Declaration on accelerating action on commitments to improve diabetes detection and quality of care

1. We, the World Health Organization (WHO), a specialized agency of the United Nations, through its Regional Office for Europe, and the International Diabetes Federation (IDF) – Europe, a non-profit-making umbrella organization of national diabetes associations, signatories of this declaration arising from the High-level Technical Summit on Accelerating Implementation of Commitments to Improve Diabetes Detection and Quality of Care, acknowledge our respective roles and mandates, and come together to offer support to Member States.

2. We recognize the significant effort made by Member States to reduce premature mortality and to improve the detection, diagnosis and treatment of diabetes in the WHO European Region.

3. We recall the following targets and commitments:
   - 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal (SDG) 3 Target 4 to reduce by one third premature mortality from noncommunicable diseases and Target 8 to achieve universal health coverage;
   - Seventy-fourth World Health Assembly resolution 74.4 on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes;
   - 2030 global coverage targets for diabetes adopted at the Seventy-fifth World Health Assembly;
   - global and European action plans for the prevention and control of noncommunicable diseases;
   - Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020;
   - WHO Global Diabetes Compact; and
   - for the Member States of the European Union, the European Parliament resolution on the prevention, management and better care of diabetes in the European Union on the occasion of World Diabetes Day.

4. We note that despite these commitments the number of people living with diabetes in the WHO European Region continues to rise; according to IDF estimates, one third remains undiagnosed and up to half may not meet their treatment targets. We express concern regarding the speed and effectiveness of implementation.
5. We emphasize the role that effective diabetes prevention and management can play in contributing to more resilient and sustainable health systems.

6. We acknowledge the mounting challenges facing national health systems in an “era of permacrisis” and competing priorities, detracting from investment and focus on quality prevention and timely management of noncommunicable diseases such as diabetes, and thus call for acknowledgement of the commitments made and renewed focus on actions to accelerate progress toward the agreed targets.

7. We are concerned about the impact of all hazards on continuity of care for people living with diabetes and other noncommunicable diseases and acknowledge that they are among those most affected — for example people with diabetes are at a higher risk of becoming severely ill or dying from coronavirus disease (COVID-19).

8. We express concern that the number of people living with diabetes is increasing when some types of diabetes can be prevented, and we note that the increasing number of people living with diabetes is strongly associated with insufficient prevention of risk factors that underlie diabetes, such as overweight and obesity, unhealthy diets, physical inactivity and tobacco use, and is related to socioeconomic status and the impact of social, economic and environmental determinants of health.

9. We recognize the importance of a whole-of-government and whole-of-society approach and of stakeholder engagement and collaboration between WHO, non-State actors, such as IDF, and Member States in advancing national, regional and global plans for the prevention and control of diabetes.

10. Furthermore, we recognize the importance of meaningful (respectful, dignified and equitable) engagement of people with lived experience in understanding and solving complex problems in order to design, implement, monitor and evaluate relevant solutions together.

11. We welcome the added value of cooperation with the European Diabetes Forum and the power and potential of partnering with their member associations.

12. We recognize the importance of United Action for Better Health in Europe and of an economy of well-being that ensures universal access to quality care without hardship, that puts people at the centre of services and that strives to reduce health inequalities to close the gaps in health outcomes and to leave no one behind, as outlined in WHO’s European Programme of Work 2020–2025.

13. We acknowledge that governments are aware of these commitments and are already taking important measures to address them, yet face mounting challenges in implementation, and thus call on Member States, following the discussions during the Summit, to take further action in line with World Health Assembly resolution 74.4:

(1) to apply whole-of-government and whole-of-society approaches that place achievement of the five diabetes- and obesity-related global voluntary targets at the centre of the response;

(2) to raise, within national noncommunicable disease responses, the priority given to the prevention and control of diabetes, including management of obesity, early
diagnosis, treatment, care and management of complications, taking into account national priorities;

(3) to strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes and promoting healthy diets and lifestyles;

(4) to raise awareness about the national public health burden caused by diabetes, through a life course perspective, and about the relationship between diabetes, poverty and social and economic development, as well as the relationship between obesity and risk for developing type 2 diabetes;

(5) to ensure a continued focus on maintaining a high level of treatment and care for all people, regardless of the COVID-19 pandemic, including for people living with diabetes, especially in low- and middle-income countries, recognizing that necessary diabetes prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as by a global shortage of qualified health workers;

(6) to ensure that national strategies for the prevention and control of noncommunicable diseases contain the necessary provisions to cover persons living with diabetes with quality essential health services and promote access to diagnostics and quality, safe, effective, affordable and essential medicines, including insulin, oral hypoglycemic agents and other diabetes-related medicines and health technologies for all people living with diabetes, in accordance with national context and priorities;

(7) to strengthen health systems and high-quality, integrated and people-centred primary health services for all, health management information systems, and an adequate and well-trained and equipped health workforce, taking into account national contexts;

(8) to improve prevention and control of diabetes throughout the life course through the reduction of modifiable and preventable risk factors for diabetes, including obesity and physical inactivity, and better access to safe, affordable, effective and quality essential diagnostics, medicines, and other related health products;

(9) to strengthen health promotion and improve health literacy, including through access to understandable and high-quality, patient-friendly information and education;

(10) to strengthen monitoring and evaluation of diabetes responses, through country-level surveillance and monitoring systems, including surveys, that are integrated into existing national health information systems, and by identifying priority areas for diabetes research;

(11) to continue working collaboratively, in accordance with national and regional legal frameworks and contexts, to improve the reporting of information by suppliers on registered diabetes medicines, and other related health products.
14. As the WHO Regional Office for Europe and IDF Europe, we agree to support Member States to accelerate progress toward meeting or exceeding, where appropriate, the global diabetes targets for 2030:

- 80% of people living with diabetes are diagnosed;
- 80% 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 and blood glucose self-monitoring.

15. We recognize that for meaningful progress to be made, it is important to involve all key stakeholders, especially people living with diabetes, and it is in this spirit of cooperation that we put forward this declaration.

[Signatures]

WHO Regional Office for Europe
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International Diabetes Federation - Europe