The International Diabetes Federation (IDF) is an umbrella organisation of over 230 national diabetes associations in 170 countries and territories. It represents the interests of the growing number of people with diabetes and those at risk. The Federation has been leading the global diabetes community since 1950.

IDF is unique in being a federation of not-for-profit organisations dedicated to action on diabetes, and as such forms the largest civil society organisation in the world serving people with and affected by diabetes.

IDF is the legitimate voice of the global diabetes community. The Federation continues to grow, both in terms of a growing membership base, but also in terms of engagement at a global level with the World Health Organisation (WHO) and United Nations (UN). IDF enjoys official recognition with WHO, as well as with UN Economic and Social Committee.

IDF’s greatest strength lies in the capacity of its membership and the ability to ground global advocacy in the reality of local experience. Our Members provide a large volunteering force to ensure we can achieve our strategic objectives, particularly in low- and middle-income countries where the Federation has a strong presence.

IDF Members are organised at both global and regional level, in which Members belong to both the IDF at global level and are also grouped together at a regional level. Accordingly IDF has seven regional groups, which provide the opportunity for IDF Members within a geographical region to engage in collaborative action to improve the lives of people with diabetes.

Our vision:
Living in a world without diabetes.

Our mission:
To be the leading, authoritative global voice for people with diabetes and those at risk of diabetes, and improve the quality of life of all people with diabetes, prevent type 2 diabetes and fight discrimination against all affected by diabetes.
Over 230 members in 165 countries
Message from the IDF President

When I began my term as President of the International Diabetes Federation (IDF), I stressed the importance of experiencing and understanding the realities on the ground to have a truer, more direct sense of the diabetes crisis, leading to initiatives and solutions that will improve the lives of all people living with diabetes and the many at risk. We currently have a huge amount of knowledge about diabetes and many medications to treat it, but too many people living with diabetes continue to have difficulty accessing the information and care that they require to live healthy and productive lives.

Education was one of the cornerstones of the work of IDF in 2016. I was delighted that we were able to secure funding for and launch the IDF School of Diabetes, a flagship initiative aimed at empowering health professionals and people with diabetes so that they are best equipped to tackle all aspects of diabetes. The School will develop and expand considerably throughout 2017, offering a wealth of resources to increase diabetes knowledge among all healthcare providers and help the general public understand diabetes and take steps for prevention.

IDF is the global voice of people with diabetes. To add legitimacy to this claim we established the Blue Circle Voices, a global network that will draw upon the experiences of people living with diabetes from all countries represented by IDF to inform the activities of the Federation so that they best reflect the needs of the diabetes community. The Blue Circle Voices will be officially launched in 2017 and I look forward to the added value that the network will bring to the work of IDF.

2016 also brought continued and strengthened collaboration with partners and aligned organizations, resulting in the development of a number of valuable resources to improve the management and treatment of diabetes and its complications, diabetic retinopathy and cardiovascular disease in particular. This will continue in 2017 as we leverage the unparalleled global network of expertise at our disposal to deliver the most authoritative diabetes information. One of the highlights will be the launch of the 8th edition of the IDF Diabetes Atlas.

Our members and network are our greatest strength and this was once again reflected in the inspiring display of unity and commitment on World Diabetes Day, as the global diabetes community rallied around the call to promote early diagnosis and treatment of diabetes and its complications.

2016 was also a year with many challenges for the Federation but I would like to reassure you, on behalf of the IDF Board and the IDF Executive Office, of our commitment to advocate for people with diabetes and ensure a fully operational and effective IDF. I look forward to meeting again with the global diabetes community to share our knowledge and experiences at the IDF Congress in Abu Dhabi in December 2017. I thank everyone committed to the diabetes cause for their tireless efforts thus far.

"We currently have a huge amount of knowledge about diabetes and many medications to treat it, but too many people living with diabetes continue to have difficulty accessing the information and care that they require to live healthy and productive lives."

Dr. Shaukat Sadikot
President 2016-2017
International Diabetes Federation
In order to truly be the global voice of diabetes IDF must be a presence on the global stage. Our activities aim to:

- Launch effective advocacy campaigns underpinned by strong policy positions;
- Develop a strong international cross-media profile;
- Position IDF as the partner of choice for international health researchers and policy makers;
- Advocate for change, development and growth.
- Reaffirm our status as the global reference for epidemiological data on diabetes.

This work is divided into two broad categories: advocating globally for people with diabetes and those at risk of diabetes and their families; and growing the global recognition of diabetes as a real health and development challenge.
World Diabetes Day (WDD) is celebrated every year on November 14. It is the leading global diabetes awareness and advocacy campaign, officially recognised by the United Nations and led by the International Diabetes Federation (IDF).

In 2016, World Diabetes Day focused on the importance of screening to ensure early diagnosis of diabetes and its complications. The global diabetes community united under the campaign theme “Eyes on Diabetes” to highlight the urgent need for early diagnosis and treatment of type 2 diabetes and complications of all types of diabetes. Half of people living with diabetes do not know they have it and many people with diabetes are not adequately screened for complications. Throughout November, diabetes associations, health professionals and people living with diabetes all over the world took action to help identify people with undiagnosed type 2 diabetes, those at risk of developing it in future and screen for eye and other complications.

IDF developed a specific call to action – Test2Prevent – to encourage screening activities around the world. This included the creation of an online type 2 diabetes risk assessment tool, adapted from the Finnish Diabetes Risk Score (FINDRISC). Over 570 screening events in 110 countries were registered on the World Diabetes Day website, resulting in more than 890,000 individual screenings recorded on the website in November.

Other key campaign results:

- Over 1,300 events in 160 countries registered on the WDD events map
- 2,400,000 global reach
- 4,195 articles on WDD published in 107 countries
- Over 1,000,000 people screened for type 2 diabetes

Contact: wdd@ifd.org
Website: www.worlddiabetesday.org
**Action on Diabetes**

Advocating for action at high-level political meetings

An IDF delegation attended the 67th World Health Assembly (WHA) in Geneva to follow the main agenda topics of relevance for diabetes and NCDs, and to meet with the WHO NCD Cluster. Together with a coalition of NGOs - NCD Alliance, World Obesity Federation and Jamie Oliver’s Food Foundation - IDF organized an official WHA side event, entitled “The Food Revolution: accelerating national progress on tackling childhood obesity and child undernutrition in a sustainable way.” The event was hosted by 13 countries from Africa, Europe, North America, South East Asia and the Western Pacific.

Following the campaigns organized in 2015, IDF continued with its efforts to call global leaders to act on diabetes on occasion of major international political meetings such as the G7 (26-27 May, Japan) and G20 (4-5 September, China) Leader Summits. For these Summits, IDF prepared tailored briefings that reflected the need to prioritize diabetes on the international agenda, showed the cost-effectiveness of primary and secondary prevention, and highlighted the topic of WDD 2016 “Eyes on Diabetes.” The briefings were distributed to representatives of all G7, G20 countries as well as to those countries that hosted the WHA side event. The messages contained in the briefings were also promoted to a wider audience on IDF’s social media channels during the Summits.

**Young Leaders in Diabetes**

Young minds, fresh ideas, real change

The IDF Young Leaders in Diabetes (YLD) is a unique programme that brings together young people with diabetes, to learn from one another, share best practices and make the world a better place for all people living with diabetes. The programme identifies and supports the development of Young Leaders within the international diabetes community to empower and educate them to support the mission of IDF through the strengthening of relations with IDF Members.

In 2016, the IDF YLD Programme revised its governance structure to ensure that it is well integrated into all IDF programmes and that all the YLD representatives receive full support from IDF. This includes aiding their growth and development in a variety of leadership roles as future IDF advocates.

IDF YLD is led by an Interim Committee comprising of a Chair (Dr Dario Rahelic, Croatia), a Programme Coordinator (Gavin Griffiths, UK), and representatives from the seven regions of IDF.

Contact: youngleaders@idf.org
Website: www.idf.org/youngleaders

**Blue Circle Voices**

Representing the global voice of diabetes

In 2016, IDF launched the Blue Circle Voices (BCV), a worldwide network intended to represent the interests of people living with, or affected by, diabetes. BCV will act as the global voice of people living with diabetes and will draw upon the experiences of people living with diabetes from countries represented by IDF Members. The virtual network will focus on a variety of issues and challenges that people with diabetes encounter in our world today. Seeking to understand and clarify limitations within diabetes communities, BCV consultations will result in the development of strategies for resolution, strengthening the varying needs of people with diabetes worldwide. BCV aims to strengthen IDF’s presence in global forums and bring both better awareness and credibility to diabetes prevention, care, access and rights issues.

By December, 95 people from all around the world had joined the network, 58% of whom women. A majority of them have type 1 diabetes (56%), followed by people with type 2 diabetes (24%), relatives/carers of people with diabetes (14%), women with a history of GDM (5%) and people with other types of diabetes (1%).

The first consultation with the BCV took place in December 2016, with the objective of establishing the priorities of the network.

Contact: bluecirclevoices@idf.org
Website: www.idf.org/bluecirclevoices
Shape the future of diabetes

The International Diabetes Federation (IDF) represents the interests of the growing number of people with diabetes and those at risk.

When & Where
- 4-8 December 2017
- Abu Dhabi National Exhibition Centre (ADNEC), United Arab Emirates

Connect
- 200 speakers
- 12,000 delegates
- 230 IDF members

Learn
- 160h of scientific sessions
- 1000 ePosters

Discover
- 9 programme streams
- 70 international exhibitors

IDF Congress 2017
4-8 December
Abu Dhabi

Registration
- 2 January 2017 - Online registration opens
- 18 August 2017 - Early-rate deadline
- 13 November 2017 - Online registration closes

Abstracts & Grants
- 1 February 2017 - Abstract submission and grant application open
- 21 April 2017 - Abstract submission closes
- 28 April 2017 - Grant application closes

www.idf.org/congress
#IDF2017
High quality research and policy development

The policy work of IDF falls into three main focus areas: Education, Epidemiology & Public Health; Prevention, Access & Care.

Our education initiatives aim to support the development of health professionals so they are equipped to deliver high quality care to people with diabetes and at risk of developing diabetes.

IDF is the global reference for accurate, up-to-date estimates of the prevalence of diabetes and its burden on individuals and health economies.

Our prevention initiatives aim to help stem the ever increasing incidence of type 2 diabetes and promote specific models of care and resources to support optimal management of people with diabetes.
Tackling Diabetes through Education

IDF School of Diabetes

World Diabetes Day on 14 November 2016 also marked the launch of the IDF School of Diabetes, a flagship initiative of the Federation to help address the gaps that currently exist in the provision of quality care for people with diabetes around the world. IDF’s vision is to deliver high standard, evidence-based diabetes education for health professionals, people with diabetes and caregivers worldwide.

The IDF School of Diabetes aims to:

- Advance the development of a global health workforce prepared to meet the needs of people with diabetes
- Meet the global demand for effective diabetes detection, prevention, quality care, and treatment strategies
- Provide innovative high quality education programmes for health professionals engaged in diabetes management and care

The School will feature three IDF Certified Courses that will be available online in April 2017:

1. **IDF Certified Course for Primary Care Physicians**, targeted at general practitioners, primary care physicians, family physicians, or any medical doctor involved in diabetes management and care.
2. **IDF Certified Course for Specialists**, targeted at diabetologists, endocrinologists, nephrologists, cardiologists, internists, neurologists, ophthalmologists, OB/GYNs, general surgeons, orthopaedic surgeons, Consultants and equivalent.
3. **IDF Certified Course for Diabetes Educators**, targeted at nurse practitioners, nurse educators, dietitians, physiotherapists, physician assistants and mental health professionals involved in diabetes management and care.

Contact: info@idfdiabeteschool.org
Website: www.idfdiabeteschool.org

<table>
<thead>
<tr>
<th>Certified Online Courses</th>
<th>Language</th>
<th>Duration</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetics Educators</td>
<td>English*</td>
<td>Module duration approx. 60 mins</td>
<td>Online</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>English*</td>
<td>Complete the course within 6 months from the date of enrollment</td>
<td>Flexible</td>
</tr>
<tr>
<td>Specialists</td>
<td>English*</td>
<td>Complete all mandatory modules</td>
<td>Online</td>
</tr>
</tbody>
</table>

*will be translated to other languages in the future

Certification Criteria:
- Complete all mandatory modules
- Pass final exam with a score of at least 80%
D-NET is the first online platform with an international reach for health professionals engaged in diabetes care. D-NET includes the following features:

- Monthly discussions led by international experts
- Library that hosts both scientific articles and educational materials
- Global event calendar with the latest diabetes activities taking place around the world
- Ask D-NET, where members can submit queries or get feedback from the D-NET community on a diabetes-related issue.
- Interactive, evidence-based modules on diabetes

Fully revamped in 2015, the platform continued to grow in 2016 and by the end of the year had attracted over 10,400 members from 184 countries. This represented an increase of 160% compared to the previous year, largely due to the launch of three online interactive modules on diabetes management and care. The modules aim to ensure the best possible education in a flexible, self-paced environment.

Diabetes and Ramadan Practical Guidelines

Estimates suggest that there are 148 million Muslims living with diabetes worldwide. Ramadan is a holy month for Muslims and, as one of the five pillars of Islam, fasting during this time is prescribed. The month lasts for 29–30 days, during which time the consumption of food and drink, as well as oral and injected medications, is forbidden between dawn and dusk. Fasting is mandatory for all Muslim adults, with certain groups exempted, such as those with a medical condition – this may include some individuals with diabetes. Ensuring the optimal care of the many people with diabetes who fast during Ramadan is crucial.

In 2016, IDF and the Diabetes and Ramadan International Alliance (DAR) collaborated to deliver comprehensive guidance for healthcare professionals (HCPs) on the topic. The IDF-DAR Practical Guidelines provide HCPs with relevant background information and practical recommendations to enable them to help people with diabetes participate in fasting during Ramadan while minimising the risk of complications.

The guidelines include:

- Epidemiology of Diabetes and Ramadan Fasting
- Physiology of Ramadan Fasting
- Risk Stratification of Individuals with Diabetes before Ramadan
- Diabetes and Ramadan: A Medico-religious Perspective
- Pre-Ramadan Education
- Ramadan Nutrition Plan (RNP) for Patients with Diabetes
- Management of Diabetes during Ramadan
- Identifying and Overcoming Barriers to Guideline Implementation
IDF Diabetes Atlas
The IDF Diabetes Atlas Seventh Edition, published in December 2015, presented an update of the global burden of diabetes and the global response by providing epidemiologically sound and evidence-based information to support IDF’s advocacy efforts and enable policymakers to make informed decisions.
In 2016, the Seventh Edition was translated and disseminated into five languages – Arabic, Chinese, French, Russian, Spanish - and made available for free download on www.diabetesatlas.org.
Key achievements of the Seventh Edition included:
• The production of country-level reports featuring data on diabetes prevalence, undiagnosed diabetes, IGT prevalence, GDM prevalence, type 1 diabetes in children and health expenditures.
• Over 159,000 unique visits on www.diabetesatlas.org for users in 223 countries
• The publication of scientific papers related to the contents of the Atlas in leading peer-reviewed journals.
• Poster presentations on the methodology for undiagnosed diabetes and health expenditures in the North America and Caribbean Region were given at the Annual Scientific Sessions of the American Diabetes Association (ADA).
The 8th edition of the IDF Diabetes Atlas is scheduled for publication in November 2017.

Diabetes and Cardiovascular Disease
Cardiovascular diseases (CVD) is a major cause of death and disability among people with diabetes. In 2012, it was estimated that over 17.5 million people died from CVD, while in 2015, 5 million people were estimated to have died from diabetes, the majority of these as a result of cardiovascular complications.
In 2016, IDF published a report on diabetes and cardiovascular disease which summarizes the findings of research conducted in two phases: 1) a retrospective analysis of global patterns of non-communicable disease mortality using IDF and WHO databases, and 2) a systematic literature review to identify studies that observed people with diabetes to see how many of them experienced CVD events.
Key findings outlined in the Report included:
• People with diabetes have two to three times the relative risk of CVD compared to people without diabetes.
• The regions with the highest rates of age-standardized CVD mortality are Central Asia, the Middle East and Africa.
• In high-income countries, the prevalence of CVD reached 16% in studies conducted on people with diabetes aged 28-44, and 41% in studies with participants aged 56-66.
• In middle-aged people with diabetes, up to 27% died from CVD each year. Two to seven deaths were from coronary artery disease and one to nine deaths were from stroke.

DR Barometer
One in three people with diabetes develop eye disease that can cause blindness. With the growing prevalence of the disease, IDF, the International Federation for Ageing (IFA), and the International Association of Prevention of Blindness (IAPB) undertook a comprehensive, two-phase, multi-country study to investigate the global and specific country issues surrounding diabetic eye disease (DED).
The Diabetes Retinopathy (DR) Barometer project aimed to assess awareness of DED and access and barriers to diabetes management, including screening for DED and timely treatment. It was conducted in 41 countries, and provided unique insights into the real-life experiences of people living with DED and health professionals across the care pathway and patient journey. Over 4,300 adults with diabetes and more than 2,300 health professionals participated in the study.
Key findings included:
• 20% of participants reported a diagnosis of DED, and a further 8% had Diabetes Macular Oedema (DME).
• 79% of respondents said their vision impairment due to DR or DME made everyday activities difficult.
• 21% of ophthalmologists had not received specific training in the treatment and diagnosis of DR and DME.
• 44% of all providers did not have, or did not use, written protocols for the management of diabetes related vision loss.
Access to medicines and supplies for people with diabetes

Diabetes is an expensive disease - not only for people with diabetes but also for health systems. The quality of care for people with diabetes varies widely around the world. In many high-income countries, people with diabetes have access to all components of care, while in other parts quality care is inaccessible or unaffordable.

In 2016, IDF finalized a 2-year global assessment of the ability of people with diabetes to access their medicines and supplies. Responses were received from 82 countries, the largest share coming from Europe, followed by South and Central America, North America and Caribbean and Western Pacific. The assessment provides evidence-based policy recommendations, enables policy makers in low- and high-resource settings to make informed decisions, and supports IDF members to advocate for increased access to medicine. Key findings included:

- In 75% of the high income countries, essential insulin was provided by the government to children, while in middle-income countries the rate was 50%, and in the case of low-income countries there was no country reporting full government provision. The rates observed among adults were even slightly lower.

- Short and intermediate acting insulins were always available at the service delivery point in 81% and 84% of high-income countries surveyed respectively, while in middle-income countries it was always available in 46% and 44% of countries surveyed respectively. In the case of low-income countries, none had 100% availability of short acting insulin.

The full report will be published in 2017.

Cost-effective Solutions for Prevention of Type 2 Diabetes

Public health systems are subject to substantial financial pressure and need to allocate finite resources in a cost-effective and evidence-based manner. The latest estimates indicate that globally, diabetes alone was responsible for USD 673 billion in healthcare expenditures in 2015, representing 12% of the total amount spent on health.

Diabetes-related complications are the major driver of diabetes health expenditures. As many people with type 2 diabetes are diagnosed when they already present complications, preventing people from developing type 2 diabetes will substantially reduce the prevalence of expensive complications such as cardiovascular disease, retinopathy or kidney failure.

In 2016, IDF concluded a 2 year research project that resulted in a report summarizing the different programmes available for primary prevention of type 2 diabetes, highlighting their costs and benefits. Key findings included:

- Comprehensive lifestyle programmes generally designed to achieve and maintain a reduction of 5-7% body weight, and a minimum of 150 minutes of moderate to intense physical activity per week are highly cost-effective.

- Programmes for people at high risk of developing type 2 diabetes are more cost-effective than those for people at low risk.

- Metformin, an inexpensive drug for the management of type 2 diabetes, is a cost-effective strategy for primary prevention, especially when administrated in conjunction with comprehensive lifestyle programs.

- Public health measures to promote healthier diets, such as a tax on sugar sweetened beverages, show promising results regarding cost-effectiveness for primary preventions of type 2 diabetes.

The full report will be published in 2017.
HELPING SAVE LIVES IN THE LESS-RESOURCED WORLD

IDF Life for a Child Programme

There is an estimated 1 million children and youth under the age of 25 with diabetes in the world. Approximately 80-100,000 of these youth are in desperate need of support. Since 2000, the IDF Life for a Child (LFAC) Programme has been supporting the provision of the best possible healthcare, given local circumstances, to all young people with diabetes in less-resourced countries, through the strengthening of paediatric services in these countries. Over the years, the Programme has expanded considerably and in 2016 was supporting over 18,000 children in 43 countries.

The focus of LFAC has also extended beyond keeping children and young adults alive to improving clinical outcomes and quality of life. A wide range of initiatives have been developed in patient and family education, health professional training, mentoring and relevant clinical research.

Contact: lifeforachild@idf.org
Website: www.lifeforachild.org

Highlights in 2016

- Site/mentoring visits made by international experts to many supported countries
- Establishment of a fundraising entity in the United States which has 501c(3) approval
- Clay pot study in Sudan demonstrated the effectiveness of traditional insulin cooling techniques
- Other research publications in access to care and improvements in care
- Education resources now available in 17 languages

Contact: lifeforachild@idf.org
Website: www.lifeforachild.org
Highlights from the IDF regions
AFRICA (AFR)
- In November, Guinea hosted the 4th Francophone Africa Society of Diabetes Congress, bringing together over 350 regional and international speakers for the three-day event in the capital Conakry. Participants discussed issues around the rising prevalence of diabetes and NCDs throughout the continent and analyzed strategies and initiatives that have proved successful in certain countries.

EUROPE (EUR)
- IDF Europe released two position papers in 2016, one on Added Sugar drafted in the context of discussions at EU level on food reformulation, and one on Mobile Technology in diabetes.
- 23 young advocates from as many European countries spent an unforgettable week of learning, sharing and exercising during the 6th edition of the Youth Leadership Camp in Cyprus, hosted by the Cyprus Diabetic Association.
- Members throughout the Region were extremely active on World Diabetes Day. IDF Europe celebrated it at three European Institutions: the Council of Europe during the Congress of Local and Regional Authorities; the European Parliament with a lunch debate on “Mobilising political will”; and at the European Commission with a lunchtime presentation on “Diabetes at the workplace”. All three events featured a diabetes exhibition and blood glucose screening, organized in collaboration with the Belgian and French Members, were well attended. The EU Commissioner for Health and Safety was among those screened.

MIDDLE EAST AND NORTH AFRICA (MENA)
- The IDF MENA Region organized two regional scientific meetings in conjunction with regional council meetings held in Karachi in August and Khartoum in December. Both meetings focused on regional priorities, including National Diabetes Plans and assistance to refugees living with diabetes.
- In October, the Region successfully set up six free diabetes clinics for Syrian refugees in Lebanon, in collaboration with the Qatari Red Crescent and Syrian American Medical Society.

NORTH AMERICA AND CARIBBEAN (NAC)
- A collaboration was initiated with the University of the Southern Caribbean to facilitate the delivery of a Certified Diabetes Educator Certificate Programme in the Region. The aims of the programme include developing knowledge, skills and competence to deliver diabetes education and providing participants with the foundation for entering postgraduate studies in diabetes management.
- An IDF NAC Regional Council Meeting was held in Montego Bay, Jamaica on April 26-27.

SOUTH AND CENTRAL AMERICA (SACA)
- A variety of activities were organized in the IDF SACA Region to promote diabetes management, prevention and care. These included a conference in the Dominican Republic on World Health Day with the theme “Prevent Diabetes,” a lecture on diabetes prevention at the World Congress of Cardiology in Mexico in June; courses and workshops on the basics of diabetes for general physicians, nurses and diabetes educators; and a series of diabetes presentations delivered to over 800 participants at meetings held in Argentina, Brazil and Colombia.

SOUTH-EAST ASIA (SEA)
- In November, the Regional Meeting of the IDF SEA Region was held in Hyderabad on the occasion of the 44th Annual Conference of the Research Society for Study of Diabetes in India (RSSDI). Representatives from all members in the Region were present to discuss the strengthening of the Regional office.

WESTERN PACIFIC (WP)
- The 11th IDF-WPR Congress and 8th AASD Scientific Meeting, co-organized by the Chinese Taipei Diabetes Association (CTDA) and the Taiwanese Association of Diabetes Educators (TADE), were successfully held on October 27-30 at the Taipei International Convention Center in Taipei, Taiwan. The event, which was themed “Create a new dimension in diabetes: Prevention, Protection and Care,” attracted almost 4000 delegates, mainly from the Asia Pacific region, and consisted of four plenary lectures with over 180 invited speakers. Over 640 abstracts were submitted, including 77 oral and 489 poster presentations.
The Organization
Africa (AFR)

Chair: Ahmed Reja, Ethiopia
Chair-elect: Naby Balde, Guinea

Botswana: Diabetes Association of Botswana
Burkina Faso: Association Burkinabe d’Aide aux Diabétiques
Burundi: Burundian Diabetes Association
Cameroon: Cameroon Diabetes Association
Côte d’Ivoire: Association des Diabétiques de Côte d’Ivoire
Democratic Republic of Congo: Association des Diabétiques du Congo; Association Vaincre le Diabète au Congo
Eritrea: Eritrean National Diabetic Association
Ethiopia: Ethiopian Diabetes Association
Gambia: Gambian Diabetes Association
Ghana: National Diabetes Association
Guinea: Association Guinéenne d’Education et d’Aide aux Diabétiques
Kenya: Diabetes Kenya Association
Lesotho: Lesotho Diabetes Association
Madagascar: Association Malgache contre le Diabète
Malawi: Diabetes Association of Malawi
Mali: Association Maliennane de Lutte contre le Diabète
Mauritania: Association Mauritanienne de Lutte Contre le Diabète
Namibia: Diabetes Association of Namibia
Nigeria: Diabetes Association of Nigeria
Republic of Congo: Diabaction-Congo
Rwanda: Association Rwandaise des Diabétiques
Senegal: Association Sénégalaise de Soutien aux Diabétiques
Seychelles: Diabetic Society of Seychelles
South Africa: Diabetes South Africa; Society for Endocrinology, Metabolism and Diabetes of South Africa
Swaziland: Diabetes Swaziland
Tanzania: Diabetes Association of Zanzibar; Tanzania Diabetes Association
Togo: Association Togolaise du Diabète
Uganda: Uganda Diabetes Association
Zambia: Diabetes Association of Zambia
Zimbabwe: Zimbabwe Diabetic Association
Europe (EUR)

Chair: Şehnaz Karadeniz, Turkey
Chair-elect: Niti Pall, United Kingdom

Albania: Shoqata E Diabetit Ne Shqiperi
Armenia: Armenian Association of Diabetes
Austria: Österreichische Diabetes Gesellschaft
Azerbaijan: Azerbaijan Diabetes Society
Belarus: Belarussian Humanitarian Organisation
Belgium: Association Belge du Diabète, Vlaamse Diabetes Vereniging
Bulgaria: Bulgarian Diabetes Association, Bulgarian Society of Endocrinology
Croatia: Croatian Association for Diabetes and Metabolic Disorders; Hrvatski savez dijabetičkih udruga
Cyprus: Cyprus Diabetic Association
Czech Republic: Ceska Diabetologicka Spolecnost; SVAZ Diabetiků Ceské Republiky
Denmark: Diabetesforeningen
Estonia: Estonian Diabetes Association
Faroe Islands: Diabetesfelag Foroya
Finland: Finnish Diabetes Association
France: Association Française des Diabétiques
Georgia: Diabetic Children’s Protection Association; Georgian Union of Diabetes and Endocrine Associations
Germany: diabetesDE
Greece: Hellenic Diabetes Association; Hellenic Diabetes Federation; Panhellenic Federation of People with Diabetes
Hungary: Magyar Diabetes Tarsasag; National Federation of Hungarian Diabetics
Iceland: Samtök Sykursjúkra
Ireland: Diabetes Federation of Ireland
Israel: Israel Diabetes Association
Italy: Associazione Italiana per la Difesa degli Interessi dei Diabetici; Associazione Medici Diabetologi; Associazione Nazionale Italiana Atleti Diabetici; FAND - Associazione Italiana Diabetici; Societa Italiana di Diabetologia
Kazakhstan: Diabetic Association of the Republic of Kazakhstan
Kyrgyzstan: Diabetes and Endocrinological Association of Kyrgyzstan
Latvia: Latvian Diabetes Association; Latvian Diabetes Federation
Lithuania: Lithuanian Diabetes Association
Luxembourg: Association Luxembourgeoise du Diabète
Macedonia: Macedonian Diabetes Association
Middle East and North Africa (MENA)

Chair: Nizar Al Bache, Syria
Chair-elect: Abdul Basit, Pakistan

Malta: Ghaqda Kontra D-diabetee
Moldova: Prodiab
Norway: Norges Diabetesforbund
Poland: Polskie Stowarzyszenie Diabetyków; Polskie Towarzystwo Diabetologiczne
Portugal: Associação Protectora dos Diabéticos de Portugal; Sociedade Portuguesa de Diabetes
Romania: Federația Română de Diabet Nutritie Si Boli Metabolice; Societatea Română de Diabet, Nutriție și Boli Metabolice
Russia: Russian Diabetes Federation
Serbia: Diabetes Association of Serbia; Serbian Association for the Study of Diabetes
Slovakia: Diador; Slovenska Diabetologicka Spolocnost; ZVAZ Diabetikov Slovenska
Slovenia: Zveza Drustev Diabetikov Slovenije
Spain: Sociedad Española de Diabetes
Sweden: Svenska Diabetesförbundet; Swedish Society for Diabetology
Switzerland: Schweizerische Diabetes-Gesellschaft
The Netherlands: Diabetesvereniging Nederlands
Turkey: Turkish Diabetes Association; Turkish Diabetes Foundation
Ukraine: International Diabetes Association of Ukraine; Ukrainian Diabetic Federation
United Kingdom: Diabetes UK
Uzbekistan: Endocrinological and Diabetes Association of Uzbekistan; Tashkent Charity Public Association of the Disabled and People with DM “UMID”

Morocco: Ligue Marocaine de Lutte contre le Diabète
Oman: Oman Diabetes Society
Pakistan: Diabetic Association of Pakistan
Palestine: Diabetes Palastine
Qatar: Qatar Diabetes Association
Saudi Arabia: Saudi Charitable Association of Diabetes; Saudi Diabetes and Endocrine Association
Sudan: Sudanese Diabetes Association
Syria: Syrian Diabetes Association
United Arab Emirates: Emirates Diabetes Society
Yemen: Yemen Diabetes Association
North America and Caribbean (NAC)
Chair: Sharon Fraser, Belize
Chair-elect: Glynis Alonzo Beaton, Guyana

South and Central America (SACA)
Chair: Ammar Ibrahim, Dominican Republic
Chair-elect: Balduino Tschiedel, Brazil

Anguilla: Anguilla Diabetes Association
Antigua and Barbuda: Antigua and Barbuda Diabetes Association
Aruba: Aruba Diabetes Foundation
Barbados: Diabetes Association of Barbados
Belize: Belize Diabetes Association
Bermuda: Bermuda Diabetes Association
British Virgin Islands: British Virgin Islands Diabetes Association
Canada: Canadian Diabetes Association; Diabète Québec
Cayman Islands: Cayman Islands Diabetes Association
Curaçao: Sosiedat Kurasoleno di Diabetiko
Dominica: Dominica Diabetes Association
Grenada: Grenada Diabetes Association
Guyana: Guyana Diabetic Association
Haiti: Fondation Haïtienne du Diabète et des Maladies Cardiovasculaires
Jamaica: Diabetes Association of Jamaica
Mexico: Federación Mexicana de Diabetes; Sociedad Mexicana de Nutrición y Endocrinología
Montserrat: Montserrat Diabetes Association
Sint Maarten: Diabetes Foundation of Sint Maarten
St Kitts & Nevis: St Kitts Diabetes Association
St Lucia: St Lucia Diabetic and Hypertensive Association
Suriname: Diabetes Vereniging Suriname
The Bahamas: Bahamas Diabetic Association
Trinidad and Tobago: Diabetes Association of Trinidad and Tobago
USA: American Association of Diabetes Educators; American Diabetes Association
Argentina: Asociación Civil de Diabetes Argentina; Asociación para el Cuidado de la Diabetes en Argentina; Federación Argentina de Diabetes; Liga Argentina de Protección al Diabético; Sociedad Argentina de Diabetes

Bolivia: Sociedad Boliviana de Endocrinología, Metabolismo y Nutrición; Vivir con Diabetes

Brazil: Associação de Diabetes Juvenil; Federação Nacional de Associações e Entidades de Diabetes; Sociedade Brasileira de Diabetes

Chile: Fundación Diabetes Juvenil de Chile; Sociedad Chilena de Endocrinología y Metabolismo

Colombia: Asociación Colombiana de Diabetes; Federación Diabetológica Colombiana; Fundación Santandereana de Diabetes y Obesidad

Costa Rica: Asociación nacional pro estudio de la diabetes, endocrinología y metabolismo

Cuba: Sociedad Cubana de Diabetes

Dominican Republic: Instituto Nacional de Diabetes, Endocrinología y Nutrición; Sociedad Dominicana de Diabetes

Ecuador: Federación Ecuatoriana de Diabetes; Fundación Aprendiendo a Vivir con Diabetes; Fundación Los Fresnos “Casa de la Diabetes”; Fundación de Diabetes Juvenil del Ecuador

El Salvador: Asociación Salvadoreña de Diabéticos

Honduras: Coordinadora Nacional de Lucha contra la Diabetes

Nicaragua: Asociación de Padres de Niños y Jovenes Diabéticos de Nicaragua; Fundación Nicaragüense para la Diabetes; Fundación Pro Ayuda a Enfermos Crónicos

Panama: Asociación Panameña de Diabeticos

Paraguay: Fundación Paraguaya de Diabetes; Sociedad Paraguaya de Diabetología

Peru: Asociación de Diabetes del Peru; Asociación de Diabéticos Juveniles del Perú

Puerto Rico: Asociación Puertorriqueña de Diabetes; Asociación Puertorriqueña de Educadores en Diabetes; Sociedad Puertorriqueña de Endocrinología y Diabetología

Uruguay: Asociación de Diabéticos del Uruguay; Sociedad de Diabetología y Nutrición del Uruguay

Venezuela: Federación Nacional de Asociaciones y Unidades de Diabetes; Sociedad Venezolana de Endocrinología y Metabolismo

South-East Asia (SEA)
Chair: Anil Bhoraskar, India
Chair-elect: Ali Sliyan, Maldives

Bangladesh: Diabetic Association of Bangladesh; Eminence; Faridpur Diabetic Association

India: Diabetic Association of India; Research Society for the Study of Diabetes in India

Maldives: Diabetes Society of Maldives

Mauritius: Mauritius Diabetes Association

Nepal: Nepal Diabetes Association

Sri Lanka: Diabetes Association of Sri Lanka
Western Pacific (WP)
Chair: Wayne H H Sheu, Taiwan
Chair-elect: Linong Ji, China

Australia: Diabetes Australia
Cambodia: Cambodian Diabetes Association
China: Chinese Diabetes Society
Democratic People's Republic of Korea: Diabetes Committee of Hospitals Association of Korea
Fiji: Diabetes Fiji
Hong Kong SAR: Diabetes Hongkong; Hong Kong Juvenile Diabetes Association
Hong Kong Society of Endocrinology, Metabolism and Reproduction
Indonesia: Persatuan Diabetes Indonesia
Japan: Japan Association for Diabetes Education and Care; Japan Diabetes Society
Korea, Republic of: Korean Diabetes Association
Macau SAR: Associação de Apoio aos Diabéticos de Macau
Malaysia: Persatuan Diabetes Malaysia
Mongolia: Mongolian Diabetes Association
New Zealand: Diabetes New Zealand
Papua New Guinea: Diabetic Association of Papua New Guinea
Singapore: Association of Diabetes Educators; Diabetic Society of Singapore
Taiwan: Chinese Taipei Diabetes Association; Taiwanese Association of Diabetes Educators
Thailand: Diabetes Association of Thailand
The Philippines: Diabetes Philippines
Tonga: Tonga Diabetes Association

Vanuatu: Vanuatu Diabetes Association
Vietnam: Vietnamese Association of Diabetes and Endocrinology

TRANSNATIONAL MEMBERS
Diabetes in Asia Study Group
European Association for the Study of Diabetes
Juvenile Diabetes Research Foundation International
Mediterranean Group for the Study of Diabetes
Société Francophone du Diabète (ALFEDIAM)
The Asian Association for the Study of Diabetes
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President-elect: Nam Cho, Republic of Korea
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Chair: John Grumitt, United Kingdom*
Acting Chair: Serge Langlois, Canada**
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(*until 3 December 2016 - **as of 3 December 2016)

Strategic Governance and Ethics
Chair – David Dupont, Belgium*
Acting Chair – Sharon Fraser, Belize**
A lieu Gaye, The Gambia; Ahmed Reja, Ethiopia
(*until 3 December 2016 - ** as of 3 December 2016)

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Chair: Ammar Ibrahim, Dominican Republic
Hanan Gawish, Egypt; Lawrence Harkless, USA; Yu Yao Huang, China; Edward Jude, United Kingdom; Kata Langton, Canada; Fang Lui, China; Fermin R. Martinez-De Jesus, Mexico; Sharad Pendesey, India; Zhangrong Xu, China

Humanitarian Response
Chair: Sharon Fraser, Belize
Nizar Al Bache, Syria
Insulin, Test Strips and Other Diabetes Supplies

Chair: Larry Deeb, USA
Neil Donelan, Australia; Fadlo Fraige, Brazil; Ammar Ibrahim, Dominican Republic; Alicia Jenkins, Australia; Edwin Jiménez, Costa Rica; Massimo Massi-Benedetti, Italy; Viswanathan Mohan, India; Antoinette Moran, USA; Graham Ogle, Australia; Seyda Ozcan, Turkey

Nominating Committee

Chair: Sir Michael Hirst, United Kingdom
Anne Belton, Canada; Nam Cho, Republic of Korea; Trisha Dunning, Australia; Adolfo Perez-Comas, Puerto Rico; Kaushik Ramaiya, Tanzania

Remuneration

Nam Cho, Republic of Korea; Shaukat Sadikot, India

Organising Committee IDF Congress 2017

Chair: Monira Al Arouj, Kuwait
Abdulrazzaq Al Madani, UAE; Abdullah Ben Nakhi, Kuwait; Nam Cho, Korea; Linong Ji, China; Banshi Saboo, India

Programme Committee IDF Congress 2017

Chair – Nam Cho, Republic of Korea
Kyong Soo Park, Republic of Korea; Isaac Sinay, Argentina; Nizar Albache, Syria; Lawrence Harkless, USA; Massimo Massi Benedetti, Italy; Hak Chul Jang, Korea; Edwin Fisher, USA; Jaako Tuomilehto, Finland; Manny Hernandez, USA

IDF PROGRAMME CHAIRS

Bringing Research in Diabetes to Global Environments and Systems (BRIDGES)
Robert Gabbay, USA

Life for a Child
Martin Silink, Australia

Young Leaders in Diabetes
Dario Rahelic, Croatia

Home

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High quality research and policy development

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The Organization

Partnership
IDF FINANCIAL STATEMENTS 2016*

**Profit & Loss Analysis (€)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>2,998,174</td>
</tr>
<tr>
<td>Membership fees</td>
<td>229,400</td>
</tr>
<tr>
<td>Corporate Partnership</td>
<td>511,968</td>
</tr>
<tr>
<td>Projects</td>
<td>2,158,434</td>
</tr>
<tr>
<td>Congress</td>
<td>98,372</td>
</tr>
<tr>
<td>Other Income</td>
<td>29,193</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>3,027,367</strong></td>
</tr>
</tbody>
</table>

**IDF balance sheet (€)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td><strong>172,322</strong></td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>1,943</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>149,228</td>
</tr>
<tr>
<td>Financial Assets</td>
<td>21,150</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td><strong>10,652,323</strong></td>
</tr>
<tr>
<td>Stock and Contracts in progress</td>
<td></td>
</tr>
<tr>
<td>Amounts Receivable within one year</td>
<td><strong>1,482,611</strong></td>
</tr>
<tr>
<td>Trade Debtors</td>
<td>983,846</td>
</tr>
<tr>
<td>Other Amounts receivable</td>
<td>498,765</td>
</tr>
<tr>
<td>Investments</td>
<td><strong>6,447,402</strong></td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>2,199,128</td>
</tr>
<tr>
<td>Deferred charges and accrued income</td>
<td><strong>523,182</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>10,824,644</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOODS AND SERVICES</strong></td>
<td><strong>-2,038,085</strong></td>
</tr>
<tr>
<td>Remunerations</td>
<td><strong>-2,347,246</strong></td>
</tr>
<tr>
<td>Depreciation</td>
<td><strong>-85,611</strong></td>
</tr>
<tr>
<td>Provision for Risks and Charges</td>
<td><strong>-171,679</strong></td>
</tr>
<tr>
<td>Other charges</td>
<td><strong>-79,633</strong></td>
</tr>
<tr>
<td>Financial Income</td>
<td>310,029</td>
</tr>
<tr>
<td>Financial Charges</td>
<td><strong>-315,326</strong></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>-4,727,550</strong></td>
</tr>
<tr>
<td><strong>Results before Taxes</strong></td>
<td><strong>-1,700,183</strong></td>
</tr>
</tbody>
</table>

**CAPITAL AND RESERVES**                         | **4,605,624** |

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Funds</td>
<td><strong>443,000</strong></td>
</tr>
<tr>
<td>Profit carried forward</td>
<td><strong>4,162,624</strong></td>
</tr>
<tr>
<td><strong>PROVISION AND DEFERRED TAXATION</strong></td>
<td><strong>190,495</strong></td>
</tr>
<tr>
<td>Provision for Liabilities and Charges</td>
<td><strong>190,495</strong></td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td><strong>6,028,526</strong></td>
</tr>
<tr>
<td>Amounts Payable within one Year</td>
<td><strong>5,117,330</strong></td>
</tr>
<tr>
<td>Financial debts</td>
<td><strong>974,581</strong></td>
</tr>
<tr>
<td>Trade Debts</td>
<td><strong>1,063,340</strong></td>
</tr>
<tr>
<td>Advance on Contracts in Progress</td>
<td><strong>1,978,246</strong></td>
</tr>
<tr>
<td>Taxes and remunerations</td>
<td><strong>170,707</strong></td>
</tr>
<tr>
<td>Other Amounts Payable</td>
<td><strong>930,455</strong></td>
</tr>
<tr>
<td>Accrued Charges and Deferred Income</td>
<td><strong>911,196</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>10,824,644</strong></td>
</tr>
</tbody>
</table>

*Subject to approval by the IDF General Assembly

**2016 INCOME**

- Projects: 71%
- Corporate Partnership: 17%
- Membership fees: 8%
- Congress: 3%
- Other Income: 1%

**2016 EXPENSES**

- Remunerations: 50%
- Goods and Services: 43%
- Provision for Risks and Charges: 3%
- Depreciation: 2%
- Other charges: 2%
Ensuring a sustainable and strong organisation at global and regional level
The International Diabetes Federation (IDF) seeks to partner with responsible corporations and foundations to advance its mission to promote diabetes care, prevention and a cure worldwide and guarantee the sustainability and impact of the Federation. IDF strongly believes in mutually beneficial strategic alliances to elevate diabetes to the top of the public agenda.

IDF is grateful to the following partners that helped further its advocacy, communication and programme activities.

**IDF Strategic Partners**

- AstraZeneca
- Lilly Diabetes
- MSD
- Novo Nordisk
- Sanofi Diabetes

**IDF Partners**

- Bayer
- BD
- Boehringer Ingelheim
- Novartis
- Servier
- Sun Life Financial
- Takeda

High quality research and policy development

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