Report of the second meeting of the WHO Technical Advisory Group on Diabetes

virtual meeting
16–17 December 2021
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This publication contains the report of the second meeting of the WHO Technical Advisory Group on Diabetes (TAG-D) and does not necessarily represent the decisions or policies of WHO.
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<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>LMICs</td>
<td>low- and middle-income countries</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>TAG-D</td>
<td>Technical Advisory Group on Diabetes</td>
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<tr>
<td>TAG-NCD-R&amp;I</td>
<td>Technical Advisory Group on Noncommunicable Diseases-related Research and Innovation</td>
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<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Overview

The World Health Organization (WHO) convened the second meeting of the WHO Technical Advisory Group on Diabetes (TAG-D) on 16 and 17 December 2021.¹ All 12 members² of the TAG-D attended the online meeting. WHO personnel responsible for noncommunicable diseases (NCDs) from WHO regional offices were also invited to attend as part of the WHO TAG-D secretariat. The meeting was chaired by the appointed chair, Dr Amanda Adler. Dr Nikhil Tandon acted as rapporteur and the TAG-D secretariat members provided technical support (see Annex 2. Meeting participants).

The agenda and links to supporting documents for the meeting can be found in Annex 1.

All participants provided declarations of interest (DOIs). The WHO TAG-D secretariat assessed the DOIs and noted that five TAG-D members had declared a conflict of interest. One member had a conflict of interest that WHO deemed partially restricted the member’s participation. The declared conflicts of interests for the four other members did not influence their participation.

Strategic functions of the TAG-D and workplan for 2021–2022

The Chair summarized the proposed workplan for 2021–2022 from the first TAG-D meeting held in September 2021.³

She drew attention to the overarching strategic function of the TAG-D⁴ which is to identify and describe current and future challenges in relation to WHO’s work on diabetes which includes:

(i) to identify and describe current and future challenges;
(ii) to advise WHO on strategic directions to prioritize;
(iii) to advise WHO on developing global strategic documents; and
(iv) to propose other strategic interventions and activities for WHO to implement.

² See Annex 2.
³ https://cdn.who.int/media/docs/default-source/country-profiles/diabetes/tag-diabetes-meeting.pdf?sfvrsn=48e198ce_5
⁴ https://cdn.who.int/media/docs/default-source/ncds/tag-diabetes---final-(1-march-2021).pdf?sfvrsn=584f0d66_5
Summary of discussions

Session 1: Preparation for the 150th session of WHO Executive Board

Members of the WHO TAG-D secretariat presented the following to the meeting participants:

(i) the structures and processes of the WHO Governing Body in relation to the TAG-D and the agenda for the 150th session of the Executive Board;
(ii) the Executive Board would be convened in January 2022⁵ and would review and make recommendations to the World Health Assembly (WHA) in May 2022, after which the WHA would issue formal guidance to Member States;
(iii) the contents of the revised submission for items related to diabetes and obesity that the Executive Board would discuss including the targets for obesity and diabetes; and
(iv) the recommendations for Member States, international partners and WHO.

The TAG-D members supported the targets and recommendations described in the paper for the Executive Board. They discussed the cultural context of diabetes and obesity and how to formalize the interrelationship between obesity, diabetes and cardiovascular disease.

Session 2: The WHO Global Diabetes Compact

The WHO TAG-D secretariat presented the most recent developments on the workstreams of the Global Diabetes Compact and the lead-up to World Diabetes Day.⁶ The WHO Diabetes Compact is a WHO-led initiative with the vision of reducing the risk of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care.

Workstream 1, access to essential diabetes medicines and health technologies. The TAG-D members were apprised of the updated WHO Model List of Essential Medicines,⁷ which now includes sodium-glucose cotransporter-2 inhibitors and long-acting insulin analogues and their biosimilars. Participants discussed the potential advantages and disadvantages of these additions.

⁵ https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_1(draft)-en.pdf
⁶ The Global Diabetes Compact comprises the following six workstreams: (i) access to essential medicines and health technologies; (ii) technical products; (iii) prevention, health promotion and health literacy; (iv) country support; (v) research and innovation; (vi) governance strategy and partnership.
⁷ https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02
Other important activities in Workstream 1 are listed below.

- Prequalification for devices required for monitoring blood glucose and measuring glycated haemoglobin A1c (HbA1c). Prequalification is a systematic process to determine the capacity of a manufacturer to produce a product of consistent quality in accordance with international standards and WHO/United Nations Population Fund (UNFPA) specifications. Prequalification facilitates manufacturers to produce quality-assured products.
- A report on access to insulin.\(^8\)
- A 'Strategic Spotlight' webinar on noncommunicable diseases covering access to essential diabetes medicines and health technologies.
- A workshop to identify and develop solutions to source and jointly procure technologies including devices and drugs.

Workstream 2, technical products. Members were updated on the proposed global diabetes coverage targets that had been developed and which would be discussed at the Executive Board in January 2022.

Workstream 3, prevention, health promotion and health literacy. Members were advised that a Global Diabetes Compact session had been held at the 10th Conference on Health Promotion for Well-being, Equity and Sustainable Development on 13–15 December 2021 where participants had discussed diabetes-related health literacy, education to enhance self-management of diabetes, and other aspects of support. This discussion included the TAG-D member, Dr Fatima Al Slail, who is Director of the Diabetes Prevention and Control Programme, and Director of the Cardiovascular Prevention and Control Programme, Ministry of Health, Kingdom of Saudi Arabia.

Workstream 4, country support. Members of the WHO TAG-D secretariat presented how WHO maps the need for support for diabetes programmes received from countries and how it charts progress in supporting countries to develop plans.

Workstream 5, research and innovation. Progress in implementing the WHO ‘mDiabetes’ programmes, an intervention based on mobile phone technology was presented.

Workstream 6, governance, strategy and partnership. The WHO TAG-D secretariat presented the results of the first Global Diabetes Compact Forum and the World Diabetes Day 2022.

The meeting participants discussed strategies for sustained funding (tobacco tax, sugar tax), WHO “best buys” and collaboration with nongovernmental organizations (NGOs).

An overview of questions posed in the 1st and 2nd TAG-D meetings is available in Table 1.

\(^8\) [https://www.who.int/publications/i/item/9789240039100](https://www.who.int/publications/i/item/9789240039100)
<table>
<thead>
<tr>
<th>Workstream</th>
<th>Guiding questions</th>
<th>TAG-D inputs</th>
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<tbody>
<tr>
<td>Access to essential diabetes medicines and health technologies</td>
<td>Which of these initiatives do you think it the most important to improve access to people living with diabetes?</td>
<td>TAG-D members emphasized that WHO should prioritize the effort to increase availability of human insulin</td>
</tr>
<tr>
<td></td>
<td>Can you share good practice to ensure better access to affordable, quality diabetes medicines and health products?</td>
<td>It remains important to standardize health technologies</td>
</tr>
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<td>Technical products</td>
<td>What kind of guidance/training is needed to ensure better uptake of existing guidance?</td>
<td>Work on normative products (technical products that establish the norms including strategies, action plans, guidelines, standards) should be adapted into local context to ensure broad uptake</td>
</tr>
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<td></td>
<td>Which normative products would be worth considering in the future?</td>
<td>TAG-D is willing to engage in the work on technical products and advise on planning of future technical products</td>
</tr>
<tr>
<td>Prevention, health promotion and health literacy</td>
<td>What should WHO focus upon to strengthen efforts to prevent diabetes and its complications, and to promote health and health literacy in diabetes?</td>
<td>Develop a repository (a digital platform) which all stakeholders can populate with “success stories” and evidence-based interventions and resources that can be adapted to the country context</td>
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<tr>
<td></td>
<td>By which mechanism could WHO support strengthening these aims?</td>
<td>Children and teenagers are special groups to be considered when implementing health promotion</td>
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<td></td>
<td>People with lived experience should continue to have a central role</td>
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<tr>
<td>Country support</td>
<td>How can the Global Diabetes Compact be better positioned in countries?</td>
<td>TAG-D will assist in developing advice on strategy and implementing partnerships with the Global Diabetes Compact, focusing on the evaluation of the “best business cases” to impact the diabetes responses at country level</td>
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<td></td>
<td>How can WHO better support preparedness globally, regionally and at a country level to respond to health emergencies with a focus on diabetes care and other essential services for NCDs?</td>
<td>During the COVID-19 technological innovation (e.g. telemedicine) could be helpful, but special consideration should be taken on challenges in access to technology in low- and middle-income countries (LMICs)</td>
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<td>How can WHO use the lessons learned from the COVID-19 pandemic to strengthen health emergency preparedness and responses beyond COVID-19?</td>
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<td>To support these efforts, what further action can WHO undertake in terms of:</td>
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<tr>
<td></td>
<td>a) global leadership and advocacy</td>
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<td></td>
<td>b) technical work and research</td>
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<tr>
<td></td>
<td>c) country support?</td>
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Research and innovation

Methodology when prioritizing the research agenda to improve diabetes care in LMICs.

How can WHO support using implementation research for effective implementation of policies and interventions for diabetes?

How can WHO further support using and scaling up health innovations including digital health for diabetes care?

The TAG-D:
- ranked the items in the research agenda – TAG-D members discussed biases in research outcomes and being aware of differing research priorities between stakeholders;
- would like to engage with the Technical Advisory Group on Noncommunicable Diseases-related Research and Innovation to avoid duplicating efforts;
- emphasized that several low-tech solutions to challenges already exist;
- considered that telemedicine and technologies adapted for low-income settings could improve access to care in all areas and particularly in remote areas;
- suggested a need for innovations in the following areas: (i) scaling up of innovation, including digital health solutions for diabetes care; (ii) identifying existing innovations in diabetes that can easily be implemented; and (iii) better understanding of the needs and demands in innovation related to diabetes and obesity.

Governance, strategy and partnership

Will be discussed at the next TAG-D meeting

Session 3: Managing diabetes in humanitarian settings

Globally, there are about 82.4 million forcibly displaced persons. NCDs affect forcibly displaced populations and those affected by humanitarian emergencies.

Current WHO initiatives on NCDs and diabetes in humanitarian emergencies include two WHO resolutions. WHO has a global mandate to develop concrete guidance for Member States to help ensure uninterrupted treatment to people living with disabilities in humanitarian settings, with a special focus on the ongoing COVID-19 pandemic.

New resources to improve health-care and services provision for people living with NCDs during humanitarian crises. The revised NCD kit in humanitarian emergencies improves health care for people living in humanitarian settings. The kit focuses on out-patient care and includes: medicines and supplies for people with hypertension; cardiac disease; chronic respiratory disease; mental health and neurological conditions; and endocrine problems including diabetes. Other ongoing projects under development include algorithms to manage insulin for type 1 diabetes in resource-constrained settings,

9 https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R4-en.pdf
10 https://www.who.int/publications/i/item/ncds-covid-rapid-assessment
guidelines for use of human insulin stored at temperatures higher or lower than those specified by the manufactures, as well as the COVID-insulin cold chain project (to leverage the COVID-vaccine cold chain infrastructure).

**Strengthening health emergency preparedness and responses beyond pandemic responses.** Meeting participants were advised that WHO will use the lessons learned from the COVID-19 pandemic to build capacity for primary health-care professionals. Given the challenges in accessing technology in LMICs, WHO will pay special attention to leveraging ongoing efforts involving technological innovation (e.g. telemedicine).

Participants discussed digital technology for managing diabetes and supported WHO normative work and research on diabetes during emergencies.

**Session 4: Supporting research and innovation in the Global Diabetes Compact**

**Prioritizing the diabetes research agenda.** WHO is currently prioritizing the development of a research agenda. The WHO TAG-D secretariat presented the methodology being used to set the agenda which includes rankings and scoring system questions based on public health need, feasibility, cost, ethics, equity, and the sustainability of the research.

Prior to the meeting, TAG-D members were asked to rank the research agenda. They supported the current methodology to prioritize the diabetes research agenda and acknowledged that it should include multiple stakeholders, including people with lived experience. They affirmed that they would be willing to share the research agenda with relevant stakeholders.

In addition, they recognized the differences in research priorities between stakeholders’ groups.

**Leveraging diabetes-related innovations.** The *WHO Innovation Hub* and the work on digital innovations on diabetes was presented.

The WHO TAG-D secretariat presented the WHO Innovation Scaling Framework and its contribution to diabetes. Participants learned that the framework includes three dimensions: health demands (and priorities of countries); supply (of ready-to-scale interventions); and assessment (from incubating to sustaining innovations). The framework aims to mobilize a global movement in health innovation to achieve “health for all”. The goal is to match health demands at country level with ready-to-scale innovations to achieve a sustainable impact using the primary health-care level as the strategic level of action.

The *mDiabetes* program is a WHO digital health solution applied to diabetes, in partnership with the International Telecommunications Union (ITU), as part of WHO’s initiative, Be He@lthy Be Mobile. The program brings together ministries of health, ministries of
telecommunications, telecom operators, private sector partners and other stakeholders
to implement public-focused communication using digital channels such as mobile text
messages and social media, among others.

The meeting participants underlined the need for innovations in diabetes in the following
areas: (i) scaling up health innovations including digital health for diabetes care; (ii)
identifying existing innovations in diabetes to implement; and (iii) understanding the
needs and demands in innovation related to diabetes and obesity. It was recognized that
telemedicine and technologies adapted for low-income settings have the potential to
improve access to care in all areas and particularly in remote areas.

The TAG-D will be engaged in the work of the WHO Technical Advisory Group of Experts
on NCD-related Research and Innovation (TAG-NCD-R&I). The first meeting of the TAG-
NCD-R&I is planned for February 2022.

**Session 5: Supporting prevention, health promotion and health literacy in the Global Diabetes Compact**

The WHO TAG-D secretariat presented the current and planned mechanisms at WHO for
improving prevention, health promotion and health literacy for diabetes prevention and
control.

*Implementing best-practice tobacco control measures.* TAG-D members recognized that
controlling tobacco use is particularly important for people with diabetes. By 2025, the
target is to reduce the prevalence of tobacco use by 30%. The WHO TAG-D secretariat
described MPOWER, a policy package to assist in the implementation of effective country-
level interventions to reduce the demand for tobacco.

*Communication and healthy life education are key in addressing physical inactivity.*
Several digital tools can support interventions to change behaviour. WHO focuses on
the following four action areas in strengthening regulatory policies to improve physical
activity in the communities: **active societies, active people, active environments, and active**
systems.

The TAG-D members recommend that WHO strengthen diabetes prevention, health
promotion and health literacy by developing a repository (a digital platform) which all
stakeholders can populate with “success stories” and evidence-based interventions,
services, tools, resources, publications, and standards that everyone across the globe
can adapt and use. Children and teenagers are special groups to be considered when
implementing health promotion in schools.

**WHO should remain a trusted partner** by supporting civil groups’ ongoing work on diabetes
health promotion in the workplace including occupational health and safety measures. The

[11](https://www.who.int/groups/who-technical-advisory-group-of-experts-on-ncd-research-and-innovation)
TAG-D members called for WHO to consider new/potential partners to work on diabetes health promotion, and requested that special attention be paid to potential conflicts of interest (COIs) when partnering with nonstate actors or for-profit stakeholders.

**Closing remarks**

The Chair summarized the highlights and outcomes of the second TAG-D meeting for Dr Ren Minghui, WHO Assistant Director-General and thanked him for joining the meeting. She acknowledged the TAG-D’s advisory and supportive role to the WHO NCD team, and made the following two main points.

1. That the TAG-D supports the five proposed global diabetes coverage targets to be achieved by 2030 and considers them technically sound and of high priority.

2. That achieving these targets would be a "step change" in the global care of people with and at risk of diabetes and is particularly important for LMICs, who are disproportionately affected by diabetes. Supporting these targets will help people with diabetes live longer better lives.

On behalf of the TAG-D, the Chair noted that the proposed global diabetes coverage targets identified by WHO provide opportunities which include:

- developing and adapting technical resources in or to LMICs;
- aligning the international development community with national diabetes programmes which include academic, philanthropic and financing institutions – both public and private;
- learning from the COVID pandemic – COVID precipitated change and disproportionately affects people with diabetes.

Finally, the Chair reiterated that the targets are technically sound and that having consensus around these five proposed global diabetes coverage targets would make it easier to develop common approaches for accountability.

Dr Ren Minghui thanked the TAG-D members and welcomed the positive outcomes of the first two TAG-D meetings. He noted that the TAG-D is the first WHO technical advisory group to incorporate the perspective of people living with diabetes in its mandate. He pointed out that diabetes is rising rapidly in LMICs, which are the least well-equipped with diagnostics, medicines, and knowledge to provide life-saving treatment to people living with diabetes. He stressed that the COVID-19 pandemic has placed people living with diabetes at increased risk of severe disease and death from COVID-19.

The WHO Global Diabetes Compact will bring structure and coherence to WHO's efforts to reduce the burden of diabetes.
Next steps

Following consultation and approval by the TAG-D members, the Chair will submit the highlights of the meeting report with relevant recommendations to the WHO TAG-D secretariat.

The TAG-D members are encouraged to contact the secretariat to indicate the Global Diabetes Compact workstreams in which they would like to be involved.

The TAG-D will develop position papers in specific areas to support the proposed global diabetes coverage targets.

Next meetings

- WHO’s Executive Board will take place in January 2022; The World Health Assembly will take place in May 2022.
- Planning of TAG-D meetings 2022: 3rd TAG-D meeting (9–10 June 2022); 4th TAG-D meeting (December 2022).
- Global Diabetes Compact Forum meeting: follow-up meetings in May 2022 and October–November 2022.
## Annex 1. Meeting agenda

<table>
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<th>Speakers</th>
<th>Relevant documents/links</th>
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<tr>
<td><strong>Opening session</strong></td>
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<tr>
<td>13:00–13:10</td>
<td>Welcome and presentation of agenda</td>
<td>Dr Bente Mikkelsen, Director, Noncommunicable Diseases, WHO</td>
<td>Agenda</td>
</tr>
<tr>
<td>13:10–13:15</td>
<td>Housekeeping and meeting rules</td>
<td>Dr Amanda Adler</td>
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<tr>
<td>13:15–13:30</td>
<td>Proposed workplan and recommendations from 1st TAG-D meeting</td>
<td>Dr Amanda Adler</td>
<td>Report from 1st TAG-D meeting</td>
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<tr>
<td><strong>Preparation for the Executive Board</strong></td>
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<tr>
<td>13:35–13:45</td>
<td>Presentation of diabetes and obesity-related agenda items to be discussed at the 150th session of WHO Executive Board in January 2022</td>
<td>Dr Slim Slama, Dr Francesco Branca</td>
<td>EB discussion paper on diabetes (dated 9 August 2021); EB discussion paper on Obesity (dated 17 August 2021); Technical background paper of the proposed diabetes targets</td>
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<tr>
<td>13:45–14:30</td>
<td>Discussion</td>
<td>TAG-D members, moderated by Dr Amanda Adler</td>
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<tr>
<td>14:30–14:45</td>
<td>Break</td>
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<tr>
<td><strong>Global Diabetes Compact</strong></td>
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<tr>
<td>14:45–15:00</td>
<td>The Global Diabetes Compact – update on workstreams including the Global Diabetes Compact Forum and World Diabetes Day</td>
<td>Dr Bente Mikkelsen</td>
<td>World Diabetes Day webpage, updated EML list, report on access to insulin</td>
</tr>
<tr>
<td>15:00–15:40</td>
<td>Discussion</td>
<td>TAG-D members, moderated by Dr Amanda Adler</td>
<td>Diabetes management in humanitarian settings</td>
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<tr>
<td>15:40–15:50</td>
<td>Current WHO initiatives on NCDs and diabetes in humanitarian settings</td>
<td>Dr Slim Slama</td>
<td>Annex 9 of document EB148/7 in accordance with resolution A/RES/73/2 Noncommunicable diseases kit (NCDK) 2016 (who.int)</td>
</tr>
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</table>
| 15:50–16:50 | Discussion:  
- How can WHO better support global, regional and country preparedness and response capabilities and capacities for health emergencies with a focus on diabetes care and other essential NCD services?  
- How can the lessons learned from COVID-19 pandemic be used for strengthening health emergency preparedness and responses beyond pandemic responses?  
- What further action can WHO undertake in terms of a) Global leadership and advocacy b) Normative work and research c) Country support in support of these efforts?  | TAG-D members, moderated by Dr Amanda Adler | |
<p>| 16:50–17:00 | Summary and close | Dr Amanda Adler | Meeting rapporteur |</p>
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<th>Time</th>
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<th>Relevant documents/links</th>
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<tbody>
<tr>
<td>13:00–13:10</td>
<td>Welcome and recap from Day 1</td>
<td>Dr Amanda Adler</td>
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### Supporting improved research and innovation in the Global Diabetes Compact

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<tr>
<td>13:10–13:15</td>
<td>Prioritizing the research agenda – approach and pilot results</td>
<td>Dr Gojka Roglic</td>
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<td>for Digital Health &amp; Innovation WHO</td>
<td>Digital health (who.int)</td>
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<td></td>
<td></td>
<td>2) Dr Surabhi Joshi Technical Officer, Digital Health &amp;</td>
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<td>Innovations and NCD department WHO</td>
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<td>Health innovation for impact (who.int)</td>
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<tr>
<td>13:25–14:40</td>
<td>Discussion:</td>
<td>TAG-D Members, moderated by Dr Amanda Adler</td>
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<tr>
<td></td>
<td>• Methodology of prioritizing the research agenda to improve diabetes</td>
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<td>• How can WHO better support the use of implementation research for</td>
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<td>• How can WHO further support the use and scaling up of health</td>
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<td>innovation including digital health solutions for diabetes care?</td>
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### Supporting improved prevention, health promotion and health literacy in the Global Diabetes Compact

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<th>Time</th>
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<tbody>
<tr>
<td>14:40–14:55</td>
<td>Break</td>
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<tr>
<td>14:55–15:05</td>
<td>Current and planned WHO mechanisms for improving prevention, health</td>
<td>Dr Ruediger Krech Director, Health Promotion Division of Universal Health Coverage and Healthier Populations WHO</td>
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<td>promotion and health literacy for diabetes prevention and control</td>
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<td>15:05–16:20</td>
<td>Discussion:</td>
<td>TAG-D members, moderated by Dr Amanda Adler</td>
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<td>• What should be the focus for WHO to strengthen prevention, health</td>
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<td>• By which mechanism could prevention, health promotion and health</td>
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<td>literacy be strengthened?</td>
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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
<th>Relevant documents/links</th>
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<tbody>
<tr>
<td>16:20–16:50</td>
<td>Update to the Assistant Director-General of the outcomes of the TAG-D</td>
<td>Dr Ren Minghui Assistant Director-General Universal Health Coverage/</td>
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<td>Communicable and Noncommunicable Diseases, WHO</td>
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<td>Dr Amanda Adler</td>
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<td>16:50–17:00</td>
<td>Closing remarks and next steps</td>
<td>Dr Ren Minghui Dr Slim Slama</td>
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Annex 2. Meeting participants

TAG-D members

**Dr Amanda Adler**
Professor of Diabetic Medicine and Health Policy  
Oxford University  
United Kingdom

**Dr Fatima Al Slail**
Director of the Diabetes Prevention and Control Programme and Director of  
Cardiovascular Prevention and Control Programme  
Ministry of Health  
Saudi Arabia

**Dr David Beran**
Assistant Professor, Faculty of Medicine, Department of Community Medicine, Primary  
Care and Emergency Medicine  
University of Geneva  
Switzerland

**Dr Stephen Colagiuri**
Professor of Metabolic Health  
University of Sydney  
Australia

**Dr Adel Abdel Aziz El-Sayed**
Professor Emeritus of Internal Medicine and Diabetes  
Sohag University  
Egypt

**Dr Apoorva Gomber**
Student enrolled in the Master of Public Health Program, Department of Global Health and Population  
Harvard T.H. Chan School of Public Health  
India

**Dr Jennifer Manne-Goehler**
Faculty member  
Brigham and Women's Hospital, Massachusetts General Hospital and Harvard Medical School  
United States of America
Dr Mitsuru Ohsugi  
Director, Diabetes and Metabolism Information Center  
National Center for Global Health and Medicine  
Japan

Dr Anjumanara Anver Omar  
Lecturer, Consultant, and Pediatric Endocrinologist and Diabetologist  
University of Nairobi  
Kenya

Dr Kaushik Ramaya  
Member of the Board of World Diabetes Foundation and the NCD Alliance  
Tanzania

Ms Daniela Rojas Jimenez  
Psychologist  
Autonomous University of Central America, San José  
Costa Rica

Dr Nikhil Tandon  
Professor and Chair of the Department of Endocrinology and Metabolism  
All India Institute of Medical Sciences  
India

WHO TAG-D secretariat

Dr Francesco Branca  
Director, Department of Nutrition for Health and Development  
World Health Organization  
Switzerland

Mr James Elliott  
Consultant, Department of Noncommunicable Diseases  
World Health Organization  
Canada

Mr Bashier Enoos  
Technical Officer, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Dr Bianca Hemmingsen  
Medical Officer, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland
Mrs Nicoletta de Lissandri  
Assistant to Director, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Dr Belma Malanda  
Consultant, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Ms Alena Stefanie Matzke  
Consultant, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Dr Bente Mikkelsen  
Director, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Dr Leanne Riley  
Head of Surveillance, Monitoring and Reporting, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Dr Slim Slama  
Unit Head, Management of NCDs, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland

Mr Menno Van Hilten  
Senior Cross-Cutting Lead Strategy, Department of Noncommunicable Diseases  
World Health Organization  
Switzerland