



**International  
Diabetes  
Federation**

# **IDF Strategic Plan**

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2023-2026

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## Introduction

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In 2022, as part of my mandate as IDF President-elect, I assumed responsibility to develop this strategic plan to set the direction for IDF over the coming years. This was done with the support of the IDF Executive Office and my fellow Board Members with input from the Regional Chairs-elect. The plan is intended to cover the period from January 2023 to end 2026, with a review at the mid-point, led by the incoming President-elect and the Board. It is prepared in light of evolving circumstances, with consideration for the longer-term goals of serving our constituencies by preventing, where possible, the development of diabetes, promoting improvements in diabetes care, and supporting the diabetes community to advocate for change to improve the lives of people living with diabetes.



When initiating the strategic planning process, it is tempting to jettison the past and begin afresh, perhaps in a completely new direction, or at least in a direction that feels more contemporary, more aligned to emerging trends and attuned to change emanating from the internal and/or the external environment. Scanning the environment for change and adjusting plans to best fit evolving circumstances is, of course, prudent. We must be careful, however, if you'll permit the use of an old idiomatic expression, not to throw the baby out with the bathwater. Indeed, IDF has a long history of action, advocacy and collaboration to bring about change to improve the lives of people living with diabetes. We have mobilised communities successfully to advocate at national, regional and global levels; we have driven success in the translation of scientific evidence into policy; we have ensured the transfer of best practice across geographies, and have worked closely with aligned organisations to further the diabetes cause. In short, we have a legacy of experience and success on which the organisation can draw.

Consciously, therefore, I took the decision to evaluate plans laid down in the past in order to help identify what remained strategically important in the current circumstances, which, if any, strategic priorities needed to be retained and possibly elevated, and where new priorities could, and perhaps should, be emphasised.

We are living through a difficult period of change, instability and anxiety. The impacts of Covid, along with increasing disasters, both natural and human-induced, have been difficult to navigate for IDF, just as they have been for other organisations. Needless to say, ongoing military conflicts at the time of preparing this plan are wreaking untold human and economic havoc. All these external shocks have hit communities hard and led to disruptions to the supply of life-sustaining medications and to the delivery of care. IDF has worked with industry partners and humanitarian organisations, most notably Direct Relief, to support people with diabetes during times of crisis. We will build on this experience to formalise our crisis-response mechanism.

It is easy, of course, to be over-ambitious at the beginning of the process. IDF has finite resources, both human and financial. We must identify priority activities that will have a positive

impact for our constituencies, but which can remain manageable with the resources IDF has to hand or which can attract sufficient support to bring about meaningful and sustainable change. Our greatest strengths lie in the network of national and transnational diabetes representative organisations that constitute our Federation and in the fact that we convene different diabetes constituencies: the people living with diabetes and their carers, the medical community responsible for delivering diabetes care and prevention, as well as the scientific experts on the front-line of diabetes research and the advancement of our knowledge and understanding of the condition.

Despite the gloom of current circumstances, we have seen some positive signs. The centenary of the discovery of insulin attracted greater attention to the diabetes cause and galvanised many into action. In April 2021, the World Health Organization launched its Global Diabetes Compact, marking an increased focus on diabetes. IDF pledged its support to the development and implementation of the Compact through our advocacy and awareness activities. Soon after, a landmark Resolution highlighting the importance of prevention, diagnosis and control of diabetes was agreed by the World Health Assembly. These are important steps towards addressing the continued and rapid rise of diabetes prevalence, particularly in countries that do not have a national diabetes plan or coverage for essential health services.

This plan is the result of face-to-face and online workshops organised by the IDF Executive Office, with input from the IDF Board and Regional Chairs-elect. It draws on strategic documents produced previously by the Federation, with an eye on what has changed or is changing in the environment and consideration of the threats and opportunities facing the global diabetes community we serve.

IDF's previous strategic plan covered a ten-year period from 2011-2021. A review planned in 2015 and intended to assess progress against the plan and adapt it where changes were required was not completed. This speaks to a need for shorter term planning and frequent review. With my Board, I will set indicators to evaluate performance and keep a score card to monitor how we are tracking against our plans so that we can build-in a process of continual improvement, change tack when required and deliver results to our stakeholders.



**Professor Akhtar Hussain**  
President 2023-24  
International Diabetes Federation

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## **A new vision and mission**

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The IDF strategic plan 2011-2021 operated under the vision established for the organisation in the mid-2000s. The vision, “Living in a world without diabetes” was aspirational but has, at least over the last fifteen years, felt unachievable and, subsequently, less than inspirational. The data from the IDF Diabetes Atlas reports attest to a flooding tide of diabetes that, regrettably, shows no sign of ebbing any time soon.

Over the past 15 years, advances in therapy, the organisation of care and, in particular, the introduction of new technologies in monitoring and delivery suggest to some that we are closer to gaining control over diabetes than we have ever been in the century since the discovery of insulin. Some may feel that science is bringing us ever closer to a cure, at least for type 1 diabetes. However, from the global perspective, the better the care for those fortunate to afford it, or otherwise living under a healthcare regime that provides sufficient health coverage, the wider the gap between the haves and the less fortunate have-nots. The battle lines are now drawn around issues of access and availability. IDF must play its part in promoting the adoption of universal health coverage and improving access to care worldwide.

For this reason, we have changed our vision to:

### **Access to affordable, quality diabetes care and education worldwide**

Similarly, it was felt that our previous mission, “Promoting diabetes care, prevention and a cure worldwide” no longer reflected the reality of what IDF wishes to achieve. Consequently, it has been revised to:

### **Improve the lives of people living with diabetes and promote action to prevent diabetes**

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## The current advocacy environment

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As far back as 1991, in response to the growing concerns about the escalating health threat posed by diabetes, IDF and WHO established **World Diabetes Day** to provide a focal point for diabetes awareness activities worldwide. This was a positive first step. Yet, as we all know, more than thirty years later, diabetes remains a major global challenge to health and development.

The most recent edition of the **IDF Diabetes Atlas** indicates that more than one in 10 adults are now living with diabetes. Furthermore, there are a growing number of countries where one-in-five or even more of the adult population has diabetes. Since publication of the first edition of the IDF Diabetes Atlas in 2000, the estimated prevalence of diabetes in adults aged 20–79 years has more than tripled, from an estimated 151 million just over two decades ago (4.6% of the global population at the time) to 537 million (10.5%) today. Without sufficient action to address the situation, we predict 643 million people will have diabetes by 2030 (11.3% of the population). If trends continue unabated, the number will jump to a staggering 783 million (12.2%) by 2045. Diabetes is responsible for millions of deaths every year and can have an incalculable impact on the health, economic status and wellbeing of the people who live with the condition.

In the face of the unrelenting rise in the numbers with diabetes, the past two decades have seen increased political interest to address the diabetes issue, along with a seemingly growing political will to bring about change.

- 2006: first **UN Resolution on Diabetes** recognises the rising prevalence of diabetes, establishes World Diabetes Day as an official UN World Health Day and calls on Member States to develop national policies for the prevention, treatment and care of diabetes.
- 2011: **UN Resolution on NCDs** commits Member States to keeping diabetes and other NCDs at the top of the international political agenda.
- 2013: **WHO adopts NCD targets**. Member States voluntarily commit to achieving these by 2025, including a 0% increase in the prevalence of diabetes and obesity and securing 80% access to essential medicines and devices.
- 2015: UN adopts the **Sustainable Development Goals**, including a target for Member States to reduce premature mortality from NCDs, including diabetes, by 30% by 2030.
- 2019: Member States at the UN High-Level Meeting on universal health coverage commit to working towards the achievement of **affordable essential healthcare** for all by 2030.

As welcome as these international commitments and targets may have been at the time, progress towards preventing diabetes and securing access to care at the national, regional and global levels has been limited and in many cases extremely disappointing. We are getting close to the expiry date for many of the commitments made and, from the diabetes perspective, many look way off target.

More recently, however, the diabetes community has new cause for hope. The centenary of the research that led to the discovery of therapeutic insulin has reinvigorated the diabetes community and sparked a number of new international diabetes initiatives and commitments. Arguably, these recent developments provide a historic window of opportunity for diabetes:

- 2021: WHO launches the **Global Diabetes Compact**, a new framework for action on diabetes which aims to support countries in their efforts to prevent type 2 diabetes and ensure all people diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care. WHO has requested Member States to meaningfully engage people living with diabetes in all implementation phases of the Global Diabetes Compact.
- 2021: The World Health Assembly adopts a Resolution entitled '**Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes**'. This WHO Resolution places the prevention and control of diabetes at the core of the actions required to reduce the burden of other NCDs.
- 2022: The World Health Assembly adopts the first ever **global coverage targets for diabetes** to be achieved by 2030:
  - 80% of people living with diabetes are diagnosed
  - 80% of people with diagnosed diabetes have good control of glycaemia
  - 80% of people with diagnosed diabetes have good control blood pressure
  - 60% of people with diabetes over 40 years receive statins
  - 100% of people living with type 1 diabetes have access to affordable insulin treatment and self-monitoring

These recent changes in the international political environment are reflected in the new IDF strategic plan.

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## **IDF core values**

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We have revisited our values, reducing the number from ten to five core values.

### **Inclusivity**

We respect and value all cultures and acknowledge the human rights of all people. We encourage and support all members of the global diabetes community to address the needs of people with diabetes, their carers and those at risk.

### **People centricity**

We put people living with diabetes first in everything we do, engaging them in our activities from the outset.

### **Integrity**

We are committed to transparency. We maintain a high standard of conduct and embed our values in all that our organisation does. We are truthful, deliver on our commitments and are willing to be held to account. We maintain confidentiality and respect the privacy of individuals.

### **Compassion**

We act with empathy and without prejudice, appreciating the impact of diabetes on individuals and their families and acknowledging the need for action. We are respectful of our colleagues, the volunteers who support us and those we employ.

### **Independence**

We are unyielding in our pursuit of the best possible care for people with diabetes worldwide. We remain steadfast in this purpose and do not allow external influence to deter us from our goals. We value and encourage strategic partnerships with aligned organisations when there is clear benefit for one or more of our constituencies.

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## Strategic goals

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Our plan has three goals:

- To promote action to prevent diabetes.
- To improve diabetes outcomes.
- To advocate to support the interests of people living with diabetes.

### GOAL 1: PROMOTE ACTION TO PREVENT DIABETES

IDF will aim to do this by:

- Collecting relevant epidemiological data, reporting on diabetes trends and promoting the need for remedial action.
- Raising awareness of the extent and severity of the diabetes pandemic and its impact on individuals, families, societies and economies.
- Encouraging the early detection of diabetes and “pre-diabetes” in those at high risk and promoting action to address modifiable risk factors.
- Promoting the adoption of healthy habits.

Diabetes presents a serious threat to global health and respects neither socioeconomic status nor national boundaries. As mentioned above, the latest data published in the IDF Diabetes Atlas 10th Edition shows that 537 million people (20-79 years) are currently living with diabetes. This will rise to 643 million by 2030 and to 783 million by 2045..

Furthermore, type 2 diabetes can often be prevented and there is compelling evidence to suggest it can be reversed in some cases. The key modifiable risk factors for type 2 diabetes are physical inactivity, inappropriate nutrition and obesity.

Healthy nutrition and physical activity, however, are not just a matter of personal choice. Global social and technological shifts have created overwhelmingly sedentary environments and encouraged diets based on high-energy, low-nutrient foods. We have erected seemingly insurmountable barriers to healthy lifestyle choices.

It is claimed that up to four in every five cases of type 2 diabetes could be prevented by simple cost effective interventions. However, this is easy to say and far more difficult to achieve.

Major policy changes are required to transform the social, economic and physical environments that are driving the upward trend of type 2 diabetes. Despite the proliferation of evidence-based policies, recommendations and proposed action to halt and reverse trends in overweight and obesity, we have not yet seen these manifest into meaningful change. Very few countries have succeeded in reversing the rising tide of diabetes. IDF will need to keep mobilising the global diabetes community and key partners to tackle the pandemics of hypertension, excess weight, obesity and type-2 diabetes. IDF will seek to collaborate with aligned organisations to break through the policy inertia at global, regional, and national levels.



## GOAL 2: IMPROVE DIABETES OUTCOMES

IDF will aim to do this by:

- Advocating for the best possible standards of diabetes care and prevention.
- Encouraging innovative and disruptive technologies to improve care.
- Working with partners to address shortages in care resulting from disasters.
- Training the diabetes workforce and providing evidence-based global guidance to support HCPs in the management and prevention of diabetes and its complications.
- Providing tools and educational content to support self-care.
- Encouraging the adoption of value-based care.
- Encouraging the adoption of diabetes complications registries.
- Working as a partner to WHO in the implementation of the Global Diabetes Compact.
- Holding countries and health systems accountable for reaching agreed diabetes coverage targets (listed above) by 2030:

People living with diabetes are at risk of developing a number of serious and life-threatening complications, leading to an increased need for medical care and a reduced quality of life. If not well managed, diabetes and its complications, can lead to frequent hospital admissions and an early death.

Globally, diabetes ranks among the top 10 causes of mortality and is responsible for an estimated 6.7 million deaths per year in people aged between 20 and 79. However, there is a positive message: with a prompt and accurate diagnosis, along with ongoing access to appropriate care, diabetes can be managed and its complications prevented or delayed. IDF must advocate for access to appropriate care.

IDF must continue to encourage and support the core components of effective diabetes care: the treatment and monitoring necessary to achieve the best possible control, education to support self-management, and the prevention and management of complications. The organisation must play its role in making sure healthcare systems and the professionals they employ have the capacity to diagnose diabetes, support ongoing clinical monitoring and management, detect and treat diabetes complications and provide appropriate education.

In a recent IDF survey of people living with diabetes, the time spent in consultation with a healthcare professional was on average around three hours per year. This means that people with diabetes are looking after themselves for the vast majority of the time. People with diabetes need to make multiple daily decisions concerning the food they eat, physical activity they undertake and the medicines they take. For many, this may include self-injecting insulin and monitoring blood glucose levels. Furthermore, as diabetes has to be managed over the life cycle, successful self-management requires ongoing education to ensure the decisions that need to be taken are informed by the best available evidence. This requires a trained diabetes workforce.

Of course, there are many who may not understand or may find it hard to follow the steps and adjustments required for self-management. This would include young children and people with disabilities that make self-management extremely difficult. IDF, therefore, will not only pay attention to the educational needs of those living with diabetes but also those of their carers.

### **GOAL 3: ADVOCATE IN SUPPORT OF THE INTERESTS OF PEOPLE LIVING WITH DIABETES**

IDF will aim to this by:

- Engaging people with diabetes and their carers in all IDF activities (embed the principle of “nothing about us without us” in IDF activities).
- Promoting diabetes as the entry point to addressing other non-communicable diseases.
- Keeping diabetes high on the global political agenda.
- Addressing diabetes discrimination, stigma and prejudice.
- Recruiting, training and retaining a corps of IDF diabetes advocates and activists.

The rights to life and to health are fundamental human rights. We consider access to appropriate, affordable care and ongoing education about their diabetes as the right of all people living with diabetes.

The Federation must raise its collective voice to challenge national governments that fail to uphold these rights. We believe children and adults with diabetes are denied the rights to life and health when their diabetes is undetected or when they lack access to essential components of care, including affordable technologies and medicines such as insulin, oral blood-glucose-lowering agents and other necessary medicines.

For IDF, the role of people with diabetes is central to improving diabetes care globally and to tackling prejudice and stigma wherever they may arise. Making sure that people with diabetes and their families are given the opportunity to play a role in diabetes care, prevention and research is critical to reversing the current burden of diabetes and its complications. Furthermore, they must be involved in developing policies and strategies relevant to their care and in determining how services are delivered.

People with diabetes are not to blame for their condition and should not be discriminated against at school or at work. People with diabetes should enjoy the same social protection and health insurance coverage afforded to all citizens.

IDF will promote the right to access the best available diabetes care for all people living with diabetes, including vulnerable groups with diabetes, such as children, the elderly, people with disabilities, indigenous people and ethnic minorities, irrespective of gender.

IDF will continue its work to support the creation of strong diabetes organisations and build, train and mobilise networks of people living with diabetes. We will continue to identify and support champions of change and community leaders who can speak strongly in support of the issues identified by our community as important to our community.