



World Health
Organization

Report of the fifth meeting of the

WHO Technical Advisory Group on Diabetes

hybrid meeting
7–8 June 2023





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Abbreviations and acronyms

AFRO	WHO Regional Office for Africa
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
GCM/NCD	Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases
GDG	guideline development group
HbA1c	glycated haemoglobin A1c
LMICs	low- and middle-income countries
NCD	noncommunicable disease
PAHO	Pan American Health Organization
WHO PEN	World Health Organization Package of essential noncommunicable disease interventions for primary health care
TAG-D	WHO Technical Advisory Group on Diabetes
TPE	therapeutic patient education
WHO	World Health Organization

Overview

The World Health Organization (WHO) convened the fifth meeting of the WHO Technical Advisory Group on Diabetes (TAG-D) on 7 and 8 June 2023. The remit of TAG-D is to identify and describe challenges to WHO's work on diabetes; to advise on strategic directions for WHO to prioritize; to advise WHO on the development of global strategic documents; and to propose other strategic interventions and activities for WHO to implement. All 12 members of TAG-D attended the first day and one member was absent on the second day. WHO personnel from regional offices were also invited to attend as part of the WHO TAG-D secretariat. Dr Amanda Adler chaired the meeting. Dr Mitsuru Ohsugi acted as rapporteur and TAG-D secretariat provided technical support.

The agenda and list of attendees can be found in Annex 1 and Annex 2 respectively.

All participants provided declarations of interests (DOIs); all DOIs were reviewed by WHO. Six TAG-D members declared interests that triggered further review. Five members' declared interests were considered minimal and deemed unlikely to affect the experts' judgment. One member's declared interest was considered significant in a specific subject matter, resulting in the member's participation being partially restricted.

Summary of discussions

TAG-D discussed five topic areas:

- updates on the World Health Assembly and the Global Diabetes Compact;
- access to essential diabetes medicines and associated health technologies;
- hyperglycaemia in pregnancy;
- engagement of people with diabetes; and
- regionalization of the Global Diabetes Compact.

Session 1: Updates on the World Health Assembly and the Global Diabetes Compact

The TAG-D secretariat presented relevant highlights from the Seventy-sixth World Health Assembly, attended by delegations from all WHO Member States, which took place in Geneva, Switzerland from 21 to 30 May 2023. These highlights include Member States endorsing an updated list of "NCD best buys", also known as Appendix 3 of the Global action plan for the prevention and control of noncommunicable diseases (1), the first-ever resolution on rehabilitation (2) and a report on the highest attainable standards of health for persons with disabilities (3). Appendix 3 of the Global action plan for the prevention and control of noncommunicable diseases lists six "best buys" for managing diabetes: foot care to prevent amputation, diabetic retinopathy screening, glycaemic control, albuminuria screening, control of blood pressure and statin use (4).

This year's World Health Assembly featured two side events hosted by stakeholders in the Global Diabetes Compact, highlighting WHO's global leadership in diabetes. The International Diabetes

Federation hosted “Breaking barriers for better access to diabetes care”, which focused on the global challenges of accessing quality diabetes care (5). The Leona M. and Harry B. Helmsley Charitable Trust (Helmsley Charitable Trust) hosted “Advancing equity: global action for people living with diabetes”.

The TAG-D secretariat presented developments within the workstreams of the Global Diabetes Compact (6). The Global Diabetes Compact is a WHO-led initiative that aims to reduce the risk of diabetes and ensure that all people diagnosed with diabetes have access to equitable, comprehensive, affordable and high-quality treatment and care. A recent article in *The Lancet* emphasizes the role of the Global Diabetes Compact in uniting stakeholders and driving multisectoral action to achieve the global coverage targets for diabetes (7). Recently, Helmsley Charitable Trust announced a three-year, US\$ 10 million grant with three pillars: strengthen the Global Diabetes Compact’s overall capacity, focusing on global leadership, strategic communication and partnership building; development of technical products to assist Member States in achieving global coverage targets for diabetes and improvements to diabetes care; and increase access to essential diabetes medicine and associated health technologies (8).

Workstream 1: Access to essential medicines and associated health technologies

The TAG-D secretariat updated TAG-D members on how WHO engages with the pharmaceutical and health technology industry to improve access to medicines and devices for noncommunicable diseases (NCDs). This includes work on prequalifying insulins and medical devices (e.g. blood glucose meters and glycated haemoglobin A1c (HbA1c) point-of-care tests); expanding insulin production in low- and middle-income countries (LMICs); and survey reports on access to, and availability of, medicines and on challenges during the COVID-19 pandemic (9, 10, 11). WHO presented more information on workstream 1 during session 2 of the meeting.

Workstream 2: Technical products

The TAG-D secretariat reiterated the five global coverage targets for diabetes to be achieved by 2030: 80% of people with diabetes are diagnosed, 80% of people with diagnosed diabetes have good control of glycaemia, 80% of people with diagnosed diabetes have good control of blood pressure, 60% of people with diabetes of 40 years or older receive statins and 100% of people with type 1 diabetes have access to affordable insulin treatment and blood glucose self-monitoring (12).

To help promote progress towards achieving the targets, WHO is developing technical products, such as estimates of the global diabetes prevalence, a global monitoring framework, clinical guidelines for managing type 1 diabetes in children, guidelines for managing hyperglycaemia in pregnancy, a tuberculosis and diabetes operational handbook, insulin treatment guidelines for adults with type 1 diabetes and a technical brief on insulin thermostability.

Workstream 3: Prevention, health promotion and health literacy

The TAG-D secretariat emphasized the importance of publications and engagement from regions, Member States and TAG-D members around the prevention and health promotion of diabetes. The TAG-D secretariat is collaborating with the WHO Department of Nutrition and Food Safety in efforts to advance implementation of the *WHO acceleration plan to stop obesity* (13).

Workstream 4: Country support

The TAG-D secretariat provided updates on recent country support efforts. The WHO Global Diabetes Compact team acts by providing technical support at the country level. Highlights included recent missions to Ghana and Uganda to support meetings jointly hosted by the WHO country offices and ministries of health spotlighting diabetes as a national health priority (14, 15).

In the South-East Asia Region, the launch of the SEAHEARTS initiative, a platform to bring together tobacco control, salt reduction and elimination of trans-fatty acids along with improved hypertension and diabetes coverage and control through primary health care, has resulted in commitments from Member States. Members of the WHO Global Diabetes Compact applauded the Government of India for committing to treat 75 million people for hypertension and/or diabetes by 2025. Other countries in the Region have also committed to achieving ambitious targets for coverage of diabetes and hypertension care, including Bangladesh (3 million people), Bhutan (50 000 people), Nepal (1.5 million people) and Timor-Leste (50 000 people) (16).

The Global Fund explicitly supports integrating services to prevent, identify and treat comorbidities that accompany HIV and tuberculosis, including diabetes, in its new five-year strategy and its information notes for the 2023–2025 funding cycle. To mobilize resources, the TAG-D secretariat and TAG-D member Dr Jennifer Manne-Goehler supported workshops in Zimbabwe and Tanzania hosted by the WHO Regional Office for Africa (AFRO) to assist countries in addressing NCDs and mental health in their proposals for Global Fund funding. Collaboration is ongoing with the WHO Tuberculosis Programme to develop an operational handbook on integrating tuberculosis and diabetes services. To scale up this work, WHO will engage more civil society organizations.

Workstream 5: Research and innovation

WHO and the TAG-D secretariat are continuing the work on prioritizing research to prevent and manage diabetes in LMICs. Currently, the team is incorporating inputs from key informants across WHO regions and TAG-D members.

Workstream 6: Governance, strategy and partnership

The TAG-D secretariat reviewed the comprehensive engagement framework of the Global Diabetes Compact that encompasses Member States, private sector entities, people with diabetes, the Global Diabetes Compact Forum and the TAG-D. The Forum, which now has more than 100 member organizations, was created by WHO to share and disseminate ideas, information and views among non-state actors that help advocate for the vision of the Global Diabetes Compact (17).

Concluding the presentation, the TAG-D secretariat thanked all TAG-D members for their valuable commitment to TAG-D meetings and contributions in the past two years. WHO informed all members that a call for the next two-year cycle of the TAG-D would soon be released and that all current members were welcome to apply.

Session 2: Access to essential diabetes medicines and associated health technologies

The Integrated Service Delivery Unit of the WHO Department of Noncommunicable Diseases updated TAG-D members on efforts to improve access to essential medicines and associated health technologies for diabetes, in line with Workstream 1 of the Global Diabetes Compact. This included updates on engagement with the pharmaceutical and health technology industry; developing a tool for forecasting and quantifying NCD medicines; WHO Essential Medicines and Health Products Price and Availability Monitoring Mobile Application (MedMon) Surveys of insulin affordability and availability; and the recent WHO report *Access to NCD medicines: emergent issues during the COVID-19 pandemic and key structural factors* (11).

With regard to engaging with the pharmaceutical and health technology industry, the presenter highlighted how WHO has convened dialogues twice a year with private sector entities, including representatives from international business associations. These dialogues focus on ensuring commitments and contributions by the private sector entities toward the NCD responses to achieving Sustainable Development Goal targets 3.4 (NCDs and mental health), 3.8 (universal health coverage) and 3.b (development assistance and vaccine coverage). The first and second dialogues took place in 2021 and focused on access to insulin and associated health technologies for diabetes (18, 19). The third dialogue encouraged commitments and contributions from private sector entities to support WHO's activities to strengthen and improve access to medicines and technologies for diabetes, including manufacturer announcements for 2022/23. Some of these commitments include participating in WHO's prequalification programme for insulin and medical devices (e.g. blood glucose meters and HbA1c point-of-care tests); participating in pool procurement mechanisms for diabetes medicines and health technologies coordinated by WHO; providing an uninterrupted supply of human insulin for LMICs by completing technology transfer of the active pharmaceutical ingredient to a local manufacturer; and capacity building in domestic manufacturing and supply chain management (including cold storage) following international good practice standards (20).

The process of prequalifying blood glucose meters and HbA1c point-of-care tests is progressing, with WHO Technical Specifications Series 18 and 19 available for public comment (21). Prequalification of medicines is also progressing, with two private sector entities having had insulin prequalified. WHO prequalified the first human insulins in 2022, and in May 2023, the first insulin analogues were prequalified. There is also continued work on the development of insulin biosimilars and improving industry competition.

The presenter also highlighted to TAG-D members that WHO collects data to measure the price, affordability and availability of NCD medicines through the WHO MedMon app. Progress in the MedMon implementation included two reports recently published by WHO on the availability and prices of essential medicines, including insulin, in Uzbekistan and Tajikistan (9, 10).

Further, the presenter highlighted that WHO is developing an NCD medicine forecasting tool. This tool intends to provide a more effective and standardized approach to quantifying future demand for NCD medicines and health technology products at national, provincial and health facility levels. WHO expects to complete the tool by the end of 2024. Lastly, the presenter shared an update on

the WHO report, *Access to NCD medicines: emergent issues during the COVID-19 pandemic and key structural factors*, published in early 2023, which aimed to describe and analyse how the COVID-19 pandemic affected supply chains for NCD health products, to identify key vulnerabilities and bottlenecks and to propose key themes and a framework for developing policy in future (11).

The session continued with a discussion led by the chair, Dr Adler, on reducing barriers to accessing essential diabetes medicines and associated technologies. TAG-D members responded with issues including availability, cost and quality. Regarding availability, the TAG-D identified political will, incapacity in production and distribution and financing instability as conditions that have led to global, national or regional shortages. TAG-D members suggested engaging insulin manufacturers to have their products prequalified by offering technical assistance. On the cost issue, TAG-D considered production and distribution costs a key barrier. To address this problem, TAG-D members suggested that diabetes communities engage responsible entities to implement concrete policies to keep medicines affordable. Some policy examples included creating a price cap, promoting competition to lower costs, technical training to policy-makers on selecting cost-effective therapy, building national or regional capacity to produce medicine and cutting distribution costs.

Session 3: Hyperglycaemia in pregnancy

In this session, Dr Doris Chou, Medical Officer, Maternal and Perinatal Health, WHO Department of Sexual and Reproductive Health and Research, presented TAG-D members with an update on the development of WHO recommendations on screening and interventions for hyperglycaemia during pregnancy.

Development of WHO guidelines

A WHO guideline refers to any document created by WHO that contains recommendations for clinical practice or public health policy. Recommendations assist the guideline user in making well-informed decisions about implementing specific interventions, clinical evaluations, or public health measures.

The work to develop a guideline is undertaken by four groups:

- the steering group includes members from WHO departments and regional offices whose work deals directly with the topic of the guideline;
- the Guideline Development Group comprised of external experts whose central task is to develop evidence-based recommendations;
- the external review group composed of persons interested in the subject of the guideline as well as individuals who will be affected by the recommendations; and
- the systematic review team.

Recommendations to manage hyperglycaemia in pregnancy

Given that 80–90% of women conceive over their lifetime, it is critical to provide adequate care for women with NCDs before, during and after pregnancy (22). In 2021, informed by a scoping

review, technical advisors identified five priority areas of NCDs for women and pregnancy: diabetes, cardiovascular conditions, haemoglobinopathy, mental health and substance use and respiratory conditions. Following this recommendation, the steering group will convene Guideline Development Group (GDG) meetings on a rolling basis to cover all the thematic areas.

With regard to the management of pre-existing and gestational diabetes in pregnancy, the steering group drafted questions that might form the basis of the guidelines. Dr Chou invited TAG-D members to comment on the proposed questions. The members provided suggestions to the list and added additional priority questions for recommendations on managing diabetes in the preconception, pregnancy and postpartum periods. TAG-D members affirmed the need for recommendations on care during the preconception/pre-pregnancy period for women with diabetes, and noted concerns about detecting and managing hyperglycaemia, during the pregnancy. Members also recognized the importance of detecting postpartum diabetes, preventing type 2 diabetes in someone with a history of gestational diabetes, identifying a future pregnancy risk for someone who has previously delivered a large-for-gestational-age baby and managing the psychological challenges.

In late 2023, the steering group will convene a GDG for this guideline and share the list of questions. The GDG will finalize the scope of the guideline and provide regular updates to the TAG-D, coordinated by the responsible WHO technical officers.

Session 4: Engagement of people with diabetes

In this session, the TAG-D secretariat invited a representative from the Global Coordination Mechanism on Prevention and Control of NCD (GCM/NCD) to speak about the *WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions*, launched by WHO in May 2023 (23). Ms Maia Olsen, technical and implementation consultant at GCM/NCD, presented to TAG-D members the progress in developing a framework, operationalizing it and tying it into the Global Diabetes Compact.

This framework was inspired by earlier successful movements driven by people with lived experience of HIV/AIDS. The core components of this framework are participation and inclusion, underpinned by the principle that people with lived experience have the right to be involved in creating, implementing and enhancing NCD-related policies, programmes and services. The framework links principles to practical actions that WHO and Member States can take in the implementation of policies, including reforming organizational practices, processes and culture to achieve more equitable participation in the policy-setting, and to prevent stigmatization of, and discrimination against, people with NCDs. The GCM/NCD team will pilot implementing the framework in the Eastern Mediterranean Region to apply learnings to other WHO regions and countries.

Further, Ms Olsen highlighted an ongoing initiative on a series of publications in the British Medical Journal, co-authored by people with NCDs, and one of these articles will be on stigma and type 2 diabetes. There will be opportunities for people with diabetes to participate in the steering committee and three upcoming global WHO symposiums on people with NCDs, mental health and neurological conditions, focused on bringing people with lived experience into the preparatory process leading up to the next UN High-level Meeting on NCDs in 2025.

Following the presentation, Dr Adler prompted TAG-D members to discuss successful examples of engagement by people with diabetes and perceived barriers to engaging people with type 2 diabetes. Questions and responses are summarized in Table 1.

Table 1. Questions by TAG-D members

Question	Responses
How can WHO country offices engage with governments to communicate the importance of engaging people with lived experience in an official and systematized national programme?	GCM/NCD is in the initial stages of piloting the framework with the Eastern Mediterranean Region as a potential template for future implementation in other WHO regions and at country levels. This participatory approach from nongovernmental organizations can be embedded in programmes developed by a ministry of health. However, WHO should start by learning lessons from implementing programmes regionally to develop regional policy briefs and develop recommendations and prioritize actions.
What are the biggest barriers to involving people with type 2 diabetes?	Stigma remains a considerable barrier.
What is the best way to draw stakeholders' attention to the need to engage more people with type 2 diabetes?	Highlight to funders, public officials and other stakeholders the increasing prevalence of type 2 diabetes across age groups.
How can stakeholders engage more effectively with people with lived experience?	Use local, non-technical language.
What other example is there of engagement with people with diabetes?	Some research-funding organizations require participation and input from people with diabetes in the research proposal application.

In closing the session, Dr Adler lauded GCM/NCD work in developing and implementing the framework to involve people who have diabetes.

Session 5: Regionalization of the Global Diabetes Compact

Since the launch of the Global Diabetes Compact in 2021, several WHO regions have taken steps to regionalize the initiative. The regionalization of the Global Diabetes Compact varies according to regional context but often involves situational analyses, engaging stakeholders, strengthening technical support for Member States, mobilizing resources and planning awareness-raising activities. The regions support Member States towards achieving the global coverage targets for diabetes.

In this last TAG-D session, regional colleagues presented ongoing efforts, challenges and future plans to implement the Global Diabetes Compact in each of their regions.

The WHO Region of the Americas

Dr Carmen Antini Irribarra, Advisor for Diabetes Prevention and Control from the Pan American Health Organization (PAHO), presented a regional update. According to recent data, 62 million

people have diabetes in the Region of the Americas. In 2019, the disease was the sixth leading cause of death and the second leading cause of years lived with disability in the Region.

Dr Antini cited significant challenges including governance, policy, financing, human resource, service delivery, medicines and health information related to diabetes. To control diabetes, the Regional Office implemented the Global Diabetes Compact with three pillars:

- prevention and awareness (e.g. implementing the Plan of Action for the Prevention of Obesity in Children and Adolescents and stakeholder group meetings for diagnosis and treatment);
- diagnosis and treatment (e.g. implementation of HEARTS-D module, increased access to medicine and technology through PAHO's Strategic Fund); and
- monitoring (e.g. STEPS survey implementation in 13 countries and integration of diabetes in health information system).

HEARTS-D is an extended version of HEARTS, a technical package to improve cardiovascular health, with complementary parts for diagnosing and managing type 2 diabetes (24).

In the future, the Regional Office will continue its work on those pillars, including hosting a series of webinars (tuberculosis and diabetes webinar, HEARTS-D and Global Diabetes Compact) and a joint virtual panel with PAHO Strategic Fund for Public Health Supplies programme entitled "From plan to action: increasing access to NCD medicines", meeting with stakeholder groups, conducting HEARTS subregional and diabetes surveillance indicator workshops and working on a diabetes self-management course.

Closing the presentation, Dr Antini and Dr Adler sought inputs from the TAG-D about strategies to increase uptake by Member States of the WHO guidelines on diabetes. TAG-D members advised that the guidelines should be easy to read, contain high-quality evidence and be disseminated directly to the health care provider (through conferences, webinars or workshops) but also to make them available to people with diabetes. Members added that guidelines are often developed only for clinicians and sometimes only physicians, suggesting adding scope for other health professionals and for people with diabetes and their families.

The WHO European Region

Dr Jill Farrington, Regional Medical Officer for Cardiovascular Diseases and Diabetes from the WHO Regional Office for Europe (EURO), presented diabetes initiatives in the WHO European Region. The Region has 64 million people with diabetes. This is coupled with humanitarian crises such as wars, migration, earthquakes and pandemics.

To prevent and control diabetes, EURO established an initiative to review the evidence for screening for diabetes and cardiovascular disease and the results are planned for launch in September 2023. Screening policy has been popular in European countries among politicians. However, screening, particularly at the population level, may not provide benefits that lead to better health outcomes. People diagnosed in screening programmes may receive adequate treatment only if health systems are prepared and whether there are advantages to delivering this treatment earlier than would otherwise be offered is not clear. Dr Farrington asked TAG-D members how to balance detecting diabetes without overwhelming the health system. While

system capacity is a big challenge, several other countries have screening programmes. Still, concrete policies and programmes are needed to ensure the country has a pathway for confirmatory tests and follow-up treatments.

Finally, Dr Farrington shared work from the Regional Office on developing guidelines for therapeutic patient education (TPE), an upcoming diabetes summit, policy briefs, conferences and country support (e.g. screening for diabetic retinopathy).

The WHO Eastern Mediterranean Region

Ms Matilda Byström, Technical Officer for the NCD Management Unit of the WHO Regional Office for the Eastern Mediterranean (EMRO), presented updates on the WHO Eastern Mediterranean Region. As in the European Region, the Eastern Mediterranean Region has been facing an unprecedented level of emergencies, which impedes providing care to people with NCDs, including diabetes.

To address this regional challenge, EMRO developed a Regional framework for action on diabetes prevention and control, which was endorsed by WHO EMRO Member States in 2021 (25). To implement the regional framework, EMRO leads various initiatives: implementing a working group for TPE; developing a TPE curriculum; developing guidelines for managing diabetes during Ramadan; implementing the HEARTS technical package in multiple countries; developing a regional framework for action on NCDs in emergencies; and a roadmap to implement programmes related to NCDs in children.

Following the presentation, Ms Byström asked TAG-D members about strategies to ensure the provision of care to people with diabetes in emergencies. The TAG-D secretariat shared information about the NCD emergency kit to support member states during crises. The kit contains essential medicines and tools for managing diabetes, such as blood glucose meters (26). TAG-D members added that some humanitarian organizations developed and adopted the WHO Package of essential noncommunicable (PEN) disease interventions for primary health care for use in humanitarian settings (27). PEN is a prioritized set of cost-effective interventions that can be delivered with quality care, even in resource-poor settings. The package provides protocols for NCDs to strengthen national capacity to integrate and scale up care of NCDs in primary health care (28).

The WHO African Region

Dr Prebo Barango, Team Lead of the NCD management programme in the WHO Regional Office for Africa (AFRO), updated TAG-D members about the diabetes burden in the African Region. Diabetes risk factors, such as overweight/obesity and physical inactivity, contribute to the high prevalence in the Region. In addition, humanitarian crises and emergencies have added barriers and challenges for people to get appropriate care.

The Regional Office is currently adapting the Global Diabetes Compact to the African Region and implementing it. This includes developing a diabetes blueprint and implementing and scaling up HEARTS-D and PEN (29). The Global Diabetes Compact supports countries in the African Region, including assistance on Global Fund applications for integrated tuberculosis and diabetes services and efforts to build national ownership to address diabetes in countries (e.g. Ghana and Uganda).

Closing remarks

The rapporteur, Dr Mitsuru Ohsugi, summarized the fifth TAG-D meeting. Dr Ohsugi highlighted that price, distribution and quality of medicine must be addressed to improve access. He recognized the challenges of developing guidelines that can be generalizable across diverse populations and countries. He acknowledged the successful work being done at the regional level and advised WHO to mobilize more resources to amplify those efforts. He encouraged the TAG-D secretariat to track the global coverage targets to measure progress over time. Lastly, Dr Adler closed the meeting.

Next steps

The TAG-D secretariat appreciated all members of the first TAG-D group for their commitment and valuable inputs to WHO's work on diabetes at global, regional and country levels. The fifth meeting marked the conclusion of the two-year cycle of the TAG-D. Therefore, the TAG-D secretariat has since released a call for experts to apply for membership for the next two-year cycle.

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Annex 1. Meeting agenda

Day 1	Session	Speakers
Opening Session		
13:00–13:10	Welcome and presentation of agenda	Dr Bente Mikkelsen, Director, Department of Noncommunicable Diseases, WHO
13:10–13:15	Housekeeping & meeting rules	Dr Amanda Adler, Chair TAG-D
Session 1. Updates on the World Health Assembly and the WHO Global Diabetes Compact		
13:15–13:30	General updates from the World Health Assembly and the Global Diabetes Compact	Dr Bente Mikkelsen
13:30–14:00	Discussion <ul style="list-style-type: none"> Are you currently involved in, or aware of, any initiatives that could help facilitate any of the six work streams of the Global Diabetes Compact? Is there any strategic advice, potential challenges, or opportunities you can share with the WHO with regards to the work being presented? 	TAG-D members, moderated by Dr Amanda Adler
Session 2. Access to essential diabetes medicines and associated health technologies		
14:00–14:15	Progress on access to essential diabetes medicine and associated health technologies	Dr Alarcos Cieza, Unit Head, Integrated Service Delivery Unit, NCDs, WHO Dr Mazvita Zanamwe, Consultant, Integrated Service Delivery Unit, WHO
14:15–15:00	Discussion <ul style="list-style-type: none"> What can the diabetes community do to support countries to reduce access barriers to medicines and technologies for diabetes diagnosis and treatment? 	TAG-D members, moderated by Dr Amanda Adler
15:00–15:15	Break	
Session 3. Hyperglycaemia in pregnancy		
15:15–15:30	WHO work on pregnancy and diabetes guidelines	Dr Doris Chou, Medical Officer, Maternal and Perinatal Health, WHO
15:30–16:15	Discussion <ul style="list-style-type: none"> What do you see as the main unanswered questions and needs for the upcoming guideline? 	TAG-D members, moderated by Dr Amanda Adler
16:15–16:30	Summary and close	Dr Amanda Adler Dr Mitsuru Ohsugi, meeting rapporteur

Day 2	Session	Speaker
13:00–13:10	Welcome and recap from Day 1	Dr Amanda Adler
Session 4. Engagement of people with diabetes		
13:10–13:25	Framework for how WHO can engage people with noncommunicable diseases	Ms Maia Olsen, Technical and Implementation Consultant, Global Coordination Mechanism on NCDs
13:25–14:05	Discussion <ul style="list-style-type: none"> Can you provide examples of successful engagement of people with diabetes, especially within your own work and experience? 	TAG-D members, moderated by Dr Amanda Adler
14:05–14:20	Break	
Session 5. Regionalization of the Global Diabetes Compact		
14:20–14:30	Regionalizing the Global Diabetes Compact in the Americas – PAHO	Dr Carmen Antini Iribarra, Advisor, Diabetes Prevention and Control, PAHO
14:30–14:40	Regionalizing the Global Diabetes Compact in Africa – AFRO	Dr Prebo Barango, Team Lead, NCD Management Programme, WHO AFRO
14:40–14:50	Regionalizing the Global Diabetes Compact in Europe – EURO	Dr Jill Farrington, Regional Medical Officer, Cardiovascular Diseases and Diabetes, NCD Management Unit, WHO EURO
14:50–15:00	Regionalization of the Global Diabetes Compact in the Eastern Mediterranean Region – EMRO	Ms Matilda Byström, Technical Officer, Noncommunicable Diseases Management Unit, WHO EMRO
15:00–16:00	Discussion <ul style="list-style-type: none"> Are there examples WHO can draw upon where a large-scale global health initiative such as the Global Diabetes Compact was successfully regionalized? What do you perceive as the main barriers for successful implementation of the Global Diabetes Compact? What strategies could be effective to increase uptake of the WHO guidance on diabetes? 	TAG-D members, moderated by Dr Amanda Adler
16:00–16:15	Summary of day 2	Dr Mitsuru Ohsugi, meeting rapporteur
16:15–16:30	Next steps and closure	Dr Amanda Adler Dr Bianca Hemmingsen, Medical Officer, Noncommunicable Diseases, WHO

Annex 2. Meeting participants

TAG-D members

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