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FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL DIABETES COMPACT IN THE WHO AFRICAN REGION

Report of the Secretariat

EXECUTIVE SUMMARY

1. In the broader context of universal health coverage (UHC) and reducing premature mortality from noncommunicable diseases (NCDs), diabetes presents significant social and economic challenges, particularly in developing countries. Its multifaceted causes, including lifestyle, genetics, and environmental factors, contribute to its escalating prevalence worldwide.

2. Health system limitations, inadequate health literacy, and prevalent social, cultural, and economic barriers in the African Region exacerbate vulnerability and hinder access to diabetes prevention and control services, compounding the burden of diabetes. Consequently, the Region is estimated to have the highest proportion of undiagnosed diabetes.

3. In 2021, WHO launched the Global Diabetes Compact (GDC) to reduce the risk of diabetes and ensure that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable, and quality treatment and care. This Regional framework has been developed as a follow-up to the 2007 Regional strategy for diabetes prevention and control to facilitate and strengthen the implementation of the GDC.

4. The Regional framework aims to support the implementation of localized, cost-effective programmes for the prevention and control of diabetes. This includes reducing diabetes risk factors through multisectoral, population-based health policies, strengthening primary health care for timely diagnosis and treatment, and prioritizing vulnerable populations living with diabetes. Furthermore, it emphasizes access to equitable, comprehensive, and quality treatment and care, essential medicines, including insulin, and the integration of diabetes care into tuberculosis (TB) services.

5. Additionally, the Framework underscores the need for regular monitoring, evaluation, and adaptability for sustained progress, and sets targets and milestones for achievement by 2030. Guiding principles and priority interventions to guide Member States in effectively combating the diabetes burden are also articulated in the Framework.

6. Priority interventions within the Framework include diabetes programme development; capacity strengthening; integration of diabetes services into primary health care and priority disease programmes; enhancement of access to diabetes medications, including insulin; partnership, advocacy, and resource mobilization; and monitoring, evaluation, and operational research.

7. The Regional Committee is invited to examine and adopt the actions proposed.

CONTENTS

ANNEX

ABBREVIATIONS

AFRO	WHO Regional Office for Africa
AIDS	acquired immunodeficiency syndrome
GDC	Global Diabetes Compact
HEARTS	Technical package for cardiovascular disease management in primary health care
HEARTS-D	Diagnosis and management of type 2 diabetes
HIV	human immunodeficiency virus
HMIS	health management information system
NCDs	noncommunicable diseases
NGO	nongovernmental organization
PHC	primary health care
TB	tuberculosis
T1D	type 1 diabetes
T2D	type 2 diabetes
UHC	universal health coverage
NGO	nongovernment organization
WHO	World Health Organization
WHO PEN	WHO Package of Essential Noncommunicable disease interventions for primary health care in low-resource settings

INTRODUCTION

1. Diabetes, a chronic disease caused by insufficient insulin production or ineffective insulin use, is rising rapidly worldwide, especially in Africa.[1] Uncontrolled diabetes commonly leads to hyperglycaemia, causing severe harm to numerous body systems, especially nerves and blood vessels. Type 1 diabetes (T1D) results from deficient insulin production, and its causes and means of prevention remain unknown. In contrast, type 2 diabetes (T2D) stems from the body's ineffective insulin use and is associated with unmodifiable factors such as race, ethnicity and age, as well as modifiable factors that include excess body weight, obesity, physical inactivity, and unhealthy diets.

2. Diabetes presents a serious risk to achieving UN Sustainable Development Goal target 3.4, to reduce premature mortality from NCDs by one third, through prevention and treatment and promotion of mental health and well-being. People living with diabetes face unnecessary risks of debilitating and irreversible complications if undiagnosed or poorly managed. Over time, diabetes can lead to serious damage to the heart, eyes, kidneys, and nerves, increasing the risk of limb amputation, loss of vision and early death.

3. Globally, the number of people with diabetes has surged dramatically from 60 million in 1980 to over 537 million individuals in 2021, with over 95% of them having T2D.[2] In 2010, an estimated 12.1 million people lived with diabetes in Africa; that number increased to 24 million in 2021, and is projected to rise to 55 million by 2045.[3] In Africa, this burden is influenced by various epidemiological factors, including urbanization and socioeconomic disparities, with diabetes primarily affecting vulnerable populations. Moreover, the coexistence of infectious diseases such as TB,[4,5] and limited access to diabetes diagnostic and care services, particularly in rural areas, contribute to the increasing trend.

4. Four NCD-related documents on diabetes have been produced within and outside the Region: "Diabetes prevention and control: A strategy for the WHO African Region" (AFR/RC57/7);[6] "WHO Package of Essential Noncommunicable Disease Interventions" (WHO PEN);[7] "Regional framework for integrating essential noncommunicable diseases in primary health care" (AFR/RC67/12); and "PEN-Plus – A regional strategy to address severe noncommunicable diseases at first-level referral health facilities" (AFR/RC72/4).[8]

5. In response to the increasing global burden of diabetes, WHO launched the Global Diabetes Compact (GDC) in 2021, and this Regional framework aims to adapt and implement the GDC in the WHO African Region to save lives from the debilitating disease.[9]

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1 World Health Organization. Diabetes key facts. (https://www.who.int/news-room/fact-sheets/detail/diabetes(2023, accessed 5 October 2023)

2 International Diabetes Foundation. Diabetes Atlas 2021. (https://diabetesatlas.org/atlas/tenth-edition/, accessed 5 October 2023)

3 International Diabetes Foundation. Diabetes Atlas 2021. (https://diabetesatlas.org/atlas/tenth-edition/, accessed 5 October 2023)

4 Collaborative framework for care and control of tuberculosis and diabetes. Geneva: World Health Organization; 2011 (https://apps.who.int/iris/bitstream/handle/10665/44698/9789241502252_eng.pdf, accessed 5 October 2023)

5 IDF Diabetes Atlas, 9th Edition. Brussels: International Diabetes Federation; 2019 (https://diabetesatlas.org/atlas/ninth-edition/, accessed 5 October 2023)

6 AFR/RC57/7 (https://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC57-7.pdf, accessed 5 October 2023)

7 WHO PEN (https://www.who.int/publications/i/item/9789240009226, accessed 5 October 2023)

8 AFR/RC72/4:(https://www.afro.who.int/sites/default/files/2022-11/AFR-RC72-4%20PEN-plus%20%20a%20regional%20strategy%20to%20address%20severe%20noncommunicable%20diseases.pdf, accessed 5 October 2023)

9 World Health Organization. The WHO Global Diabetes Compact [Internet]. Geneva: WHO;2021. (https://www.who.int/initiatives/the-who-global-diabetes-compact, accessed 5 October 2023)

CURRENT SITUATION

6. Despite the lower prevalence of 1 in 22 adults in the African Region compared to the global estimate of 1 in 10 adults living with diabetes, premature mortality from the disease stands at 58%, higher than the global average of 48%. Similarly, the age-standardized death rate for diabetes in the Region is 48 per 100 000 population, more than double the global rate of 23 per 100 000.[10] In 2021, diabetes was responsible for 416 000 deaths in Africa.[11] Furthermore, the African Region has the highest proportion of undiagnosed diabetes (over 1 in 2 of all people with diabetes: 54%).[12]

7. In Africa, the burden of diabetes is shaped by multiple epidemiological factors. Firstly, urbanization due to rapid population growth in urban areas leads to lifestyle changes characterized by reduced physical activity and increased consumption of unhealthy foods, contributing to the rise in diabetes rates.[13] Secondly, socioeconomic disparities, mostly affecting people from lower socioeconomic backgrounds, often limit their access to nutritious foods and health care services, increasing their susceptibility to diabetes. Thirdly, the coexistence of infectious diseases such as TB alongside diabetes presents a complex challenge. Diabetes not only increases the risk of TB but also worsens TB outcomes, leading to higher mortality rates.[14,15,16] Additionally, the lack of access to health care services, particularly in rural areas where resources are limited, further complicates diabetes management and prevention efforts.

8. Diabetes and hypertension share common risk factors such as obesity, unhealthy diet, physical inactivity, and ageing. Having one condition increases the likelihood of developing the other. People with both diabetes and hypertension face an elevated risk of cardiovascular disease, such as heart attack or stroke.[17]

9. Gestational diabetes is characterized by hyperglycaemia during pregnancy, with blood glucose values above normal but below those diagnosed for diabetes. Africa has one of the highest birth rates globally, with a significant portion of pregnancies affected by various health challenges, including gestational diabetes. Approximately one in eight births in Africa are affected by hyperglycaemia during pregnancy.[18] Women with gestational diabetes are at increased risk of complications during pregnancy and at delivery. Furthermore, these women and possibly their children are also at increased risk of type 2 diabetes in the future.

10. To date, in respect of the health systems and services response to diabetes, national operational plans, policies and strategies or action plans for prevention and control of diabetes are

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10 International Diabetes Foundation. Diabetes Atlas 2021. (https://diabetesatlas.org/atlas/tenth-edition/, accessed 12 December 2023).

11 International Diabetes Foundation. Diabetes Atlas 2021. (https://diabetesatlas.org/atlas/tenth-edition/, accessed 12 December 2023).

12 International Diabetes Foundation. Diabetes Atlas 2021. (https://diabetesatlas.org/atlas/tenth-edition/, accessed 12 December 2023).

13 World Health Organization. TB and diabetes. (https://www.who.int/publications/digital/global-tuberculosis-report-2021/featured-topics/tb-diabetes, accessed 12 December 2023)

14 World Health Organization. TB and diabetes. (https://www.who.int/publications/digital/global-tuberculosis-report-2021/featured-topics/tb-diabetes, accessed 12 December 2023)

15 Kalra, S., Kalra, B., Agrawal, N. et al. Understanding diabetes in patients with HIV/AIDS. Diabetol Metab Syndr 3, 2 (2011). (https://doi.org/10.1186/1758-5996-3-2., accessed 12 December 2023)

16 IDF Diabetes Atlas, 9th edn. Brussels: International Diabetes Federation (IDF); 2019 (https://www.diabetesatlas.org, accessed 12 December 2023).

17 Sowers JR, Epstein M, Frohlich ED. Diabetes, Hypertension, and cardiovascular disease. Hypertension [Internet]. 2001 Apr 1 [cited 2024 Mar 2];37(4):1053–9. Available from:(https://doi.org/10.1161/01.HYP.37.4.1053 * Premature mortality: deaths occurring before the age of 70

18 Musa E, Chivese T, Werfalli M, Matjila M, Norris SA, Levitt N. Outcomes of hyperglycaemia in pregnancy in Africa: systematic review study protocol. BMJ Open. 2021 Feb 8;11(2):e040921. doi: 10.1136/bmjopen-2020-040921. PMID: 33558348; PMCID: PMC7871680.

available in 32 Member States.[19] However, most of these national strategic plans are neither costed nor implemented. Africa has the second lowest diabetes-related expenditure (US$ 13 billion), constituting 1% of the global expenditure. In the African Region, access to insulin in public health facilities is limited, with availability ranging between 18% to 45% of facilities.[20,21] Additionally, insulin prices vary considerably between subregions and countries within the African Region, and only one in three people diagnosed with T2D can access the insulin they have been prescribed.[22,23] Even when insulin is accessible, it might require 2.2 to 15.6 days wages for the lowest-paid unskilled government worker[24] to purchase 10 mL of insulin.

11. By 2023 in the African Region, 57% of Member States had adapted and were implementing the WHO PEN interventions at various stages of coverage, thereby providing diabetes services in primary health care facilities. In 2024, twenty countries have adapted but are yet to implement PEN-Plus, a regional strategy to address severe noncommunicable diseases at first-level referral health facilities, which was endorsed during the Seventy-second session of the Regional Committee for Africa. This strategy aims to improve access to prevention, treatment, and care for chronic and severe NCDs, including type 1 diabetes.

12. The Regional strategy developed in 2007 was not translated into an action framework, and therefore its implementation was not measured. Thus, the GDC arrives at a timely moment with an updated strategy, informed by recent advancements, to improve the prevention and management of diabetes globally and in Africa.

ISSUES AND CHALLENGES [25] [26]

13. **Weak governance and leadership, insufficient financing:** Diabetes programmes/units within ministries of health often face challenges due to the absence of clear political leadership and an advocacy framework, which impact proper leadership and funding. Some Member States do not have budget lines for diabetes, and when a budget is provided, the allocation is very low. In Member States where national health insurance exists, some technologies and medicines including insulin may not be covered.

14. **Low political commitment:** Despite the Brazzaville Declaration on NCDs in 2011, NCDs remain a low priority in many Member States. Political commitment is weak, overshadowed by infectious diseases. There is also insufficient focus on preventing NCD risk factors such as tobacco use, unhealthy diets, physical inactivity, and alcohol abuse. This neglect exacerbates health inequities and hinders socioeconomic development.

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19 Noncommunicable diseases progress monitor 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. (https://www.who.int/publications/i/item/9789240047761, accessed 12 December 2023).

20 Basu S, Yudkin JS, Kehlenbrink S, Davies JI, Wild SH, Lipska KJ, et al. Estimation of global insulin use for type 2 diabetes, 2018-30: a microsimulation analysis. Lancet Diabetes Endocrinol 2019;7(1):25–33

21 Ewen M, Joosse HJ, Beran D, Laing R. Insulin prices, availability and affordability in 13 low-income and middle-income countries. BMJ Glob Health 2019;4(3): e001410.

22 Mbanya JC, Mba CM. Centenary of the discovery of insulin: People with diabetes in Africa still have poor access to insulin. EClinicalMedicine. 2021 Mar 30;34:100809. doi: 10.1016/j.eclinm.2021.100809. PMID: 33870152; PMCID: PMC8042344.

23 Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2021 global survey. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

24 Ewen M, Joosse HJ, Beran D, Laing R. Insulin prices, availability and affordability in 13 low-income and middle-income countries. BMJ Glob Health. 2019 Jun 11;4(3):e001410. doi: 10.1136/bmjgh-2019-001410. PMID: 31263585; PMCID: PMC6570978.)

25 Mercer T, Chang AC, Fischer L, Gardner A, Kerubo I, Tran DN et al. Mitigating The Burden Of Diabetes In Sub-Saharan Africa Through An Integrated Diagonal Health Systems Approach. Diabetes Metab Syndr Obes. 2019 Oct 31; 12:2261-2272. doi: 10.2147/DMSO.S207427. PMID: 31802925; PMCID: PMC6827510.

26 Noncommunicable diseases progress monitor 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. (https://www.who.int/publications/i/item/9789240047761, accessed 12 December 2023).

15. **Limited access to health care services for diabetes:** Accessibility to diabetes health care services in the Region is constrained by factors such as geographic distance, cost and availability. Services are often available in large hospitals/institutions, with limited diabetes health care services at the PHC level. There is a dearth of specialist programmes, such as for T1D, especially for children and adolescents. Additionally, management of long-term complications of diabetes remains inadequate.[27]

16. **Issue of human resources for diabetes services:** Shortages of trained health care professionals specializing in diabetes care create gaps in service provision.[28] It has been documented that health care workers' capacity to manage diabetes is still suboptimal in various countries across the Region in terms of training, diagnosis capability, knowledge about treatment protocols and management of complications and comorbidities of diabetes.[29]

17. **Availability and affordability of medications and technologies for diabetes diagnosis and management:** Access to essential medications, diagnostics and technologies for diabetes is limited and often unaffordable for many individuals in the Region.

18. **Weak surveillance of diabetes:** Diabetes indicators are not routinely included in the health management information systems of Member States. Inadequate systems for monitoring and tracking diabetes incidence, trends, and complications limit the ability to develop targeted interventions and policies. Without robust surveillance, understanding the scale, scope and efficacy of diabetes programmes becomes challenging.

19. **Persistence of high prevalence of infectious diseases:** The coexistence of infectious diseases such as TB and HIV/AIDS alongside diabetes complicates health care delivery and management. Having diabetes not only increases the risk of contracting TB but also exacerbates TB cases, resulting in increased mortality rates.[30]

20. **Growing social determinants of health:** Social determinants of health such as prevailing poverty, income inequality, poor education, unemployment, and rapid urbanization, together with physical inactivity and unhealthy diets, significantly contribute to the challenges of delivering adequate and appropriate diabetes services in the Region.

21. **Limited prevention and awareness raising, including poor education**: Further issues faced in the African Region, including insufficient education and awareness programmes, hinder efforts to prevent and manage diabetes effectively. Limited engagement with people living with diabetes, combined with prevailing beliefs, often leads individuals to seek care from traditional, spiritual, or other alternative practitioners instead of professional medical services. In addition, the health system response is focused on clinical care with little or no attention to preventive aspects. Poor awareness and education contribute to delayed diagnosis and treatment, worsening diabetes outcomes across populations.

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[27] Ugwu E, Onung S, Ezeani I, Olamoyegun M, Adeleye O, Uloko A. (2020). Barriers to Diabetes Care in a Developing Country: Exploratory Evidence from Diabetes Healthcare Providers. Journal of Advances in Medicine and Medical Research, 32(10), 72–83. (https://doi.org/10.9734/jammr/2020/v32i1030522, accessed 12 December 2023)

[28] Mercer T, Chang AC, Fischer L, Gardner A, Kerubo I, Tran DN et al. Mitigating the Burden Of Diabetes In Sub-Saharan Africa Through An Integrated Diagonal Health Systems Approach. Diabetes Metab Syndr Obes. 2019 Oct 31; 12:2261-2272. doi: 10.2147/DMSO.S207427. PMID: 31802925; PMCID: PMC6827510.

[29] World Health Organization. Access to diabetes care. (https://www.who.int/campaigns/world-diabetes-day/2023 , accessed 12 December 2023)

[30] World Health Organization. TB and diabetes. (https://www.who.int/publications/digital/global-tuberculosis-report-2021/featured-topics/tb-diabetes., accessed 12 December 2023)

VISION, GOALS, OBJECTIVES, MILESTONES AND TARGETS

22. **Vision**: An African Region where the risk of diabetes is reduced and improved detection of diabetes is ensured, and people who are diagnosed have access to quality, equitable, comprehensive, affordable care and treatment.

23. **Goal:** To support all 47 Member States in implementing cost-effective programmes for the prevention and control of diabetes, which includes reducing diabetes risk factors through integrated, multisectoral, population-based health policies and strengthening primary health care for timely diabetes diagnosis and treatment, prioritizing vulnerable populations living with diabetes.

24. **Objectives:**

The objectives are to:
(a) Strengthen effective leadership, governance, and financing for diabetes, including and empowering communities and people living with diabetes.

(b) Enhance prevention efforts by addressing the social and commercial determinants of health, promoting healthy lifestyles, and integrating community-based initiatives to reduce the incidence of diabetes.

(c) Increase coverage of, and access to quality, affordable services, technologies, and medicines for diabetes with a focus on strengthening services at the primary and community levels through WHO PEN, HEARTS[31] and PEN-Plus interventions.

(d) Strengthen surveillance, monitoring, evaluation and operational research for diabetes prevention and control.

25. **Targets and milestones[32]**

(a) Targets by 2030:

- (i) all Member States have adapted and are using WHO PEN and PEN-Plus;[33]
- (ii) 80% of people with diabetes are diagnosed;
- (iii) 80% of people with diagnosed diabetes have good control of glycaemia;
- (iv) 80% of people with diagnosed diabetes have good control of blood pressure;
- (v) 60% of people with diabetes aged 40 years or older receive statins;
- (vi) 100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring;
- (vii) 80% of diagnosed TB cases in all 47 Member States undergo diabetes screening.[34]

(b) Milestones by 2028:

- (i) forty-two Member States have adapted and are using WHO PEN and PEN-Plus;
- (ii) 70% of people with diabetes are diagnosed;

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31 World Health Organization. HEARTS D: diagnosis and management of type 2 diabetes; (https://www.who.int/publications-detail-redirect/who-ucn-ncd-20.1, accessed 12 December 2023)

32 World Health Organization. First-ever global coverage targets for diabetes adopted at the 75th World Health Assembly. (https://www.who.int/news-room/feature-stories/detail/first-ever-global-coverage-targets-for-diabetes-adopted-at-the-75-th-world-health-assembly, accessed 12 December 2023)

33 In the Region, 30 out of 47 Member States has adapted and are implementing the WHO PEN and 20 out of 47 Member States are implementing PEN-Plus

34 World Health Organization. Collaborative Framework for Care and Control of Tuberculosis and Diabetes. (https://www.who.int/publications/i/item/9789241502252, accessed 12 December 2023)

(iii) 60% of people with diagnosed diabetes have good control of glycaemia;
(iv) 70% of people with diagnosed diabetes have good control of blood pressure;
(v) 60% of people with diabetes aged 40 years or older receive statins;
(vi) 90% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.
(vii) 70% of diagnosed TB cases in all 47 Member States undergo diabetes screening.

(c) Milestones by 2026:

(i) thirty-eight Member States have adapted and are using WHO PEN and PEN-Plus;
(ii) 60% of people with diabetes are diagnosed;
(iii) 40% of people with diagnosed diabetes have good control of glycaemia;
(iv) 60% of people with diagnosed diabetes have good control of blood pressure;
(v) 40% of people with diabetes aged 40 years or older receive statins;
(vi) 80% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring;
(vii) 60% of diagnosed TB cases in all 47 Member States undergo diabetes screening.

GUIDING PRINCIPLES

The Framework is underpinned by the following principles for its implementation:

26. **Universal health coverage**.[35] In adherence to the principle of equity, individuals diagnosed with diabetes, regardless of age, sex, geographical location, socioeconomic status, race, or ethnicity, are entitled to essential health care services.

27. **A life-course and people-centred approach**. Policies, plans and services for diabetes prevention and care have a holistic approach, addressing the needs of individuals with diabetes across the life course.

28. **A multisectoral approach**. This refers to actions that are undertaken by sectors in and outside the health sector, with or without collaboration with the health sector to attain health-related outcomes or influence health determinants. This promotes coordination, collaboration, and partnerships across various domains, including education, social welfare, nutrition, sports, gender, youth, taxation, urbanization, alongside health promotion programmes and civil society initiatives.

29. **Evidence-based practice. S**trategies and interventions are based on scientific evidence supported by operational/implementation research, taking cost-effectiveness, cultural and contextual considerations into account.

30. **Financial protection.** Protects individuals with diabetes and their families from financial hardship associated with accessing necessary health care services.

31. **Human rights**. Diabetes strategies, actions, and interventions adhere to international, regional, and national human rights instruments, including the Convention on the Rights of Persons with Disabilities.[36]

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[35] WHO Creating healthy life trajectories: universal health coverage and a life course approach. https://www.who.int/publications/m/item/creating-healthy-life-trajectories--universal-health-coverage-and-a-life-course-approach

[36] UN Convention on the Rights of Persons with Disabilities (CRPD). https://cdn.who.int/media/docs/default-source/universal-health-coverage/who-uhl-technical-brief-template---uhl-life-course.pdf

32. **Recovery-oriented, empowerment and full involvement**.[37] People with diabetes, including those with disabilities resulting from diabetes complications, are empowered and supported to be meaningfully involved in advocacy, policy, planning, and service provision related to diabetes.

PRIORITY INTERVENTIONS AND ACTIONS [38,39]

33. **Strengthen diabetes governance, leadership, and partnerships at global, national and subnational levels:** Enhance diabetes governance, leadership, and collaboration at national and subnational levels with various stakeholders, including other health programmes, NGOs, civil society and other non-State health providers. This involves national ownership for the development, strengthening, revision and implementation of national policies, strategies, programmes, laws, and regulations concerning diabetes prevention and control. It further entails establishing strategic partnerships and sharing of resources from sectors outside of health (international, national, and subnational NGOs and community-based organizations, including people with diabetes and their caregivers) on strengthening integration of diabetes services.

34. **Increase financing for diabetes services.** Each Member State should allocate a specific budget for diabetes within the health care sector. Funds should be prioritized for community and primary health care facilities, specialized programmes, and underserved areas, following government policies and plans. Support is needed to secure funds from international, bilateral, and national partners to enhance diabetes services. Member States should include diabetes services, diagnostic devices and medications in national health insurance plans and include them in other designated packages. Technical assistance should be provided to develop investment plans for diabetes, while Member States should be supported to advocate for more funding for diabetes services.

35. **Strengthen the focus on prevention with particular attention to the social determinants of health**. This involves developing robust partnerships and collaborative initiatives across various sectors. Specifically, it requires engaging with the education sector to implement diabetes prevention programmes, employing both universal and targeted strategies. Promoting healthy lifestyles, improving nutritional education, and encouraging physical activity in schools are crucial components of these efforts. By integrating health promotion into these programmes, we can foster environments that support healthy behaviours and reduce the risk of diabetes.

36. **Tackle the commercial determinants of health to strengthen prevention:** To further enhance prevention efforts, it is essential for Member States and the Secretariat to address the commercial determinants of health, particularly the influence of the food and beverage industries. A specific measure in this regard will be to implement policies to regulate marketing practices, especially those targeting children, to reduce the consumption of unhealthy foods and sugary beverages. Member States should also work with the food and beverage industries to encourage the reformulation of products to lower sugar, fat, and salt content, and promote the availability of healthier options. By fostering collaborative efforts between governments, WHO, and these industries, we can create an environment conducive to healthy eating, significantly contributing to the reduction of diabetes incidence and the promotion of overall public health**.**

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[37] WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions. https://www.who.int/publications/i/item/9789240073074

[38] World Health Organization. The WHO Global Diabetes Compact [Internet]. Geneva: WHO;2021. Available from: https://www.who.int/initiatives/the-who-global-diabetes-compact

[39] Kadiri, A., Ansu-Mensah, M., Bawontuo, V. *et al.* Mapping research evidence on implementation of the WHO 'best buys' and other interventions for the prevention and control of non-communicable diseases in sub-Saharan Africa: a scoping review protocol. *Syst Rev* **11**, 120 (2022). https://doi-org.ezproxy.u-paris.fr/10.1186/s13643-022-01992-7

37. **Reorganize health care services and expand coverage with a focus on delivering quality diabetes services at the community and primary health care levels**: Enhance diabetes care within community and primary care settings by improving referral systems and offering supportive supervision. Engage civil society organizations and the State to collaborate on diabetes control initiatives, leveraging their combined strengths for more effective interventions. Utilize community health workers in prevention efforts to ensure integrated care at the community level. Implement strategies to assist families in providing support to individuals with diabetes. Integrate a comprehensive and people-centred approach to health care that addresses diabetes alongside other health conditions and comorbidities including TB and gestational diabetes. Additionally, promote individuals' rights to education, employment, livelihood, and housing as part of holistic diabetes management, including self-care.

38. **Strategic integration of diabetes diagnostics and management:** All Member States will strategically integrate diabetes prevention, diagnostics and management into the package of essential health services and UHC benefit packages. Service delivery packages and interventions such as WHO PEN, HEARTS, HEARTS-D, PEN-Plus will guide the development of innovative and integrated service delivery models that are suitable for front-line health care workers and scalable across the continuum of care in a tiered approach. This involves ensuring that essential diabetes services and medications are readily available within PHC systems and are part of UHC, including antenatal care for early detection and management of gestational diabetes. It means providing PHC facilities with the necessary resources, such as diagnostics, medications, and trained personnel to effectively address diabetes at the community level. Additionally, it involves integrating interventions for diabetes prevention and control into TB and HIV health services. The use of diagnostic devices and medications for diabetes is easy to decentralize with the support of WHO and partners.

39. **Ensuring an affordable supply of technologies, diagnostic devices, and medicines:** It is crucial to introduce innovations and anticipate technology transitions effectively. Member States in the African Region are encouraged to establish unified approaches for procuring cost-effective, high-quality devices and medicines, sharing regulatory information, enhancing supply chain planning, and evaluating new technologies and medications. Collaborative efforts such as pooled procurement and standardized quality assurance processes can assist Member States in achieving these objectives.

40. **Developing and implementing strategies to ensure a sustainable supply of insulin:** Strategies for securing a continuous insulin supply involve comprehensive planning and execution. Efforts should encompass negotiating affordable prices suitable for countries with varying income levels and maintaining a stable insulin market. Additionally, enhancing local capacity for the production of diabetes medicines such as insulin, optimizing distribution channels, and reinforcing regulatory frameworks are crucial steps to ensuring equitable access to insulin for people with diabetes. Member States should promote local production of insulin, which is particularly vital for improving access to medicines within Africa, ensuring a more reliable and self-sufficient supply chain that can meet the needs of diabetic patients across the continent.

41. **Establishing referral pathways and people-centric linkages throughout the continuum of care:** Member States should aim to minimize delays in accessing diagnostic and treatment services by establishing and streamlining care pathways. Improving the continuity of care through effective referral networks that connect different levels of facilities is essential. Member States should also focus on implementing interventions such as patient navigation programmes, proven to be effective in facilitating access to care with the support of WHO and partners. Communication plans targeting patients and providers should also be strengthened to improve service utilization. Moreover, connecting patients to other social support programmes, such as transport and housing

during treatment is important, while intercountry referrals should also be developed to support smaller populations with limited capacities.

42. **Comprehensive rehabilitation services for managing diabetes complications**: Member States should establish comprehensive rehabilitation services to manage the complications of diabetes effectively. These services must encompass a range of interventions, including physical therapy, occupational therapy, and psychological support, tailored to address specific complications such as neuropathy, retinopathy, and cardiovascular issues. Multidisciplinary teams should work together to develop personalized care plans that enhance mobility, manage pain, and prevent further complications.

43. **Monitoring and evaluation:** Member States will develop a comprehensive framework to oversee the implementation of national diabetes prevention and control programmes. The establishment of baseline indicators will be informed by the specific indicators and targets outlined in this Framework and the global diabetes monitoring framework (GDMF). WHO shall continuously monitor long-term diabetes programmes at country and regional levels. WHO will also produce and disseminate biennial reports on the implementation of the GDC, and report to the Regional Committee in 2027 and 2029.

44. **Promoting research and development.** All Member States, in conjunction with national public health institutes and research centres, will collaboratively formulate an operational research plan with the support of WHO and partners. This plan aims to generate evidence, address knowledge gaps, and enhance the implementation of diabetes prevention and control measures. Emphasis will be placed on utilizing research-to-policy forums to facilitate evidence-informed implementation of diabetes programmes.

ACTIONS PROPOSED

45. The Regional Committee is invited to examine and adopt the actions proposed.

Annex: Summary of objectives, strategies, targets, and milestones of the Framework

Objective	Strategy	Current status/baseline (2023)	Targets by 2030	Milestones		
				By 2026	By 2028	By 2030
1. To strengthen effective leadership, governance, and financing for diabetes, including and empowering communities and people living with diabetes.	Enhancing diagnostic coverage and treatment accessibility for all individuals affected by diabetes	46% of people with diabetes are diagnosed	80% of people with diabetes are diagnosed in all 47 Member States	60% of people with diabetes are diagnosed in all 47 Member States	70% of people with diabetes are diagnosed in all 47 Member States	80% of people with diabetes are diagnosed in all 47 Member States
		Data not available Conduct regional survey	80% of people diagnosed with diabetes have good control of glycaemia in all 47 Member States	40% of people diagnosed with diabetes have good control of glycaemia in all 47 Member States	60% of people diagnosed with diabetes have good control of glycaemia in all 47 Member States	80% of people diagnosed with diabetes have good control of glycaemia in all 47 Member States
	Enhancing diagnosis and treatment access for blood pressure management among individuals with diabetes	Data not available Conduct regional survey	80% of people with diagnosed diabetes have good control of blood pressure in all 47 Member States	60% of people with diagnosed diabetes have good control of blood pressure in all 47 Member States	70% of people with diagnosed diabetes have good control of blood pressure in all 47 Member States	80% of people with diagnosed diabetes have good control of blood pressure in all 47 Member States
		Data not available Conduct regional survey	60% of people with diabetes aged 40 years or older receive statins in all 47 Member States	25% of people with diabetes aged40 years or older receive statins in all 47 Member States	50% of people with diabetes aged 40 years or older receive statins in all 47 Member States	60% of people with diabetes aged40 years or older receive statins in all 47 Member States

Objective	Strategy	Current status/baseline (2023)	Targets by 2030	Milestones		
				By 2026	By 2028	By 2030
(e) Enhance prevention efforts by addressing the social and commercial determinants of health, promoting healthy lifestyles, and integrating community-based initiatives to reduce the incidence of diabetes.	Implement comprehensive policies and community-based initiatives to address social and commercial determinants, promote healthy lifestyles such as balanced nutrition, regular physical activity, and avoiding tobacco and excessive alcohol consumption, and improve access to preventive services.	Data not available Need to conduct a regional desk review	All Member States should implement regulations to restrict the marketing of unhealthy foods and beverages to children. 90% of Member States should adapt and implement policies to achieve a 20% reduction in the sugar, salt, and unhealthy fat content of processed foods through industry reformulation. All Member States should adopt policies to integrate comprehensive nutritional and physical education programmes in schools and major workplaces.	60% of Member States should implement regulations to restrict the marketing of unhealthy foods and beverages to children. 50% of Member States should adapt and implement policies to achieve a 20% reduction in the sugar, salt, and unhealthy fat content of processed foods through industry reformulation. 50% of Member States should adopt policies to integrate comprehensive nutritional and physical education programmes in schools and major workplaces.	80% Member States should implement regulations to restrict the marketing of unhealthy foods and beverages to children. 70% of Member States should adapt and implement policies to achieve a 20% reduction in the sugar, salt, and unhealthy fat content of processed foods through industry reformulation. 80% of Member States should adopt policies to integrate comprehensive nutritional and physical education programmes in schools and major workplaces.	All Member States should implement regulations to restrict the marketing of unhealthy foods and beverages to children. 90% of Member States should adapt and implement policies to achieve a 20% reduction in the sugar, salt, and unhealthy fat content of processed foods through industry reformulation. All Member States should adopt policies to integrate comprehensive nutritional and physical education programmes in schools and major workplaces.

Objective	Strategy	Current status/baseline (2023)	Targets by 2030	Milestones		
				By 2026	By 2028	By 2030
2. To increase coverage of, and access to quality, affordable services, technologies, and medicines for diabetes with a focus on strengthening services at the primary and community levels through WHO PEN, HEARTS and PEN-Plus interventions	Integration of diabetes into primary health care to enhance its quality and ensure fair access to all	57% of Member States are implementing WHO PEN	100% adoption of WHO PEN, HEARTS and PEN-Plus by all 47 Member States	100% adoption of WHO PEN, HEARTS and PEN-Plus by all 47 Member States	100% adoption of WHO PEN, HEARTS and PEN-Plus by all 47 Member States	100% adoption of WHO PEN, HEARTS and PEN-Plus by all 47 Member States
	Integration of diabetes into health care services that address the needs of TB patients	Data not available Conduct regional survey	80% of people with diagnosed TB are screened for diabetes in all 47 Member States	60% of people with diagnosed TB are screened for diabetes in all 47 Member States	70% of people with diagnosed TB are screened for diabetes in all 47 Member States	80% of people with diagnosed TB are screened for diabetes in all 47 Member States
3. To strengthen surveillance, monitoring, evaluation and operational research for diabetes prevention and control.	Ensuring accessibility and affordability of insulin and glucose monitoring for all patients diagnosed with type 1 diabetes.	55% of people with type 1 diabetes have access to insulin Data not available on availability of self-monitoring device. Need to conduct regional survey	100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.	80% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.	90% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.	100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.

Objective	Strategy	Current status/baseline (2023)	Targets by 2030	Milestones		
				By 2026	By 2028	By 2030
	Development of operational research plan to generate evidence and fill knowledge and implementation gaps in diabetes prevention and control, ensuring that research-to-policy is used to foster evidence-informed diabetes programme implementation.		All Member States have a diabetes programme performance framework that includes an operational research plan.	All 47 Member States have a diabetes programme performance framework that includes an operational research plan.		
	Strengthening capacity for monitoring and evaluation and the health management information system (HMIS) for diabetes prevention and control for easy global, regional, and national target tracking	Data not available. Conduct regional survey	Data collection and HMIS for diabetes prevention and control strengthened, ensuring regular monitoring and evaluation of activities under the framework	Monitoring and performance indicators identified, and quality control mechanisms defined for planned interventions in all 47 countries.	HMIS and data collection tools for diabetes prevention and control strengthened for easy global, regional, and national target tracking	Strong data systems for diabetes available at the national and regional levels