

Parliamentarians for Diabetes Global Network

The newsletter of the Parliamentary Diabetes Global Network.
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This edition highlights key global developments shaping diabetes policy, from early screening efforts in the UK and legislative reforms in Ghana to digital health expansion in South Korea. It captures debates on insulin access, medicine pricing, cardiovascular integration, and nutrition regulation, while underscoring how parliamentary action, policy reform, and innovation are driving progress on access, affordability, prevention, and equitable care worldwide.

Lyla's Law: Call for Mandatory Type 1 Diabetes Screening for Children Gains Political Momentum

A growing campaign in the United Kingdom is calling for mandatory early screening for Type 1 diabetes in children following the tragic death of a two year old girl whose condition went undiagnosed. Known as "Lyla's Law," the initiative seeks to prevent similar cases through earlier identification and systematic testing protocols.

UK Health Secretary Wes Streeting is expected to meet with Lyla's father, as public and parliamentary attention builds ahead of a potential debate in Spring 2026. The case has reignited discussion on whether primary care settings should adopt routine screening or enhanced early warning pathways for Type 1 diabetes in young children.

PDGN Global Parliamentary Diabetes Forum Expected in 2027

Our members and collaborators have been waiting for the announcement!

World Diabetes Day 2027 will see the global parliamentary diabetes advocacy champions gathering once again to discuss developments and the future of diabetes policy!

Interested in knowing first when the registrations open?

Submit an [Expression of Interest at the link here](#) to stay informed, and be part of shaping the next chapter of diabetes policy and advocacy.

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Image credit: Diabetes Voice (International Diabetes Federation), "Lyla's law: a family's fight for change after a preventable tragedy."

Advocacy Action: Prepare for the forthcoming parliamentary debate in Spring 2026 by reviewing current diagnostic timelines and rates of diabetic ketoacidosis at presentation. Engage with paediatric specialists, primary care representatives, and affected families to assess the case for mandatory or enhanced screening pathways. Advocate for strengthened early diagnostic protocols in primary care to reduce preventable deaths from undiagnosed Type 1 diabetes.

Type 1 diabetes can progress rapidly, particularly in infants and toddlers. Delayed diagnosis may result in diabetic ketoacidosis, a life threatening complication that remains one of the most common presentations at diagnosis. While awareness campaigns exist, variability in symptom recognition and testing practices persists across primary care.

The proposal for mandatory screening raises complex policy considerations. These include feasibility, cost effectiveness, diagnostic accuracy, and the balance between universal testing and targeted risk based approaches. However, the broader question is clear: how can health systems ensure that no child dies from an undiagnosed, treatable condition? For parliamentarians, this issue underscores the need to align prevention, primary care capacity, and legislative responsibility. Early detection strategies, whether through structured screening or strengthened clinical protocols, require careful evidence review and coordinated implementation planning.

Strengthening Accountability: Proposed Parliamentary Diabetes Caucus in Zimbabwe

A significant legislative initiative is gaining momentum in the Parliament of Zimbabwe, aimed at addressing the escalating public health crisis posed by diabetes. This development has been driven by the engagement and advocacy of members of the Parliamentarians for Diabetes Global Network (PDGN). Through a formal motion moved by Hon. Concilia Chinanzvavana, vice president of PDGN advisory board, and seconded by Hon. Edwin Mushoriwa calls are mounting to establish a dedicated Parliamentary Diabetes Caucus to drive systematic change.



The proposal highlights that diabetes has become an urgent public health emergency affecting individuals across all demographics, placing immense strain on households and the national health system. While the Parliament of Zimbabwe has previously leveraged parliamentary caucuses to address HIV, TB, and cancer with positive results, diabetes has historically remained under-prioritized in terms of sustained financing, legislative attention, and coordinated policy oversight.

The proposed caucus seeks to bridge the gap between existing policy and tangible action through several key mandates:

- **Policy Implementation:** Ensuring that national policies translate into measurable improvements in prevention, early detection, and access to essential medicines and technologies.
- **Targeted Advocacy:** Championing equitable care, with a specific focus on the life-saving needs of those living with Type 1 diabetes.
- **Fiscal Oversight:** Strengthening parliamentary monitoring of diabetes budgets and advocating for the strategic use and ring-fencing of fiscal instruments, such as the existing sugar tax.
- **Integrated Care:** Promoting the integration of diabetes services into primary health care systems, utilizing established frameworks like the WHO's PEN and PEN-Plus approaches.
- **Inclusive Governance:** Facilitating structured, collaborative engagement between the government, civil society, professional bodies, and individuals with lived experience to ensure accountability.

By institutionalizing this caucus, the Parliament aims to move beyond rhetoric, ensuring that policy design and implementation are grounded in the realities of affected communities and supported by robust, transparent financing.

Advocacy Action: Support the formal establishment of the Parliamentary Diabetes Caucus to ensure that diabetes remains a high-priority agenda in national development frameworks. Encourage lawmakers to adopt the "Policy to Action" framework to guarantee that budgetary allocations, including revenues from the sugar tax, are effectively utilized to expand access to diagnostics and life-saving insulin across Zimbabwe.

Australia's diabetes sector stands together in call for affordable access to technology

Around the world, parliamentarians are grappling with the accelerating human and economic cost of chronic health conditions. Diabetes is the gateway to 57 other chronic conditions including cardiovascular and kidney disease. It already costs the Australian health system an estimated A\$14.2 billion each year and, without decisive intervention, that figure is forecast to reach A\$45 billion by 2050.



Against this backdrop, the Australian diabetes community has joined together to deliver two targeted submissions for the 2026-27 Federal Budget. The proposals focus on expanding affordable access to Automated Insulin Delivery (AID) systems for people with type 1 diabetes in priority groups, and continuous glucose monitoring (CGM) devices for people with type 2 and other insulin-treated forms of diabetes who face the greatest risk of complications.

Together, Diabetes Australia, the Australian Diabetes Society, the Australian Diabetes Educators Association, the Australasian Diabetes in Pregnancy Society, Breakthrough T1D, Diabetes WA, Diabetes Victoria, Diabetes SA, Healthy Living NT and the Australia and New Zealand Society for Paediatric Endocrinology and Diabetes are proposing practical, targeted reforms that would improve technology affordability, equity and access.

The submissions' modelling shows that more affordable access to insulin pumps and CGM devices would deliver long-

term savings to the health system by reducing preventable complications and hospitalisations. Diabetes Australia's Group CEO Justine Cain said CGM devices and AID systems are now the standard of care.

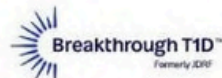
"These technologies aren't a 'nice to have', they are absolutely necessary," Ms Cain said. "Right now, we're seeing a widening gap between what we know works and what people can afford. Cost should never determine whether someone can access life-changing care. These technologies provide real-time insights and precise insulin adjustments that dramatically reduce the risk of heart attack, stroke, blindness, kidney disease and limb amputations. But for too many Australians, they are simply unaffordable. This is an important policy conversation that can deliver meaningful change for people living with diabetes, and we welcome the opportunity to work constructively with government and partners across the sector to take it forward," Ms Cain said.

FEDERAL BUDGET SUBMISSION

RECOMMENDATIONS:

AUTOMATED INSULIN
DELIVERY SUBSIDY

CONTINUOUS GLUCOSE
MONITORS SUBSIDY



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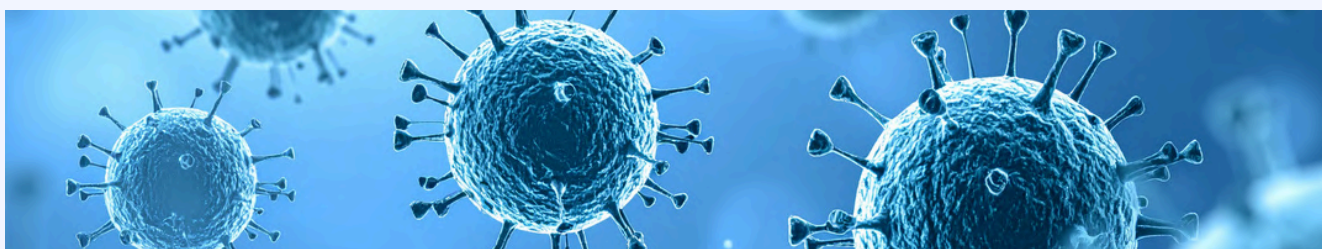
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Increased access to technology is one of the important topics that will be discussed at the National Diabetes Summit at Parliament House in Canberra on 31 March 2026. The landmark summit will bring together leaders across diabetes, health, research, policy and advocacy to accelerate practical solutions and drive long-term policy change to strengthen the health system.

When Regulation Shapes Access: Why the ISLET Act Matters for Type 1 Diabetes



Innovation in diabetes care is accelerating. But access to innovation depends not only on science, it depends on regulation. In the United States, the Increase Support for Life-Saving Endocrine Transplantation (ISLET) Act proposes an important regulatory shift that could reshape access to islet transplantation for people living with type 1 diabetes.

What is changing?

Islet transplantation involves infusing insulin-producing cells from a donor pancreas into a person with type 1 diabetes to help restore insulin production and reduce severe hypoglycaemia. In many countries, donor islets are regulated within organ transplantation systems. In the United States, however, they have historically been regulated as biologic drugs. This distinction has created additional regulatory hurdles that have limited the number of transplant programs and restricted access. The ISLET Act proposes to reclassify human cadaveric islets as organs for transplantation purposes. If adopted, oversight would shift to the established transplant framework, potentially removing longstanding barriers to wider clinical use.

Why it matters

For people experiencing recurrent severe hypoglycaemia, islet transplantation can offer meaningful improvements in safety and quality of life. Supporters argue that reform could expand patient access, enable more transplant centres to offer the procedure, encourage continued innovation in cell-based therapies, and align US practice more closely with international standards. At the same time, regulatory reform must carefully address safety and quality oversight, limited donor supply, long-term immunosuppression requirements, reimbursement pathways, and the role of islet transplantation within the broader diabetes care continuum. The ISLET Act does not resolve all structural challenges in type 1 diabetes care. However, it highlights a critical lesson: regulatory design can either enable or constrain therapeutic progress.



A broader global implication

As stem cell-derived islets and other advanced cell-based therapies move closer to clinical reality, countries worldwide will face similar decisions about classification, oversight, and access. These are not purely technical debates. They are governance choices that will shape equity, affordability, and patient outcomes.

Advocacy Action: Advocates and parliamentarians should review how advanced cell-based therapies are classified within national regulatory systems and assess whether current frameworks facilitate both safety and timely access. This includes encouraging parliamentary briefings on emerging diabetes therapies, promoting dialogue between regulators, transplant experts, and patient organisations, and ensuring that affordability and equitable access are embedded in future legislation.

Insulin pens are improving quality of life for children in South Sudan's remote villages

In Northern Bahr el Ghazal state, South Sudan, many children struggle to keep their Type 1 diabetes under control. The Doctors Without Borders/Médecins Sans Frontières (MSF) clinic at the Aweil State Hospital offers insulin and care to children with diabetes in the state. Patients need to come to the hospital for monthly check-ups and to collect their supply of insulin, which MSF provides in vials that need to be stored in clay pots to keep the insulin cool enough in the hot climate.



Aher Lual, 11, holds an insulin pen next to his father in their home in Ariath, Aweil North, South Sudan. © Isaac Buay/MSF.



However, many patients live in rural areas and cannot afford the cost of transport, so they miss their appointments – and they also often run out of insulin, which can have life-threatening consequences. In response, MSF began a trial in 2025 to determine whether using insulin pens – which are easier to use and transport than insulin in vials – and home glucometers – which allow people to monitor their glucose levels and keep them under control in real time – could improve the children’s quality of life. This trial has reduced the mortality rate among the now 174 children in the diabetic cohort at Aweil State Hospital by 50 per cent, from 10 deaths in 2024 to 5 deaths in 2025. The early results of the trial are positive. Lual, the father of one of the children in the trial, Aher, said, “Since he started using the pen, he has not been in the ICU again. He plays now. He smiles.”

Advocacy Action: Insulin pens and glucose monitors would significantly improve quality of life for children across South Sudan and in other low-resource settings, but they remain out of reach due to pricing. The question is not whether these tools work, but whether the global community will make them affordable for every child who needs them. Pushing for manufacturers to lower prices is critical in order to expand access to these lifesaving devices.

What does Research Say About Benefits of Insulin Pens vs Syringes

Research indicates that insulin pens are generally associated with improved patient-reported outcomes compared to traditional syringes, although a few studies note minimal or no quality-of-life gains among specific user groups.

Key advantages reported by patients include greater ease of use, portability, and convenience, as well as increased confidence in accurate self-administration. Insulin pens are also perceived as more socially acceptable and are associated with reduced injection-related discomfort.

Given the established link between treatment adherence and patient preference for delivery devices—alongside evidence of improved dosing accuracy—policymakers should consider conducting country-specific, long-term cost-benefit analyses. Such assessments can inform decisions on whether to prioritize the provision of insulin pens over syringes within national healthcare systems.

European Parliament Event Highlights Growing Prevalence of Diabetes and Obesity

An event held at the European Parliament has brought renewed attention to the accelerating prevalence of diabetes and obesity across the European Union. Convened with policymakers, health experts, and advocacy leaders, the discussion underscored the urgent need for coordinated, evidence based action to address two interlinked public health challenges that are placing increasing strain on national health systems.

Speakers highlighted the rising burden of non communicable diseases and the long term consequences of delayed prevention. Obesity remains a major risk factor for Type 2 diabetes, while both conditions significantly increase cardiovascular risk and health expenditure. The event emphasised the importance of early prevention strategies, improved access to treatment and innovation, and sustained political leadership at both EU and Member State levels.



Hosting such dialogue within the European Parliament reinforces the role of legislators in shaping cross border health priorities. With policy instruments spanning research funding, food systems regulation, digital health innovation, and pharmaceutical access, parliamentary engagement is central to building coherent prevention strategies. For national parliaments, the event provides a template for structured, cross party engagement on diabetes and obesity within broader non communicable disease frameworks.

Advocacy Action: Encourage national parliaments to integrate diabetes and obesity into coordinated NCD prevention strategies. Consider convening similar cross party policy hearings that bring together clinicians, researchers, and people with lived experience to review national data, benchmark progress, and strengthen legislative responses.



Diabetes Scotland Calls for Equitable Diabetes Care to Be Prioritised in 2026 Election Manifestos



Ahead of the 2026 elections, Diabetes Scotland has urged political parties to place equitable diabetes care at the centre of their policy platforms. The call highlights persistent disparities in access to technology, specialist services, and structured education, as well as variations in outcomes across different communities.

Scotland continues to face a growing diabetes burden, with increasing demand for prevention, early diagnosis, and complication management. While progress has been made in areas such as access to continuous glucose monitoring and insulin pump therapy, gaps remain. Inequalities linked to geography, socioeconomic status, and service capacity risk widening health outcomes unless addressed through deliberate policy action.



The manifesto call emphasises the need for long term planning that integrates prevention, workforce investment, digital health innovation, and targeted support for high risk groups. Embedding diabetes within national health strategies would not only improve individual outcomes but also strengthen system sustainability.

Election cycles present a strategic opportunity to secure cross party commitment. Clear diabetes pledges within party manifestos can translate into measurable government health plan objectives and budget allocations.

Advocacy Action: Advocate for explicit diabetes commitments to be included in national election platforms and subsequent government health plans. Encourage cross party dialogue to establish measurable targets on prevention, equitable access to technology, workforce capacity, and reduction of diabetes related complications.

New Zealand Examines Rural Obesity Through Community-Based Healthcare Models

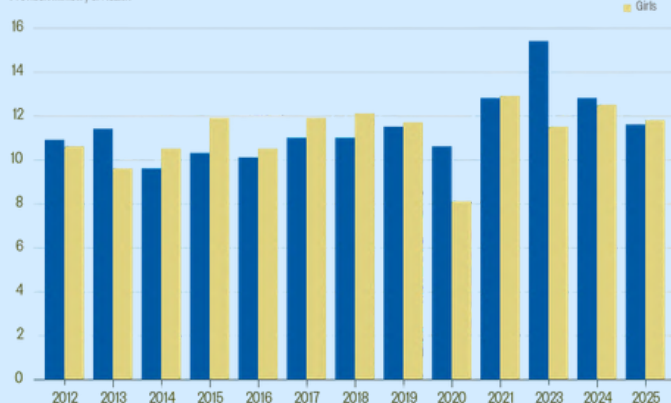
New Zealand is reassessing how rural healthcare delivery models can better address rising obesity rates, particularly in remote and underserved communities. Recent reporting highlights the structural challenges faced by rural populations, including limited access to specialist services, workforce shortages, transport barriers, and socioeconomic disparities that influence diet and physical activity patterns.

Obesity remains a key risk factor for Type 2 diabetes and cardiovascular disease and New Zealand has high rates of obesity. In rural settings, prevention and early intervention are often hindered by geographic isolation and fragmented care pathways. Community based healthcare models, strengthened primary care networks, and culturally responsive services are increasingly seen as essential to reversing current trends.

New Zealand children who are classed as obese

By gender, year ended June 2012-2025, % of children aged 2-14

Provider: Ministry of Health



Advocacy Action: Promote healthcare reforms that strengthen primary care capacity in rural communities and integrate obesity and diabetes prevention into local service models. Support funding mechanisms that address workforce shortages, enhance access to multidisciplinary care, and align rural health strategies with national non communicable disease prevention frameworks.



India's Union Budget 2026 Announces Price Reductions for Diabetes and Cancer Medicines

In her Union Budget 2026 speech, Finance Minister Nirmala Sitharaman announced that selected drugs for diabetes and cancer treatment will become more affordable, marking a significant policy step toward easing the financial burden of non-communicable diseases. The announcement signals recognition at the highest fiscal level that access to essential medicines, including insulin, is central to national health security and economic resilience. India carries one of the largest diabetes burdens globally. For millions of families, the recurring cost of insulin and related therapies remains a major out-of-pocket expense. Budget-level intervention on pricing therefore represents more than a regulatory adjustment. It is a structural measure with potential implications for adherence, complication prevention, and long-term health system sustainability.

While the policy direction is clear, impact will depend on implementation. Transparent regulatory mechanisms, defined timelines, and safeguards against supply disruption will be essential to ensure that announced price reductions translate into tangible patient benefit.



For parliamentarians, this development reinforces the importance of legislative oversight. Budget commitments should be followed by structured reporting requirements, committee-level review of implementation, and engagement with patient and clinician communities to assess real-world impact. Sustained parliamentary attention can help ensure that affordability reforms deliver measurable improvements in access and outcomes for people living with diabetes.

Advocacy Action: Support legislative oversight on price reductions for critical insulin and other non-communicable disease medications announced in the Budget speech. Request implementation updates, monitor supply stability, and ensure affordability gains are sustained over time.

Tanzania Faces Rising Diabetes Burden Amid Limited Insulin Supply

Tanzania is confronting a growing diabetes burden while facing constraints in insulin availability, according to recent reporting in *The Citizen*. Health officials and clinicians warn that increasing prevalence, combined with supply limitations and system capacity challenges, is placing patients at heightened risk of complications.

Insulin remains an essential, life-sustaining medicine for people living with Type 1 diabetes and many with advanced Type 2 diabetes. Interruptions in supply can lead rapidly to life-threatening consequences, including diabetic ketoacidosis. In resource-constrained settings, procurement bottlenecks, foreign currency pressures, distribution inefficiencies, and limited cold chain infrastructure further complicate access. In early February 2026, a meeting was organized by Health Action International and presided over by the second Vice President of Zanzibar, to discuss results of the Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study and discuss regional solutions for Africa.





The situation highlights broader structural vulnerabilities in essential medicine supply chains. As diabetes prevalence rises across sub-Saharan Africa, sustainable procurement mechanisms, diversified sourcing strategies, and stronger forecasting systems become critical components of national health security.

For parliamentarians, insulin access is both a public health and governance issue. Legislative oversight of procurement frameworks, budget allocations, and regulatory approvals plays a decisive role in ensuring continuity of supply.

Advocacy Action: Strengthen oversight of national insulin procurement and distribution systems to prevent shortages and ensure equitable access. Advocate for sustainable financing mechanisms, transparent supply monitoring, and strategic partnerships that stabilise insulin availability while supporting long term diabetes prevention and treatment planning.

Women and Diabetes in Bulgaria: Turning Lived Experience into Policy Action

The Parliamentarians for Diabetes Global Network (PDGN) is proud to highlight a vax initiative in Bulgaria addressing the intersection of gender and diabetes. Implemented by the Bulgarian Platform of the European Women’s Lobby under the Swiss-Bulgarian Program, in partnership with NGO Diabetes-Kurbat and Balmed’s Center for Social Rehabilitation and Integration, the project “Women and Diabetes – Features, Challenges and Vulnerabilities” brings critical attention to an often-overlooked dimension of diabetes policy.

The initiative underscores how women living with diabetes face layered challenges that extend beyond clinical management. Persistent stigma, employment discrimination, and disproportionate caregiving responsibilities continue to shape their daily realities. These challenges are particularly acute for mothers of children living with diabetes, where care burdens often limit workforce participation and economic stability.



Despite existing legal frameworks, the project highlights a clear gap between policy and implementation. More than 200 women engaged in this initiative, contributing their lived experiences to inform practical recommendations aimed at strengthening both policy responses and societal awareness.

PDGN commends the leadership of Ms. Anushka Antonova and Ms. Tanya Angelova, as well as the active civic engagement demonstrated by all participants. This work reflects the growing importance of integrating lived experience into policymaking to ensure more inclusive and effective diabetes strategies.

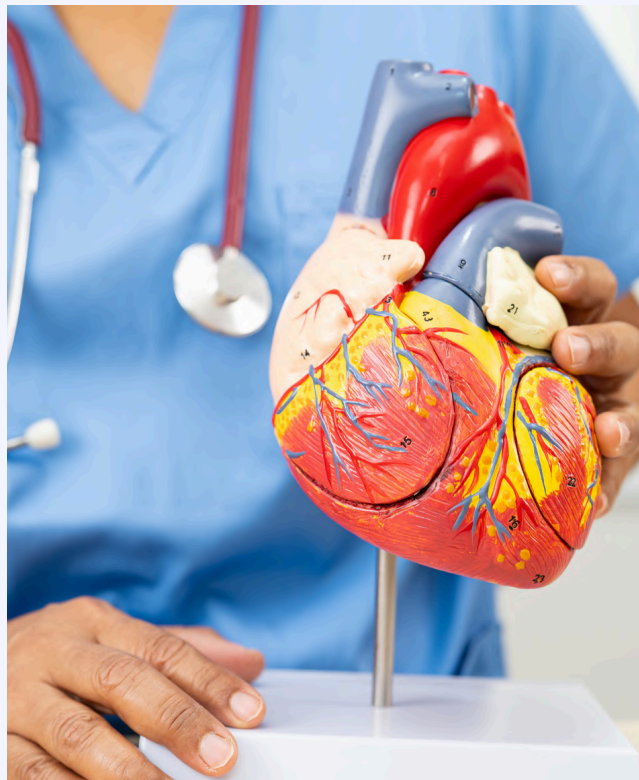


Addressing Type 1 Diabetes Within Europe's Cardiovascular Disease Strategy

As the European Union intensifies its response to the growing cardiovascular disease crisis, recent commentary in Euractiv argues that Type 1 diabetes must be explicitly addressed within the broader strategy. While cardiovascular disease remains the leading cause of mortality across Europe, the elevated cardiovascular risk faced by people living with Type 1 diabetes is not always systematically integrated into EU level prevention frameworks.

People with Type 1 diabetes experience significantly higher risk of cardiovascular complications due to long term glycaemic exposure and associated metabolic factors. Yet policy discourse often focuses primarily on Type 2 diabetes within lifestyle and prevention narratives. Without deliberate inclusion, Type 1 diabetes risks being marginalised in funding priorities, data collection, and prevention strategies.

As the European Parliament and European Commission shape future cardiovascular and non communicable disease policies, this represents a critical window for alignment. Integrating Type 1 diabetes into cardiovascular planning would support earlier risk screening, improved access to technologies such as continuous glucose monitoring, structured lipid and blood pressure management, and coordinated long term follow up.



Fragmented strategies weaken outcomes. A comprehensive cardiovascular approach must reflect the realities of all high risk populations, including those living with Type 1 diabetes.

Advocacy Action: Promote closer alignment between Type 1 diabetes priorities and broader disease strategies, particularly cardiovascular frameworks, to ensure more integrated and effective policy responses. Encourage cross-sector collaboration and knowledge exchange so that prevention, cardiovascular risk management, research funding, digital health innovation, and access policies consistently reflect the needs of people living with Type 1 diabetes, while supporting the adaptation of these integrated approaches across different country contexts.

National Diabetes Summit Held at Federal Parliament in Australia

Diabetes Australia convened a National Diabetes Summit at Australia's Federal Parliament, bringing together policymakers, clinicians, researchers, and advocacy leaders to examine the future direction of diabetes care and prevention. Hosting the Summit within Parliament underscores the recognition that diabetes policy requires sustained political leadership alongside clinical expertise.





The discussions focused on strengthening national standards, improving prevention strategies, addressing inequities in access to technology and medicines, and aligning system reform with lived experience. With diabetes placing increasing pressure on health budgets and workforce capacity, the Summit provided a platform to benchmark progress and identify priority areas for reform.

A central theme was the need for coordinated national action that integrates prevention, early diagnosis, access to innovation, and long term complication management. Participants highlighted the importance of measurable targets, transparent data, and accountability mechanisms to ensure that commitments translate into improved outcomes.

For parliamentarians, the Summit signals an opportunity to elevate diabetes within broader health system reform discussions. Legislative frameworks, funding allocations, and oversight mechanisms remain critical tools in shaping sustainable national responses.

Advocacy Action: Engage actively with cross party leaders, health experts, and advocacy organisations to benchmark national diabetes standards against best practice. Use parliamentary committees and policy reviews to assess system gaps, strengthen prevention frameworks, and ensure reforms reflect both clinical evidence and lived experience.

Ghana Advances Medical Trust Fund Bill to Support Chronic Disease Care



Ghana's ongoing parliamentary discussions around the proposed Medical Trust Fund Bill signal an important policy development for people living with chronic diseases, including diabetes and kidney failure. The Bill aims to establish a specialised funding mechanism to support treatment for high cost, long term conditions that place sustained financial pressure on households and the national health system.

Chronic diseases such as diabetes often require lifelong access to medicines, regular monitoring, and complication management. For patients who progress to kidney failure, costs escalate significantly, particularly where dialysis services are limited or insufficiently covered under existing financing frameworks. A dedicated Trust Fund structure could therefore represent a strategic shift toward more sustainable financing for non communicable diseases.



However, the effectiveness of such a Fund will depend on governance design, eligibility criteria, revenue streams, and transparency safeguards. Clear definitions of benefit packages, integration with national health insurance schemes, and mechanisms to prevent duplication or funding gaps will be essential to ensure the Bill translates into meaningful access improvements.

Advocacy Action: Monitor the legislative progress and subsequent implementation of the Medical Trust Fund Bill to ensure specialised funding mechanisms adequately cover diabetes and kidney failure care. Advocate for transparent reporting, defined eligibility standards, and sustainable revenue allocation to guarantee that the Trust Fund delivers equitable and measurable health outcomes.

Delhi High Court Restores Ban on Certain Diabetes Fixed Dose Combination Drugs



In a significant ruling for public health governance, the Delhi High Court has restored the ban on certain fixed dose combination (FDC) drugs used in diabetes treatment. The decision reinforces the authority of regulatory bodies to exercise precautionary powers when concerns arise regarding safety, efficacy, or rational drug formulation.

Fixed dose combinations can offer therapeutic convenience when scientifically justified. However, where combinations lack sufficient clinical evidence or pose potential risks, regulatory intervention becomes essential. The Court's decision underscores the principle that patient safety must prevail over commercial interests when evidence is contested or incomplete.

India's pharmaceutical market has historically seen the proliferation of FDCs, some of which have faced scrutiny for inadequate approval pathways or insufficient data. Judicial affirmation of precautionary regulatory powers strengthens the framework for evidence based medicine and reinforces accountability in drug approval and monitoring processes.

For parliamentarians, this ruling highlights the importance of robust legislative backing for drug regulation authorities and pharmacovigilance systems. Ensuring that national regulatory agencies are empowered, resourced, and insulated from undue pressure is fundamental to safeguarding public trust.

Advocacy Action: Support and uphold public health powers that enable regulators to prohibit unsafe or irrational fixed dose combinations in the interest of patient safety. Encourage oversight of drug approval processes, strengthen pharmacovigilance mechanisms, and ensure that legislative frameworks prioritise scientific evidence and precautionary principles in diabetes care.



Hon. Dr. Najat Aoun Saliba, MP and vice president of PDGN advisory board, and Cyrine Farhat, lived experience advocate, have joined hands with the MoH to help people access their insulin and diabetes supplies.



The ongoing conflict in Lebanon has placed considerable pressure on essential services, including access to healthcare for people living with chronic conditions. Among the most pressing concerns is the continuity of care for individuals with diabetes, particularly those who depend on daily insulin.

Before the escalation, an estimated 8 to 10 percent of the population in Lebanon was living with diabetes. With more than one million people displaced, it is likely that tens of thousands of individuals have experienced disruptions in their treatment. Displacement affects not only access to medication, but also the ability to monitor blood glucose, maintain proper nutrition, and safely store insulin.

In this context, access to insulin is not simply a medical issue, but a critical public health priority. Interruptions in treatment can quickly lead to serious complications, underscoring the need to integrate chronic disease care into emergency response efforts. The current challenges reflect broader structural pressures, including reliance on imported medicines, financial constraints, and fragmented supply systems. Under crisis conditions, these vulnerabilities become more visible and more difficult to manage.

At the same time, community-based initiatives have played an important role in responding to immediate needs. Local organizations, healthcare providers, and volunteer networks have mobilized resources, supported patients, and helped bridge urgent gaps. These efforts demonstrate strong social solidarity, but also highlight the limits of relying on informal mechanisms in the absence of coordinated systems.

Looking ahead, the situation points to the importance of embedding noncommunicable diseases such as diabetes into emergency preparedness and response frameworks. Strengthening supply chains, supporting decentralized care, improving coordination, and ensuring financial protection are all essential to maintaining continuity of care during crises.

Ultimately, the experience in Lebanon reinforces a key lesson: in times of conflict, managing chronic conditions is not secondary to emergency response. It is an integral part of it.



South Korean Lawmakers Advocate Expansion of Telemedicine and Continuous Glucose Monitoring Access



Lawmakers in South Korea are advancing discussions to expand telemedicine services and improve access to continuous glucose monitoring for people living with diabetes. The proposal reflects growing recognition that digital health technologies are no longer supplementary tools but core components of modern chronic disease management.

Telemedicine gained momentum during the pandemic and has since demonstrated its potential to improve access, particularly for patients in remote areas or those requiring frequent follow up. Continuous glucose monitoring systems provide real time glucose data, enabling better glycaemic control, fewer hypoglycaemic events, and more personalised treatment decisions. However, reimbursement limitations and uneven national coverage remain barriers for many patients.

Expanding legislative support for telemedicine and CGM access could strengthen prevention of complications, reduce hospital admissions, and support more efficient use of specialist resources. As diabetes prevalence continues to rise, integrating digital health solutions into national reimbursement frameworks becomes both a clinical and fiscal priority.

For parliamentarians, the debate highlights the need to align regulatory reform, insurance coverage, and digital infrastructure investment with evolving standards of care.

Advocacy Action: Promote legislative reforms that enable reimbursement and national insurance coverage of telemedicine services and continuous glucose monitoring technologies. Support evaluation frameworks to assess cost effectiveness, patient outcomes, and long term system savings to ensure sustainable integration of digital diabetes care within national health strategies.



Putting Patients at the Centre of Policy: Why Engagement is No Longer Optional

An interview with George Huntley – CEO Diabetes Leadership Council and Diabetes Patient Advocacy Coalition, USA

Effective health policy cannot be designed in isolation. As governments seek to balance cost, access, and outcomes, integrating patient perspectives is essential to ensuring policies work in practice. George Huntley draws on extensive experience in U.S. advocacy to outline how meaningful patient engagement can strengthen policymaking and deliver measurable impact.



George Huntley at the Capitol Hill, USA

Q1: Why is patient advocacy essential in policymaking, and how should policymakers engage with patient organizations?

George:

Patient advocacy is essential because policy only works if it improves real lives. Without the patient voice, policymakers risk designing solutions that look good on paper but fail in practice—or worse, unintentionally cause harm.

Engagement must go both ways. Policymakers should actively seek input from patient organizations when working on healthcare issues. At the same time, patient groups must be proactive—showing up, sharing evidence, and making their voices heard at the right moments.

The most effective policymaking happens when this dialogue is continuous, not occasional.

“Policy isn’t just policy –it must make a real difference in people’s lives.”

Q2: In practical terms, what does effective patient engagement look like?

George:

It comes down to organization and timing. Patient groups need to engage when decisions are being made—at hearings, consultations, and key policy moments. Even small actions can have a big impact. A few patient testimonies or a handful of calls to a legislator can signal that an issue matters.



Without that, policymakers often see healthcare debates as purely economic discussions between industry and payers.

The patient perspective reframes the conversation—highlighting the real-world consequences of policy decisions.

“Even a handful of lived experience voices can shift how a policymaker understands an issue.”

Q3: How do the Diabetes Leadership Council (DLC), the Diabetes Patient Advocacy Coalition (DPAC), and Global Diabetes Advocacy Network (GDAN) contribute to policymaking?

George:

DLC and DPAC are complementary U.S.-based organizations focused on policy change.

DLC operates as a policy-focused nonprofit, working to improve access, affordability, and equity in diabetes care. DPAC, meanwhile, mobilizes a nationwide grassroots network—over 50,000 advocates—to engage directly with policymakers through lobbying, testimony, and coordinated outreach.

GDAN, which was incubated by DLC and DPAC, is now an independent initiative that builds on this model globally. Its focus is to train, support and strengthen patient advocacy at the national level—because policy only delivers impact when it is implemented locally.



Q4: What strategies have proven successful in influencing policy? Can you share examples?

George:

Success comes from being targeted, persistent, and collaborative.

For example, in the U.S., we’ve worked on reforming pharmacy benefit managers—intermediaries that significantly increase drug costs. Through sustained advocacy, laws have been passed in multiple states to ensure that negotiated rebates are passed directly to patients at the point of sale.



We've also advanced type 1 diabetes screening policies in around 15 states. A key lesson is that coalition-building matters. Many policy issues—particularly around insurance and affordability—cut across diseases. Working with other patient groups strengthens the case and broadens impact.

“Coalitions amplify impact - most health policies impact more than one disease”

Q5: What is your message to policymakers?

George:

People with lived experience are your constituents—and investing in their health is both a social and economic priority. Effective chronic disease management leads to better outcomes and lower long-term costs.

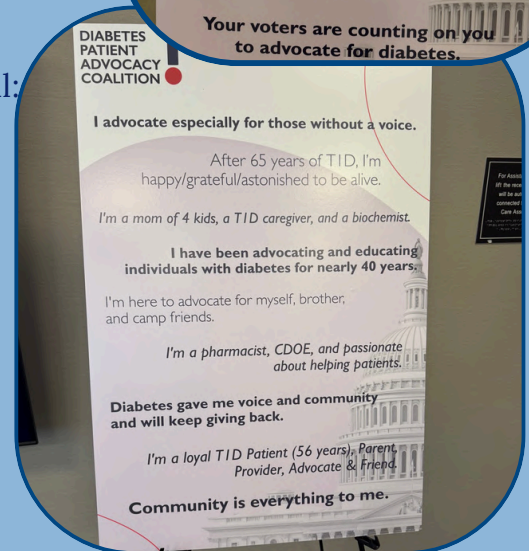
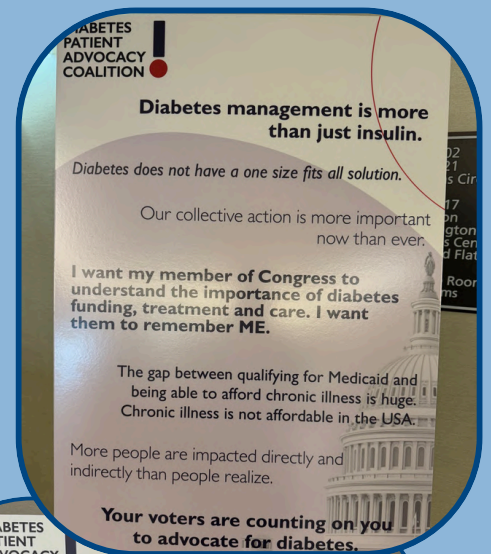
To pass meaningful policy, four elements are critical:

1. A legislative champion
2. Scientific and medical evidence
3. Economic justification
4. The patient voice

If any one of these is missing, progress becomes significantly harder.

Patient advocacy alone cannot drive change—but without it, policymaking is incomplete.

Patient voices are more than a perspective—they are a vital part of the policymaking process. Engaging with patient advocacy organizations ensures that policies are practical, equitable, and truly improve lives. As George Huntley emphasizes, collaboration between legislators, clinicians, industry, and patients is the key to creating sustainable, impactful healthcare policy. When policymakers actively listen and act on patient insights, they not only strengthen public trust but also make smarter, more effective decisions for their constituents.



WHO: Cheaper Sugary Drinks Will Drive Up Disease Burden

A new global briefing from the World Health Organization reveals that sugary drinks and alcoholic beverages are becoming more affordable in many countries because tax systems haven't kept pace with inflation and income growth. While at least 116 countries levy some tax on sugary drinks, these levies are often too low, poorly structured, or narrowly applied—excluding many high-sugar products such as sweetened milk drinks and fruit juices. This affordability trend is linked to rising rates of obesity, type 2 diabetes, cardiovascular disease, cancers, and injury, especially among young people. WHO's new "3 by 35" initiative calls on governments to raise prices of sugary drinks, tobacco, and alcohol by at least 50% by 2035 through stronger, redesigned tax policies to reduce consumption and bolster health financing.

Why this matters:

- Low tax rates fail to disincentivize consumption of health-harmful products.
- Sugary drinks remain widely accessible, undermining national efforts to curb non-communicable diseases.
- Health systems bear escalating treatment costs.

Advocacy action: Call on your health ministry to adopt minimum excise tax thresholds for sugar-sweetened beverages aligned with WHO guidance (e.g., taxes that raise retail prices by >20–50%). Frame it as a "health and revenue win" in policy briefs and public consultations—emphasizing disease prevention and sustainable financing for health services.

Lithuania Takes a Stand: New Sugar-Sweetened Beverage Tax

Lithuania has introduced an excise tax on sugar-sweetened beverages (SSBs) effective 1 January 2026, positioning the country among a growing number of governments using fiscal tools to improve population health. The tax targets beverages with added sugars or sweeteners, with tiered rates that increase with sugar content—a design that aims to better differentiate products and encourage reformulation. This move reflects evidence that well-structured SSB taxes can reduce sugar consumption, lower NCD risk, and shift industry incentives toward healthier offerings. Early adopters of such policies often report declines in sugary drink purchases and improvements in public health metrics over time.

Why this matters:

- Tiered taxation links fiscal cost to sugar content, rather than applying a flat rate across all drinks.
- It creates stronger incentives for manufacturers to reformulate products with less sugar.
- Excise revenue can support health promotion and NCD prevention programs.

Advocacy action: Mobilize a coalition of health NGOs, pediatric associations, and patient groups to propose tiered sugar tax legislation in your country or region. Use Lithuania's policy as an example in advocacy briefs, highlighting the design features (tiered rates by sugar content) and expected health impacts to strengthen your proposal.

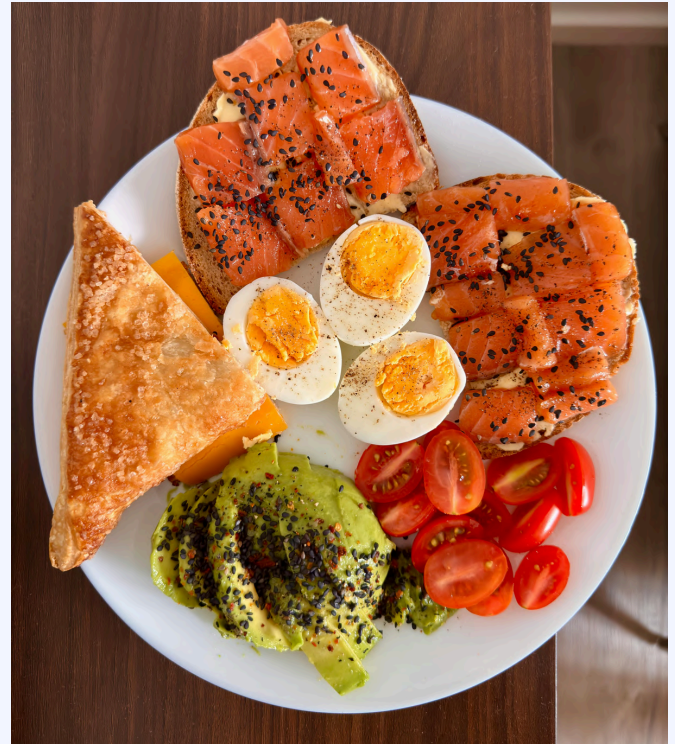


New Federal Dietary Guidelines Emphasize Protein and Real Foods While Cutting Sugar

Updated federal dietary guidance in the United States signals a stronger emphasis on protein intake, whole foods, and reductions in added sugar. The revised recommendations aim to address rising rates of obesity, Type 2 diabetes, and other diet related non communicable diseases by encouraging nutrient dense, minimally processed food choices.

The guidance places renewed focus on limiting added sugars and reducing reliance on ultra processed foods, which have been associated with higher cardiometabolic risk. By promoting whole grains, lean proteins, fruits, vegetables, and balanced dietary patterns, the recommendations align with prevention strategies targeting long term metabolic health.

Nutrition policy plays a foundational role in diabetes prevention. Dietary environments, food labelling regulations, school meal standards, agricultural subsidies, and public procurement policies all influence population level behaviour. Clear federal guidelines provide a framework, but implementation across education, healthcare, and food systems determines their real world impact.



For policymakers, aligning nutrition strategy with broader non communicable disease prevention plans can strengthen coherence and long term sustainability.

Advocacy Action: Advocate for nutrition policies that limit added sugars, discourage ultra processed foods, and promote whole, nutrient dense dietary patterns. Support legislative measures that align food policy, labelling standards, and public health campaigns with diabetes prevention goals, ensuring that dietary guidance translates into measurable reductions in population level risk.

Thailand Moves to Reduce Sugar in Coffee and Tea to Tackle Health Crisis

Thailand is taking targeted action to reduce sugar consumption by cutting back sugar levels in ready to drink coffee and tea products, as part of broader efforts to address rising obesity and diabetes rates. The measure builds on existing sugar reduction policies and fiscal tools aimed at curbing non communicable diseases.

High sugar intake remains a major driver of obesity and Type 2 diabetes. Beverages, particularly sweetened drinks, contribute significantly to excess daily sugar consumption. By adjusting permitted sugar levels and strengthening reformulation requirements, Thailand is signalling a shift from voluntary industry measures toward more structured public health regulation.



Such interventions reflect a prevention focused approach that addresses upstream risk factors rather than relying solely on downstream clinical care. Regulatory levers such as sugar taxes, labelling standards, reformulation mandates, and public awareness campaigns can work in combination to reshape food environments and influence consumer behaviour.

Advocacy Action: Support evidence based nutrition policies that reduce added sugar in commonly consumed beverages and processed foods. Encourage legislative measures that promote reformulation, transparent labelling, and fiscal incentives aligned with diabetes prevention goals. Ensure that prevention strategies are integrated into broader national non communicable disease frameworks.

Conference Reports

The Advanced Technologies & Treatments for Diabetes (ATTD) 2026 Conference

The conference once again highlighted how rapidly diabetes care is evolving through innovation, data, and integrated technologies, with discussions moving beyond incremental improvements to focus on how technology can fundamentally reshape outcomes, particularly for people with type 2 diabetes who have historically had less access to advanced tools; a clear trend emerged around simplification, automation, and accessibility, shifting the goal from better standalone devices to systems that reduce the daily burden of decision-making while improving clinical outcomes, from smarter insulin delivery to more adaptive continuous glucose monitoring, all pointing toward seamless, patient-centered care. Notably, Dexcom presented breakthrough outcomes showing significant improvements in glycemic control for people with type 2 diabetes using continuous glucose monitoring, reinforcing a broader shift in clinical practice where CGM is no longer limited to type 1 diabetes but is becoming a core component of comprehensive diabetes management; alongside this, its product roadmap emphasized more intuitive, connected ecosystems that integrate real-time data with actionable insights, signaling a future where technology not only enhances care but also has the potential to make it more equitable—provided policy and access frameworks evolve at the same pace.





Ending Diabetes Stigma Starts with Us, But It Cannot End There



The recent End Diabetes Stigma Summit marked an important shift in how we understand one of the most overlooked barriers in diabetes care. Stigma is often framed as a social issue, yet discussions throughout the summit made clear that it is deeply structural. It is embedded in language, policy, workplaces, and in how systems respond to people living with diabetes.

A recurring theme was the power of communication. The words used in healthcare, media, and everyday interactions can either empower or alienate. When language implies blame or reduces individuals to their condition, it reinforces stigma in subtle but lasting ways. At the same time, reflections from participants highlighted the global nature of this challenge. In regions facing complex realities, stigma intersects with limited resources, gender inequality, and fragile health systems, making it more layered and difficult to address.

The summit also reframed responsibility. Change begins with how individuals define themselves and reclaim their narratives, but individual empowerment alone is not enough. Systemic accountability is essential. The gathering itself marked progress, signaling a growing recognition that stigma requires dedicated global attention and sustained action.

Looking ahead, priorities are clear. Representation of people living with diabetes in decision making spaces must be strengthened, particularly from underrepresented regions. Collective action must also grow, with stronger networks that enable shared experiences and coordinated advocacy. For policymakers, the message is direct: addressing stigma requires concrete measures, including stronger workplace protections, inclusive policy frameworks, and leadership that challenges harmful narratives.

Ending diabetes stigma is not a single intervention. It is a systemic shift that requires alignment across healthcare, policy, education, and society. The conversation has started. The real test now is whether it leads to structural change.

This reflection also acknowledges the important role of the summit organizers and partners whose efforts made this global dialogue possible, as well as the growing collaboration with PDGN in advancing policy driven action to address diabetes stigma.



Advances in Beta Cell Therapy Signal Progress Toward Functional Cure Research

<https://www.mdpi.com/2073-4409/15/2/191>

Standard Diabetes Test May Mislead Diagnosis in South Asians, Lancet Study Finds

<https://www.ndtv.com/health/standard-diabetes-test-may-mislead-diagnosis-in-s-asians-including-indians-lancet-10975480>

Emerging Disease-Modifying Therapy Shows Promise in Delaying Type 1 Diabetes Progression

<https://www.nejm.org/doi/full/10.1056/NEJMoa2306691#:~:text=Type%20%20Diabetes-,Results,stimulated%20mean%20C%2Dpeptide%20level.>



Tech News

FDA Clears Medtronic MiniMed Go Smart MDI System Integrating CGM and Insulin Pen Data

<https://news.medtronic.com/2026-01-12-Medtronic-Diabetes-announces-FDA-clearance-for-MiniMed-Go-TM-Smart-MDI-system-featuring-Instinct-sensor-made-by-Abbott?>

Dexcom Showcases Breakthrough Outcomes in Type 2 Diabetes and Future CGM Innovations at ATTD 2026

https://investors.dexcom.com/news/news-details/2026/Dexcom-Showcases-Breakthrough-Outcomes-for-People-With-Type-2-Diabetes-and-Product-Roadmap-at-ATTD-2026/default.aspx?utm_source=chatgpt.com



Updated Standards of Care Define the Role of Diabetes Technology in Clinical Practice

https://diabetesjournals.org/care/article/49/Supplement_1/S150/163922/7-Diabetes-Technology-Standards-of-Care-in

What's Your News?

What's your news? Have you had any opportunities to raise issues relating to diabetes in your legislative chamber? Please let us know your successes, or lessons learnt? Email us at communications@pdgn.org.uk



Advancing Healthy Ageing Through Parliamentary Leadership: PDGN at the Lithuanian Seimas

As part of its national forums strategy to strengthen parliamentary engagement on diabetes and metabolic health, the Parliamentarians for Diabetes Global Network (PDGN) will contribute to the international conference “Healthy Ageing and Health in All Policies – A Strategic Choice for the State,” taking place on 12 June 2026 at the Seimas of the Republic of Lithuania in Vilnius.

The conference is organized by PDGN member and vice president of PDGN advisory board, Saulius Caplinskas and forms part of the broader Healthy Ageing and Longevity Assembly 2026, bringing together policymakers, scientists, and global health experts to examine how prevention, longevity policy, and cross-government collaboration can strengthen public health systems.

Representing PDGN, Claudette Buttigieg and Sandesh Gulhane will contribute to discussions on parliamentary best practices in diabetes prevention and control, highlighting the critical role legislators play in addressing the rising burden of metabolic disease.

The event will open with high-level political engagement at the Lithuanian Parliament, including an address by the Speaker of the Seimas and a ministerial roundtable on “Health in All Policies: From Principle to Action.” Ministers responsible for finance, education, social policy, culture, and health will explore how prevention, health literacy, and demographic planning intersect with national development.

Diabetes and metabolic disorders will feature prominently within the conference’s broader agenda on longevity, alongside cardiovascular disease, oncology, mental health, and life-course health policies. Through its participation, PDGN will emphasize that effective diabetes prevention and management require sustained parliamentary leadership, cross-sectoral policy coordination, and long-term investment in prevention. The conference will conclude with a forward-looking policy discussion aimed at identifying three to five realistic state-level policy priorities that governments can implement within five years, as well as the launch of a proposed parliamentary cooperation initiative to strengthen international collaboration on healthy ageing and prevention.



PDGN Announces New Advisory Board to Strengthen Global Parliamentary Action on Diabetes

The Parliamentarians for Diabetes Global Network (PDGN) has announced its updated advisory board bringing together parliamentarians from across multiple regions to strengthen international cooperation and political action on diabetes prevention, care, and policy reform. At the helm of the network is **L. Craig Cannonier**, Member of Parliament for Bermuda and former Prime Minister of Bermuda, who will serve as President. His leadership reflects PDGN's continued commitment to elevating diabetes as a global policy priority and mobilizing parliamentary action across diverse political systems. Supporting the President is a newly appointed group of Vice Presidents, representing a wide geographic and policy spectrum and listed alphabetically below:

- **Hon. L. Craig Cannonier, MP** (Bermuda) – President
- **Former Senator Florian Bodog** (Romania)
- **Hon. Dr. Mostafa Brahimi, MP** (Morocco)
- **Hon. Claudette Buttigieg, MP** (Malta)
- **Hon. Saulius Caplinskas, MP** (Lithuania)
- **Hon. Concilia Chinanzvavana, MP** (Zimbabwe)
- **Hon. Turhan Çömez** (Turkiye)
- **Hon. Natasha Maclaren-Jones, MP** (Australia)
- **Hon. Sandra Pereira, MP** (Portugal)
- **Lord Chris Renard** (United Kingdom)
- **Hon. Dr. Najat Aoun Saliba, MP** (Lebanon)
- **Hon. Sonia Sidhu, MP** (Canada)

In addition, Former Senator **Florian Bodog**, who was Health Minister in Romania, will serve as Vice President Alumnus, continuing to contribute his experience in health policy and parliamentary engagement. This leadership structure reflects PDGN's growing global reach and its emphasis on regional representation, knowledge exchange, and collaborative parliamentary advocacy. By bringing together legislators with diverse expertise, from public health and medicine to governance and social policy, the network aims to accelerate legislative progress on diabetes prevention, access to care, and equitable health systems worldwide.



Are You Facing Election?

PDGN's Alumni section continues to grow as elected representatives retire or get retired by the electorate! The latter is an occupational hazard for elected politicians.

Our alumni section enables former elected reps to keep in touch, but unless we have their personal email addresses our communications bounce once their Parliamentary email accounts are closed.



As we continue to strengthen our global parliamentary network and build momentum toward the next Global Forum in 2027, we invite you to stay actively engaged:

- **Join us in the next Global Forum expected in 2027.** Take part and contribute to shaping the future of diabetes policy and advocacy. Register your interest here: [[Link](#)]
- **Facing elections?** Keep your information up to date. Ensure you continue receiving relevant updates and opportunities even if you go out of office, by updating your contact details: [[Link](#)]
- **Expand the network.** Help us grow a stronger, more representative community by recommending colleagues, parliamentarians, or stakeholders who should be part of this conversation: [[Link](#)]

Together, we can continue advancing parliamentary leadership and driving meaningful change in diabetes care worldwide.

Send us an email for more information: info@pdgn.org.uk

Have you visited our [new website](#) or joined [PDGN on LinkedIn](#)?

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