



World Health
Organization

Report of the first meeting of the
**WHO Technical
Advisory Group
on Diabetes**

**virtual meeting
29–30 September 2021**





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Acronyms and abbreviations

CME	continuous medical education
DOI	declarations of interest
EB	Executive Board
LMICs	low- and middle-income countries
NGOs	nongovernmental organizations
NCD	noncommunicable diseases
TAG-D	WHO Technical Advisory Group on Diabetes
WHA	World Health Assembly
WHO	World Health Organization

Overview

The first meeting of the Technical Advisory Group on Diabetes (TAG-D) of the World Health Organization (WHO) was held on 29–30 September 2021. The chairperson, Professor Amanda Adler, welcomed all 12 members¹ of the TAG-D to the virtual meeting.

The objectives and terms of reference of the group were set out in WHO's call for interest.² The nominated members from all six regions of WHO underwent a review of their declarations of interest (DOI) before the meeting. Members comprise experts in the area of diabetes and people living with diabetes.

The meeting constituted the first of several planned meetings and served to introduce the TAG-D members to WHO's work on diabetes and the Global Diabetes Compact.³

The meeting discussed:

1. The Resolution on diabetes (WHA74.4) adopted by the World Health Assembly (WHA), the decision-making body of WHO, in May 2021, and a set of related recommendations to strengthen and monitor diabetes responses within national noncommunicable diseases (NCD) programmes. This included identifying potential populations and health-related goals for diabetes, for example, coverage targets, to submit to the WHO Executive Board for discussion at the 150th WHO Executive Board (EB) whose function is to implement the decisions and policies of the WHA.
2. How to scale up support to low- and middle-income countries (LMICs) to improve diabetes responses within national NCD programmes.
3. How to improve monitoring and evaluating national diabetes responses.

This report summarizes the discussions and recommendations, and outlines the preliminary components of a workplan for the TAG-D 2021–2022.

¹ See Annex 2.

² <https://www.who.int/news-room/articles-detail/call-for-experts-technical-advisory-group-on-diabetes>

³ https://cdn.who.int/media/docs/default-source/diabetes/gdc_need_to_know_web_pdf?sfvrsn=7a4af558_4&download=true

Summary of day 1 discussions

The TAG-D reviewed its remit and functions, as outlined in its terms of reference:⁴

1. to identify and describe current and future challenges in relation to WHO's work on diabetes;
2. to advise WHO on strategic directions to be prioritized;
3. to advise WHO on the development of global strategic documents; and
4. to propose other strategic interventions and activities for implementation by WHO.

The WHO Secretariat explained the process for experts serving on WHO advisory groups completing DOI. The Secretariat considered that two members of the TAG-D had conflicts of interest that may need to be managed related to topics in future meetings but were not deemed to have conflicts in this first meeting.

TAG-D members introduced themselves and shared their motivations for serving on the TAG and described their visions for WHO's work on diabetes.

Session 1: Introduction to WHO's work on diabetes

The WHO Secretariat introduced TAG-D members to the work of WHO on diabetes,⁵ including a landmark resolution on diabetes adopted at the WHA in May 2021 (WHA74.4). This resolution mandates WHO to develop a set of recommendations to strengthen and monitor diabetes responses within national NCD programmes, including potential coverage targets for diabetes.

The TAG-D welcomed the work of the Organization in developing these recommendations and identifying global targets, which WHO had published as a discussion paper⁶ and solicited comments via a web-based consultation. The WHO Secretariat summarized the feedback received and explained that it was in the process of developing a final draft paper for the 150th WHO EB to consider when it next meets in January 2022.

Feedback from the group strongly welcomed the development of global targets but highlighted also that the targets as currently proposed omit common and preventable complications to diabetes such as diabetic foot or eye disease. The group discussed opportunities and challenges related to implementing the proposed recommendations and targets at country level. Key themes during the discussion included the following.

4 [https://cdn.who.int/media/docs/default-source/ncds/tag-diabetes---final-\(1-march-2021\).pdf](https://cdn.who.int/media/docs/default-source/ncds/tag-diabetes---final-(1-march-2021).pdf)

5 https://cdn.who.int/media/docs/default-source/country-profiles/diabetes/tag-diabetes-meeting.pdf?sfvrsn=48e198ce_5

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

People living with diabetes must co-create solutions as their lived experience of the disease makes them experts in their condition. Without fully appreciating the experience of a person living with diabetes in a particular socioeconomic and cultural context, policy-makers and health-care providers cannot design and implement effective solutions. Despite advocacy efforts having been ongoing for years, there is still much to be done to engage people living with diabetes.

Making access to insulin 100 years after its discovery a priority. Access to essential diabetes medicines and health products is a cornerstone of quality treatment. With few providers globally of insulin, the few producers on the insulin market creates barriers to access. National governments and international partners within countries must also address and prioritize people's unequal access to insulin. WHO has a crucial role to play in scaling up access in LMICs.

Addressing the failure to implement clinical and cost-effective interventions in diabetes, the "implementation gap", should be a focus for the Global Diabetes Compact. Solutions, often "low-tech", that have proven effective in one context can be adapted to another. TAG-D members represent diverse contexts and sub-specialities relevant to diabetes. Collectively, they can share and identify a comprehensive set of effective solutions and can also identify what has not worked in improving the health of people with diabetes globally. These efforts are required to address urgent needs of LMICs.

Mental health and psycho-social support influence adherence to treatment. Depression is a major cause of disability and an important co-morbidity in people with diabetes. Considering the mental health of people with diabetes can help health care providers help people address challenges with compliance. The TAG-D invited the WHO department for mental health and substance abuse to discuss mental health and diabetes at future TAG-D meetings.

Summary of day 2 discussions

Session 2: Addressing the implementation gap: How to scale up support to low- and middle-income countries to improve the responses of national NCD programmes to diabetes

The WHO Secretariat presented the ongoing work streams of the Global Diabetes Compact, and introduced TAG-D members to: work stream 1, which seeks to improve access to medicines and health products for diabetes; work stream 2, which focuses on building and supporting implementation of WHO's suite of technical products on diabetes; and work stream 3, which is being developed to support LMICs in better integrating diabetes prevention and control in existing primary health-care systems and national NCD programmes.

Discussions outlined below focused on how WHO, and the Global Diabetes Compact in particular, can help scale-up support to LMICs to improve their response to diabetes within national NCD programmes.

Ensure reliable access to essential medicines and health products for diabetes in primary care: The issue of access and affordability of essential medicines, as well as challenges linked to dispensing, for example, making patients come to a primary care clinic weekly or even daily to get medicines, have to be remedied to ensure compliance. In addition, the TAG-D recognized the importance of standardizing and diversifying health technologies, for example, having access to multiple brands of blood glucose meters and test strips.

Build capacity in the health workforce to care for people with diabetes: The number of diabetologists is limited in LMIC settings and diabetes competency among primary care providers is often poor. Strategies discussed were continuous medical education (CME), skills training and task shifting. CME helps ensure that physicians and other health workers, especially in underserved areas, have the necessary training to detect, diagnose and treat people with diabetes of different phenotypes. In addition, transferring tasks to nurse practitioners and allied health professionals (e.g. podiatry) previously performed by doctors allows physicians to focus on their medical expertise. In addition, task shifting may improve the patient-provider relationship as some patients are more at ease with health-care providers.

Invest in integrated care and structured education to help people to manage their diabetes: Effective primary health-care providers should consider the entire health needs of a person with diabetes, including comorbidities, and ensure that they are contextually appropriate. People have to be equipped with the resources to manage their diabetes appropriately, to live well and prevent or delay complications. An important point raised by TAG-D members was that in order to support people living with diabetes, providers must understand what it means to live with the disability. Thus, simulating living with diabetes including injecting, measuring blood glucose, and counting carbohydrates should enhance their empathy and understanding.

Strengthen the use of technology and telemedicine: The COVID-19 pandemic has disproportionately impacted patients with diabetes, but has also changed the doctor-patient relationship, introducing online consultations and virtual clinics. Telemedicine and technologies adapted for low-income settings could improve access to care in all areas, particularly in remote areas. WHO can positively impact this area by sharing lessons learned and good practice.

Educate communities to prevent or delay diabetes and to improve accurate diagnosis: A TAG-D member explained how awareness-raising activities in schools had resulted in children sharing information with their families and communities. These activities helped to address stigma and encourage relatives to recognize the signs and symptoms of diabetes. TAG-D members also discussed screening for diabetes.

A TAG-D member suggested that, ahead of the group's next meeting on 16–17 December 2021, the TAG-D members should identify and share low-tech solutions that have proven to be effective, and that could be adapted to other contexts.

Session 3: Improving monitoring and evaluating national diabetes responses

The WHO Secretariat presented⁷ WHO's current work on diabetes surveillance and monitoring, which measures:

- implementing policies, guidelines, and monitoring;
- making available medicines, basic technologies, and procedures;
- estimating the prevalence of diabetes and related risk factors;
- determining the effectiveness of diabetes services;
- documenting statistics on the contribution of diabetes to mortality and proportional mortality.

The TAG-D members highlighted the usefulness of the WHO STEPwise Approach to NCD Risk Factor Surveillance (STEPS)⁸ and suggested integrating eye, foot and mental health into the diabetes module of STEPS in the future. They emphasized that WHO should be cautious about adding monitoring tools and instead focus on improving existing tools. On a related note, the members considered that there were opportunities to better utilize existing data rather than collecting more. They proposed engaging with public health institutes, journalists and non-academic actors to utilize, interpret and disseminate data. Other topics discussed included assessing the readiness of the health workforce, collecting

⁷ https://cdn.who.int/media/docs/default-source/country-profiles/diabetes/tag-diabetes-meeting.pdf?sfvrsn=48e198ce_5

⁸ <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>

data on the quality of life of people with diabetes, performance indices for physicians, and harmonizing data collection by Member States, the private sector and WHO, including data on mental health.

While improving monitoring and surveillance of diabetes is an important objective for WHO, it was highlighted that the lack of data is often an excuse for non-action. Data should drive policy and programmes, even in the absence of diabetes registries and state-of-the-art data collection.

Preliminary workplan for the TAG-D (2021–2022)

TAG-D members confirmed that they will be accessible to WHO in between formal meetings, as and when needed by the WHO Secretariat. They discussed and agreed the components of a workplan as outlined below.

Function 1: To identify and describe current and future challenges

- Leadership: How can WHO position its recommendations and targets for diabetes most effectively with national governments and donors to promote global action and accountability by 2030?
- Country support (technical assistance): How can WHO help countries to develop specific pathways to improve access to insulin and related health technologies as part of a strengthened health-system response to NCDs?

Function 2: To advise WHO on strategic directions to be prioritized

- Leadership: How should WHO position the prevention and treatment of diabetes in the context of the recovery from COVID-19? How should WHO prepare for future emergencies, within the wider policy recommendations for strengthening the NCD component of emergency preparedness and responses?
- Country support (technical assistance): What can be done to support countries to scale up uninterrupted provision of diabetes care during humanitarian emergencies, building on the experience gained by the development of the NCD emergency kit and donations of insulin during COVID-19 pandemic?
- Normative work (technical products): What approach should WHO take to calculate the economic impact of diabetes in low-, middle- and high-income countries with a view to raising the priority given to diabetes in countries and making the case for investment?
- Normative work (technical products): Does WHO's existing and planned list of normative products on diabetes reflect the needs of LMICs? Which normative products could be worth considering in the future?
- Normative work (technical products): Does WHO have the right mix of tools to promote the surveillance and monitoring of diabetes?
- Country support (technical assistance): What can WHO do to support countries to scale up their diabetes-related surveillance systems? Are surveillance mechanisms in countries fit-for-purpose? Will reporting on the proposed targets be challenging at country level?

Function 3: To advise WHO on the development of global strategic documents

- Leadership: How should the 2024 Secretary-General's report to the UN General Assembly on the Prevention and Control of NCDs summarize the progress made in preventing and treating diabetes since 2011? What recommendations should the Secretary-General make to Member States?
- Normative work (technical products): What guidance and tools should WHO provide to ensure that universal health coverage benefit packages include diabetes?
- Country support (technical assistance): How could WHO better adapt its diabetes programme to the range of country contexts in which it works, framed through:
 - the settings of low-, lower middle, upper middle and high-income countries;
 - the “signature solutions” that define the core work of WHO on diabetes;
 - the platforms through which WHO delivers its work.

Function 4: To propose other strategic interventions and activities for implementation by WHO

- Leadership: What opportunities and challenges should WHO address when working in partnership with people with diabetes, nongovernmental organizations (NGOs), philanthropic foundations, academic institutions, business associations and the private sector to support countries in implementing national diabetes responses (and achieving Sustainable Development Goal target 3.4.1 by 2030)?
- Country support (technical assistance): How can WHO best develop the Global Diabetes Compact into an innovative partnership before its conclusion in 2030? How can WHO operationalize the WHO Global Diabetes Compact at country level? How can it be financed?

Next steps

The next meeting of the TAG-D will be held virtual and is scheduled on 16–17 December 2021. Meetings in 2022 are planned for June and December. TAG-D members are requested to share effective “low-tech” solutions and approaches that can be adapted to other contexts ahead of the next meeting in December 2021.

Annex 1. Meeting agenda

Day 1	Session	Speaker
Opening session		
13:00–13:10	Welcome	Dr Bente Mikkelsen, Director, Noncommunicable Diseases
13:10–13:15	Introduction and confirmation of the TAG-D chair	Dr Bente Mikkelsen
13:15–13:20	Housekeeping and meeting rules	Dr Amanda Adler, Chair TAG-D
13:20–14:25	Introductions 1. What motivated you to apply to serve on the TAG? 2. What is your vision for strengthening diabetes responses within national NCD programmes at country level? 3. How do you see yourself contributing to WHO's work on diabetes?	Dr Amanda Adler All meeting participants
14:25–14:30	Official group photograph	
14:30–14:45	Health break	
Introduction to WHO's work on diabetes		
14:45–15:15	Resolution WHA 74.4 and follow-up: <ul style="list-style-type: none"> Recommendations to strengthen and monitor diabetes responses within national NCD programmes, including potential targets – Dr Slim Slama /Dr Bianca Hemmingsen Recommendations for the prevention and management of obesity over the life course, including potential targets – Dr Francesco Branca 	Dr Slim Slama, Unit Head, Management of NCDs Dr Bianca Hemmingsen, Medical Officer, Management of NCDs Dr Francesco Branca, Director, Nutrition for Health and Development
15:15–16:15	Discussion	Dr Amanda Adler
16:15–16:30	Summary and closing	Dr Amanda Adler

Day 2	Session	Speaker
13:00–13:15	Welcome and recap of day 1 session	Dr Amanda Adler
Scaling up support to low- and middle-income countries to improve diabetes responses within national NCD programmes		
13:15–13:45	Introduction to the Global Diabetes Compact <ul style="list-style-type: none"> • Workstream 1: Improve access to insulin and associated health technologies • Workstream 2: Strengthen WHO diabetes technical products • Workstream 4: Support countries and build diabetes capacity 	Dr Bente Mikkelsen Dr Bianca Hemmingsen Mr Bashier Enoos, Technical Officer, Integrated Service Delivery
13:45–14:45	Discussion	Dr Amanda Adler Dr Slim Slama
14:45–15:00	Health break	
Supporting improved monitoring and evaluation of national diabetes responses		
15:00–15:10	Current and planned WHO mechanisms for diabetes surveillance	Dr Leanne Riley
15:10–16:10	Discussion	Dr Amanda Adler, Dr Leanne Riley
16:10–16:30	Summary, next steps and close	Dr Amanda Adler Dr Bente Mikkelsen

Annex 2. Meeting participants

TAG-D Members

Dr Amanda Adler

Professor of Diabetic Medicine and Health Policy
Oxford University
United Kingdom

Dr Fatima Al Slail

Director of the Diabetes Prevention and Control Programme and Director of
Cardiovascular Prevention and Control Programme
Ministry of Health
Saudi Arabia

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Dr Stephen Colagiuri

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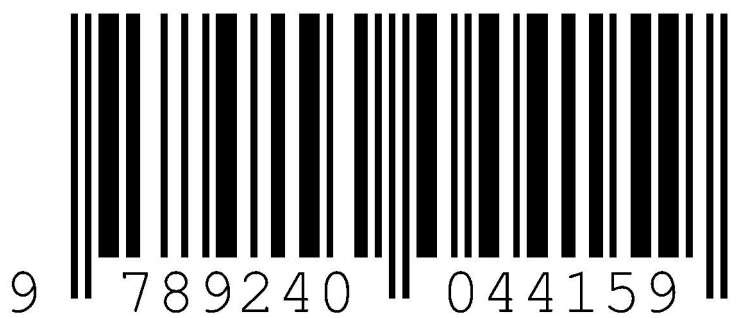
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