

International meeting on type 1 diabetes

Copenhagen, Denmark
4–6 February 2025

SUMMARY REPORT >>



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Summary report



Introduction

On 4–6 February 2025, 150 delegates from 50 different countries convened in Copenhagen Denmark to take part in an international meeting on type 1 diabetes. The meeting was co-hosted by World Diabetes Foundation, East Africa Diabetes Study Group, University of Geneva Faculty of Medicine, and Danish Diabetes and Endocrine Academy.

The objectives of the meeting were to:

- 1) discuss existing research, data and perspectives of the *epidemiology of type 1 diabetes* including ongoing efforts to compile information from across low-resource settings (and beyond) seeking to establish a better understanding of the magnitude and projections of the burden from type 1 diabetes;
- 2) discuss outcomes from *clinical and health system research and assessments* concerning type 1 diabetes diagnosis and treatment in low-resource settings with emphasis on both the actual patient/cohort monitoring and on capacity building efforts and their viability in terms of sustainable, equitable and accessible treatment services; and;
- 3) discuss efforts to *improve type 1 diabetes care in low-resource settings through country level efforts and international partnerships*, focusing on the perspectives and opportunities for further alignment and convergence of investment and support globally and within concrete low-resource contexts.

The delegates represented a broad range of stakeholders from low- and middle-income countries (LMIC) including ministries of health, diabetes associations and other civil society organisations, academic institutions, and people with lived experience of type 1 diabetes; and in the international context from the World Health Organization, Africa CDC, international agencies

and NGOs, research institutes, philanthropies and associations, and the private sector.

Furthermore, the meeting included an ‘Early Career Researcher Programme’ track which convened 25 researchers from all parts of the world seeking to build a stronger network around global research workstreams on type 1 diabetes.

The international meeting on type 1 diabetes consisted of a pre-conference day with thematic sessions, organised by different organisations, and of two main conference days with a combination of plenary presentations and panel discussions. The meeting concluded with the announcement by the co-hosting organisations of a draft ‘2025 Copenhagen Call to Action on Type 1 Diabetes’ which remains open for endorsement.

This summary report of the meeting provides the video recordings of each presentation and panel discussion together with a short text and list of speakers and panellists linked to each segment or panel.

The report also includes a link to the document repository prepared for the meeting and other material. Finally, the report includes the draft 2025 Copenhagen Call to Action on Type 1 Diabetes.

The co-organisers wish to thank all the delegates who travelled to Copenhagen to participate for their valuable contributions and for sharing their expertise from many different geographies and domains and also wish to thank the more than 500 online participants.

As this summary report shows, the meeting successfully brought the global type 1 diabetes community together to advance a global road map for improved and integrated care in low-resource settings.



Early Career Researcher Programme

Global perspectives on type 1 diabetes: Insights and initiatives

4 February

The Early Career Researcher Programme was established to highlight the need to train the next generation of researchers and clinicians working on type 1 diabetes in LMICs. Participants joined from Africa (six), Asia (seven), Latin America (six) and Europe (four). Throughout the programme, participants were exposed to insights on epidemiology, insulin access, health systems, and lived experiences, interwoven with opportunities to exchange perspectives and challenges from their own contexts. Building on this, a range of global and regional initiatives were presented, from child-focused programmes to community-based models across Africa, Asia, and Latin America, highlighting both achievements and persistent barriers to sustainable care. The programme concluded with practical training in science communication, where participants worked with experts to develop content that resulted in 11 podcast episodes in English and Spanish, capturing global perspectives as well as shared local experiences.

Listen to the podcast episodes: [DDEA Global Health Podcast](#) | [Danish Diabetes and Endocrine Academy](#)

As a direct outcome of this Early Career Researcher track, the Danish Diabetes and Endocrine Academy, together with the University of Geneva, the World Diabetes Foundation, and the East African Diabetes Study Group, is seeking to establish a global innovation network aimed at building capacity, engaging early-career researchers, and co-developing tools to improve type 1 diabetes data quality, access, and use—laying the groundwork for better care and stronger global collaboration.

Early Career Researcher Programme content:

Introduction to type 1 diabetes – a global perspective

- Lived experiences with type 1 diabetes: Tinotenda Dziki, Zimbabwe Diabetes Association
- Global Diabetes Compact: Sanjana Marpadga, WHO
- Epidemiology of type 1 diabetes: Anders Green, University of Southern Denmark

- Access to insulin and technology: Molly Lepeska, Health Action International
- UPGH Health systems globally and a perspective from Peru: Maria Lazo, CRONICAS Centro de Excelencia en Enfermedades Crónicas, Universidad Peruana Cayetano Heredia, Peru
- #Dedoc: Bastian Hauck

Presentation of current initiatives and programmes

- Changing Diabetes in Children: Anne Sofie W. Olsen, Novo Nordisk Changing Diabetes in Children
- Life For a Child: Emma Klatman, Global Policy and Advocacy Manager
- Santé Diabète Mali model: Stéphane Besançon, Directeur Santé Diabète
- Blue Circle Diabetes Foundation India: Nupur Lalvani, Founder and CEO
- East Africa Diabetes Study Group: Kaushik Ramaiya, Tanzania Diabetes Association
- Lancet Commission on Type 1 Diabetes: Jessica Zafra, Commissioner, University of Geneva and CRONICAS Centro de Excelencia en Enfermedades Crónicas, Universidad Peruana Cayetano Heredia, Peru
- World Diabetes Foundation: Mads Loftager Mundt, Regional Lead Africa

Communication as a tool to create awareness—shaping the story

- Living with type 1 diabetes in LMIC: Tinotenda Dziki, Zimbabwe Diabetes Association and Newton Ngugi, World Diabetes Foundation
- Access to insulin and technology and the WHO Global Diabetes Compact: Sanjana Marpadga, WHO, and Karen Bonilla, Universidad Peruana Cayetano Heredia Peru
- Building Data Foundations for Better Type 1 Diabetes Care: Sarah Wild, University of Edinburgh
- Life for a Child Health and Changing Diabetes in Children: Emma Klatman, Life for a Child and Anne Sofie Westh Olsen, Novo Nordisk Changing Diabetes in Children



Podcast session with Newton Ngugi and Sarah Wild



Early career researchers engaging in a breakout session



Dr Sylvia Kehlenbrink, Executive Director, International Alliance for Diabetes Action, taking action points during the 'type 1 diabetes in Humanitarian' settings panel



Dr. Getahun Tarekegn, President of the Ethiopia Diabetes Association

Pre-conference day

4 February

Type 1 diabetes in humanitarian settings

Organised by International Alliance for Diabetes Action (IADA)

Co-moderators:

- International Alliance for Diabetes Action: Sylvia Kehlenbrink, Director
- World Health Organization: Kiran Jobanputra, Consultant

Panellists:

- Ethiopia Diabetes Association: Getahun Tarekegn, President
- ONG Santé Diabète : Stéphane Besançon, Director
- Médecins Sans Frontières: Philippa Boule, NCD advisor and working group leader
- NGO Meethi Zindagi Pakistan: Sana Ajmal, Executive Director
- International Federation of the Red Cross/ Red Crescent Societies: Mahmoud Tharwat, NCD Officer

Watch the recording: <https://tinyurl.com/3f2vm9yx>

Humanitarian responses rarely integrate diabetes management, and health systems often lack supplies and data, hindering effective, long-term care for conditions like type 1 diabetes in humanitarian settings.

The panellists shared their experiences in providing care during emergencies. Ethiopia Diabetes Association used telemedicine and home visits to reach patients during COVID-19 and in conflict-affected areas;

In Mali, NGO Santé Diabète worked with patient associations to provide emergency insulin kits, and in turn leveraged the WHO's emergency response tools; in Lebanon, Médecins Sans Frontières demonstrated that type 1 diabetes management could be delivered at primary care through peer support and resilient supply chains. During Pakistan's 2022 floods, communities mobilised to deliver insulin relying on peer networks for resources and psycho-social support. The International Federation of the Red Cross and Red Crescent Societies has worked to integrate NCD care into disaster preparedness and provides training to local health workers.

The panellists agreed on the need to integrate access to diabetes care in humanitarian response frameworks, and thereby strengthen primary healthcare and supply chains, encourage community engagement and peer support.

Pre-conference day

4 February

Epidemiology of type 1 diabetes

Organised by DIAMOND 2A collaboration

Introduction:

- University of Geneva Faculty of Medicine: David Beran, Assistant Professor
- University of Helsinki: Jaako Tuomilehto, Professor
- Steno Diabetes Center Odense Denmark: Anders Green, Professor

Moderator:

- Steno Diabetes Center Odense Denmark: Morten Bjerregaard-Andersen

Panellists:

- University of Edinburgh: Sarah Wild, Professor
- Health Promotion Foundation Pakistan: Abdul Basit, Vice Chairman
- St. Francis Hospital Uganda: Silver Bahendeka, Senior Physician
- Italian National Institute of Health: Benedetta Armocida, Senior Researcher
- WHO Regional Office for Europe: Jill Farrington, Regional Medical Officer
- World Diabetes Foundation: Mads Loftager Mundt, Regional Lead Africa

Watch the recording: <https://tinyurl.com/bdetxa5t>

The DIAMOND 2A Collaboration was established following the development of a Road Map on improving knowledge of type 1 diabetes epidemiology supported by the Danish Diabetes and Endocrine Academy.

The session at the meeting was co-organised by the University of Geneva NCD Policy Lab, University of Edinburgh, and the Steno Diabetes Centre Odense Denmark.

The collaboration seeks to produce accurate global, regional, and national estimates of type 1 diabetes prevalence, incidence, and mortality. These estimates will inform responses to type 1 diabetes at all levels. Despite recent publications of different estimates of type 1 diabetes these rely on modelled data and do not necessarily reflect the reality of the ground, noting that many countries lack registries or robust surveillance systems for type 1 diabetes. In addition, no standardised global dataset exists for type 1 diabetes. The collaboration engages a wide range of stakeholders and seeks to lay the foundation for improved planning, fairer distribution of resources, and stronger accountability in achieving the global goal: universal access to insulin and self-monitoring for all people living with type 1 diabetes.

Concerns raised during the discussion were that type 1 diabetes is often overshadowed by type 2 diabetes in global health policy, and that without reliable data the challenges of type 1 diabetes including the inequities in insulin access and care cannot be effectively addressed.





Pre-conference day

4 February

Strategic priorities to improve access to T1D diagnosis and care in LMICs

Organised by Clinton Health Access Initiative (CHAI)

Co-moderators:

- Clinton Health Access Initiative: Nine Steensma, Senior Director
- SEEK Development: Alexander Doxiadis, Director of Global Health

Panellists:

- Zimbabwe Diabetes Association: Tinotenda Dzikiti, Global Advocate for Type 1 Diabetes
- Breakthrough T1D: Stephanie Pearson, Senior Director Global Operations
- Helmsley Charitable Trust: James Reid, Program Officer Type 1 Diabetes
- World Diabetes Foundation: Bent Lautrup-Nielsen, Head of Global Advocacy
- Novo Nordisk: Carissa Vados, Head of Diabetes Health Equity

Watch the recording: <https://tinyurl.com/4r77sdnr>

A group of funders of T1D initiatives in low- and middle-income countries and community representatives expressed an intent to coordinate and collaborate more closely, with the aim of fostering more coherent and sustainable investments towards type 1 diabetes in LMICs. Clinton Health Access Initiative has initially functioned as secretariat for the group while potential joint strategies are explored. The group is striving to coordinate and align investments with guidance from people living with type 1 diabetes, LMIC governments, and civil society. With this goal in mind, this session was designed to gather country- and global-level stakeholder input in defining highest-impact interventions to strengthen sustainable access to adequate type 1 diabetes diagnosis and comprehensive care, including access to insulin and health technologies, across different country contexts.

Discussions at the session focused on interventions to enhance sustainable access to comprehensive type 1 diabetes care in LMIC contexts including access to medicines and technologies; strengthened health systems; and the elevated role of type 1 diabetes communities.

It is expected that the initiative will be launched under the name Align T1D towards the end of 2025 and be piloted in a few countries in accordance with strategies of ministries of health and leading stakeholders.

Pre-conference day

4 February

A comprehensive and pragmatic global plan to enhance the quality of life and care for people with type 1 diabetes

Organised by The Lancet Commission on type 1 diabetes

Introduction:

- University of Geneva Faculty of Medicine: David Beran, Assistant Professor
- The Lancet Diabetes & Endocrinology: Marta Koch, Editor-in-Chief
- University of Geneva: Jessica Zafra

Co-Moderators:

- Tanzania Diabetes Association: Kaushik Ramaiya, Hon. Secretary-General
- NGO Meethi Zindagi Pakistan: Sana Ajmal, Executive Director

Panellists:

- Lancet Commission : Catherine de Beaufort, Pediatric Endocrinologist
- World Diabetes Foundation: Mads Loftager Mundt, Regional Lead Africa
- Breakthrough T1D: Stephanie Pearson, Senior Director Global Operations
- Health Action International: Molly Lepaske, Project Manager
- Blue Circle Diabetes Foundation India: Nupur Lalvani, Founder and CEO

Watch the recording: <https://tinyurl.com/5n8kx27x>

The discovery of insulin over 100 years ago made type 1 diabetes go from a death sentence to a manageable chronic condition. With the commemoration of the insulin's discovery there was also the celebration of a century of managing type 1 diabetes. This rich history offers a unique opportunity to move the type 1 diabetes agenda forward. The Lancet Diabetes & Endocrinology Commission on type 1 diabetes, launched in late 2023, has as its aim to develop a global roadmap to enhance care and quality of life for people with type 1 diabetes and to highlight lessons learnt and innovations in addressing the various facets of type 1 diabetes.

The Commission emphasizes the urgent need for integrated strategies to ensure equitable access to treatment and care for people with type 1 diabetes. The Commission will address the issues of availability and affordability of insulin and self-monitoring tools and look at wider health system reform processes. However, given that most of the efforts of individual's managing diabetes would happen outside of the health system i.e. at home, school, work and in the community, the Commission will also focus on these elements through the involvement of a wide number of experts including people with lived experience. New research workstreams and reviews of existing literature and initiatives will unfold and thereby cover topics such as type 1 diabetes through the life course, mental health, type 1 diabetes in vulnerable populations including humanitarian settings, gender, and more. It is key to the Commission to build off different networks to move the content of the work from a scientific publication to policy and practice globally.



Mads Loftager Mundt, Regional Lead Africa, World Diabetes Foundation, during the 'A comprehensive and pragmatic global plan to enhance the quality of life and care for people with type 1 diabetes' panel discussion



Dr. Stephanie Pearson, Senior Director Global Operations, Breakthrough T1D



Dr Bente Mikkelsen, World Diabetes Foundation Board of Directors,
Former Director of NCDs WHO Geneva, opening the conference

Conference day 1

5 February

Official opening

On behalf of host organisations

Bente Mikkelsen
World Diabetes Foundation Board of Directors
Former Director of NCDs, WHO Geneva

Watch the recording: <https://tinyurl.com/44r9njja>

On behalf of World Diabetes Foundation, East Africa Diabetes Study Group, University of Geneva Faculty of Medicine, and Danish Diabetes and Endocrine Academy, Dr Mikkelsen welcomed the 150 delegates and the more than 500 online participants. Dr Mikkelsen noted the rising trend in number of people diagnosed with type 1 diabetes globally and the importance of accessing adequate care and treatment. This, however, is unfortunately not the situation in all parts of the world and Dr Mikkelsen called upon all participants to take careful note of the full title of the meeting: *Type 1 diabetes – Advancing a global road map for improved and integrated care in low-resource settings*.

Dr Mikkelsen posed the question: how can we make access to efficient diagnosis and care a reality for all people living with type 1 diabetes, everywhere? – and she then highlighted the first-ever global coverage targets for diabetes, endorsed at the World Health Assembly in 2022, indicating that 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;
- **100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.**

Dr Mikkelsen encouraged all stakeholders to unite their efforts towards achieving these targets and applauded the opportunity provided by this special international meeting on type 1 diabetes, convening representatives from across sectors, geographies, and stakeholder groups, and with people with lived experience from many parts of the world, to share knowledge, experience, best practice – and discuss challenges and barriers. Dr Mikkelsen appealed for a solutions-oriented and collaborative meeting with tangible commitments to bring new hope for people living with type 1 diabetes in low-resource settings.

Conference day 1

5 February

Setting the scene: Type 1 diabetes

Moderator:

- World Diabetes Foundation: Bent Lautrup-Nielsen, Head of Global Advocacy

WHO Global Diabetes Compact:

- World Health Organization: Sanjana Marpadga, Technical Officer Department of NCDs

Global research community representatives:

- Jean-Claude Katte (Cameroon)
- Maria Lazo (Peru)
- Sarah Wild (United Kingdom)

Watch the recording: <https://tinyurl.com/43b579r4>

Sanjana Marpadga presented how as a response to the growing global burden of diabetes, the Global Diabetes Compact was launched by the WHO in 2021 – the centenary of the discovery of insulin – and how the Global Diabetes Compact has been structured across six workstreams: 1) access to essential diabetes medicines and health technologies; 2) technical products; 3) prevention, health promotion, and health literacy; 4) country support; 5) research and innovation; and 6) governance. She then went into more details about the specific areas of the Compact related to type 1 diabetes and how the WHO continuously strives to support countries (WHO Member States) and the wider global diabetes and community advancing type 1 diabetes care through technical support, resource mobilisation and advocacy engagements.

The subsequent panel discussion included researchers Jean-Claude Katte, Maria Lazo, and Sarah Wild, who stressed the value of context-specific research, collaboration, and innovative solutions for local challenges. Main priorities mentioned were hyperglycaemia in pregnancy, insulin access, and implementation research, and with a call to adapt findings to country needs. Maria Lazo described difficulties in turning research into policy due to governmental instability, highlighting the need to communicate evidence to policymakers. The panel called for effective communication with policymakers and highlighted the importance of evidence-based advocacy to advance diabetes care globally.



Dr Maria Lazo, Center of Excellence in Chronic Disease, Peru



Dr Jean-Claude Katte, RSD Institute, Yaoundé in the 'Setting the scene: Type 1 diabetes' discussion panel



Tinotenda Dzikiti, Zimbabwe Diabetes Association, speaking during the first part of the 'Country perspectives' panel discussion



Dr. Hiwot Solomon, Lead Executive Officer Disease Control and Prevention of the Ethiopian Ministry of Health, sharing the country's approach to addressing NCDs

Conference day 1

5 February

Country perspectives (part 1)

Moderator:

- World Diabetes Foundation: Bent Lautrup-Nielsen, Head of Global Advocacy

Panellists:

- Ministry of Health Tanzania: Omary Ubuguyu, Assistant Director Non-Communicable Diseases
- Ministry of Health Ethiopia: Hiwot Solomon, Lead Executive Officer Disease Control and Prevention
- Person with lived experience: Tinotenda Dzikiti, Zimbabwe Diabetes Association
- Person with lived experience: Nupur Lalvani, Blue Circle Diabetes Foundation India

Watch the recording: <https://tinyurl.com/35auzuje>

In this session, panellists from Tanzania, Ethiopia, Zimbabwe and India shared their perspectives on the integration of diabetes care within their country and health system contexts.

Dr. Omary Ubuguyu from Tanzania's Ministry of Health discussed the integration of Type 1 diabetes care at the primary healthcare level, stressing the importance of empowering both patients and healthcare workers to improve outcomes. He noted ongoing challenges such as creating robust policy environments, ensuring access to essential medications, and supporting the mental and psychosocial health of people living with type 1 diabetes. Dr. Ubuguyu emphasised the need for comprehensive and integrated care that includes mental health services.

Dr. Hiwot Solomon from Ethiopia's Ministry of Health outlined the country's approach, highlighting the national strategic plan for non-communicable diseases and the importance of capacity building, multisectoral engagement, and health promotion. Ethiopia's efforts are supported through partnerships with organisations like Novo Nordisk, Life For a Child and the World Diabetes Foundation, and Dr. Solomon reaffirmed the government's commitment to integrating diabetes care into primary healthcare.

Contributions from Tinotenda Dzikiti and Nupur Lalvani highlighted the necessity of involving people with lived experience in diabetes policy and programs, emphasising peer support, community initiatives, and the need for more affordable, accessible care. The session concluded with a call for sustainability, integrated service delivery, and community-driven advocacy to strengthen diabetes care in low-resource settings.

Conference day 1

5 February

Country perspectives (part 2)

Moderator:

- World Diabetes Foundation, Bent Lautrup-Nielsen, Head of Global Advocacy

Panellists

- Ministry of Health and Family Welfare Bangladesh: Syed Zakir Hossain, Line Director National NCD Control Program
- Rwanda Biomedical Centre: Nshimiyimana Gad, NCD Division
- Person with lived experience: Mark Barone, NCD Forum Brazil
- Person with lived experience: Christine Nabantazi, Sonia Nabeta Foundation Uganda

Watch the recording: <https://tinyurl.com/w3tty8jr>

The panellists shared their perspectives on the multifaceted approach needed to address type 1 diabetes management effectively, combining systemic integration, sustainable practices, and patient-centred care approaches.

Dr. Syed Zakir Hossain highlighted that 71% of deaths in Bangladesh are due to NCDs. He detailed a nationwide NCD management model, leveraging 495 health facilities and 14,500 community clinics, with community health workers central to screening and early detection. Notably, Bangladesh provides free insulin to 92% of people with type 1 diabetes and is piloting expanded paediatric care.

Dr. Nshimiyimana Gad described a decentralised diabetes care approach in Rwanda, now covering 123 health centres for type 1 diabetes and all health centres for type 2 diabetes and hypertension. Rwanda has invested in electronic medical records and patient cooperatives that offer income-generating opportunities to help people with diabetes cover healthcare costs. Persistent challenges include limited health literacy, specialist shortages, and high medicines costs.

Mark Barone of the NCD Forum Brazil shared progress in diabetes care, such as nationwide access to analog insulins and flash glucose monitoring and highlighted the importance of engaging people with lived experience in shaping health policy. The NCD Forum unites 250 organisations for advocacy in Brazil.

Christine Nabantazi from Uganda's Sonia Nabeta Foundation spoke about tackling barriers including poverty and stigma by providing free insulin, education, and home visits for children with type 1 diabetes.

Collectively, these perspectives stressed innovative, patient-centred, and community-driven approaches as crucial for strengthening diabetes care in resource-limited settings.



Dr. Syed Zakir Hossain, Line Director National NCD Control Program, Ministry of Health and Family Welfare Bangladesh, presenting during the second part of the 'Country perspectives' panel discussion



Christine Nabantazi from the Sonia Nabeta Foundation sharing her story

Conference day 1

5 February

WHO Diabetes Compact and the new global diabetes coverage targets

Moderator:

- University of Geneva Faculty of Medicine: David Beran, Assistant Professor

Panel 1

- Ministry of Health Kenya: Gladwell Gathecha, Ag. Head Division of NCDs
- WHO Regional Office for Africa: Kouamivi Agboyibor, Technical Officer NCDs (video statement)
- Africa Centres for Disease Control and Prevention (Africa CDC): Adelard Kakunze, NCDs Injuries and Mental Health Lead
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA): Vanessa Peberdy, Deputy Director Health Progress

Watch the recording: <https://tinyurl.com/5bejwkma>

Panel 2

- Health Action International: Molly Lepaska, Project Manager
- Ethiopia Diabetes Association: Getahun Tarekegn, President
- Diabetic Association Bangladesh: Bishwajit Bhowmik, Project Director
- Person with lived experience: Sana Ajmal, NGO Meethi Zindagi Pakistan

Watch the recording: <https://tinyurl.com/mry6na9b>

In 2022, the WHO launched the first-ever global targets for diabetes including the specific target for type 1 diabetes: 100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring.

The two panels provided a comprehensive discussion on this new target and the wider context to achieving it. While scientific innovation made survival from type 1 diabetes possible for millions, systemic inequities leave many still unable to access insulin as well as self-monitoring tools. After a century since the discovery of insulin a variety of challenges persist as well as some opportunities:

Globally:

- The concentration of the insulin and blood glucose monitoring markets
- Lack of mechanisms to ensure availability and affordability of insulin and diabetes-related supplies
- Lack of impact of biosimilars on the market

At country level:

- Limited resources allocated to type 1 diabetes
- Lack of affordability for low-income populations for insulin and self-monitoring tools and for other diabetes-related costs
- Limited availability in health systems, especially at primary care and in rural areas
- Poorly organised health systems for the delivery of care for type 1 diabetes
- Lack of data for the use in planning
- Weak supply systems and/or high mark-ups within the supply system
- Sustainability of international donation programs

Opportunities discussed:

- The power and potential of Universal Health Coverage (UHC)
- Local production and pooled procurement mechanisms
- Strengthening regulatory capacity
- Development of stronger data collection systems
- Role of advocates globally and at country level
- Strengthening the health system, including human resources, supply systems and supply chain forecasting models

The panellists emphasized that achieving universal access to insulin and self-monitoring will require political leadership and sustainable financing, together with coordinated efforts between governments, civil society, private sector, and global health institutions.



Bent Lautrup-Nielsen, sharing reflections from the first day of the conference

Conference day 1

5 February

Reflections and closing of conference day 1

World Diabetes Foundation: Bent Lautrup-Nielsen, Head of Global Advocacy

Watch the recording: <https://tinyurl.com/5am76mx7>

During Conference day 1, all participants had taken part in one of three Breakout Sessions which each had allowed more interactive discussion around three specific thematic areas: 1) access to care, 2) governance, and 3) health system reform. As part of the day 1 closing segment each group reported back to the plenary.

Breakout Session 1 addressed the global target of ensuring 100% access to affordable insulin and self-monitoring tools. Discussions centred on defining “100%”, measuring availability (facility vs. person-level), and affordability benchmarks. Emphasis was placed on person-centred metrics, robust registries, and nuanced affordability frameworks.

Breakout Session 2 examined governance and sustainability. Participants discussed policy inclusion, stakeholder engagement, and resourcing mechanisms. A recurring theme was the need for government ownership, supported by community involvement and innovative financing. The session highlighted the importance of defining sustainability operationally and embedding it in national planning.

Breakout Session 3 focused on ending siloed care through health system reforms. Three pillars emerged: education at all levels, structured and tiered healthcare systems, and community-driven approaches. The session underscored the role of peer support and the inclusion of people with lived experience in care delivery.



Closing session of the first day of the conference

Conference day 2

6 February

Recap of day 1 and introduction of the Call to Action

Watch the recording: <https://tinyurl.com/mr3vbtvx>

Key challenges and potential solutions – practitioners' perspectives

Panel 1

Moderator:

- Tanzania Diabetes Association: Kaushik Ramaiya, Hon. Secretary-General

Panellists:

- Senegalese Diabetes Association: Babacar Niang, Pediatric Endocrinologist
- Juvenile Diabetes Association Peru: Segundo Seclen, President
- Gandhi Medical College and Hospital India: Vijay Sheker Reddy, Endocrinology Department
- Korle Bu Teaching Hospital Ghana: Roberta Lamptey, Family Medicine Department

Watch the recording: <https://tinyurl.com/bst3fna3>

Practitioners from Senegal, Peru, India, and Ghana discussed major challenges and solutions for type 1 diabetes care in LMICs, emphasising the need for better training, advocacy, and psychosocial support to enhance diabetes management in resource-limited settings. They emphasized the importance of adapting global guidelines to local realities—especially where insulin access, refrigeration, and diagnostic tools are limited.

From individual country perspectives, Dr Babacar Niang (Senegal) highlighted low diagnosis rates, workforce shortages, and disparities between rural and urban areas, noting some improvements resulting from public-private partnerships. Dr Segundo Seclen (Peru) pointed to insufficient training, limited access to insulin and glucometers, and poor primary care diagnostics—advocating for teleconsultations and enhanced education. Dr Vijay Sheker Reddy (India) described widespread misconceptions, limited awareness among healthcare providers, and called for improved education, access, and national screening programmes. Dr Roberta Lamptey (Ghana) emphasised knowledge gaps, lack of self-management education, mental health requirements, and restricted insulin accessibility, underscoring the necessity for comprehensive support systems.



'Key challenges and potential solutions – practitioners' perspectives' first panel discussion





Conference day 2

6 February

Key challenges and potential solutions – practitioners' perspectives

Panel 2

Moderator:

- Tanzania Diabetes Association, Kaushik Ramaiya, Hon. Secretary-General

Panellists:

- Brazilian Diabetes Society: Karla Melo, Type 1 Diabetes Lead
- Kamuzu Central Hospital Malawi: Amos Msekandiana, Pediatric Endocrinology Department
- Health Promotion Foundation, Pakistan: Abdul Basit, Vice Chairman
- American University of Beirut, Lebanon: Mona Osman, Assistant Professor Family Medicine Department

Watch the recording: <https://tinyurl.com/5ybamm78>

Practitioners from Brazil, Malawi, Pakistan, and Lebanon discussed key challenges and solutions for type 1 diabetes management in their respective contexts, highlighting the importance of education, improved infrastructure, and integrated care to enhance outcomes in LMICs. They noted that many children with

type 1 diabetes in low-income settings face delayed diagnosis, stigma, and early mortality, and care should be embedded into existing HIV/NCD platforms to improve reach and sustainability. Capacity building for nurses, clinical officers, and educators was seen as a possible game-changer, as well as peer mentorship and regional learning exchanges. Task-shifting and community health worker engagement were highlighted as practical solutions.

From individual country perspectives, Karla Melo (Brazil) mentioned the expansion of patient education and updated treatment guidelines, including the use of various insulin types. Dr Amos Msekandiana (Malawi) focused on the challenges of limited resources and the need for workforce training and system improvements. Abdul Basit (Pakistan) discussed national initiatives such as specialised clinics, a diabetes registry, and online training for doctors and educators. Mona Osman (Lebanon) shared the impact of economic instability, the lack of national guidelines, and stressed the need for better integration of diabetes care within primary healthcare services.



Dr Mona Osman, American University of Beirut, sharing perspectives from Lebanon

Conference day 2

6 February

International partnerships – the global perspective

Panel 1

Co-moderators:

- International Alliance for Diabetes Action: Sylvia Kehlenbrink, Director
- East Africa Diabetes Study Group: Silver Bahendeka, Chair

Panellists:

- Novo Nordisk Changing Diabetes in Children: Anne Sofie Westh Olsen, Project Director
- Life For a Child: Graham Ogle, General Manager
- NCDI Poverty Network–PEN Plus: Ana Mocumbi, Co-chair

Watch the recording: <https://tinyurl.com/bst3fna3>

The panellists explored and discussed critical factors shaping diabetes care for children in LMICs, emphasizing the value of strong partnerships, local leadership, and sustainable programme models.

Anna Sofie Westh Olsen presented the Changing Diabetes in Children partnership, highlighting its ambitious goal to reach 100,000 children by 2030. Operating in 30 countries and currently supporting 65,000 children and young people, the programme works through local partners to strengthen patient empowerment, train healthcare professionals, enhance clinics, and ensure a consistent insulin supply.

Graham Ogle described the Life for a Child programme, which now supports over 60,000 children and young people across 53 countries with critical resources like insulin, glucometers, strips, and education. The programme aims to reach 150,000 children by 2030 by collaborating closely with local organisations to deliver comprehensive care.

Ana Mocumbi detailed the PEN-Plus partnership's work in addressing childhood-onset non-communicable diseases in low-income nations. The focus here is on provider training, community involvement, and research to enhance health systems and support.

A recurring theme was the barriers these initiatives face, such as ensuring strong local leadership, aligning with ministries of health, and navigating geopolitical complexities. All panellists stressed mutual respect and collaboration, as well as the difficulty of transitioning programme ownership to local systems and securing sustainability.

The panel concluded by underlining the necessity of monitoring care outcomes, involving patients and communities, collecting data, and advocating for long-term government support to guarantee high-quality, patient-centred diabetes care for children globally.



Dr Graham Ogle, General Manager, Life for a Child



Dr Ana Mocumbi, Co-Chair of the NCDI Poverty Network



Conference day 2

6 February

International partnerships – the global perspective

Panel 2

Co-moderators:

- Harvard T.A. Chan School of Public Health: Rifat Atun, Prof. Global Health Systems
- University of Yaoundé Department of Internal Medicine and Specialties: Jean Claude Mbanya, Prof. Medicine and Endocrinology

Panellists:

- Swiss Agency for Development and Cooperation: Erika Placella, Head of Health Section
- World Diabetes Foundation: Elsa Morandat, Head of Policy and Programme
- Helmsley Charitable Trust: James Reid, Program Officer Type 1 Diabetes
- Breakthrough T1D: Stephanie Pearson, Senior Director Global Operations

Watch the recording: <https://tinyurl.com/sjt9atc9>

The panellists highlighted the importance of inclusive partnerships, local leadership, and integrated health systems in advancing care for type 1 diabetes worldwide. They emphasised that sustainable progress rests on empowered communities, transparent programmes, and extensive collaboration across sectors.

Elsa Morandat of the World Diabetes Foundation began by sharing the organization's approach to partnerships, stressing the importance of national ownership, alignment, harmonization, and mutual accountability. She emphasized that integrating type 1 diabetes into national health systems is crucial, requiring robust coordination and collaboration between local and international stakeholders to ensure effective, sustainable care.

Erika Placella from the Swiss Agency for Development and Cooperation advocated for including non-communicable diseases like type 1 diabetes in global and national cooperation strategies, emphasising policy dialogue, narrative change, and primary healthcare integration.

James Reid of the Helmsley Charitable Trust highlighted the importance of balancing urgent challenges with long-term solutions. He underscored the need for local ownership, community-driven approaches, and amplifying the voices of people affected by type 1 diabetes. Stephanie Pearson from Breakthrough T1D described the organisation's shift from research to also addressing care access, early diagnosis, and ongoing community support, reflecting a commitment to holistic impact.

A central theme throughout was the focus on inclusive partnerships, national ownership, and coordinated health systems. The panellists collectively underscored the importance of aligned efforts among donors, partners, and governments, mutual accountability, local ownership, and adaptable programmes. They agreed that robust, sustained collaboration and holistic approaches are vital for meaningful progress in the lives of people with type 1 diabetes worldwide.

Conference day 2

6 February

Reflections: Sharing lived experiences

Co-moderators:

- Persons with lived experience: Mark Barone, NCD Forum; and Renza Scibilia, Breakthrough T1D USA

Panellists:

- Person with lived experience: Christine Nabantazi, Sonia Nabeta Foundation Uganda
- Person with lived experience: Zoran Stojkovski, Union of Associations of Persons with Diabetes of North Macedonia
- Person with lived experience: Ileana Gill, Guerreros Azules ('Blue Warriors') Venezuela
- Person with lived experience: Newton Ngugi, World Diabetes Foundation Kenya

Watch the recording: <https://tinyurl.com/p6ytmn4h>

The final panel provided a platform for persons with lived experience to share their stories and insights into type 1 diabetes management. The panellists emphasised the vital role of peer networks, education, and community support in advancing type 1 diabetes care, particularly in LMICs. The panellists highlighted that improving access to care depends on addressing stigma, building local capacity, and ensuring meaningful involvement of people living with diabetes at every level.

Christine Nabantazi shared her journey from diagnosis at the age of eighteen to her leadership at Jinja Clinic Hospital, emphasising challenges like poor healthcare access, poverty, and stigma. She advocated for improved infrastructure and education. Zoran Stojkovski discussed the daily management of type 1 diabetes, highlighting the importance of community support and advocacy. Ileana Gill, co-founder of Guerreros Azules and mother to two daughters with type 1 diabetes, stressed the need for caregiver education and robust support networks. Newton Ngugi spoke to the lack of role models in low-resource settings and called for community empowerment and advocacy.

Throughout the discussion, the panellists reiterated the importance of education, awareness, and respectful language. The session concluded with a powerful call to place lived experience at the heart of all diabetes care and policy decisions.

Closing segment

Organising Committee

Watch the recording: <https://tinyurl.com/3jhadvdm>



Newton Ngugi, Association Programme Manager at World Diabetes Foundation, sharing his lived experience



'Reflections: Sharing lived experiences' panel discussion

2025 COPENHAGEN CALL TO ACTION ON TYPE 1 DIABETES

Link to the full programme: <https://tinyurl.com/5e67ffb2>

Link to the document repository: [T1D International meeting – Document repository](#)

On 4 to 6 February 2025 an international meeting took place in Copenhagen Denmark under the title:

*Type 1 diabetes –
Advancing a global road map for improved and integrated care in low-resource settings*

The international meeting on type 1 diabetes was held in the context of the WHO Global Diabetes Compact and the global diabetes coverage targets to be achieved by 2030.

We, participants of the meeting, who are engaged in type 1 diabetes care, research, advocacy, policymaking, awareness raising, education, psycho-social support, or other related fields; And/or, who are people living with type 1 diabetes;

1. Express our concern that many people living with type 1 diabetes in low-resource settings are not accessing care as required, including insulin and glucose monitoring devices, and risk increased morbidity and mortality due to poorly controlled blood glucose;
2. Express our concern that type 1 diabetes has been less prioritised in global health, development, and research agendas, and as part of the evolving non-communicable disease (NCD) agenda due to its lower prevalence compared to other NCDs;
3. Express our concern that initiatives to improve type 1 diabetes care in low-resource settings may have been insufficiently integrated, aligned or coordinated with wider health system processes;
4. Express our concern that globally an estimated nine million people are living with type 1 diabetes and with the majority in low- and middle-income countries, but that the true burden and epidemiology in these settings is largely unknown.

We, participants of the meeting, therefore commit to the following actions:

5. Enhance multistakeholder collaboration at local, national, regional, and international levels, aiming to expand and improve type 1 diabetes care in low-resource settings through convergence, synergies and scale-up of investment;
6. Accelerate processes towards sustainable and equitable modalities for access to type 1 diabetes care recognising the multitude of health care delivery systems across low-resource settings worldwide and the specificities of accessing care in humanitarian settings;
7. Develop innovative research and data collection systems, involving a wide range of stakeholders, including the active engagement of people with lived type 1 diabetes experience to address the WHO Prioritised Research Agenda, and other research workstreams, to fill existing gaps in our knowledge;
8. Ensure the meaningful and equal inclusion of people living with type 1 diabetes into processes at local, national, regional and global levels concerning access to care, while recognising the multitude of engagement mechanisms across low-resource settings worldwide;
9. Advance a global community open to all stakeholders working in the field of type 1 diabetes with the aspiration to share knowledge, establish new collaborations, build bridges across sectors, and thereby further uniting our efforts to improve type 1 diabetes care.

