by disasters, they need better disaster prevention, response & recovery. Initiatives to give free insulin and free consultations by volunteer groups were developed.

The Region will organise conferences, plan regional activities and disseminate IDF MENA practical education guide to all members in Arabic & English.

To be organized: Diabetic foot & insulin workshop in Beirut, regional congress in Tunis, 2nd MENA regional congress in Jadda, launch of the Arabic educational material book videos.

EUROPE

NL presented the activities of the region.

IDF Europe developed a toolkit for Members which contains recommendations to conduct advocacy initiatives at national and European level ahead of EU elections.

They organised a webinar for members on how to engage in policy & advocacy initiatives at the national and European levels and developed a Press release on the EPP Manifesto stressing the need for a diabetes plan.

They participated in several meetings and events at EU institutions and promoted the IDF Europe-WHO Europe Declaration.

They launched a platform for TD2 people interested in representing the voice of PLWD in advocacy initiatives and a summit was held in March.

The region has monthly newsletters and continues its participation in research projects.

AFRICA

JA presented the activities and the regional structure.

He presented the main areas of activity:

- Diabetes registries: the Region is looking to expand the use of registries in franco-phone countries and train the doctors from the relevant countries. From August the focus will shift to include the anglophone countries.
- Work is underway to develop content for diabetes aspects in Africa. The four topics are: epidemiology, clinical features, diabetes tropical complications and diabetes management (The Region will work with India on guidelines for diet and physical activities). All the experts have been selected.
- Diabetes education is ongoing with training for HCPs to take place in October.

AH congratulated JA on the work and stressed the importance of registries for all countries.

JA commented of some challenges for the Region; including the need to manage the French and English-speaking sides of Africa and the continued challenges presented by communicable diseases.

Tuberculosis is coming back more than Malaria which is under control. HIV has an impact on metabolism and diabetes risk.

After the presentations by the Regional Chairs, AH asked all Board Members to promote individual membership within their regions.

AH explained the criterias, benefits and rates and invited the Board to become individual members.

86/06 Finance

Treasury

The actual trend is downward, but this is not alarming. FS stressed that the reserves should be used in case of priority needs rather than to compensate for a lack of liquidity.

Cash

The partnership pipeline is robust. We anticipate achieving levels of support similar to those received in previous years. However, the process from commitment to final payment is lengthy. Indeed, we see a trend that it is getting longer.

To bridge the gap between the commitment and the final payment, we need to cover expenses before receiving the income. In order to cover this shortfall in cash, we have secured a loan facility.

Projects

We should not spend money on projects until we have confirmation of the support from the partner for the specific project.

Education has become hugely significant (almost half of our projects). We need to check whether we want more diversification in the project portfolio.

FF explained that there are different types of education projects: for PLWD and for HCPs. He predicted that 2024: will be similar to 2023 in terms of projects.

AH said that some projects are more important than others for IDF. World Diabetes Day, for example. We cannot do without it so sometimes we have to invest more.

PS said that each of projects should generate income and we have to use it for overhead as well for the Team to manage the projects.

Education 2023 actual vs 2024 budget

Largest expense is third-party services and includes significant investment in the School of Diabetes. Indegene is the company we contract for hosting the platform and website developers.

PS said that we should reassess if they compare well with other vendors in terms of price and performance. He stressed the need to check that data security is adequate as our content has a value. Are we still on track to achieve our goals by investing so much money in this?

PS suggested we could reach more people via social media. HP mentioned that the Brazilian Diabetes Society had come to a conclusion that it could have its own platform – high investment with a good cost x benefit value. She suggested this possibility to be checked by IDF staff.

FS shares the same concerns about data security as well as uncertainty on the transferability of the content to a new vendor/platform.

AH said that he had seen several different offers and confirmed that Indegene are well priced. He explained that changing supplier would raise some challenges.

DR said that the contract is renewed every two years and that IDF fully reassess it every time and compares it to other offers.

She also confirmed that IDF owns intellectual property.

JM suggested to impose a maximum amount of money when we must show 2-3 other bids.

AH requested FS to break down the expenses to present to the next Board Meeting and list any outstanding concerns for Indegene to address.

AH said that the education committee will be involved in the assessment of the current and potential new suppliers when the contract comes up for renewal.

JVN said that all projects must be GDPR compliant to avoid fines. IDF is already compliant and has a mechanism in place for all projects to protect IDF. PS would like to know more about school learners, including attendance rates and evaluation of the courses?

Congresses

The 2023 Virtual Congress resulted in a small loss. AH said that if we consider doing another complication congress, it should be physical and not virtual.

PS suggested to combine a virtual congress with the IDF School to increase our visibility and the number of School learners.

JA suggested to do hybrid events to give opportunities to HCP from LMIE countries to attend.

IDF finished 2023 at -430k€. FS explained that this is typical for a non-congress year.

Motion: to approve 2023 financial results

FS moved, AH seconded

All in favour

Motion: to give discharge to the external auditors and the Board

FS moved, IV seconded

All in favour

Motion: to approve renewal of the auditors at an annual fee of 16,300 EUR

FS moved, JM seconded

All in favour

AH asked the Board Members to please respond for flight tickets as soon as possible to decrease manage cost.

JM asked whether we cannot find pro bono auditors for IDF.

86/07 Governance

Resignations

Association "For Youth with Diabetes" (South Africa) resigned.

NAC Regional Chair-Elect, Dr Irazabal resigned. The immediate past Regional Chair of the NAC Region needs to launch a call for nominations in order to fill the position.

There are 6 Membership Applications.

1. Zimbabwe: the applicant met all criteria. The Governance Committee recommended approving the application.

Motion: to approve Midlands Diabetes Interest Group (Zimbabwe) as a Provisional Member

SF moved, AS seconded

All in favour

2. North Macedonia: NL will mediate between the current member and the applicant. However, as the applicant meets all the criteria. The Board decided that should there be no result after one month, the decision of the Board would be applied.

Motion: to approve the Union of diabetics associations of North Macedonia as a Provisional Member

SF moved, JM seconded

14 in favour, 2 against, 1 abstained

Accepted

3. Spain: The applicant was a Member previously and meets all criteria. The Governance Committee recommended to approve the application.

Motion: to approve Federación Española de Diabetes (Spain) as a Provisional Member

SF moved, AS seconded

All in favour

Two applications have been received from Pakistan

4. Dilawar Hussain Foundation Pakistan: The Regional Chair suggested postponing the decision but as they had met all the criteria, the Governance Committee recommended the Board to accept the application.

Motion: to approve Dilawar Hussain Foundation Pakistan as Provisional Member

SF moved, AS seconded

12 in favour; 2 against; 3 abstained

Accepted

5. National Association of Diabetes Educators of Pakistan: The applicant met all criteria and received the support from the Region. The Governance Committee recommended the Board to accept the applicant.

Motion: to approve the National Association of Diabetes Educators of Pakistan as a Provisional Member

SF moved, JM seconded

All in favour

6. The Board discussed the application of the Portuguese Society of Endocrinology, Diabetes and Metabolism. This application was already discussed during the previous Board meeting. They fulfil all criteria but did not receive the support of the region.

As their Board had changed since their application, DR will request whether their new Board remains interested in joining IDF and, if so, to submit a new application.

NL to provide the contact details of the new President.

Some members had requested their fees to be waived or diminished.

Motion: to waive their 2024 membership dues for the associations in Ukraine and Palestine

SF moved, AS seconded

All in favour

As El Salvador was moved from World Bank into a higher category, the association has seen their dues raise from 100 EUR to 1,000 EUR . The AoA's foresee that the increase may be reduced by half for one year.

The Board decided not to allow any other reductions.

Belarus: as money transfers are forbidden, the two associations are requesting IDF Europe pay their fees, which they would then refund at their Regional Council in October.

One association from Mexico had requested to be moved from NAC to SACA because of language. Both associations would have to be moved. DR will contact the two associations to receive their feedback on this suggestion.

HP and AFS said that, for similar reasons, Puerto Rico could be moved to NAC because it has more identification. It was suggested that SACA Chair would make contact with member of Puerto Rico and verify the situation.

It was also agreed that the Governance Committee will approve the change of the AoAs and SOPs so that the membership dues deadline would fall prior to the beginning of the 2025 congress.

86/08 Global Diabetes Index

Due to time pressure, this matter was not discussed. PS will circulate a concept note for discussion at the next meeting.

86/09 Logos

Circulate idea to have hummingbird attached to School logo.

AH: to have blue circle bigger to put School in the middle of it.

NL: replace circle from School to include logo with hummingbird.

What we have seen so far from designers are not ideal.

We have to take into account the expenses to change the logo in all the materials (video contents in all languages, etc).

AH: PR will share the options with the Board Members + inform about the costs and potentially outsource it.

Next Board Meeting in Abidjan, Ivory Coast – October 7-8