

Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recalling WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the following five voluntary global diabetes-related targets for 2025: a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; halt the rise in diabetes and obesity; at least 50% of eligible people receive medicinal treatment (including glycaemic control) and counselling to prevent heart attacks and strokes; an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases (including diabetes) in both public and private facilities; and a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years;

Recalling also the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2 (2011), which recognizes the primary role and responsibility of Governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control;

Also recalling resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and decision WHA72(11) (2019), which extended the global action plan until 2030;

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

Recalling the United Nations General Assembly resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target 3.4 of reducing the risk of premature mortality from diabetes and other major noncommunicable diseases by one third by 2030;

Having considered Annex 11 of the report of the Director-General in document A74/10 Rev.1 on major obstacles to achieving the diabetes-related targets in the WHO global action plan for the prevention and control of noncommunicable diseases, including that halting the rising prevalence of

¹ Document A74/10 Rev.1.

diabetes, and reducing its impact, will not happen unless the five diabetes-related targets are achieved, including through reducing obesity;

Reaffirming our commitment in United Nations General Assembly resolution 74/2 (2019) to progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to achieving universal health coverage by 2030;

Noting that more than 420 million people are living with diabetes worldwide today, and that this number is estimated to rise to 578 million by 2030, and 700 million by 2045;¹

Noting that the increasing number of people living with diabetes is strongly associated with insufficient prevention of risk factors that underly diabetes, such as overweight and obesity, unhealthy diets, physical inactivity and tobacco use, and related to socioeconomic status and the impact of the social, economic and environmental determinants of health;

Highlighting also the commitment made to promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes, and to promote healthy diets and lifestyles;

Concerned that the number of people living with diabetes is increasing when at the same time some types of diabetes can be largely prevented with healthy diets and physical activity;

Aware that one in two adults living with diabetes type 2 are undiagnosed, and that four out of five adults living with diabetes live in low- and middle-income countries;

Deeply concerned that, while the probability (risk) of premature death from any one of the four main noncommunicable diseases decreased by 18% globally between 2000 and 2016, diabetes is showing, for the first time ever, a 5% increase in premature mortality during the same period;²

Noting with concern that, in high-income countries, the premature mortality rate due to diabetes increased in 2010–2016, following a decrease from 2000 to 2010, and that in low- and middle-income countries, the premature mortality rate due to diabetes increased across both periods;²

Concerned that people living with noncommunicable diseases, including diabetes, have a higher risk of becoming severely ill or dying from coronavirus disease (COVID-19), and are among those most impacted by the COVID-19 pandemic;³

Concerned also that complete or partial disruptions to diabetes prevention and control due to the COVID-19 pandemic, including in respect of early detection and diabetic complication management services, represent significant threats to the life and health of people living with diabetes;

¹ See document A74/10 Rev.1.

² World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020, page 12 (<https://apps.who.int/iris/handle/10665/332070>, accessed 23 May 2021).

³ In accordance with paragraph 9 of United Nations General Assembly resolution 74/306 (2020).

Noting that overweight and obesity with metabolic changes and hypertension can increase the risk of noncommunicable diseases, such as diabetes and other cardiovascular diseases;

Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential timely measures and health services, promotion of lifestyle changes, healthy and balanced diets and regular physical activity and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;¹

Reaffirming also our commitment in United Nations General Assembly resolution 73/2 (2018) to further strengthen efforts to address diabetes as part of universal health coverage through intensified interventions at the primary health care level, including in low- and middle-income countries, on prevention and control of diabetes;

Emphasizing the importance of prevention and control of diabetes over the life course, especially among children and adolescents and their families, through reducing major risk factors, including unhealthy diets and physical inactivity, as well as raising awareness of and reducing the impact of the main risk factors and recognizing that early detection of diabetes offers an opportunity for timely initiation of treatment to improve health and well-being and reduce morbidity, disability and mortality;

Recognizing the role of insulin in the treatment of type 1 diabetes and of type 2 diabetes resistant to lifestyle changes and other drug therapies;

Noting that, out of 420 million people living with diabetes, all require appropriate diabetes management, and an estimated nine million people with type 1 diabetes require insulin to survive and around 60 million people with type 2 diabetes require insulin to manage their condition; and further noting that the need for insulin required to treat type 2 diabetes is expected to increase by more than 20% by 2030;

Recognizing that insulin is an essential life-saving medicine, but deeply concerned that despite being discovered 100 years ago in 1921, globally about half of the people in need of insulin have no or irregular access, with unacceptable inequities between and within countries;

Concerned that insulin is largely unaffordable for people paying out-of-pocket and that its high prices are a burden for national health systems, and noting the significant role that markups along the value chain may play in pricing for patients and health systems;

Recognizing the importance of international cooperation in support of national, regional, and global plans for the prevention and control of diabetes, including to increase access to treatment such as insulin, with a view to reducing the negative socioeconomic impact of diabetes that significantly affects the quality of life of persons with diabetes and their families in every country, especially in developing countries;

Noting with appreciation the WHO Global Diabetes Compact initiative – launched on 14 April 2021 during the Global Diabetes Summit, co-hosted by the World Health Organization and the Government of Canada, with the support of the University of Toronto – which aims to reduce the risk

¹ In accordance with paragraph 9 of United Nations General Assembly resolution 74/2 (2019).

of diabetes, and ensure that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care,

1. URGES Member States:¹

- (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;

¹ And, where applicable, regional economic integration organizations.

(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;

2. REQUESTS the Director-General:

(1) to develop, in collaboration with Member States,¹ and in consultation with non-State actors and people living with or affected by diabetes, recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, and recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard, and to submit these recommendations to the Seventy-fifth World Health Assembly for its consideration in 2022, through the Executive Board at its 150th session;

(2) to develop pathways of how to achieve the targets for the prevention and control of diabetes, including access to insulin, throughout the life course within national noncommunicable disease responses to achieve Sustainable Development Goal target 3.4, and including providing support for strengthening diabetes monitoring and surveillance;

(3) to provide concrete guidance to Member States, especially in low-income countries, on strengthening design and implementation of policies for diabetes prevention and control across all relevant sectors, including that for resilient health systems and health services and infrastructure;

(4) to provide concrete guidance to Member States for uninterrupted treatment of people living with diabetes in humanitarian emergencies;

(5) to promote convergence and harmonization of regulatory requirements for diabetes medicines, including insulin, biosimilars, and other related health products that facilitate availability and access to safe and effective and quality-assured products, meeting standards set by WHO and competent authorities;

(6) to continue to analyse the availability of data on inputs throughout the value chain, including data on clinical trials and price information, with a view to assessing the feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for diabetes medicines, including insulin, oral hypoglycaemic agents and related health products, including information on investments, incentives, and subsidies;

(7) to develop recommendations for adequate, predictable and sustained financing of diabetes prevention and control, including in resource-constrained settings, and to address the needs of disadvantaged and marginalized populations;

¹ And, where applicable, regional economic integration organizations.

(8) to report on progress made in the implementation of the present resolution to the Health Assembly as part of the consolidated reporting on the progress achieved in the prevention and control of noncommunicable diseases, with an annual report to be submitted to the Health Assembly through the Executive Board, from 2022 to 2031.¹

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¹ In accordance with paragraph 3(e) of decision WHA72(11) (2019).