



Diabetes and well-being: More than access to care

Side event at the 77th World Health Assembly
Geneva | Online

28 May 2024
18:00-20:00 CEST



Introduction

Event rationale

Uninterrupted access to quality and affordable care is critical to the well-being of people living with diabetes. However, achieving complete well-being requires more than access to care.

Access to quality care for people living with diabetes varies widely worldwide. In many countries, people living with diabetes experience challenges in accessing affordable quality care and treatment, especially in low- and middle-income countries, where 80% of people with diabetes live.

The International Diabetes Federation (IDF) estimates that 6.7 million people die each year because of diabetes and its complications. Many of these deaths could be prevented if countries provided equitable access to diabetes medicines, supplies and care.

Event information

Recognising the crucial role of well-being, the IDF hosted the hybrid event “Diabetes and well-being: more than access to care” on 28 May 2024, on the side of the 77th World Health Assembly in Geneva.

At this side event, we heard how the [WHO Global Diabetes Compact](#) can help people living with diabetes to achieve physical and mental well-being.

A diverse panel, including people living with diabetes, government representatives, healthcare professionals, and philanthropic foundations, explored the challenges to physical and mental well-being for people with diabetes and their role in promoting well-being for people with the condition.

Watch the event recording

Event objectives:

- **Highlight** the different aspects of well-being.
- **Showcase** Member States’ initiatives to support the physical, mental and societal well-being of citizens with diabetes.
- **Illustrate** the potential of the WHO Global Diabetes Compact to improve the well-being of people living with diabetes by 2030.
- **Underscore** the critical role people living with diabetes and diabetes associations play in helping to promote well-being and overcome any barriers.



Highlights from the event



Prof Akhtar Hussain*
President, International Diabetes Federation

We should think of patient-centric care, not glucose-centric care. So, in clinical training, we learn glucose-centric approaches to controlling glucose. But we often forget that this should become a regular practice.

** It was with profound sadness that the International Diabetes Federation received the tragic news of the untimely passing of Professor Hussain, on 1 July 2024. His death is a tremendous loss to his family, friends, and the entire global diabetes community.*



Hon Kailesh Kumar Singh Jagutpal
Minister of Health and Wellness, Mauritius

We need to introduce diabetes and mainstream it into our education. From here, wellness will come. So, it's very important to introduce this concept of wellness to the population. With wellness comes a concept to try to have a better life. I believe that should be the objective.

We've made much progress in flattening the (diabetes) curve in Mauritius. We must flatten and lower the curve, bringing well-being to the front and centre. How do we address well-being, especially in populations where diabetes has a higher prevalence? We need to consider each population. For example, pregnant women need to know the causes of diabetes in pregnancy, especially in countries where the prevalence of diabetes is high due to gestational diabetes and the understand the increased risk of developing diabetes in later life to both mother and child.



Dr Mohammed Al Thani

**Director of NCD Prevention Programmes,
Ministry of Public Health, Qatar**

Qatar has taken a significant step in its healthcare system by establishing the Qatar Metabolic Institute, a dedicated centre for diabetes and metabolic disorders. So, now we are tackling diabetes more and educating people more.

I always remind myself that unless we stop the rise of new diabetes diagnoses, we will eventually fail to tackle the well-being of people with diabetes.



Dr Soledad Martínez

**Head of the Disease Prevention and Control
Division, Ministry of Health, Chile**

We have a very extensive primary healthcare network in Chile that offers preventive health checkups and screenings for adults and seniors, including diabetes screening. We also ensure that we have guaranteed access to treatment.

In primary health care, we have a holistic approach and view of the patient. We have diabetes programmes, hypertension programmes, and mental health programmes so people can have several targeted consultations.

At the primary health care level, we were seeing people with diabetes separately for each of their conditions, not taking a holistic approach. What we do now is promote the well-being of people with diabetes by targeting health problems comprehensively.



Dr Bianca Hemmingsen
Medical Officer, WHO NCD Department

The World Health Organization prioritises the achievement of the global coverage targets through the WHO Global Diabetes Compact, which works on the global, regional, and country levels.

WHO provides technical packages to integrate diabetes into primary health care. For example, we have the PEN Package, a package of essential non-communicable disease interventions for primary health care. We have specific projects in countries such as Ghana and Uganda, where we support the training of healthcare workers and the integration of standardised protocols for diabetes and hypertension management.

As part of the WHO Global Diabetes Compact, we are developing technical products, including various guidelines. For instance, we are now focusing on pregnancy and diabetes, insulin management for type 1 diabetes, and a monitoring framework for the global diabetes coverage targets. This diverse range of initiatives underscores our comprehensive approach to diabetes management.



Dr Jackie Maalouf
President of DiaLeb and IDF Vice President

To truly discuss well-being, we must address both physical and mental health. These aspects are deeply interconnected and are at the core of our activities as one cannot go without the other.

Well-being is not a luxury; it's a fundamental human right. It's not something we simply offer, it should be recognised as a legitimate right for everyone.



Mr Bent Lautrup-Nielsen

Head of Global Advocacy, World Diabetes Foundation

Philanthropies represent a very interesting and varied group of organisations. Their mission is often driven by equity, solidarity and the need for societal development. They must demonstrate commitment to areas, processes and activities that can bring progress and improvement to people and communities. If there is one area where this commitment is urgently required, it is the global diabetes response.

Philanthropic foundations can play an important role in advocacy and in supporting projects on the ground. We have advocated for years towards bilateral donors, development banks and other more traditional funding streams to invest in diabetes care and prevention. Unfortunately, progress has been less than expected and the funding available for diabetes care and prevention is still too low, but with increased collaboration and global unity we can make significant strides.

I think the role of philanthropy can be critical as a catalyst for a wider response to diabetes. Philanthropies can take risks that others might not be taking and move boundaries, while always being accountable to people living with diabetes. This is our chance to make a real difference.



Dr Mark Barone

Intersectoral Forum of NCDs, Brazil

My interest is in seeing better numbers for diabetes so that we see less premature mortality caused by diabetes. We need meaningful engagement from people living with diabetes and for them to take part in decision-making with their policymakers to help ensure that policies will be implemented in their countries.

It won't be easy if policies are not made for a healthy society. For example, if we keep taxation low for tobacco, alcohol, sugary drinks, and ultra-processed food, how can we later blame people for having or not having healthy food?



Ms Sadhavi Chauhan

Policy Lead, Access to Medicine Foundation

All of us in the room can agree that we have, in some way, been touched by a loss caused by diabetes. So, we all come from a place of passion in addition to our professional position.

Access is central to the well-being of people living with diabetes. Many people suffering from NCDs only want to get a diagnosis if they know they can access treatment, and central to accessing treatment is access to products.

Access to Medicine Foundation understand this well and for the last twenty years we have been working closely with the leading pharmaceutical companies to facilitate better access to essential healthcare products for low- and middle-income countries.

Impact of the event

40+ 

people attended the event in Geneva.

2,300 

people registered to follow the event online, with 925 people from 61 countries joining live on the day.

200+ 

views of the event recording were registered on the IDF YouTube channel in the first week.

150 

people responded to the feedback questionnaire, giving the event a 9/10 rating.

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Excellent event, we need more events like this for health promotion.

IDF is doing remarkable work to improve the lives of those living with diabetes.

I have been living with diabetes for over 20 years and I find it useful to understand different options and discuss with scientists, doctors and other people living with diabetes like me.

IDF is exactly what i was looking for, the only problem is that people I know don't speak English. Can you organise session in French or have translators?

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**International
Diabetes
Federation**

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