



Global survey on policies and government initiatives addressing diabetes at school

An activity of the Kids and Diabetes in School (KiDS) Programme





Introduction

Approach and methodology

From January to March 2024, the International Diabetes Federation (IDF) invited their member associations to participate in a global survey on the existence and reach of diabetes-related policies and government initiatives in schools. IDF commissioned Arlington Research to develop and execute the survey in Arabic, English, French, Russian and Spanish.

The objective was to determine which countries have a policy implementation plan or a policy on diabetes initiatives in schools and to identify where there are gaps in diabetes policies and governmental initiatives in schools.

Response profile

The survey collected answers from 128 IDF Member Associations in 105 countries and territories across all seven IDF regions (Annex I). Most member organisations that responded (81%) worked on projects nationally and locally in their countries, with 10% working only on local projects and 9% working only on national projects.

When aggregating the 'global' data, one response was selected per country. The decision was based on an evaluation of whether the organisation worked nationally as opposed to locally and how many questions were answered without a valid response (i.e., not DK - "do not know"). Additional fact checking was undertaken to ensure we recorded the most accurate picture of diabetes education in participating countries and territories within the restraints of the project.

Learn more about the results of this survey through the <u>key findings summary and interactive map</u> available on our website.



Overall findings

Implementation of education sessions in schools (N=105)

 Two-thirds of respondents (66%) reported having implemented diabetes education sessions in schools.

The existence of a government initiative/ policy requiring schools to include diabetes education in the curricula (N=105)

- Over two-thirds (70%) of respondents reported their country or territory had no government initiative or policy requiring the inclusion of diabetes education in school curricula.
- In comparison, 15% of respondents reported that their country or territory had either an initiative or a policy requiring diabetes education inclusion in school curricula (Annex II)
- Of the 16 countries and territories where respondents reported having an initiative for including diabetes education in school curricula, only respondents in two countries (Bahrain and Uruguay) reported the government initiative/ policy was implemented in all schools.

The specificity of the government initiative/policy requiring schools to include diabetes education in the curricula (N=16)

Age

- Almost 40% of the respondents said the initiative/ policy was not specific to any age group.
- One-quarter of the respondents reported that the initiative/policy targeted all age groups included in the survey (3-17-year-olds).
- The remaining 35% varied from 6-11-year-olds to Morrocco and Senegal, 6-17-year-olds to Algeria and South Africa, and 12-17-year-olds to Germany and Mongolia.

Coverage of the initiative/policy:

 81% reported that the initiative or policy was implemented, at least in part of the schools targeted.

Evaluation of the impact of the initiative/policy:

 Of the countries and territories where respondents reported an initiative or policy was fully implemented, 60% reported there had been an evaluation.

Government department in charge of leading the development of this initiative/ policy:

- O Almost 70% of the respondents reported that the Department of Education led the initiative or policy.
- O Although almost the same percentage of respondents (56%) reported that the Department of Health was involved.
- O In some cases, it was a joint initiative between the departments.
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The existence of a government initiative/ policy that provides diabetes education for the school staff who work with children (N=105)

- Over 40% of the respondents reported that their countries had no government initiative/policy that provided diabetes education for any staff member.
- Almost a quarter of the respondents reported that their countries provided diabetes education, at least for teachers.
- Only representatives from Türkiye, Bahrain and Egypt said there was an initiative or a policy for all school staff.

The existence of a government initiative/ policy that makes nutrition education obligatory (N=105)

- Respondents in over half (54%) of the countries and territories reported the existence of compulsory education on healthy eating in schools.
- However, only half of these respondents reported compulsory nutrition education for all age groups included in the survey (3-17).

The existence of government-supported meal programmes (i.e., the provision of breakfast, lunch or both to children while they are in school) (N=105)

 Almost two-thirds of respondents (59%) reported having a government-supported meal programme in publicly funded or community schools.

The existence of a government initiative/ policy requiring schools to include physical education in their curricula (N=105)

- A vast majority (90%) of respondents reported initiatives or policies in their country to provide physical education in schools for at least some age groups.
- Over half (61%) reported that their country had a policy for all age groups, while 88% and 86% reported that they had a policy for 6-11-year-olds and 12-17-year-olds, respectively.
- Only respondents from three countries (Eritrea, Nigeria and Italy) reported that physical education was not mandatory in the school curricula.



The existence of a government initiative/ policy to ensure that a medical team or a health care provider (nurse or trained medical staff) is present in schools to attend to immediate healthcare needs of the students? (N=105)

 Respondents in only 38% of countries and territories reported having an initiative or policy to ensure that medical staff are present at school to attend to the immediate health needs of students.

What the medical team/health care providers are permitted to do:

 Of those countries where respondents reported that medical staff were present at school, 65% reported having medical staff equipped to provide diabetes care, such as checking glucose levels and treating hypoglycaemia.



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Annex I

IDF Member Associations from the following countries and territories responded to the survey:

Afghanistan Albania Algeria Anguilla Antigua and Barbuda Argentina* Aruba Austria Bahrain Belarus Belize Bolivia* Bosnia and Herzegovina Brazil* British Virgin Islands Bulgaria Burkina Faso Burundi Cambodia Cameroon Canada Chile China Colombia Costa Rica Côte d'Ivoire Croatia Cyprus* Czech Republic Democratic Rep of

Congo* Dominica Dominican Republic Ecuador* Egypt El Salvador Eritrea Faroe Islands Fiji Georgia* Germany* Ghana Greece* Guatemala* Guinea Guyana Haiti Hong Kong* Iceland Indonesia Iraq Italy Japan lordan Kenya Korea (South) Lebanon* Lithuania Luxembourg Madagascar Malaysia

Mali Mauritania* Mauritius* Mexico* Mongolia Morocco Nicaragua Nigeria North Macedonia Norway Pakistan Papua New Guinea Paraguay Peru Philippines* Poland Portugal Puerto Rico Republic of Congo Russia Saudi Arabia Senegal Serbia Singapore Sint-Maarten Slovakia* Slovenia South Africa Sri Lanka St Kitts & Nevis St Lucia

Sweden Taiwan Tanzania Tonga Trinidad and Tobago Tunisia Türkiye Uganda Ukraine Uruguay* USA* Uganda Ukraine Uruguay* USA* Uzbekistan* Venezuela* Zimbabwe

* Countries where more than one IDF member took the survey.

Annex II

IDF Member Associations from the following countries and territories reported having a government initiative or policy requiring the inclusion of diabetes education in school curricula

Austria Algeria Bahrain Belize Brazil* Cameroon Egypt Germany* Morocco Mongolia Portugal Senegal South Africa St Kitts and Nevis Türkiye Uruguay*

* Countries where more than one IDF member took the survey.

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