



2018 UN HIGH LEVEL MEETING ON NCDs

# **IDF DIABETES ADVOCACY TOOLKIT**



**International  
Diabetes  
Federation**

## About this toolkit

The International Diabetes Federation (IDF) is currently involved in intensive advocacy efforts around the United Nations (UN) High Level Meeting (HLM) on Non-communicable Diseases (NCDs) that will likely take place in September 2018.

Now is the time to demand greater diabetes action at the national level – and this can only be done with the support of the IDF Members and the entire global diabetes community.

This toolkit intends to inform all IDF Members of the IDF call to action on the road to the 2018 UN HLM on NCDs, and to provide them with tools to successfully:

- Engage with national policymakers to hold them accountable for the implementation of their existing diabetes commitments and demand stronger action to overcome gaps in the years to come;
- Activate the national press to promote the IDF call to action;
- Support the IDF online campaign on the road to the 2018 HLM.

If you have any questions on how to use this toolkit, please contact the IDF Advocacy team at [advocacy@idf.org](mailto:advocacy@idf.org).

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## The International Diabetes Federation

IDF is an umbrella organisation of over 230 national diabetes associations in 165 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's mission is to promote diabetes care, prevention and a cure worldwide.** IDF is engaged in action to tackle diabetes from the local to the global level – from programmes at community level to worldwide awareness and advocacy initiatives.

IDF is divided into [seven regions](#), with the aim of strengthening the work of national diabetes associations and enhancing the collaboration between them. IDF's regions are as follows: Africa (AFR), Europe (EUR), Middle East and North Africa (MENA), North America and Caribbean (NAC), South and Central America (SACA), South East Asia (SEA) and Western Pacific (WP).

IDF's activities aim to influence policy, increase public awareness and encourage health improvement, promote the exchange of high-quality information about diabetes, and provide education for people with diabetes, their carers and their healthcare providers. IDF is associated with the [Department of Public Information of the United Nations](#) and is in official relations with the [World Health Organization](#) (WHO).

## The diabetes epidemic – the world's largest health emergency

**Diabetes is one of the largest global health emergencies of the 21st century.** In 2017, IDF estimated that one in 11 adults (425 million) had diabetes worldwide – 50% of whom are not diagnosed and therefore at risk of developing serious complications and premature death. A further 352 million adults had impaired glucose tolerance, which puts them at high risk of developing type 2 diabetes in the future.

IDF estimates that every year four million deaths are attributable to diabetes – more than those from HIV/AIDS, tuberculosis and malaria combined.

**Diabetes disproportionately affects low- and middle-income countries**, where three quarters of people with diabetes live. In addition to having a substantial economic impact on countries and national health systems, diabetes also places a large financial burden on individuals and their families due to the cost of insulin and other essential diabetes medicines and supplies and poses a number of challenges relating to a person's daily life, emotional well-being and perceived quality of life.

**If we do not act now to stop this epidemic, 629 million adults will have diabetes in 2045, and a further 532 million adults will have impaired glucose tolerance.** This means more people dying from diabetes every year and more diabetes patients developing serious complications threatening their wellbeing.



**50%** of adults with diabetes are undiagnosed



**12%** of global health expenditure is spent on diabetes (USD 727 billion)



**Three quarters** of people with diabetes live in low and middle income countries



By 2045, **1 adult in 10** (629 million) will have diabetes

## Diabetes on the international agenda: from 2006 to 2017

Until quite recently, NCDs did not attract any political attention. Diabetes was no exception, and discrimination against people living with it was common due to the lack of both political action and general public awareness.

○ This changed in 1999, with the establishment of [World Diabetes Day](#) – hosted every year in November 14 – by IDF and the [World Health Organization](#). Further advances were achieved in 2006, when the UN passed the [61/225 Resolution on Diabetes](#) – the first ever UN Resolution on an NCD.

○ However, it was not until 2011 with the first [UN High Level Meeting on NCDs](#) that diabetes started gaining recognition on the global stage. At this Summit, all UN Member States unanimously passed the [UN Resolution on NCDs](#), committing to keep diabetes and other NCDs at the top of the international agenda.

○ 2013 was a turning point for diabetes and NCDs, with WHO adopting the overarching goal of a 25% reduction in premature mortality from NCDs by 2025 and [the nine voluntary targets on NCDs](#) – including a 0% increase in diabetes and obesity prevalence and 80% access to essential medicines and devices by 2025.

○ In 2014, the UN assessed for the first time the progress that Member States were making in fighting NCDs, during the [second UN High Level Meeting on NCDs](#). The Outcome Document from this meeting included the following four time-bound commitments: considering setting national NCD targets for 2025 by 2015; considering developing national multisectoral policies and plans to achieve the 2025 national targets by 2015; reducing risk factors for NCDs by 2016; considering strengthening health systems to address NCDs through people-centred primary healthcare and Universal Health Coverage (UHC) by 2016.

○ 2015 was an important year for public health commitments, with the adoption of the [Post-2015 Development Agenda](#) and the [Sustainable Development Goals \(SDGs\)](#) – which include the target 3.4 of a 30% reduction in premature mortality from NCDs by 2030.

You can find more information about all of the above landmarks in [Annex 5](#).

## The 2018 UN High Level Meeting on NCDs

Although there has been some significant progress since the WHO NCD targets were adopted in 2013, many gaps still need to be overcome. In the case of diabetes, action has clearly been insufficient, with diabetes prevalence increasing in the vast majority of countries. In 2016, only five countries were on track to meet the target of a 0% increase in diabetes prevalence by 2025: Djibouti, Iceland, Malta, Nauru and Venezuela. 2017 and 2018 will be key years for diabetes national and global advocacy – and a last chance to agree on actions needed to achieve the 2025 and 2030 diabetes-specific and general NCD targets.

### 2017: WHO Global Conference on NCDs

Between 18 and 20 October 2017, WHO held the [Global Conference in Montevideo \(Uruguay\)](#) to discuss which policy actions are needed in order to achieve the SDG target 3.4 – focused on NCDs and aiming at a 30% reduction in premature mortality from NCDs by 2030.



WHO GLOBAL CONFERENCE  
ON NONCOMMUNICABLE  
DISEASES (NCDs)

18-20 OCTOBER 2017

MONTEVIDEO, URUGUAY

The Member States have developed and endorsed the [Montevideo Roadmap 2018-2030](#) that, according to Uruguay President, Dr Tabaré Vázquez, represents a **bold commitment by governments to intensify action to protect people from the harms of NCDs**. The Montevideo Roadmap aims to achieve SDG target 3.4 on NCDs by:

- Restating governments' commitments to take bold action and accelerate progress to reduce by one third the premature NCD-related mortality by 2030;
- Acknowledging that premature mortality from NCDs continues to constitute one of the major development challenges of the 21st century;
- Recognising that one obstacle at the country level is the lack of capacity to effectively address public health goals when they are in conflict with private sector interests, and that policies to prevent NCDs such as regulatory and fiscal measures may be

negatively influenced by private sector and other non-State actors' interest;

- Reinvigorating political action by prioritising the most cost-effective, affordable, equitable and evidence-based interventions, emphasising health as a political priority and acting across relevant government sectors to create health-conducive environments;
- Enabling health systems to respond more effectively to NCDs by:
  1. Strengthening essential people-centered public health functions and institutions;
  2. Investing in health workers as an essential part of the health systems;
  3. Committing to improve the implementation of cost-effective measures of health promotion, disease prevention, early detection, health surveillance and reduction of exposure to risk factors;
  4. Working to strengthen the capacity to respond more effectively and equitably to NCDs as part of Universal Health Coverage;
- Increasing significantly the financing of national NCD responses and international cooperation, including calling upon UN agencies and other global health actors to scale up their support to governments;
- Increasing efforts to engage sectors beyond health, as a key to reducing NCD risk factors and achieving health gains;
- Reinforcing the role of non-State actors, whose own activities can protect and promote public health, by increasing opportunities for meaningful participation and, as appropriate, building coalitions and alliances;
- Seeking measures to address the negative impact of products and environmental factors harmful for health, and strengthen the contribution and accountability of the private sector and other non-State actors;
- Continuing to rely on WHO's leadership and key role in the global response to NCDs;
- Acting in unity, by renewing and strengthening the existing commitments to shape a world free of the avoidable burden of NCDs.

## 2018: Third UN High Level Meeting on NCDs

Preparations for the [Third UN High Level Meeting](#) on NCDs have been ongoing for some time. In May 2015, the WHO Secretariat published a [technical note](#) that sets out 10 progress indicators. WHO Director General, Dr Tedros Adhanom Ghebreyesus, will use those 10 indicators to report to the UN General Assembly (UNGA) on national progress in the implementation of commitments included in the 2011 UN Political Declaration on NCDs and 2014 UN Outcome Document on NCDs. This report, which will mark the beginning of the formal preparatory process for the 2018 HLM, will be published before the end of 2017.



In early 2018, the President of UNGA will appoint two facilitators for the HLM process. They will be in charge of:

- Negotiating the HLM modalities resolution with the Member States. This document will outline the modalities of the meeting, including the length, dates and the involvement of civil society in the process;
- Preparing a Zero Draft Document, which will be the basis for Member States' negotiation of a UN 2018 Outcome Document on NCDs.

Although the modalities of the 2018 HLM will not be known until the modalities resolution is passed in early 2018, it is expected that the meeting will take place in **September 2018 during the UNGA weeks**. However, the HLM might take place during the summer months, as happened with the 2014 HLM which took place in July – with a Civil Society Forum being held only a few weeks before.

IDF will share more information about the HLM modalities as soon as they are agreed.

## The IDF call to action for the 2018 High Level Meeting on NCDs

IDF welcomes all the international commitments on diabetes that have been made over the last few years and acknowledges that some advances have taken place. However, **it is clear that urgent action is still needed in order to achieve the 2025 and 2030 targets.**

In 2016, IDF established a network of people living with, or affected by, diabetes – the [Blue Circle Voices \(BCV\)](#). This network already comprises 129 members from all IDF regions, of all ages, and with all types of diabetes. In December 2016, IDF conducted a consultation with the BCV members in order to identify the [priorities of people living with, and affected by, diabetes](#). These priorities have informed the IDF 2018 HLM call to action.

### IDF call to action

On behalf of people living with, and affected by, diabetes, IDF calls on governments to:

**1** Increase efforts to achieve a 0% increase in diabetes prevalence by 2025.

Up to 90% of diabetes cases are of type 2. Therefore, preventing the onset of new type 2 diabetes cases is key to achieving this 2025 target. This can be done by:

- Developing **education campaigns aimed at the general population** on how to recognise the symptoms of, and prevent, type 2 diabetes;
- Implementing **locally-tailored comprehensive lifestyles programmes**, especially for the at-risk populations;
- Encouraging **fiscal policies and other public health measures to promote healthier diets**, especially among children (whose rates of overweight and obesity are increasing in many countries);
- Considering the use of **cost-effective medication strategies**, alongside lifestyle programmes.

**2** Work towards achieving 80% access to essential medicines and devices by 2025 and Universal Health Coverage by 2030.

Improving the access to affordable, essential diabetes medicines and care is urgent not only in low- and middle-income countries, but also in high-income countries where paying for diabetes care can lead to catastrophic expenditures. This can be done by:

- Establishing an increased and stable government budget to improve or create **reimbursement systems**;
- Improving collaboration with the pharmaceutical industry to **regulate prices and to enhance the supply chain**, in order to improve physical availability in all settings.

**3** Work towards achieving a 30% reduction in diabetes-related premature mortality by 2030.

This can only be achieved if the targets on access to essential medicines and care and UHC are achieved. Additional actions to achieve a reduction in mortality involve improving education by:

- Establishing adequate **education programmes for healthcare professionals** on how to prevent, recognise and treat diabetes to avoid serious complications that can ultimately lead to death;
- Developing **education programmes for people with diabetes and their carers** which offer sound information about the disease, its management and the prevention of complications at the time of diagnosis and throughout their lives.

**4** Listen to the priorities of people with diabetes and defend their rights.

Governments can do this through the following:

- Advocate for the 2018 HLM on NCDs to be held at an appropriate time of the year to ensure that everyone's attention is on people living with diabetes and other NCDs. A Hearing with Civil Society needs to take place a few months before the 2018 HLM, so the views of civil society can be reflected in the 2018 Outcome Document on NCDs. We therefore ask that the HLM take place in **September, during UNGA, and the Hearing with Civil Society before the summer**;
- **Eliminate all types of discrimination against people with diabetes** through the adoption of regulations that defend their rights as well as of education campaigns aiming to eliminate misconceptions among the general population.

## Becoming a diabetes advocate on the road to the 2018 High Level Meeting

Achieving diabetes action at both the global and the national level depends on the entire global diabetes community working together. IDF is encouraging all its Members to support, at the national level, its call to action on the road to the HLM 2018.

The following section shows three ways in which you can support the IDF call to action.



### 1. Requesting the support of national policymakers

Your role as an IDF Member in national advocacy is key, as **you can hold your government to account on its existing diabetes commitments and request stronger actions** to ensure the wellbeing of people with diabetes and those at risk.

Contacting national policymakers is a great way of generating change. We recommend that you follow the steps described below:

#### Bring together the national diabetes/NCD community

When contacting policymakers, it is really important to do it with a single voice. We suggest that, in case there exist other IDF national associations in your country, you collaborate with them in developing a plan to establish a **HLM coalition with key stakeholders** such as health professionals and other NCD-related associations. If your association is composed of local diabetes associations, it is also a good idea to involve them – especially as they will have more experience in reaching out to local policymakers. Working together will increase the weight of our demands.

It is important also to **involve other relevant actors from your country** in this HLM campaign: Young Leaders in Diabetes, BCV members, well-known diabetes bloggers, journalists, etc. In [Annex 4](#) you will find a list of NCD-related organisations that can be useful for the set-up of coalitions, as well as a list of countries where there are BCV members. If you want to reach out to a BCV member, please contact [advocacy@idf.org](mailto:advocacy@idf.org).

IDF Members/HLM coalitions can develop a strategy to approach national policymakers and the press, and collaborate in the development of a social media campaign to reach their entire network.

#### The IDF call to action letter – identifying national priorities (and to use the IDF Atlas)

In [Annex 1](#) you can find a template letter, that we encourage all the IDF Members/HLM coalitions to submit to policymakers. The first page of Annex 1 gives an explanation on how to tailor this letter.

#### Reaching out to policymakers

To be effective, this call to action needs to reach all levels of political action. To this end, we encourage the IDF Members/HLM coalitions to contact relevant local, regional and national policymakers to request face-to-face meetings

to go through the countries' diabetes commitments and the national gaps in action. Should face-to-face meetings not be possible, we suggest that you send the tailored letters to all the policymakers you have identified, and specifically:

1. **At the local and regional level:** you (or your local associations) are probably already in contact with the mayors (or equivalent position) of the biggest cities, regional deputies, senators from a particular region, etc. Face-to-face meetings may be relatively easy to obtain, so we recommend that you approach them in this way. Should this not work, please send them the call to action letter (preferably by email) and follow-up to ensure that it has been received and gauge its impact. We also encourage the IDF Members/HLM coalitions to research policymakers that could be allies in the promotion of this call to action, e.g. politicians who have talked openly about having a relative with diabetes, or having diabetes themselves.
2. **At the national level:** it is also essential that this call to action be taken to the highest representatives in your country and we ask that you please also try to engage your President/Prime Minister, the Minister of Health and the Minister of Finance, either through setting up a meeting or sending the letter. It is important that all three positions be targeted.

#### Other tools for national advocacy

[Annex 1](#) shows some advocacy tools that can accompany the letter addressed to policymakers: a template that can be tailored with your country's national and regional diabetes data and a document with global diabetes data. These documents will reinforce the content of the letter and provide policymakers with a good perspective on the urgent need to tackle this global epidemic and how well your country is doing compared to neighbouring countries.





## 2. Promoting the IDF call to action through the national press

IDF Members usually have good contacts with local, regional and even national media. We encourage IDF members to reach out to them with the content of the IDF call to action and the national diabetes figures.

In case you do not have contacts among the press yet, we recommend that you do some research on identifying the main general and health-focused news outlets in your country, and the journalists writing health-related pieces.



## 3. Supporting the IDF call to action global campaign and creating a national one

A call to action is more likely to succeed if the general public is aware of it. Your example may inspire other citizens from your country and/or internationally, and increase the number of voices requesting more action to achieve the diabetes targets.

**Social media channels allow you to rapidly spread your message.** We recommend that you get involved in online campaigning as follows:

- **Support the IDF global campaign:**  
IDF will run a social media campaign to promote the requests of the call to action starting in October 2017 and ending around the time of the HLM. We ask all of our Members to please:
  1. Follow IDF on social media: [Twitter](#) and [Facebook](#).
  2. Share with your network the campaign messages that IDF will post.
- **Create your own national campaign:**  
We encourage you to create a national social media campaign with the support of the other IDF Members in your country, the Young Leaders, the BCV members, and other relevant actors that you may know. To create this campaign, we recommend that you follow the instructions provided in [Annex 3](#).

## Inform IDF about your activities around the call to action

Please, keep us informed about all the activities you develop around the call to action and all responses you receive – be they positive or negative!



If you prepare **call to action letters** and send them to policymakers, please share them with us – together with a list of policymakers that you have reached to – at [advocacy@idf.org](mailto:advocacy@idf.org)



If you develop your **national social media campaign**, please always tag IDF in your tweets and Facebook messages. We explain how to do this in [Annex 4](#).



If you develop **HLM activities**, such as meetings or social media campaigns, please submit them to [advocacy@idf.org](mailto:advocacy@idf.org)



# **ANNEXES**

2018 UN HIGH LEVEL MEETING ON NCDs

**IDF DIABETES ADVOCACY TOOLKIT**

## Annex 1: Reaching out to policymakers

Below are some useful tools to reach out to policymakers. For ease of tailoring and formatting, all documents are also available in WORD format. You can download them from the [IDF HLM website](#).

We request that you **please collaborate, as much as is possible, with any other IDF Members in your country, alongside key stakeholders such as health professionals and other NCD-related organisations** to establish a coalition that collaborates in the tailoring, translation, submission and promotion of this letter and any additional materials.

### 1. Template letter to policymakers

The following template needs to be tailored to each individual country situation and **translated into the country's national language(s)**:

- Your logo and, as appropriate, that of other diabetes associations and other stakeholders in your country collaborating in the campaign need to be included in the header;
- Paragraph 2 includes figures of the diabetes epidemic in your country. This part can be tailored, using the Country Reports of the 8th edition of the IDF Diabetes Atlas (2017).
- Remaining paragraphs are focused on the call to action. Areas requiring tailoring are highlighted. The requests need to be tailored, taking into account the progress already achieved in each country. [Annex 2](#) shows some resources indicating how well individual countries are doing in achieving the 2030 targets;
- The signature of a high-level officer from each diabetes association supporting the letter needs to be added at the bottom of the letter.

Please, **send the tailored letters to [advocacy@idf.org](mailto:advocacy@idf.org) so we can track which of you are participating in this call to action**. Also, remember to let us know if you receive a response from any policymaker.

### 2. The IDF call to action on the road to the HLM 2018

This is the laid-out IDF call to action which can be presented to the policymakers. The Call to Action needs to be **translated into your national language(s)**.

### 3. Global diabetes figures

This document provides the main highlights of the global diabetes epidemic. This does not need to be tailored, but would benefit from being **translated into your national language(s)**.

### 4. Template with national and regional figures

Attached are seven templates with different backgrounds for each one of the seven IDF regions. Each regional template needs further updating with national data, using the Country Reports of the 8th edition of the IDF Atlas, which can be found by clicking [here](#). **Documents will need to be translated.**

## 1. Template letter for policymakers



[insert the logo of all IDF Members supporting this letter]

To: [Insert name and title. Ideally, the letter will be sent to 1. the Minister of Health; 2. the Minister of Finance; 3. the Prime Minister or equivalent; 4. other policymakers (senators, deputies, Members of Parliament)]

Subject: [COUNTRY]'s commitments towards the UN High Level Meeting on Non-Communicable Diseases (NCDs) 2018

Dear XXXX,

We are writing to you on behalf of the [insert name of all the associations signing this letter], the International Diabetes Federation and all the people living with, and affected by, diabetes in [COUNTRY] to ask you to act now on diabetes to meet the Non-Communicable Diseases (NCDs) 2025 and 2030 targets to which our country has committed.

As you are aware, **diabetes is a serious health threat to our societies and a major challenge for sustainable development.** [COUNTRY] is not an exception to this. In 2017, [XXX] million adults had diabetes in our country, but [XXX]% of them were not diagnosed – and were therefore exposed to life-threatening complications. That year, diabetes caused [XXXX] deaths throughout [COUNTRY]. IDF estimates that without further government action to control this situation, the number of adults with diabetes in [COUNTRY] will reach [XXX] million by 2045.

In May 2013, our Government committed to work towards a **0% increase in diabetes prevalence and 80% access to essential medicines and devices by 2025.** In September 2015, [COUNTRY] was a signatory to the Sustainable Development Goals (SDGs), further committing to achieving **Universal Health Coverage (UHC) and reducing premature mortality from NCDs by 30% by 2030.**

In 2018, during the **UN High Level Meeting (HLM) on NCDs**, the United Nations (UN) and the World Health Organisation (WHO) will assess the progress that all governments are making in meeting these commitments. Although some progress has been achieved over the last years, the diabetes associations of [COUNTRY] have identified the following areas where urgent action is needed in order to achieve the NCD commitments. We call you and the rest of the authorities of [COUNTRY] to:

- Increase efforts to **prevent the development of new type 2 diabetes cases** by implementing locally-tailored comprehensive lifestyle programmes, encouraging fiscal policies and other measures to promote healthy diets, considering the use of cost-effective medication strategies when necessary and developing education campaigns aimed at the general population [remove the whole paragraph if your country is on track for this target – only Djibuti, Iceland, Malta, Nauru and Venezuela are. If country is off track but has made some advances on these requests, please tailor as necessary];
- Work towards achieving **80% access to essential medicines and devices by 2025 and UHC by 2030** through the establishment of an increased and stable government budget to create/improve [select the one that applies] reimbursement systems that limit out-of-pocket expenditures, improving collaboration with the pharmaceutical industry to regulate prices and improve supply chain [remove the paragraph if your country is on track for this target];
- Work towards **reducing NCD premature mortality by 30% by 2030** through the implementation of all measures mentioned above, plus establishing diabetes education programmes for healthcare professionals and for patients/carers in order to learn how to prevent the onset of type 2 diabetes and recognise it on time to avoid complications [please tailor as necessary].

We also call on the government of [COUNTRY] to listen to people with diabetes and defend their rights by:

- **Calling on the UN to hold the HLM during the UN General Assembly in September 2018**, to guarantee NCDs the attention they deserve;
- Demanding that a **Civil Society Hearing take place 12 weeks before the HLM**, so that the opinions of people living with NCDs can be taken into account when preparing the Outcome Document to be adopted at the end of the HLM;
- Adopting **national regulations to eliminate all types of discrimination against people with diabetes** and to develop education campaigns aimed at eradicating all misconceptions [\[delete this paragraph if such regulations already exist in your country\]](#).

We kindly ask you to implement all necessary actions to honour your NCD commitments and to fight for the people with diabetes in [COUNTRY]. The diabetes associations of [COUNTRY] and the International Diabetes Federation stand ready to support you in this task. **The health and wellbeing of the future generation is in your hands.**

Yours sincerely,

[\[signatures from high level officers from all associations supporting this letter\]](#)

[\[Please, remember to submit the tailored letter\(s\) to \[advocacy@idf.org\]\(mailto:advocacy@idf.org\) and to let us know if you receive a response. \]](#)

## The International Diabetes Federation Call to Action on the road to the UN High Level Meeting on Non-Communicable Diseases (2018)

On behalf of people living with, and affected by, diabetes, IDF calls on governments to:

### Increase efforts to achieve a 0% increase in diabetes prevalence by 2025

Up to 90% of diabetes cases are of type 2. Therefore, preventing the onset of new type 2 diabetes cases is key to achieving this 2025 target. This can be done by:

- Developing **education campaigns aimed at the general population** on how to recognise the symptoms of, and prevent, type 2 diabetes;
- Implementing **locally-tailored comprehensive lifestyles programmes**, especially for the at-risk populations;
- Encouraging **fiscal policies and other public health measures to promote healthier diets**, especially among children (whose rates of overweight and obesity are increasing in many countries)<sup>1</sup>;
- Considering the use of **cost-effective medication strategies**, alongside lifestyle programmes;

### Work towards achieving a 30% reduction in diabetes-related premature mortality by 2030

This can only be achieved if the targets on access to essential medicines and devices and UHC are achieved. Additional actions to achieve a reduction in mortality involve improving education by:

- Establishing adequate **education programmes for healthcare professionals** on how to prevent, recognise and treat diabetes to avoid serious complications that can ultimately lead to death;
- Developing **education programmes for people with diabetes and their carers** which offer sound information about the disease, its management and the prevention of complications at the time of diagnosis and throughout their lives.

### Work towards achieving 80% access to essential medicines and devices by 2025 and Universal Health Coverage (UHC) by 2030

Improving the access to affordable, essential diabetes medicines and care is urgent not only in developing countries, but also in high-income countries where paying for diabetes care can lead to catastrophic expenditures. This can be done by:

- Establishing an increased and stable government budget to improve or create **reimbursement systems**;
- Improving collaboration with the pharmaceutical industry to **regulate prices and to enhance the supply chain**, in order to improve physical availability in all settings.

### Listen to the priorities of people with diabetes and defend their rights

Governments can do this through the following:

- Advocate for the 2018 HLM on NCDs to be held at an appropriate time of the year to ensure that everyone's attention is on people living with diabetes and other NCDs. A Hearing with Civil Society needs to take place a few months before the 2018 HLM, so the views of civil society can be reflected in the 2018 Outcome Document on NCDs. We therefore ask that the **HLM take place in September, during UNGA, and the Hearing with Civil Society before the Summer**;
- **Eliminate all types of discrimination against people with diabetes** (at school, at the workplace, when accessing employment or health insurance, etc.) through the adoption of regulations that defend their rights and education campaigns aiming to eliminate misconceptions among the general population.

<sup>1</sup>The global Nutrition report 2017 <http://www.globalnutritionreport.org/>

# The global diabetes epidemic



**1 in 11** adults have diabetes (425 million)

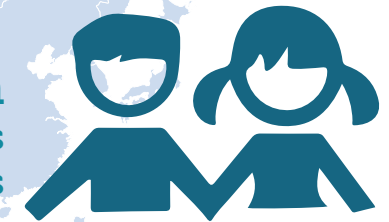
By 2040, **1 adult in 10**  
(629 million) will have  
diabetes



**50%** of adults with  
diabetes are undiagnosed



**Over a million**  
children and adolescents  
have type 1 diabetes



**Three quarters** of people with  
diabetes live in low and middle income  
countries



**1 in 7** births is affected by  
gestational diabetes



**12%** of global health expenditure  
is spent on diabetes (\$727 billion)

## The diabetes epidemic in [YOUR COUNTRY] and the Africa region (AFR)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-members.html>]

### Diabetes in [YOUR COUNTRY] (2017)

- Number of adults living with diabetes: **XXX**
- National prevalence: **XXX**
- Number of deaths due to diabetes: **XXX**
- Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : **XXX**
- Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): **XXX**
- Number of children with type 1 diabetes: **XXX**
- Diabetes-related health expenditure: **XXX**
- Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: **XXX**

### Diabetes in AFR (2017)


- Number of adults living with diabetes: 15.5 million
- Regional prevalence: 3.3%
- Number of deaths due to diabetes: 298,160
- Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 40.1 million
- Number of children with type 1 diabetes : 50.600
- Total health expenditure: USD 3.3 billion
- Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 40.7 million










## The diabetes epidemic in [YOUR COUNTRY] and the Europe region (EUR)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-membres.html>]

### Diabetes in [YOUR COUNTRY] (2017)

-  Number of adults living with diabetes: **XXX**
-  National prevalence: **XXX**
-  Number of deaths due to diabetes: **XXX**
-  Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : **XXX**
-  Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): **XXX**
-  Number of children with type 1 diabetes: **XXX**
-  Diabetes-related health expenditure: **XXX**
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: **XXX**

### Diabetes in EUR (2017)

-  Number of adults living with diabetes: 58 million
-  Regional prevalence: 8.8%
-  Number of deaths due to diabetes: 477,715
-  Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 36 million
-  Number of children with type 1 diabetes : 286.000
-  Total health expenditure: USD 166 billion
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 66.7 million

# The diabetes epidemic in [YOUR COUNTRY] and the Middle East and North Africa region (MENA)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-members.html>]

## Diabetes in [YOUR COUNTRY] (2017)

- Number of adults living with diabetes: XXX
- National prevalence: XXX
- Number of deaths due to diabetes: XXX
- Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : XXX
- Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): XXX
- Number of children with type 1 diabetes: XXX
- Diabetes-related health expenditure: XXX
- Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: XXX







## Diabetes in MENA (2017)

- Number of adults living with diabetes: 38.7 million
- Regional prevalence: 9.6%
- Number of deaths due to diabetes: 318,036
- Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 33.3 million
- Number of children with type 1 diabetes : 175,800
- Total health expenditure: USD 21.3 billion
- Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 82 million








# The diabetes epidemic in [YOUR COUNTRY] and the North America and Caribbean region (NAC)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-members.html>]

## Diabetes in [YOUR COUNTRY] (2017)

-  Number of adults living with diabetes: XXX
-  National prevalence: XXX
-  Number of deaths due to diabetes: XXX
-  Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : XXX
-  Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): XXX
-  Number of children with type 1 diabetes: XXX
-  Diabetes-related health expenditure: XXX
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: XXX









## Diabetes in NAC (2017)

-  Number of adults living with diabetes: 45.9 million
-  Regional prevalence: 13%
-  Number of deaths due to diabetes: 285,926
-  Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 54.4 million
-  Number of children with type 1 diabetes : 216.300
-  Total health expenditure: USD 377 billion
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 62.2 million








# The diabetes epidemic in [YOUR COUNTRY] and the South and Central America region (SACA)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-members.html>]

## Diabetes in [YOUR COUNTRY] (2017)

-  Number of adults living with diabetes: XXX
-  National prevalence: XXX
-  Number of deaths due to diabetes: XXX
-  Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : XXX
-  Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): XXX
-  Number of children with type 1 diabetes: XXX
-  Diabetes-related health expenditure: XXX
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: XXX

## Diabetes in SACA (2017)

-  Number of adults living with diabetes: 26 million
-  Regional prevalence: 8%
-  Number of deaths due to diabetes: 209,717
-  Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 32.5 million
-  Number of children with type 1 diabetes : 118.600
-  Total health expenditure: USD 29.3 billion
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 42.3 million








# The diabetes epidemic in [YOUR COUNTRY] and the South-East Asia region (SEA)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-members.html>]

## Diabetes in [YOUR COUNTRY] (2017)

-  Number of adults living with diabetes: XXX
-  National prevalence: XXX
-  Number of deaths due to diabetes: XXX
-  Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : XXX
-  Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): XXX
-  Number of children with type 1 diabetes: XXX
-  Diabetes-related health expenditure: XXX
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: XXX







## Diabetes in SEA (2017)

-  Number of adults living with diabetes: 82 million
-  Regional prevalence: 8.5%
-  Number of deaths due to diabetes: 1.1 million
-  Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 29.1 million
-  Number of children with type 1 diabetes : 149.300
-  Total health expenditure: USD 9.5 billion
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 151.4 million








# The diabetes epidemic in [YOUR COUNTRY] and the Western Pacific region (WP)

[Please, use only the template corresponding to your IDF Region. If you are unsure about which region your country is in, please check: <https://www.idf.org/our-network/regions-members.html>]

## Diabetes in [YOUR COUNTRY] (2017)

-  Number of adults living with diabetes: XXX
-  National prevalence: XXX
-  Number of deaths due to diabetes: XXX
-  Percentage of undiagnosed cases (these people are at a higher risk of developing serious complications) : XXX
-  Number of adults with impaired glucose tolerance (these people are at a higher risk of developing type 2 diabetes): XXX
-  Number of children with type 1 diabetes: XXX
-  Diabetes-related health expenditure: XXX
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: XXX

## Diabetes in WP (2017)

-  Number of adults living with diabetes: 158.8 million
-  Regional prevalence: 9.5%
-  Number of deaths due to diabetes: 1.3 million
-  Number of adults with impaired glucose tolerance, which are at a higher risk of developing type 2 diabetes: 126.7 million
-  Number of children with type 1 diabetes : 110,000
-  Total health expenditure: USD 120.3 billion
-  Number of adults living with diabetes in 2045 if you do not take action to achieve the WHO and UN targets: 183.3 million

## Annex 2: Your country's progress in achieving the 2030 targets

In September 2017, *The Lancet* published an in-depth analysis of the progress that countries have made in a series of SDG health indicators which formed the basis for predictions of the progress likely to be achieved by 2030.<sup>2</sup> Three of the indicators that the article researched are closely related to the IDF call to action on the road to the HLM 2018:

- **Child overweight**, which gives an idea of how many adults will be overweight by 2030 and, therefore provides an indication as to whether the 0% increase in diabetes/obesity prevalence can be achieved by 2025;
- **NCD mortality**
- **UHC index** = Universal Health Coverage index.

The table below ranks countries by their health-related SDG index from highest to lowest in 2016. The projected progress of each SDG indicator is measured on a scale of 0-100, with 0 representing the worst levels from 1990 to 2030 (thus no projected progress in the period) and 100 representing the best (certitude of achievement of the indicator, in some cases because it has already been achieved).

This table provides an analysis of how each country is faring in meeting its commitment and what gaps need to be addressed most urgently, and can be used in national advocacy campaigns towards the HLM.

Country	Ranking	Child overweight	UHC index	NCD mortality
Afghanistan	188	62	5	0
Albania	43	26	69	64
Algeria	85	48	63	72
Andorra	66	52	95	91
Angola	163	51	29	46
Antigua and Barbuda	17	44	61	64
Argentina	59	72	59	62
Armenia	57	37	65	50
Australia	11	54	96	94
Austria	22	64	96	86
Azerbaijan	78	32	52	39
Bahrain	60	71	71	65
Bangladesh	155	99	47	49
Barbados	27	62	61	64
Belarus	109	63	75	38
Belgium	16	69	93	82
Belize	89	69	49	47
Benin	172	66	32	47
Bhutan	123	76	49	60
Bolivia	112	47	43	65
Bosnia and Herzegovia	93	42	66	53
Botswana	126	50	52	40
Brazil	67	39	60	64
Brunei	25	69	65	59
Bulgaria	91	37	62	42
Burkina Faso	176	80	32	45
Burundi	180	90	26	39
Cambodia	133	99	39	43
Cameroon	170	62	30	44
Canada	12	47	92	87
Cape Verde	107	64	60	58
Central African Republic	187	82	3	23
Chad	184	90	14	50
Chile	61	14	76	84
China	74	58	73	57
Colombia	51	83	66	88
Comoros	137	48	29	50
Congo	151	82	32	42
Costa Rica	36	29	73	94
Côte d'Ivoire	161	79	26	34
Croatia	42	46	79	59
Cuba	38	56	70	65
Cyprus	18	45	89	83
Czech Republic	29	55	86	68
Democratic Republic of the Congo	182	75	26	48
Denmark	15	44	92	82

<sup>2</sup> The Lancet. Measuring progress and projecting attainment on the basis of past trends in the health related SDGs in 188 countries: an analysis from the Global Burden of Disease Study 2016. September 12, 2017.

Country	Ranking	Child overweight	UHC index	NCD mortality
Djibouti	141	52	32	52
Dominica	102	48	50	51
Dominican Republic	90	59	60	75
Ecuador	79	65	59	87
Egypt	114	59	58	36
El Salvador	75	74	62	79
Equatorial Guinea	153	5	42	68
Eritrea	160	93	19	38
Estonia	34	52	83	61
Ethiopia	178	81	20	42
Federated States of Micronesia	124	23	30	7
Fiji	105	43	32	6
Finland	6	64	100	92
France	26	64	94	86
Gabon	132	69	38	52
Georgia	86	38	55	41
Germany	13	54	92	81
Ghana	134	91	42	47
Greece	41	35	90	80
Grenada	50	53	47	37
Guatemala	110	64	46	71
Guinea	173	79	20	38
Guinea-Bissau	177	69	17	22
Guyana	116	74	40	28
Haiti	147	92	21	22
Honduras	113	78	47	57
Hungary	46	51	75	43
Iceland	2	32	100	94
India	127	84	38	39
Indonesia	125	73	39	43
Iran	69	68	70	63
Iraq	130	48	42	25
Ireland	20	46	93	86
Israel	7	48	87	92
Italy	14	35	94	91
Jamaica	54	70	59	54
Japan	21	81	98	100
Jordan	55	77	67	62
Kazakhstan	101	51	62	36
Kenya	143	81	48	72
Kiribati	135	28	22	1
Kuwait	81	4	80	79

Country	Ranking	Child overweight	UHC index	NCD mortality
Kyrgyzstan	95	72	56	39
Laos	145	93	27	33
Latvia	64	63	74	44
Lebanon	98	55	82	79
Lesotho	181	76	24	13
Liberia	168	74	32	47
Libya	100	17	65	58
Lithuania	88	66	71	49
Luxembourg	37	45	98	90
Macedonia	76	47	63	43
Madagascar	175	86	18	28
Malawi	165	70	37	41
Malaysia	52	34	65	58
Maldives	40	78	79	78
Mali	174	80	28	47
Malta	8	25	88	88
Marshall Islands	129	36	28	1
Mauritania	146	86	39	61
Mauritius	39	44	66	49
Mexico	48	58	57	74
Moldova	71	87	63	37
Mongolia	117	58	55	17
Montenegro	92	34	74	51
Morocco	94	42	54	59
Mozambique	159	68	31	47
Myanmar	140	78	38	42
Namibia	138	85	48	53
Nepal	164	98	42	43
Netherlands	5	67	97	86
New Zealand	31	39	89	86
Nicaragua	63	64	66	84
Niger	183	94	25	50
Nigeria	162	72	35	79
North Korea	128	100	50	30
Norway	4	53	99	92
Oman	111	13	84	64
Pakistan	148	96	26	31
Palestine	108	73	55	38
Panama	47	71	62	85
Papua New Guinea	169	71	18	1
Paraguay	84	50	49	57
Peru	62	62	67	96



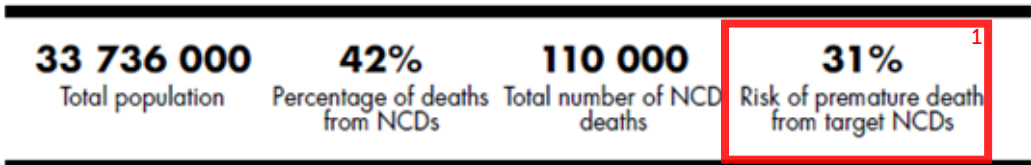
Country	Ranking	Child overweight	UHC index	NCD mortality
Philippines	118	88	38	38
Poland	33	61	78	58
Portugal	35	41	87	84
Qatar	106	12	88	87
Romania	82	58	68	48
Russia	103	56	61	32
Rwanda	157	66	42	57
Saint Lucia	53	84	56	59
Saint Vincent and the Grenadines	80	13	48	40
Samoa	136	15	35	33
Sao Tomé and Príncipe	115	87	48	54
Saudi Arabia	104	9	79	75
Senegal	139	93	29	42
Serbia	77	60	66	49
Seychelles	44	55	56	51
Sierra Leone	179	64	28	39
Singapore	1	59	95	90
Slovakia	30	60	75	56
Slovenia	19	40	93	82
Solomon Islands	150	48	20	1
Somalia	186	88	0	27
South Korea	28	40	95	89
South Africa	122	41	44	45
South Sudan	185	74	12	48
Spain	23	36	98	92
Sri Lanka	70	59	72	70
Sudan	154	85	33	43
Suriname	87	82	49	49
Swaziland	144	61	39	30
Sweden	3	53	98	94
Switzerland	9	61	100	98
Syria	73	37	70	56
Taiwan (Province of China)	31	45	79	74
Tajikistan	97	71	49	45
Tanzania	156	86	36	47
Thailand	83	66	72	73
The Bahamas	49	60	58	51
The Gambia	151	82	40	52
Timor-Leste	131	84	31	56
Togo	166	88	30	39
Tonga	96	12	45	32
Trinidad and Tobago	56	67	54	46

Country	Ranking	Child overweight	UHC index	NCD mortality
Tunisia	65	53	68	68
Turkey	58	51	69	74
Turkmenistan	72	42	49	32
Uganda	171	80	27	44
UK	10	53	88	82
Ukraine	119	74	61	35
United Arab Emirates	121	39	67	52
Uruguay	45	33	65	60
USA	24	58	79	70
Uzbekistan	68	41	57	29
Vanuatu	149	71	18	3
Venezuela	99	29	56	66
Vietnam	120	87	59	51
Yemen	167	71	28	30
Zambia	158	32	29	34
Zimbabwe	142	86	31	32

Another source of information for you to verify whether your national government is moving in the right direction to achieve its NCDs/diabetes commitments is the [2017 NCDs Progress Monitor](#) that WHO published in September 2017. You can access this document by [clicking here](#).

From page 18 of this publication, you can find country pages that report on some NCD indicators and targets. Overleaf is the first country page of the report, corresponding to Afghanistan, where we have indicated which indicators are more relevant for the IDF HLM call to action. We recommend that you search the page for your country, analyse those indicators, and include all information you believe is relevant in your national call to action.

# AFGHANISTAN



1. The figure in the top right corner indicates the percentage of premature death from NCDs (including diabetes).



## National NCD targets

**Mortality data** <sup>2</sup>

Risk factor surveys

**National integrated NCD policy/strategy/action plan** <sup>3</sup>

### Tobacco demand-reduction measures:

- increased excise taxes and prices
- smoke-free policies
- large graphic health warnings/plain packaging
- bans on advertising, promotion and sponsorship
- mass media campaigns

### Harmful use of alcohol reduction measures:

- restrictions on physical availability
- advertising bans or comprehensive restrictions
- increased excise taxes

### Unhealthy diet reduction measures:

- salt/sodium policies
- saturated fatty acids and trans-fats policies
- marketing to children restrictions** <sup>4</sup>
- marketing of breast-milk substitutes restrictions

**Public education and awareness campaign on physical activity** <sup>5</sup>

Guidelines for management of cancer, CVD, diabetes and CRD

Drug therapy/counselling to prevent heart attacks and strokes

- 2. If countries are not collecting mortality data, tracking progress is not possible!
- 3. The existence of a national NCD plan/strategy is always positive, as there is locally a dedicated budget associated with it. However, some well-performing countries have not develop specific NCD plans.
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- 
- DK 4. Marketing restrictions to children are needed in order to decrease the current levels of child overweight/obesity, which would lead to increased levels of type 2 diabetes in the future
- 5. Public education to prevent the onset of new type 2 diabetes cases is key in the IDF HLM call to action

● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know

## Annex 3: The call to action on social media

1

### Support the IDF global campaign

From October 2017 and until the end of the HLM, IDF will run a social media campaign to promote the call to action among our network.

IDF will use the following channels for this campaign:

- **Twitter will be the main social media channel** for this campaign. IDF will regularly tweet key messages from the call to action using the below hashtags (a Twitter tag for key words).

#### HASHTAGS TO BE USED IN ALL TWEETS

#diabetes @UN #HLM2018 #NCDs #Right2Health

#### HASHTAGS TO BE USED DEPENDING ON THE TOPIC OF THE KEY MESSAGE

#prevention #complications #education #lifestyle #healthyeating  
#obesity #discrimination #UHC #medicines #access2medicines

In most messages the following link will be added that directs to the IDF webpage dedicated to the HLM, so anyone who sees IDF tweets can have access to extended information: <http://bit.ly/2xjXmeE>.

Here is one example of tweet:



IDF is calling on global leaders to fulfill their #diabetes & #NCD commitments:  
<http://bit.ly/2xjXmeE> @UN #HLM2018 #Right2Health

Sometimes, IDF will direct a tweet to a specific global leader. In those cases, we will add the username of the global leader at the beginning of the tweet. Let's see an example with a tweet addressed to the Belgian Prime Minister, Mr Charles Michel:



.@CharlesMichel Please act on #diabetes & #NCD to fulfill your commitments:  
<http://bit.ly/2xjXmeE> @UN #HLM2018 #Right2Health

We invite our Members to share IDF tweets with their network by retweeting them. We also encourage you to tailor those messages as you deem appropriate, and to translate them into your national language when retweeting.

- **Facebook will be a secondary channel to promote the key messages of the IDF call to action.**

Facebook posts have no limit of characters, which will allow us to have more in-depth messages on this platform. For the Facebook messages we will not use not use hashtags. Instead we will use the link to the HLM webpage: <http://bit.ly/2xjXmeE>.

Here is one example of a Facebook message:



IDF has launched a call to action on diabetes to global leaders, on the road to the UN High Level Meeting on NCDs that will take place in 2018.

At this meeting, global leaders will assess the progress their countries are making in achieving the International NCD commitments due by 2030. Diabetes-related commitments are far from being on track, so we ask policymakers to take all necessary measures to solve this.

You can learn more about the IDF call to action here: <http://bit.ly/2xjXmeE>

IDF invites its Members to share IDF Facebook messages with their network. We encourage you to tailor these messages and to translate them in your national language.

## 2

### Create your own national campaign

Apart from supporting the IDF global campaign, we suggest that all IDF Members develop their own national campaigns. It would be really useful if you could dedicate a page to the HLM on your association's website, where you will add the tailored letter and tools. That way, you can use a link to your HLM webpage to promote your social media messages.

**If your association does not use social media yet, this is the perfect occasion to join Twitter and Facebook**

You can develop a campaign on Twitter and Facebook using your national language, to be able to reach everyone in your network. Below are some **indications on how to develop your campaign**:

- Take into account that Twitter messages (tweets) are limited to 140 characters – use as many hashtags as possible taking into account this space limitation;
- Whenever possible, add a link to your HLM webpage - you can use [bitly.com](https://bitly.com) to shorten the links. In the case of Twitter, links always occupy 23 characters when added to a tweet – regardless of their real length;
- You can turn the call to action letter and the supporting tools into pictures format, so you can use them as visuals of your Twitter and Facebook messages;
- If you are developing the social media campaign together with a HLM coalition, prepare a calendar of messages so all parties are aware on when the messages will be live. That way, everyone will be able to interact with them (like, share, retweet);
- When addressing a policymaker, please tag them in your message. If it is a tweet, we recommend that you tag them at the beginning of the tweet – adding a dot before the username, otherwise the message will only be visible to them (see example for Charles Michel in previous page).

Below you can find some suggestions for social media messages for you to tailor and translate as needed:

#### Twitter:

- [@\[POLICYMAKER\]](#) 0% increase in #diabetes commitment is off-track in [#\[COUNTRY\]](#). (insert link) @UN
- [@\[POLICYMAKER\]](#) Please work towards achieving 80% access to essential #medicines in [#\[COUNTRY\]](#) by 2025. @UN #HLM2018 #NCDs #Right2Health
- [@\[POLICYMAKER\]](#) How to achieve a 30% reduction in #diabetes & #NCD mortality by 2030: (insert link) @UN #HLM2018 #NCDs #Right2Health
- [@\[POLICYMAKER\]](#) Please defend the rights of people with #diabetes and fulfil [\[COUNTRY\]](#)'s commitments @UN #HLM2018 #NCDs #Right2Health

#### Facebook:

- [\[TAG POLICYMAKER OR STATE BODY\]](#) Despite having committed to achieving a 0% increase in diabetes prevalence by 2025, [\[COUNTRY\]](#) is off track. Please check the [\[YOUR ORGANISATION/ COALITION\]](#) and IDF call to action to see how this target can still be achieved: [\[insert link\]](#)
- [\[TAG POLICYMAKER OR STATE BODY\]](#) Our country has committed to reduce premature mortality from diabetes and NCDs by 30% by 2030. Please, check the [\[YOUR ORGANISATION/COALITION\]](#) and IDF call to action to see our recommendations to achieve this target: [\[insert link\]](#)
- [\[TAG POLICYMAKER OR STATE BODY\]](#) Our country has committed to 80% access to essential diabetes and NCD medicines by 2025. Please, act now to achieve this important target. You can check the [\[YOUR ORGANISATION/COALITION\]](#) and IDF recommendations here: [\[insert link\]](#)

**3**

### Advocacy calendar

Below you can find some internationally celebrated dates that provide a **great opportunity to promote the different aspects of the HLM call to action on social media**. We recommend that you take them into account when preparing your social media strategy. Also, please check if there are hashtags associated to them, and use them in your messages to amplify their reach.

NOVEMBER 2017	
14	World Diabetes Day
20	Universal Children's Day
DECEMBER 2017	
2	Patient Solidarity Day
3	International Day of Persons with Disabilities
4-8	IDF Congress in Abu Dhabi
12	Universal Health Coverage Day
FEBRUARY 2018	
4	World Cancer Day
MARCH 2018	
10	World Kidney Day
20	World Oral Health Day
APRIL 2018	
6	World Day of Physical Activity
7	World Health Day
MAY 2018	
TBC	World Health Assembly
AUGUST 2018	
12	International Youth Day
SEPTEMBER 2018	
TBC	UN General Assembly
13	International Day of Older Persons
29	World Heart Day

## Annex 4: Useful information to build national coalitions

### 1. NCD-related organisations

We recommend that you check the following links – some of these organisations may have a delegation or member in your country that can be an ally in the development of a national call to action.

- WHO regional offices: <http://www.who.int/about/regions/en/>
- NCD Alliance: <https://ncdalliance.org/>
- NCD Child: <http://www.ncdchild.org/>
- NCD Free: <https://ncdfree.org/>
- Young Professionals Chronic Disease Network: <http://www.ncdaction.org/>
- World Heart Federation: <https://www.world-heart-federation.org/>
- UICC – Global Cancer Control: <http://www.uicc.org/>
- International Union against Tuberculosis and Lung Disease: <https://www.theunion.org/>
- Healthy Caribbean Coalition: [http://www.archive.healthycaribbean.org/about\\_us.html](http://www.archive.healthycaribbean.org/about_us.html)
- Type 1 International: <https://www.t1international.com/>
- Management Science for Health: <http://www.msh.org/>
- International Women’s Health Coalition: <https://iwhc.org/>

### 2. List of countries with presence of the Blue Circle Voices (BCV) network

Below you can find a list of the 58 countries where there is currently representation of the BCV network. If you would like to contact a BCV member from your country, please contact us at [advocacy@idf.org](mailto:advocacy@idf.org).

AFR	EUR	MENA	NAC	SACA	SEA	WP
Cameroon Côte d’Ivoire Ethiopia Kenya Nigeria South Africa Tanzania Zimbabwe	Finland France Germany Ireland Israel Italy Netherlands Poland Portugal Russia Serbia Turkey UK Uzbekistan	Afghanistan Egypt Iran Lebanon Libya Morocco Pakistan Palestine Qatar Saudi Arabia UAE	Barbados Canada Guyana St Lucia USA	Argentina Brazil Chile Costa Rica Ecuador Paraguay Peru Uruguay	Bangladesh India Maldives	Australia Cambodia China Japan New Zealand Singapore South Korea Taiwan Thailand

## Annex 5: Diabetes and NCDs on the international agenda (1999-2015)

Annex 5 provides some background on the key advocacy milestones around diabetes and NCDs generally over the last 20 years. All of these were achieved thanks to the global diabetes community working together with a single objective: to improve the lives of people with diabetes and those at risk.

We encourage you to continue supporting the IDF global advocacy activities in the years to come. Great things await us if we work hand in hand!

### 1999: World Diabetes Day

In 1999, IDF led a successful international campaign in which its Members played a very active role. As a result, IDF and the World Health Organisation (WHO) launched World Diabetes Day (WDD), which is celebrated every year on November 14 to commemorate the birthday of Frederick Banting – the Canadian scientist that co-discovered insulin and first used it in humans.

### 2006: UN Resolution 61/225 on Diabetes

In 2006, IDF led a visionary campaign to take diabetes to the UN, the highest-level political forum. The “Unite for diabetes” campaign used the Blue Circle logo for the first time and was strongly supported by IDF national Members. After a six-month campaign, the UN passed the [Resolution 61/225](#) in December 2006, which:

- Recognised diabetes as a “chronic, debilitating and costly disease, associated with severe complications, and that poses severe risk for families, Member States and the entire world”;
- Stated that diabetes poses several challenges for the achievement of the Millennium Development Goals (MDGs);
- Designated WDD as an official UN day, to be observed every year starting in 2007;
- Encouraged governments to develop national policies for diabetes prevention, treatment and care.

This was the first ever UN Resolution on a NCD and paved the way for advocacy efforts in the years that followed.

### 2009: The foundation of the NCD Alliance (NCDA)

[NCDA](#) was founded by IDF in January 2009 when sister federations [Union for International Cancer Control](#) (UICC) and [World Heart Federation](#) (WHF) were invited to campaign together as a new global NCD civil society movement, to confront misconceptions about NCDs and catalyse political action.

Thanks to its campaign for a UN Summit on NCDs – launched at the 2009 [World Health Assembly](#) (WHA) – NCDA grew rapidly into a global society movement. In May 2010, [The International Union Against Tuberculosis and Lung Disease](#) (The Union) joined NCDA – from that point on, NCDA has represented all four major NCDs. [Alzheimer’s Disease International](#) (ADI), [the Framework Convention Alliance](#) and [Management Sciences for Health](#) (MSH) joined later.

### 2011: First UN High Level Meeting on NCDs

The IDF and NCDA campaign towards a UN Summit on NCDs was a complete success and culminated in the first [UN High-Level Meeting on Non-Communicable Diseases](#) being held on 19-20 September 2011 in New York. This was only the second time that the UN had devoted a Summit to a health-related issue (the first was AIDS) and constituted a major milestone in the history of global health and development.

Some 34 Head of State and Governments attended and 120 Member States made statements expressing their concern about the global burden and committing to action. The most significant outcome of the Summit was the [Political Declaration on NCDs Prevention and Control](#), which was unanimously adopted by all 193 Member States, and included a set of commitments that firmly position diabetes and NCDs at the top of the global health and development agenda.

## 2012-2013: WHO targets on NCDs

The 2011 UN Political Declaration mandated WHO to follow up the NCDs Summit and to strengthen multisectoral partnerships. WHO developed a set of [nine global targets and several indicators](#), with the overarching goal of reducing premature mortality due to NCDs by 25% by 2025.

The global targets were agreed by all UN Member States in November 2012, and adopted at the World Health Assembly (WHA) in May 2013.

The main diabetes-related targets are:

- A 0% increase in diabetes and obesity prevalence against a baseline in 2010;
- Reducing insufficient physical activity by 10% from the levels in 2010;
- 80% coverage with essential medicines and technologies
- At least 50% of eligible people receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

## 2014: Second UN High Level Meeting on NCDs

The 2011 Resolution mandated regular UN High-Level Meetings to analyse the progress in NCDs control made by the Member States, identify priority areas and establish shorter-term objectives to be met before 2025. The [second UN High Level Meeting on NCDs](#) took place in July 2014.

The UN Member States agreed on four time-bound commitments to strengthen countries' abilities to tackle NCDs:

- Set national NCD reduction targets;
- Develop national multi-sectoral policies and plans to achieve these national targets;
- Reduce exposure to NCD risk factors;
- Strengthen health systems to address NCDs.

These four commitments need to be achieved by the next UN Meeting on NCDs, which will take place in 2018 and will be the highest level meeting on NCDs since the 2014 Meeting.

## 2015: The post-2015 Development Agenda and the Sustainable Development Goals

In September 2015 the UN Member States adopted the new development framework, the [Sustainable Development Goals](#) (SDGs), which replaced the MDGs from January 2016. The SDGs are a set of 17 goals and 169 targets to be achieved by 2030. There are two major differences with respect to the MDGs: the SDGs are focused on all countries (and not only on developing nations) and there is a strong NCD focus.

Within the Goal number 3 on health, there is a target on preventing 30% of premature deaths caused by NCDs by 2030. Under this target, there are many indicators on the different NCDs, including diabetes. The inclusion of NCDs in the SDGs is a great success for the NCD community, as it will translate into more political attention and greater resources dedicated to their control.







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