



World Health
Organization

Report of the first meeting of the

WHO Global Diabetes Compact Forum

virtual meeting
10–11 November 2021





Report of the first meeting of the

WHO Global Diabetes Compact Forum

**virtual meeting
10–11 November 2021**

Report of the first meeting of the WHO Global Diabetes Compact Forum: virtual meeting, 10-11 November 2021

ISBN 978-92-4-004570-5 (electronic version)

ISBN 978-92-4-004571-2 (print version)

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Report of the first meeting of the WHO Global Diabetes Compact Forum: virtual meeting, 10-11 November 2021. Geneva: World Health Organization; 2022. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

This publication contains the report of the first meeting of the WHO Global Diabetes Compact Forum and does not necessarily represent the decisions or policies of WHO.

Contents

1.	Introduction.....	1
2.	Background	2
3.	First Global Diabetes Compact Forum meeting	4
4.	Day 1.....	4
4.1	Finding synergy between efforts and avoiding duplication	5
4.2	Patient involvement and respect	6
4.3	Accountability, transparency and private sector dialogue.....	6
4.4	The need for action	7
5.	Day 2.....	7
5.1	Include patients at all stages of the research cycle.....	8
5.2	Too little data, too little research.....	8
5.3	Diabetes care and innovation is a constantly evolving field	8
5.4	COVID-19	9
5.5	Summary of discussion	10
6.	Next steps.....	12
7.	Results of follow-up survey	12
8.	Next Forum dates	13
9.	A note of thanks from WHO	13
10.	Meeting recording	14
11.	Appendix 1. Meeting agenda	15
12.	Appendix 2. List of participants	17

1. Introduction

This report summarizes the first World Health Organization (WHO) Global Diabetes Compact Forum meeting that took place 10–11 November 2021.

Links to the recording can be found at the end of this report. The meeting agenda is in Appendix 1. The meeting was attended by representatives of approximately 50 United Nations organizations and non-state actors, such as nongovernmental organizations (NGOs), academia, the private sector and philanthropic institutions with a balanced representation from all WHO regions. Appendix 2 provides a list of participants.

The WHO Global Diabetes Compact Forum was established to share and disseminate ideas, information and views that help advocate for the vision the Global Diabetes Compact:¹ a world where the risk of diabetes is reduced and where all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care. Collaboration and cooperation between Forum members and WHO are key objectives of the Forum.



Credit: WHO/ Tania Habjouqa

1 <https://www.who.int/initiatives/the-who-global-diabetes-compact>

Objectives of the WHO Global Diabetes Compact Forum

Table 1. Objectives of the WHO Global Diabetes Compact Forum

OBJECTIVE	MEMBER ACTIVITIES
1. Undertake advocacy efforts for galvanizing support for, and raise awareness of the vision and goals of the WHO Global Diabetes Compact	A. Help to foster political commitment with Member States and non-state actors
	B. Undertake advocacy through the World Diabetes Day on 14 November each year. This also includes advising WHO on its annual theme and proposing ways to strengthen this initiative
	C. Support WHO in its efforts to raise awareness of diabetes risk, primary and secondary prevention, and elements of high-quality diabetes care
	D. Promote and disseminate WHO tools relevant for diabetes care and prevention
	E. Support, as appropriate, WHO advocacy events at global and regional levels relating to diabetes care and prevention
	F. Help provide a common narrative that can unite patients, health-care providers, policy-makers, and other stakeholders involved in diabetes care and prevention
2. Promote networking for knowledge sharing	A. Assist and disseminate knowledge regarding efforts to expand access to insulin and associated health technologies
	B. Share best practices with regards to diabetes prevention, health promotion and health literacy
	C. Disseminate research and innovation being done by their organization or stakeholders they represent

2. Background



Today, approximately 6% of the world's population—more than 420 million people—live with either type 1 or type 2 diabetes.² While premature mortality from other major noncommunicable diseases (NCDs) is decreasing, premature deaths from diabetes have increased by 5% from 2000 to 2016.³

² <https://www.who.int/news-room/fact-sheets/detail/diabetes>

³ World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020.

In other words, more and more people are living with diabetes, and more and more people with diabetes are dying earlier than they would have if they had access to quality, equitable care, and treatment. We believe these trends must be reversed.

Responding to the increasing burden of diabetes around the world, WHO launched the Global Diabetes Compact⁴ at the Global Diabetes Summit⁵ which was co-hosted by the Government of Canada and WHO. The launch coincided with the 100th anniversary of the discovery of insulin.⁶ The WHO Global Diabetes Compact has the vision of reducing the risk of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable, and quality treatment and care. The work undertaken as part of the Global Diabetes Compact will also support the prevention of type 2 diabetes from obesity, unhealthy diet, and physical inactivity. The Global Diabetes Compact will work to operationalize and support the implementation of the recommendations to strengthen the prevention and care of diabetes, as indicated in the World Health Assembly Resolution 74.4: *Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes.*⁷

The formation of the WHO Global Diabetes Compact Forum

The WHO believes that people living with diabetes should be given the opportunity to achieve their full health potential. The WHO Global Diabetes Compact Forum has been created to advance a common vision and to unify around a set of principles that embody these commitments. WHO asks that Forum members serve as a catalyst for positive change by sharing information, working collectively, and advocating for the success of the Global Diabetes Compact.

Prior to the first meeting, an extensive search for potential Forum members was carried out through the WHO website, the WHO Global Diabetes Compact Newsletter and social media. The WHO followed a due diligence process aligned with the WHO Framework for the Engagement of Non-State Actors (FENSA).⁸ Invitations to the first Forum were extended to organizations for whom a positive determination on membership could be made in the available time.



Credit: WHO/ Tania Habjouqa

4 <https://www.who.int/initiatives/the-who-global-diabetes-compact>

5 <https://www.who.int/news-room/events/detail/14/04/2021/default-calendar/global-diabetes-summit>

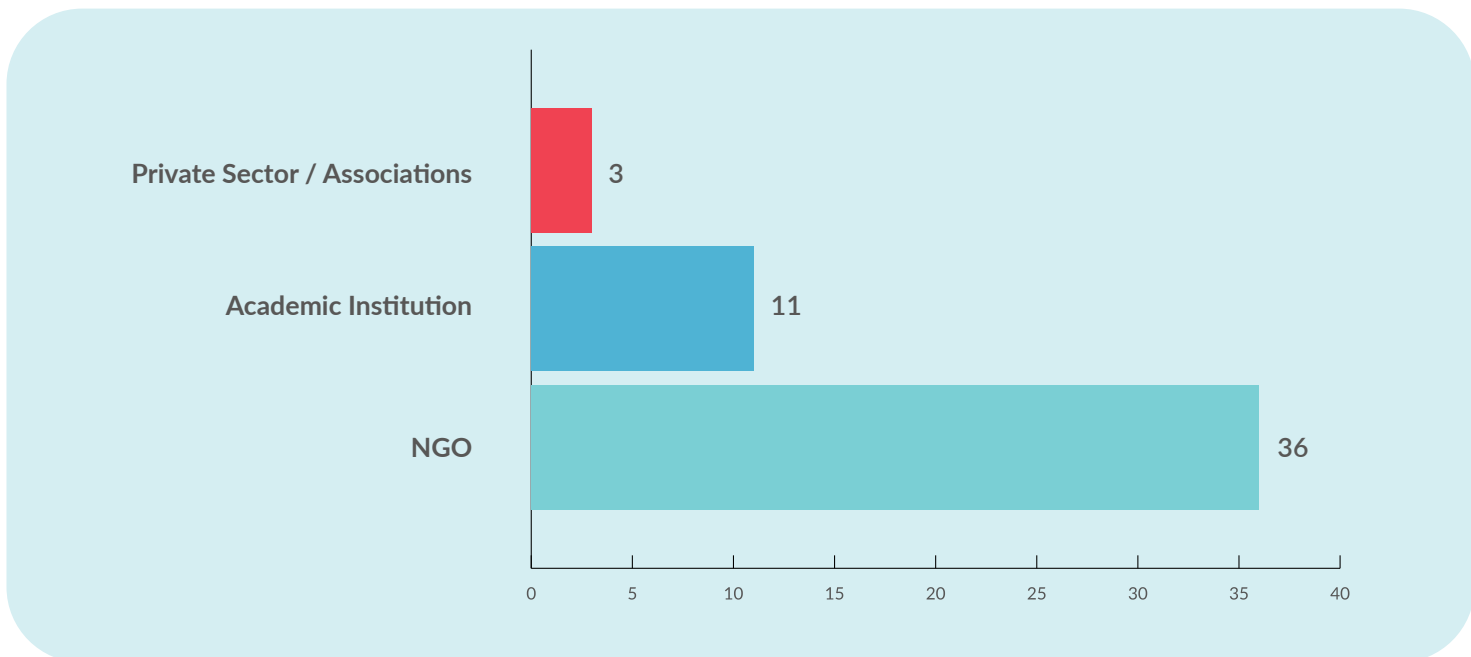
6 <https://apps.who.int/iris/bitstream/handle/-9789240038943/350930/10665eng.pdf>

7 https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R-4en.pdf

8 <https://www.who.int/about/collaboration/non-state-actors#:~:text=The20%Framework20%endeavours20%to20%strengthen,reputational20%risks2%C2%and20%undue20%influence.>

The application for membership to the WHO Global Diabetes Forum remains open. Other organizations interested in joining are welcomed and encouraged to submit an application.

Figure 1. WHO Global Diabetes Compact Forum attendees by sector



3. First Global Diabetes Compact Forum meeting

At this inaugural WHO Global Diabetes Compact Forum meeting three out of six work streams were discussed (see table 1). Those work streams that have not yet been discussed will be considered at future Forum meetings.

4. Day 1

The event was launched by Bente Mikkelsen, the Director of the WHO Department of Noncommunicable Diseases. A testimony from Osarenkhoe (aka Lion) Ethel Chima-Nwogwugwu, a person living with diabetes in Nigeria, set the scene for the meeting. Osarenkhoe introduced herself as a mother of five beautiful daughters, as someone who has lived with type 2 diabetes for 21 years, and as a caregiver to her parents both of whom had had diabetes and had died from complications. She described how diabetes had touched both her life and the lives of her loved ones. She explained that in her country, the costs of diabetes care and medicines are not cheap, and she has had to pay for care from her own pocket. She also talked about the impact that stigmatization had had on her and the diabetes community. Through exercise, healthy eating, the support of her loved ones and her own hard work, she has been able to manage her diabetes in a way that has allowed her to live a fulfilling life. She strongly supported and welcomed this initiative from WHO.



“...the world needs to sit down and have a rethink about managing diabetes... .”

Osarenkhoe (aka Lion) Ethel Chima-Nwogwugwu, a person living with diabetes in Nigeria

Bente Mikkelsen then presented the vision and six work streams of the WHO Global Diabetes Compact.



“We need to do this journey together with partners. It’s not possible to do it alone, this is only possible together.”

Bente Mikkelsen, WHO Director of Noncommunicable Diseases

Table 2. Work streams of the WHO Global Diabetes Compact

WORK STREAM NO.	TITLE OF WORKSTREAM
1	Access to essential diabetes medicine and associated health technologies
2	Technical products (e.g. global coverage targets, global price tag)
3	Prevention, health promotion and health literacy
4	Country support
5	Research and innovation
6	Governance, strategy and partnership

Note: Grey rows show work streams that were discussed.

Summaries of the discussions held during the Forum

4.1 Finding synergy between efforts and avoiding duplication

Nongovernmental organizations, countries, academic partners, private industry, and other actors are engaged in multiple efforts to increase global access to essential diabetes medicines and associated health technologies. Forum members and the global diabetes community must work together to exchange information on their efforts, and coordinate and communicate with one another to ensure maximum success. The Forum will meet regularly until 2030 and further exchange will be ensured between meetings and through

the Global Diabetes Compact Newsletter. The moderator, James Elliott, presented the ongoing dialogue with WHO and the private sector on medicines and technologies for diabetes care. The first WHO Technical Advisory Group of Expert meeting on Diabetes (TAG-D) was highlighted, which featured experts from academic partners from multiple regions and, for the first time in WHO, included patients as experts in their own health condition.



“On the issues of access, now we can all work collaboratively together to address them in a systematic and sustainable way.”

Tolulope Osigbesan, NCD Alliance

4.2 Patient involvement and respect



People living with diabetes have human rights and are entitled to care, respect and dignity. The most successful advocacy efforts concerning essential diabetes medicines, such as insulin, have involved patients.

Indeed, some of the most successful efforts have been conceived and lead by them. WHO and Forum members believe in the value of patients’ involvement. In 2021, WHO held a consultation of people living with diabetes. Going forward, WHO plans regular meaningful engagement of people living with diabetes as a key part of the WHO Global Diabetes Compact. This is in addition to ongoing meaningful engagement of people living with NCDs.⁹



“We really believe that the voices of young people need to be at the forefront of prevention and the advocacy side we’ve been building engagement and awareness among young people who are living primarily with type one diabetes.”

Laura Lewis-Watts, NCD Child

4.3 Accountability, transparency and private sector dialogue

There are several different organizations examining the diabetes market. Regulatory frameworks, biosimilars and information registries were some of the topics discussed. The members considered that a greater sense of accountability and transparency was needed to improve access to essential diabetes medicines.

WHO is convening biannual private sector meetings with representatives from international business associations, and pharmaceutical and medical technology industries. The discussions focus on mobilizing

⁹ <https://www.who.int/publications/i/item/nothing-for-us-without-us-opportunities-for-meaningful-engagement-of-people-living-with-ncds>

private sector commitments and contributions towards the NCDs response to Sustainable Development Goal (SDG) targets 3.4, 3.8 and 3b. The first and second meetings took place on 23–24 February and 1–2 September 2021 and focused on access to insulin and its associated health technologies for diabetes. Further meetings planned for 2022 will address other major NCDs (e.g. cardiovascular disease, cancer, lung diseases, oral health, rehabilitation, sensory impairments and disability).

“All of us are a commitment to transparency with all we’re doing to improving access to insulin and improving access to diagnostics... if we all made a commitment to that, I think [the situation] could really improve.”

Molly Lepeska of ACCESS Study, Stitching Health Action International (HAI)

4.4 The need for action

The world has recognized a need for aggressive, global action on diabetes. Access to essential diabetes medicines, especially but not only insulin, must be increased to meet global SDGs and to save and improve the lives of millions of people living with diabetes. The proposed global diabetes targets were seen to be ambitious yet achievable.

“I’ve worked in the HIV field and seeing how they translate those targets have really driven action on the ground, I think it’s fantastic. That the WHO is proposing [diabetes targets] as part of the Compact, and the resolution work; we really look forward to [how] those laid are on the ground.”

Helen Bygrave, Médecins Sans Frontières

5. Day 2

The second day began with a testimonial from Lejla Druškić who is living with diabetes in Bosnia-Herzegovina. She spoke to her experiences living with type 1 diabetes for over the last six years. She highlighted the fact that access to diabetes education, care and supplies such as insulin pumps is challenging in the country. She said there was a need for continuing professional education of health-care providers. Devices such as continuous glucose monitors and insulin pumps are key areas where there is a need for health-care provider education in some countries. Lejla also spoke to her global advocacy role.

“...information is the world’s most expensive and valuable currency.”

Lejla Druškić, a person living with diabetes in Bosnia-Herzegovina

A work stream discussion on diabetes-related research and innovation followed.

5.1 Include patients at all stages of the research cycle

Members noted that the incorporation of the lived experiences of patients leads to better quality studies and ultimately a more informed picture of the reality on the ground. Organizations are increasingly bringing patients' experience into the research conception stage. It was pointed out that patients can play a key role at all stages of the research cycle, including analysis and knowledge dissemination.

“...getting researchers to think about the involvement of people with diabetes at all stages of research, not purely as participants in the research.”

Renza Scibilia, Diabetes Australia

5.2 Too little data, too little research

Foundational diabetes research is still needed in many parts of the world, including data on prevalence, and access to essential diabetes medicines and health technologies. The research gap between high-income countries and low-income countries is wide. Furthermore the situation in some low-income countries is very unclear, hampering the design of interventions to improve the lives of people living with diabetes in these contexts. The WHO TAG-D and WHO Technical Advisory Group of Experts on NCD Research and Innovation (TAG-NCD-R&I) will have a role to play in filling these data gaps.

“We have too little data and there's too little research in the field that could really be used to make a difference.”

Sabine Dupont, International Diabetes Federation Europe Region

5.3 Diabetes care and innovation is a constantly evolving field

From mobile applications, to new forms of blood glucose measurement, to new therapeutics, diabetes continues to be a rapidly evolving field. Although access to these innovations remains uneven, health-care providers need to be aware of new technologies and research and be provided with the tools to stay up-to-date. Many Forum members were engaged in professional education activities to inform health-care providers in their own regions.

One example was the use of mobile apps to support community members living with diabetes during the Holy Month of Ramadan when fasting can have an impact on diabetes management.



“How do we avoid a disconnect between those privileged enough to fund research for a cure, and those who are just looking to [survive] next week?”

Craig Stubing, Beta Cell Foundation

5.4 COVID-19

The pandemic has led to widespread disruption of diabetes care and hampered access to essential diabetes medicines and health technologies. Once again, those living in low- and middle-income countries (LMICs) seem to have been disproportionately negatively affected relative to those living in high-income countries. A silver lining seems to have been an acceleration in the adoption of mobile and distance-based technologies and consultations. As the pandemic continues, now is the time to re-examine and strengthen diabetes medicine supply chains. The vulnerability of people living with diabetes, the need to strengthen diabetes care and the need to prepare for emergencies have all been highlighted by this crisis.



“...barriers to access to insulin in our region also have much to do with problems related to distribution...”

Douglas Villarroel, International Diabetes Federation South and Central America (SACA) Region

Belma Malanda, a winner of a WHO NCD Lab¹⁰ competition, gave a presentation on a project entitled “Empowering women bearing the double burden of diabetes and social discrimination” which focused on women and girls living with diabetes in the Democratic Republic of the Congo.



“Couples come to us wanting to have discussions about how to have better diabetes management, but the woman is sort of under this pressure of cooking healthy meals for the husband, but her needs of having a healthy, balanced diet, needs of having a daily exercise, lag behind...”

Snehal Nandagawli, Blue Circle Diabetes Foundation

¹⁰ https://www.knowledge-action-portal.com/en/ncd_lab

5.5 Summary of discussion

1. Context is always important

The experiences of people living with diabetes are shaped by the country they live in, their income level, their gender, whether they live in rural or urban areas and many other contextual factors. Any efforts at diabetes prevention, health promotion and health literacy must be contextualized. A broad understanding of health promotion and health literacy is required.



“The way someone from Malawi can understand the varied information [on diabetes] that is out there is different than what someone from somewhere else will understand.”

Willis Edwine Kalitera, Malawi Diabetes Awareness Association

2. Mental health is a core issue in diabetes

Diabetes is known to increase the mental health burden among those living with it. Problems such as anxiety, depression, eating disorders and other mental health challenges are core issues facing the community. It is essential that WHO should consider this as it plans diabetes guidance and programming.



“...important to consider the toll that the fear of inadequate access to supplies and the financial strain of diabetes takes on mental health...”

Katie Souris, T1International

3. Language matters

All actors, including WHO, need to reflect on and consider the impact of the language we used to talk about diabetes and people living with diabetes. Stigmatization of people living with diabetes is a reality. Women in particular are targets of stigmatization, and deal with issues of perceived marriageability, gendered household expectations and other challenges. The stigmatization of people with diabetes directly harms both people living with diabetes and the larger diabetes agenda.

In 2022, WHO is launching a large-scale survey of people living with diabetes to gather their views on diabetes, language, media representation and messaging. We hope that Forum members will help by completing the survey and passing information about the survey to patients, partners and other organizations.



“...we shouldn’t forget about the health literacy of key decision makers at government level...”

Giulia Segafredo, Medicines Patent Pool

4. Creating communities is important

We must create communities to work together to improve the situation for people living with diabetes at local level and, through the Forum, at global level. There is still a lot of work to be done to create partnerships. We must work collectively to empower one another. Forum attendees from WHO’s Secretariat presented the ongoing engagement of people living with NCDs mechanisms and projects.¹¹



“We need to strengthen the voice of the people who are at risk or are living with diabetes and to do that it’s very, very, very important that we speak in the same way that we have one common narrative.”

Bente Mikkelsen, WHO Director of Noncommunicable Diseases



Credit: WHO/ Henitsoa Rafalia

¹¹ <https://www.who.int/publications/i/item/nothing-for-us-without-us-opportunities-for-meaningful-engagement-of-people-living-with-ncds>

6. Next steps

In closing the Forum, Bente Mikkelsen outlined the next steps for the Forum, indicating that this was the beginning of a journey.

The Forum and the WHO Global Diabetes Compact will continue until 2030. It will meet regularly and serve as a convening place for organizations actively working towards the goals and vision of the WHO Global Diabetes Compact.¹² At the moment, diabetes is one of the only NCDs where outcomes are worsening not improving. It will take an enormous collective effort to reverse this disturbing trend. The WHO stands ready to work with Forum members and others who wish to improve the situation facing people living with diabetes.

The Forum is one of multiple WHO initiatives on diabetes including the previously mentioned TAG-D and private sector dialogues which will continue. Engagement of people living with diabetes remains a priority and future events are being planned collectively with the Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) team.¹³ Global Diabetes targets¹⁴ are also being discussed for endorsement at the upcoming WHO Executive Board meeting.¹⁵

Members are encouraged to look for and highlight synergies between themselves and WHO; both at Forum meetings but also between meetings. Members are encouraged to create partnerships and find opportunities to improve the lives of people living with diabetes.

Specifically, members can:

1. encourage new potential member organizations to apply via this [application form](#);
2. review objectives and activities for the Forum; doing what you can to advance our collective success;
3. share news, information, grants, opportunities, and thoughts with the WHO Secretariat.



Together, we must advocate for change. Reach out to one another to make it happen. Make connections and have discussions beyond this meeting.

Informal reflections and feedback are welcomed: gdc2030@who.int

7. Results of follow-up survey

After the meeting, representatives of the organizations attending were asked to complete a post-meeting survey. The results of which were as follows.

¹² <https://www.who.int/initiatives/the-who-global-diabetes-compact>

¹³ [https://www.knowledge-action-portal.com/en/about/what_is_gcmncd#:~:text=The20%Global20%Coordination20%Mechanism20%on,of20%noncommunicable20%diseases20%\(NCDs\)](https://www.knowledge-action-portal.com/en/about/what_is_gcmncd#:~:text=The20%Global20%Coordination20%Mechanism20%on,of20%noncommunicable20%diseases20%(NCDs))

¹⁴ <https://www.who.int/teams/noncommunicable-diseases/governance/diabetestargets>

¹⁵ <https://www.who.int/about/governance/executive-board>

- Most attendees had heard about the Forum through the WHO Global Diabetes Compact Newsletter (please email gdc2030@who.int if not already receiving the newsletter).
- Most attendees stayed for both days of discussion.
- Preference for a future one-day event vs a two-day event was split.
- Preference for future meetings once every three months vs twice per year was split.
- More representation was thought to be needed from Latin and South America, grass-roots patient-lead organizations, policy-makers and decision-makers.
- Members made 20+ suggestions of specific organizations that should be encouraged to apply for membership, many of whom have since applied.
- Suggestions for improvement included more advanced notice of meetings, partnerships on social media, creation of an action plan, the use of polling during and before the meeting, and specific discussions on Global Diabetes Compact work streams.
- Many comments were received on the development of a specific Forum website, which will be taken into consideration as it is developed.
- Overall, many appreciative comments were received regarding members' active involvement, the organization of the event and the fact that people living with diabetes were given space to participate and collaborate in the discussions.

8. Next Forum dates

The Second Global Diabetes Compact Forum will take place on 10–11 May 2022 from 11:00–14:00 (Geneva Time)

The Third Global Diabetes Compact Forum will take place on 31 October and 1 November 2022 from 14:00–17:00 (Geneva Time)

Please note these dates in your calendar. An agenda will be sent in advance of the meetings.

9. A note of thanks from WHO

On behalf of WHO, the Global Diabetes Compact team extends its sincere thanks to the organizations that attended the first Forum meeting. We look forward to fruitful collaboration to the benefit of all people living with diabetes.

10. Meeting recording

Day 1 Meeting Recording:

[https://who.zoom.us/rec/share/
dPwhY49ms2wCkaxMtMWmBoo4wMaF2o4C3IV1DQq_
nHfxvNWv8iDmuKvXSKJJlh6.iz4KaDYmPurP_uN6](https://who.zoom.us/rec/share/dPwhY49ms2wCkaxMtMWmBoo4wMaF2o4C3IV1DQq_nHfxvNWv8iDmuKvXSKJJlh6.iz4KaDYmPurP_uN6)

Access Passcode: 0M1m0&rG

Day 2 Meeting Recording:

[https://who.zoom.us/rec/share/
YyN9EU4pDtun9bvALtCgarOxQ3dUh0KvEAl_
liNJFBjF6lQxjmUyfTAqCZqlr8XJ.Zqn5mrohBgOBcqEC](https://who.zoom.us/rec/share/YyN9EU4pDtun9bvALtCgarOxQ3dUh0KvEAl_liNJFBjF6lQxjmUyfTAqCZqlr8XJ.Zqn5mrohBgOBcqEC)

Access Passcode: %zGH5hWw

11. Appendix 1. Meeting agenda

Day 1. Wednesday, 10 November 2021 | 14:00–17:00 (CET)

TIME	TOPIC	SPEAKERS
14:00–14:02	Welcome and notice of recording (2 minutes)	Moderator – James Elliott WHO Global Diabetes Compact Team, MND, NCD Department
14:02–14:07	A perspective from a person living with diabetes (5 minutes)	Osarenkhoe Ethel Chima-Nwogwugwu Person living with diabetes
14:07–14:12	Ground rules of discussion and housekeeping (5 minutes)	Moderator – James Elliott WHO Global Diabetes Compact Team, MND, NCD Department
14:12–14:22	The WHO's work on diabetes (10 minutes)	Bente Mikkelsen
14:22–14:30	The Forum: What it is? What it is not? (8 minutes)	Moderator – James Elliott WHO Global Diabetes Compact Team, MND, NCD Department
14:30–15:15	Participant introductions (45 minutes)	Participants
15:15–15:30	Break / virtual coffee / open dialogue on chat	-
15:30–16:50	Work stream: Access to essential medicines and associated health technologies (80 minutes)	Participants
16:50–17:00	Summary and close for the day (10 minutes)	Moderator – James Elliott, WHO Global Diabetes Compact Team, MND, NCD Department Bente Mikkelsen Director, NCD Department, WHO HQ

Day 2. Thursday, 11 November 2021 | 14:00–17:00 (CET)

TIME	TOPIC	SPEAKERS
14:00–14:02	Welcome and notice of recording (2 minutes)	Moderator – James Elliott WHO Global Diabetes Compact Team, MND, NCD Department
14:02–14:07	A perspective from a person living with diabetes (5 minutes)	Lejla Druškić Person living with diabetes
14:07 - 14:12	Ground rules of discussion and housekeeping (5 minutes)	Moderator – James Elliott WHO Global Diabetes Compact Team, MND, NCD Department
14:12–15:22	Work stream: Research and innovation (70 minutes)	Participants
15:22–15:42	Break / virtual coffee / open dialogue on chat	–
15:42–16:52	Work stream: Prevention, health promotion and health literacy (70 minutes)	Participants
16:52–17:00	Summary and close for the day (8 minutes)	Moderator – James Elliott WHO Global Diabetes Compact Team, MND, NCD Bente Mikkelsen, Director, NCD Department, WHO HQ

12. Appendix 2. List of participants

FORUM MEMBERS

All India Institute of Medical Sciences	India
Associação de Diabetes Juvenil (ADJ - Diabetes Brasil)	Brazil
Beta Cell Foundation	USA
Blue Circle Diabetes Foundation	India
Centre for Chronic Disease Control (CCDC)	India
CNS (Citizen News Service)	India
Deakin University – The Global Obesity Centre	Australia
Diabesties Foundation	India
Diabetes Australia	Australia
Diabetes Canada	Canada
Diabetic Association of Pakistan	Pakistan
Diabetes Awareness Association (Malawi)	Malawi
Endocrinology and Metabolism Research Institute – Tehran University of Medical Sciences	Iran (Islamic Republic of)
Empower India	India
European Diabetes Forum (EUDF)	Belgium
Foundation for Innovative New Diagnostics – FIND	Switzerland
Grand Challenges Canada	Canada
Health Finance Institute	USA
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)	Switzerland
International Alliance for Diabetes Action (IADA)	USA
International Alliance of Patient Organizations	United Kingdom
International Diabetes Federation	Belgium
International Diabetes Federation Europe Region	Belgium
International Diabetes Federation South and Central America (SACA) Region	Belgium
International Generic and Biosimilar Medicines Association (IGBA)	Switzerland
International Rescue Committee	USA
JDRF International	USA

Landmark Group	United Arab Emirates
London School of Hygiene and Tropical Medicine – Centre for Global Chronic Conditions	United Kingdom
Médecins Sans Frontières	Switzerland
Medicines Patent Pool	Switzerland
NCD Child	Canada
NCD Alliance	Switzerland
NGO Santé Diabète (Association Santé Diabète)	France / Mali
PATH	USA
Positive on Glucose – Lebanon	Lebanon
Primary Care International	United Kingdom
Resolve to Save Lives, an Initiative of Vital Strategies	USA
Semmelweis University Diabetes Dental Research Group	Hungary
Staffordshire University	United Kingdom
Stitching Health Action International	Netherlands
South African Public Health and Preventive Medicine Association	South Africa
Sweet Life Diabetes Community	South Africa
T1International	United Kingdom
University Hospitals of Geneva – Unit of Therapeutic Patient Education	Switzerland
University of Pretoria, Department of Public Health Medicine WHO-collaborating Centre for Diabetes Treatment and Education, National Hospital Organization,	South Africa
Kyoto Medical Centre	Japan
WHO-collaborating Centre – Prof M Viswanathan Diabetes Research Centre & M V Hospital for Diabetes Pvt Ltd.	India
World Diabetes Foundation	Denmark
World Health Federation	Switzerland

WHO SECRETARIAT, GENEVA

James Elliott
Consultant
Management-Screening, Diagnosis and Treatment (MND)
Department of Noncommunicable Diseases

Bashier Enoos
Technical Officer
Integrated Service Delivery (ISD)
Department of Noncommunicable Diseases

Jack Fisher
Technical Officer
Global Coordination Mechanism on NCDs
Department of Noncommunicable Diseases

Guy Fones
Team Lead
Global Coordination Mechanism on NCDs
Department of Noncommunicable Diseases

Bianca Hemmingsen
Medical Officer
Management-Screening, Diagnosis and Treatment (MND)
Department of Noncommunicable Diseases

Menno van Hilten
Senior Cross-Cutting Lead Strategy
Department of Noncommunicable Diseases

Surabhi Joshi
Technical Officer
Digital Health and Innovation

Bente Mikkelsen
Director
Department of Noncommunicable Diseases

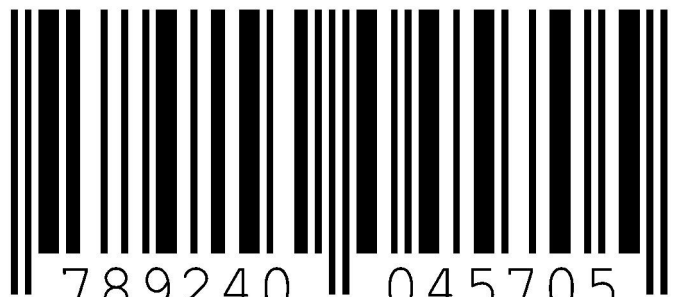
Gertrude Edna Omoro
Consultant
Management-Screening, Diagnosis and Treatment (MND)
Department of Noncommunicable Diseases

Slim Slama
Unit Head
Management-Screening, Diagnosis and Treatment (MND)
Department of Noncommunicable Diseases

Kristine Sørensen
Consultant
Department of Noncommunicable diseases

Cherian Varghese
Cross-Cutting Lead
Department of Noncommunicable Diseases

9789240045705



9 789240 045705