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Parliamentarians for Diabetes Global Netwerk

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This edition highlights the growing global momentum behind diabetes prevention, access, innovation, and parliamentary leadership, featuring key developments in insulin affordability, prevention strategies, emerging technologies, humanitarian access, and policy initiatives that demonstrate the essential role of political leadership in advancing equitable, person centered diabetes care worldwide.

Lithuania Elevates Diabetes on the European Policy Agenda

As diabetes continues to place growing pressure on health systems across Europe, Lithuania is demonstrating how parliamentary leadership can help elevate diabetes from a healthcare issue to a broader political priority.

Recent discussions within the Seimas of the Republic of Lithuania have created opportunities to strengthen dialogue on diabetes prevention, healthy ageing, and noncommunicable diseases at both national and European levels. These efforts reflect a growing recognition that addressing diabetes requires sustained political commitment, cross sector collaboration, and long term policy planning.

Registration Now Open: Diabetes and the Western Pacific Parliamentary Forum

Registration is now open for the Diabetes and the Western Pacific: Policy Leadership for a Healthier FutureParliamentary and Policy Maker Forum, taking place on **21 August 2026** in **Melbourne**, **Australia**, bringing together **parliamentarians** and policy leaders from across the region to advance collaboration and strengthen diabetes policy leadership. Contact sana@pdgn.org.uk of you are ineterested in attending.

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This commitment was evident during the International Conference on Healthy Ageing and Health in All Policies, hosted at the Seimas, which brought together parliamentarians, policymakers, researchers, healthcare professionals, and international experts to explore practical approaches for improving population health and increasing healthy life years across Europe.

Opening the conference, PDGN Co Chair Sir Michael Hirst highlighted the critical role of parliamentary leadership in advancing diabetes prevention, improving health outcomes, and supporting healthier ageing across populations. He emphasized that diabetes is not only a health challenge but also an economic and societal issue, requiring effective prevention, early intervention, and coordinated policy action.

The conference also featured remarks from Dr. Sandesh Gulhane, who stressed the importance of strengthening policy action to address the growing burden of diabetes. He highlighted the need for prevention, early diagnosis, and evidence based public health strategies as essential components of healthy ageing policies.

A key feature of the event was the high level policy discussion, "What Realistically Works at the State Level Within Five Years?", which examined practical and achievable policy measures capable of delivering measurable improvements in population health. During the discussion, Claudette Buttigieg, Vice President of PDGN's Advisory Board, joined fellow parliamentarians and experts in exploring realistic approaches to strengthening prevention efforts, increasing healthy life expectancy, and supporting long term societal wellbeing.

Hon Saulius Čaplinskas' continued advocacy has helped maintain attention on prevention,

public health, and evidence informed policymaking. Together with engagement from national stakeholders and international partners, these discussions demonstrated how scientific expertise, lived experience, and political leadership can work together to advance health policy.

Lithuania's parliamentary engagement on diabetes and healthy ageing policies demonstrates the important role of legislative bodies in advancing public health. Through discussions at the national level and engagement with international partners, Lithuania is positioning diabetes prevention and healthy ageing as priorities within European policy conversations. Diabetes intersects with many of these priorities, including health equity, workforce participation, healthcare sustainability, and the promotion of healthier lives across the lifespan.

For the diabetes community, Lithuania's recent initiatives provide an important example of how parliamentary institutions can serve as catalysts for action. Legislative bodies have the ability to shape national strategies, allocate resources, strengthen prevention policies, improve access to care, and ensure accountability for health outcomes. They can also help position diabetes within wider discussions on economic development, social wellbeing, and sustainable healthcare systems.

Looking Ahead

The momentum generated through recent parliamentary discussions and Lithuania's upcoming leadership role within the European Union presents a valuable opportunity to further strengthen diabetes policy across Europe. Continued engagement between governments, parliamentarians, healthcare professionals, researchers, patient organizations, and people living with diabetes will be essential to ensuring that prevention, early diagnosis, access to care, and healthy ageing remain at the forefront of the policy agenda.

Parliamentarians across Europe should build on Lithuania's example by elevating diabetes within national and regional policy discussions, strengthening cross party collaboration on noncommunicable diseases, and ensuring that diabetes prevention and care are integrated into broader health, social, and economic strategies. Sustained parliamentary leadership can help transform political commitment into meaningful improvements for people living with diabetes.

Childhood Diabetes and the Global Push for Earlier Diagnosis

Recent developments in India and the United Kingdom highlight growing international efforts to improve the early diagnosis of type 1 diabetes in children.

In India, the Ministry of Health has released new national guidance on childhood diabetes, aimed at strengthening awareness, improving diagnosis pathways, and supporting children living with diabetes in schools and communities. The initiative recognizes that effective diabetes care extends beyond healthcare settings and requires coordinated support. The new national framework provides for universal screening, district-level diagnosis and free lifelong care, including insulin and monitoring, under the public health system

India Takes a Leap for Childhood Diabetes

Meanwhile, parliamentarians in the United Kingdom have been discussing the importance of earlier diagnosis and testing for type 1 diabetes, driven in part by the campaign surrounding Lyla Story, a two-year-old who died in May 2025 from diabetic ketoacidosis linked to undiagnosed type 1 diabetes, hours after being misdiagnosed with tonsillitis. Her father, John Story, launched a petition calling for routine finger-prick testing whenever children present with the 4Ts—Toileting, Thirst, Tiredness and Thinner. The petition secured more than 120,000 signatures and triggered a Westminster Hall debate on "Lyla's Law" on 9 March 2026, with Tom Gordon, Chair of the All-Party Parliamentary Group for Diabetes, backing wider use of point-of-care testing. The debate focused on reducing cases of diabetic ketoacidosis (DKA), a serious but often preventable complication that remains a common way many children are diagnosed. The ongoing ELSA (EarLy Surveillance for Autoimmune diabetes) study published results in January 2026 showing 7 undiagnosed children with type 1 diabetes among 17,000 screened aged 3–13, though there is currently no national screening programme in England, with NHS England working with researchers to consider emerging evidence for future national guidance.

While the two countries are taking different approaches, both efforts reflect a shared goal: ensuring that children are identified before preventable complications occur. Early diagnosis can reduce emergency hospitalizations, improve long term health outcomes, and ease the burden on families and healthcare systems.

As awareness of type 1 diabetes grows globally, these initiatives offer an important reminder that timely diagnosis must be accompanied by strong support systems, including trained healthcare professionals, informed schools, and access to appropriate care.

Advocacy Action: Governments should strengthen childhood diabetes awareness campaigns, improve early diagnosis pathways, and ensure schools are equipped to support children living with diabetes. Investing in early detection and education can help prevent avoidable complications and give every child the opportunity to thrive.

Prevention First: Canada's Type 2 Diabetes Prevention Challenge Advances Community Solutions

In partnership with Impact Canada, the Public Health Agency of Canada launched the Type 2 Diabetes Prevention Challenge in fall 2022 to attract innovators developing and implementing community co-designed approaches that address barriers increasing the risk of type 2 diabetes. In June 2024, Sonia Sidhu, Member of Parliament for Brampton South, a long standing diabetes advocate and member of the Advisory Board of the Parliamentarians for Diabetes Global Network, announced seven finalists selected for the implementation stage, each receiving $600,000 CAD to demonstrate the effectiveness of their concept.

On 20 May 2026, Sidhu announced the two Grand Prize Winners: Kinvia and the Black Creek Community Health Centre, each receiving $1.25 million CAD in funding to continue scaling their innovative concepts demonstrating innovation and long-term potential to support people at risk of developing type 2 diabetes. Kinvia's "Creating a Sustainable Mechanism for Nutritious Food to Combat Type 2 Diabetes in Indigenous Communities" project deployed 365-day greenhouses in six Indigenous communities across Saskatchewan, Manitoba, Ontario and New Brunswick, aiming to reduce type 2 diabetes incidence and improve overall health of Indigenous youth by increasing accessibility to fresh produce. The Challenge represents a significant commitment to addressing prevention through community-driven solutions that recognize the structural barriers, particularly food accessibility and affordability, that shape diabetes risk.

Meanwhile, governments across the Asia-Pacific and African regions are increasingly acknowledging prevention as central to diabetes policy, though implementation faces substantial obstacles. In Australia, 678 days after the House Standing Committee tabled its comprehensive "State of Diabetes Mellitus in Australia in 2024" report on 4 July 2024, the Albanese Government delivered its response on 12 May 2026, acknowledging that nearly 1.5 million Australians are living with diagnosed diabetes and diagnoses have increased by 44 per cent in people aged 21 to 39 in the past decade, with children as young as nine being diagnosed with type 2 diabetes, an unknown phenomenon a generation ago. In March 2026, the government launched the refreshed National Strategic Framework for Chronic Conditions 2026 to 2035 with $109.9 million over three years through the Chronic Conditions Prevention and Integrated Care Grants Program, outlining a coordinated national approach to preventing chronic disease and improving care. However, critics note the government deferred action on evidence-based prevention measures, particularly a levy on sugar-sweetened beverages, which more than 130 global jurisdictions have implemented with documented reductions in consumption, industry reformulation, and revenue for prevention initiatives.

In Nigeria and Zambia, rising diabetes prevalence amid rapid urbanization and dietary transition underscores prevention challenges rooted in food systems rather than awareness alone. Discussions in both countries have highlighted how processed foods marketed aggressively remain cheaper and more accessible than nutritious alternatives, while urbanization disrupts traditional food cultures and communal meal preparation. Effective prevention in these contexts requires not simply awareness campaigns but deliberate restructuring of food affordability, support for local food systems aligned with cultural values, and policies addressing the economic determinants of dietary choice. Without such systemic approaches, prevention remains aspirational rather than actionable.

Advocacy Action: Governments should scale evidence based prevention programs combining community-driven innovation, as demonstrated in Canada's Type 2 Diabetes Prevention Challenge, with fiscal policies addressing food affordability and accessibility. This requires investment in subsidies for nutrient dense foods, taxation on ultra processed products, support for Indigenous and locally rooted food systems, and explicit acknowledgment that preventing type 2 diabetes fundamentally requires restructuring food environments rather than individual behavior change alone.

A Forum for Parliamentary Leadership on Diabetes Across the Western Pacific

The burden of diabetes continues to grow across the Western Pacific region, making strong political leadership more important than ever. To support greater collaboration and knowledge exchange, the Parliamentarians for Diabetes Global Network (PDGN), in partnership with Diabetes Australia, will host the Parliamentary and Policy Maker Forum: Diabetes and the Western Pacific, Policy Leadership for a Healthier Future on **21 August 2026 in Melbourne**, Australia. **Contact sana@pdgn.org.uk if you are interested in attending**.

Held alongside the International Diabetes Federation (IDF) Western Pacific Region Congress 2026, the forum will bring together Members of Parliament, ministers, parliamentary committee members, and other policymakers from across the Western Pacific and South East Asia. The event will provide a platform for participants to share experiences, learn from successful policy approaches, and strengthen regional collaboration on diabetes and other noncommunicable diseases.

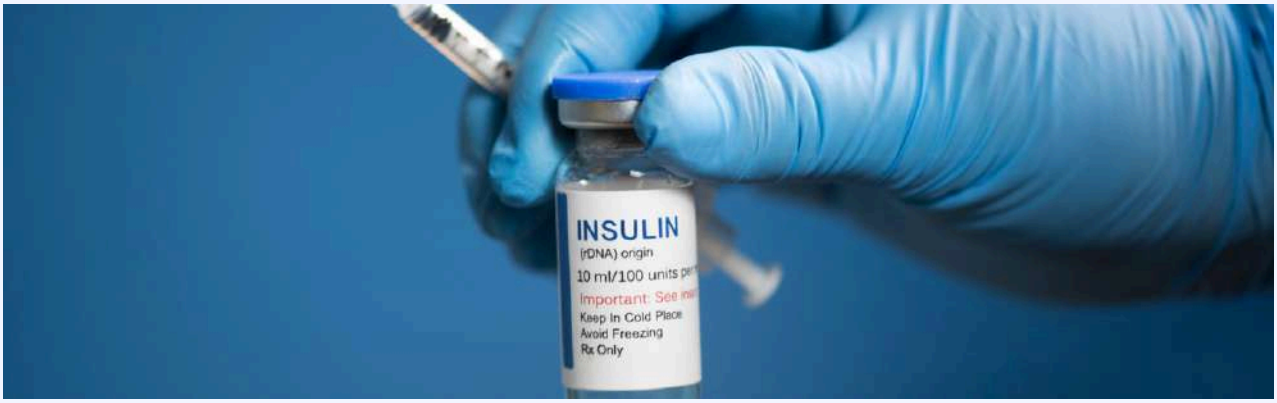
The programme will feature high level policy dialogue, expert presentations, lived experience perspectives, regional case studies, and peer to peer exchange between parliamentarians. Discussions will explore practical policy solutions to improve diabetes prevention, strengthen access to care, and promote healthier populations across the region.

The forum reflects PDGN's continued commitment to supporting parliamentary leadership on diabetes by creating opportunities for policymakers to connect beyond national borders, exchange evidence-informed approaches, and develop lasting partnerships that can translate into meaningful policy action.

To encourage broad regional participation, a limited number of travel grants will be available for one parliamentarian per eligible country on a first come, first served basis.

By bringing together political leaders, healthcare experts, and advocates, PDGN continues to strengthen international cooperation and support evidence-informed policymaking that improves the lives of people living with diabetes.

Strengthening Global Insulin Supply and Access: Regulatory Achievements and Market Expansion



Recent regulatory and manufacturing milestones demonstrate coordinated progress toward diversifying insulin supply chains. In Bangladesh, an agreement signed in 2018 between Novo Nordisk and Eskayef Pharmaceuticals culminated in April 2026 in full-scale local production of modern insulin cartridges (NovoMix and NovoRapid Penfill), marking the first time premix and rapid-acting modern insulin cartridges have been manufactured in Bangladesh using international standards, with each batch verified in Denmark to ensure compliance with Novo Nordisk's global quality requirements. Novo Nordisk announced an 18 per cent price reduction on its insulin products as part of the initiative, with total investment of Tk 1.6 billion and annual production capacity of 52 million penfills expected to support future exports alongside domestic supply.

At the regulatory level, the World Health Organization recently initiated prequalification of human insulin for diabetes, expanding beyond its original focus on antiretrovirals to include selected biotherapeutic products. On 14 April 2026, WHO prequalified insulin glargine 100 U/mL (BT-DM006) manufactured by Sanofi-Aventis Deutschland GmbH, representing a significant milestone in broadening procurement options for insulin-dependent countries.

In Europe, on 26 February 2026, the European Medicines Agency's Committee for Medicinal Products for Human Use adopted positive opinions recommending marketing authorization for two insulin biosimilars: Bysumlog (insulin lispro) and Dazparda (insulin aspart), both from Gan & Lee Pharmaceuticals Europe, based on randomized, double-blind Phase 1 clinical studies demonstrating bioequivalence to reference products Humalog and NovoLog/NovoRapid. Additionally, on 13 November 2025, the EMA recommended Ondibta (insulin glargine) by Gan & Lee Pharmaceuticals, with pivotal studies involving over 1,100 patients demonstrating therapeutic biosimilarity in efficacy and safety across type 1 and type 2 diabetes populations. These approvals expand competition in insulin markets where over 95% of approvals historically originated from three manufacturers: Novo Nordisk (39.1%), Sanofi (32.6%) and Eli Lilly (23.9%).

Advocacy Action: Governments should accelerate adoption of prequalified and biosimilar insulins through inclusion in essential benefit packages, streamlined reimbursement pathways, and transparent procurement mechanisms. Strengthened regulatory capacity in low and middle income countries, coupled with technology transfer agreements, can build domestic manufacturing resilience while WHO prequalification and biosimilar expansion create competitive pressure supporting affordability.

Insulin Affordability Remains a Political Priority: Legislative Action on Pricing Reform

Despite recent policy reforms, affordability remains a major barrier to insulin access for millions of Americans, prompting renewed congressional action. On 25 March 2026, a bipartisan group of U.S. Senators, Reverend Raphael Warnock, Jeanne Shaheen, John Kennedy, and Susan Collins, introduced the Improving Needed Safeguards for Users of Lifesaving Insulin Now (INSULIN) Act of 2026 (S. 4189), which caps out-of-pocket insulin costs at $35 a month for private insurance users and includes provisions to lower costs for uninsured diabetics. Beginning in plan year 2027, the bill would bar group and individual health plans from imposing deductibles on selected insulin products and cap costs at $35 for a 30-day supply; from 2028, patients would pay the lesser of $35 or 25% of the negotiated net price.

The legislation includes Senator Warnock's provision establishing a 10-state pilot grant program awarding funding to community health centers to provide affordable insulin to uninsured patients, and establishes an insulin resource center and hotline to help connect uninsured people with diabetes to resources needed to obtain insulin. This represents an expansion beyond Warnock's 2022 legislation included in the Inflation Reduction Act, which capped insulin costs for seniors at $35 per month.

The legislative push reflects documented pricing pressures. According to the Health Care Costs Institute, insulin prices nearly doubled from 2012 to 2021, with the average price for a 30-day supply of insulin increasing from $271 to $499 during that span. Approximately 8.1 million people in the United States use insulin, including more than 2 million with Type 1 diabetes who will die without regular access to the drug.

The INSULIN Act faces procedural hurdles in Congress, but the bipartisan composition signals recognition across political parties that insulin affordability constitutes both a healthcare and economic security issue requiring federal policy intervention.

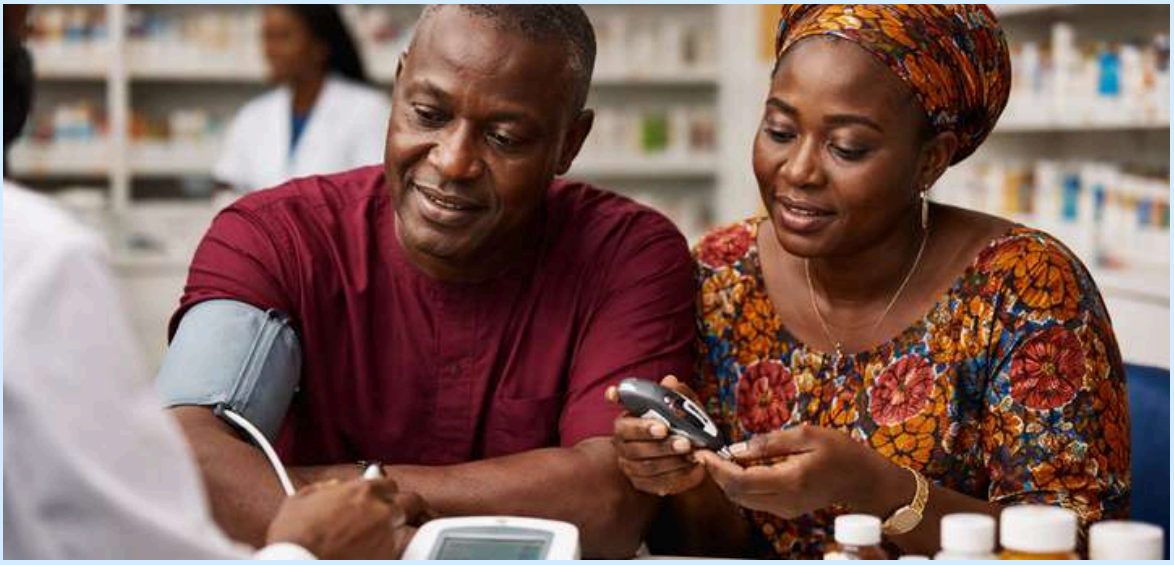
Advocacy Action: Legislators should advance the INSULIN Act of 2026 and related pricing reform measures to extend the $35 monthly cost cap beyond Medicare to all insured and uninsured populations. Policymakers should also strengthen supply chain transparency, address intermediary pricing practices, and establish accountability mechanisms ensuring that cost reductions translate directly to patient savings rather than being retained by pharmacy benefit managers or other supply chain actors.

Diabetes and Sustainable Development: Nigeria's Challenge Reflecting Continental Struggles

Diabetes is emerging as one of the most significant health challenges facing Africa, with growing concern that rising rates could slow progress toward Sustainable Development Goal 3: ensuring healthy lives and promoting well being for all. Nigeria exemplifies both the scale of the challenge and the implementation gaps that undermine policy response.

Approximately 5.8% of Nigeria's adult population (about 6 million people) is currently living with diabetes, with prevalence in urban areas ranging from 5 to 10% compared to 0 to 2% in rural areas. Diabetes accounted for 40,000 deaths in Nigeria in 2024, substantially exceeding deaths from hypertension.

In 2021, the National Guideline on the Prevention, Control, and Management of Diabetes Mellitus in Nigeria was developed and established. Nigeria also adopted a National Multi-Sectoral Action Plan for Prevention and Control of Non-Communicable Diseases (2019–2025) and the Health Sector Strategic Blueprint (2024–2027). However, without a well-defined structured policy that includes clear implementation plans, accountability mechanisms, and adequate resources or funding, existing guidelines may not translate into effective care and prevention.



Health system challenges in diabetes management in Nigeria include inadequate implementation of existing policies and guidelines, high out-of-pocket payments, poor quality of healthcare, and limited public education about the disease. Currently, less than 50% of affected individuals are aware of their condition, with factors such as misconceptions about the disease, preference for unproven traditional herbal treatments, and high cost of treatment hindering effective management.

Assessment of primary healthcare centers in Nigeria reveals fundamental infrastructure gaps. A formative assessment of 30 primary healthcare centers in Abuja, Nigeria, adapted the WHO Service Availability and Readiness Assessment tool and found that implementing the WHO-recommended package of essential NCD interventions requires availability of guidelines, trained staff, health management information systems, equipment, and medications—many of which remain unavailable in existing centers.

Across the continent, increasing urbanization, changing lifestyles, population growth, and limited access to healthcare contribute to rising diabetes burden. Identified challenges include inadequate funding of the healthcare system, insufficient human resources, poor health infrastructure, corruption, and low socioeconomic status. The impact extends beyond health: diabetes affects productivity, household incomes, education, and economic development, placing additional pressure on already strained health systems.

Advocacy Action: African governments should translate existing national diabetes policies into actionable implementation plans with explicit funding, accountability mechanisms, and workforce development. Development partners and international organizations must support health system strengthening at primary care level and integrate diabetes prevention into national development strategies as essential to achieving sustainable development goals and protecting economic progress across the continent.

News in Brief

Funding Cuts Undermining Access to Diabetes Technology: Scotland's Challenge

Diabetes technologies such as continuous glucose monitors and insulin pumps have transformed management for many people, improving glucose control and reducing complications. However, recent developments in Scotland highlight how funding pressures can rapidly restrict access to these innovations.

The Scottish Government has informed stakeholders that centralised funding for hybrid closed-loop (HCL) systems will end with effect from 2026/27, with access to this technology instead being funded locally through individual Health Boards. Funding rose from £8.8 million in 2024-25 to £14.4 million in 2025-26, but has for 2026/27 been added to the core £17.6 billion funding for health records rather than remaining ring-fenced.

Guidance from the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Health Technologies Group (SHTG) clearly states that HCL technology should be the standard of care for those with type 1 diabetes who wish to use it. The Royal College of Physicians of Edinburgh warns that without further central funding and national targets, unacceptable variation in access across Scotland will persist or worsen, with no mechanism to measure progress or hold boards accountable.

Diabetes costs NHS Scotland approximately £875 million every year, with around £475 million spent on complications alone. Improved glucose control achieved through HCL systems reduces hospital admissions and the risk of serious complications such as retinopathy and neuropathy, delivering long-term cost savings, whereas withdrawing

funding may result in short-term budgetary relief but risks substantially higher costs tothe health system in the future.

Over 120 organisations from across Scotland signed an open letter to the First Minister and new Health Secretary warning that removal of ring-fenced funding will affect thousands of patients and threaten Scotland's recognition as a leader in progressive diabetes care.

Volunteers at Diabetes Scotland advocating for access to diabetes technology

Advocacy Action: Governments should protect dedicated funding for evidence based diabetes technologies and establish national targets ensuring equitable access. Policymakers should view technology investment as long-term cost prevention rather than short-term budget reduction.

Diabetes Care in Humanitarian Settings

For people living with diabetes, access to insulin and essential care can become even more challenging during humanitarian crises. Displacement, conflict, economic instability, and disrupted supply chains can quickly turn a manageable condition into a life threatening emergency.

Recent efforts in Jordan and Lebanon highlight both the challenges and opportunities of delivering diabetes care in humanitarian settings. In Jordan, organizations continue to support refugees living with diabetes by providing access to insulin, monitoring supplies, and healthcare services that help individuals manage their condition despite displacement and uncertainty.

In Lebanon, humanitarian organizations including MSF and partner agencies are working to strengthen access to insulin and improve visibility of available supplies through innovative approaches that help people locate treatment closer to where they live. These efforts recognize that access is not only about the availability of insulin, but also about ensuring that people can reliably find and obtain it when they need it.

The experiences of Jordan and Lebanon underscore a broader reality facing

humanitarian responses worldwide. Noncommunicable diseases such as diabetes are often overlooked during crises, despite requiring continuous treatment and long term care. As humanitarian emergencies become increasingly protracted, ensuring uninterrupted access to diabetes services must become a core component of preparedness and response planning.

Advocacy Action: Governments, humanitarian agencies, and development partners should prioritize sustainable access to insulin and diabetes care within emergency and humanitarian response programmes. Strengthening supply chains, improving access to essential medicines and technologies, and integrating noncommunicable disease care into crisis preparedness plans can help protect the health and dignity of displaced populations and people affected by emergencies.

National Diabetes Strategies in Australia and Ireland: Emerging Models for Coordinated Care

Australia delivered a comprehensive government response to a parliamentary inquiry on diabetes in May 2026, reaffirming commitment to its Australian National Diabetes Strategy 2021–2030. The strategy establishes seven goals spanning prevention of type 2 diabetes, early detection of type 1 and type 2 diabetes, reduction of diabetes complications, management of gestational diabetes, addressing disparities among Aboriginal and Torres Strait Islander peoples, and strengthening research and data systems.
On 29 May 2026, Ireland launched "The Diabetes Policy and Services Review: A Strategy for Better Care," Ireland's first national diabetes strategy. Diabetes is included in Ireland's Programme for Government for the first time, with Diabetes Ireland requesting €4 million in Budget 2026 to fund implementation.

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.

Both strategies emphasize prevention, early detection, and equitable access across regions. Ireland's strategy identifies "significant disparities" in access to specialized diabetes resources and regional service consistency, aiming to ensure equitable access regardless of location.

Diabetes Ireland is seeking €1.8 million to establish six Regional Diabetes Psychology Teams and €1 million to ensure equal access to Continuous Glucose Monitoring technology for all individuals with type 1 diabetes.

Australia, by contrast, emphasizes research integration and population-level prevention within an established chronic disease framework. The National Diabetes Research Strategy (2026-2035), published in November 2025, presents a unified national vision to transform Australia's response through research and innovation.

Australia has committed $40 million over 10 years for diabetes research, with $2 million allocated in 2026 across 19 projects. Ireland is establishing a national diabetes registry as the first chronic disease data system hosted by the HSE.

Both countries demonstrate that effective national strategies require sustained political commitment and adequate resourcing to translate policy into measurable improvements in health outcomes and equitable access to care.

Advocacy Action: Governments implementing national diabetes strategies should ensure dedicated implementation budgets, explicit accountability mechanisms, workforce development plans addressing clinical and psychological support capacity, and integrated data systems enabling evidence based policy refinement.

Ending Diabetes Discrimination and Stigma

Despite advances in diabetes care and growing public awareness, many people living with diabetes continue to face discrimination and stigma in education, employment, sport, healthcare, and everyday life.

Recent advocacy efforts have brought renewed attention to these persistent social barriers. Most significantly, organizations including Voice in Action (VIA) and the Parliamentarians for Diabetes Global Network (PDGN) signed a letter to the World Health Organization highlighting diabetes discrimination and stigma as critical public health concerns. These efforts, alongside broader inclusion initiatives across Europe, demonstrate growing recognition that discrimination against people with diabetes is not merely a social issue but a health equity matter requiring institutional response. Such challenges affect opportunities, wellbeing, and quality of life, while also discouraging individuals from seeking support or managing their condition openly.

Misconceptions about diabetes remain widespread. People living with the condition may face unfair assumptions about their abilities, limitations, or health status, even when their diabetes is well managed. Such stigma can create barriers to employment, participation in sports, educational opportunities, and full inclusion in society.

Addressing discrimination requires more than awareness alone. It requires policies, legal protections, and institutional practices that recognize the rights of people living with diabetes and ensure equal opportunities across all aspects of life.

Addressing discrimination requires fundamentally more than awareness

campaigns. It demands enforceable legal protections, institutional policy change, and practices that recognize the rights of people living with diabetes and guarantee equal opportunities. Critically, as Rt. Hon. The Baroness May of Maidenhead noted in Malta at one of the panel discussions in November 2024, legislators must exercise considerable care in how discrimination protections are framed. Poorly designed legislation, intended to protect people with diabetes, can paradoxically become a barrier when employers cite compliance concerns as justification for excluding people with the condition from employment.

Effective policy making therefore requires policymakers to work hand in hand with public awareness and education efforts, ensuring that legal frameworks function as genuine enablers of inclusion rather than tools for exclusion. As countries strengthen their diabetes responses, social inclusion must be integrated alongside prevention, treatment, and access to care. The advocacy demonstrated by signatories to the WHO letter shows that eliminating discrimination is recognized as essential to improving health outcomes and supporting the dignity of people living with diabetes.

Advocacy Action: Governments should strengthen legal and policy protections that prevent discrimination against people living with diabetes in education, employment, sport, and public life. Policymakers, employers, schools, and community organizations should work together to promote inclusion, challenge misconceptions, and ensure that people living with diabetes can participate fully and equally in society.

Diabetes, Mobility and Public Safety

Recent discussions in Europe and the United Arab Emirates have highlighted the important relationship between diabetes management, mobility, and public safety.

In the European Parliament, ongoing discussions through the MEPs Mobilising for Diabetes interest group have raised questions regarding policies affecting people living with diabetes and their participation in activities such as driving and other regulated professions. Meanwhile, in May 2026, Abu Dhabi Police issued a formal warning to drivers with diabetes, emphasizing the dangers of driving when experiencing hypoglycemia, as low blood sugar levels directly affect concentration and response speed while driving, potentially leading to serious traffic accidents. The Directorate General of Traffic and Patrols stressed the necessity for drivers to ensure that their blood sugar levels are stable before driving, to stop immediately upon feeling any sudden symptoms, and not to resume driving until blood glucose returned to normal.

These developments reflect a shared objective: ensuring public safety while supporting the full participation of people living with diabetes in society. Advances in diabetes management, including continuous glucose monitoring and improved treatment options, have significantly enhanced the ability of many individuals to manage their condition safely and effectively.

As policymakers consider regulations related to driving, aviation, employment, and other activities, it is important that decisions are guided by current evidence and individual risk assessment rather than broad assumptions about diabetes. Well designed policies can help protect public safety while avoiding unnecessary restrictions that may limit opportunities for people living with the condition.

The discussion also highlights the importance of education and awareness. Supporting individuals to recognize and manage risks such as hypoglycaemia remains a key component of safe mobility and participation in everyday life.

Advocacy Action: Governments and regulatory authorities should ensure that policies affecting driving, aviation, employment, and other areas of public participation are based on current scientific evidence and individual assessment. At the same time, investment in education, diabetes technologies, and awareness initiatives can help promote both public safety and equal opportunities for people living with diabetes.

Supporting Pilgrims Living with Diabetes

Religious gatherings and mass events present unique challenges for people living with diabetes. Changes in routine, increased physical activity, travel, climate conditions, and medication schedules can all affect diabetes management and increase the risk of complications if appropriate preparations are not in place.

In Qatar, recent awareness activities organized ahead of the Hajj pilgrimage have focused on helping people living with diabetes prepare for their journey safely. The initiative provided guidance on medication management, glucose monitoring, nutrition, hydration, and recognizing warning signs that may require medical attention during travel.

Such efforts highlight the importance of proactive planning and education for people with diabetes who participate in large scale religious gatherings and other mass events. With millions of pilgrims travelling each year, ensuring that individuals have the knowledge and resources needed to manage their condition is an important component of both public health and patient safety.

As international travel and mass gatherings continue to grow, integrating diabetes preparedness into travel health programmes can help reduce risks and support safer participation for people living with the condition. Ensuring that individuals have the knowledge and resources needed to manage their condition is an important component of both public health and patient safety, but must be paired with healthcare systems capable of delivering timely care in crowded, challenging environments.

Advocacy Action: Governments, health authorities, and event organizers should strengthen travel preparedness initiatives for people living with diabetes, particularly during large religious gatherings and mass events. The Saudi Arabian government should prioritize improving access to health facilities during Hajj by establishing strategically located medical stations at critical pilgrimage sites including Arafat and Muzdalifah, ensuring that people with diabetes can access care rapidly even in crowded conditions. All stakeholders should provide clear guidance on diabetes self management, access to healthcare support, and emergency protocols to help reduce complications and ensure that individuals can participate safely and confidently in religious observances.

Conference Reports

Two Pivotal Global Gatherings Shape Diabetes Policy and Innovation in June 2026

The convergence of two major diabetes conferences in June underscored the field's momentum toward integrated care approaches and clinical innovation. The American Diabetes Association's 86th Scientific Sessions in New Orleans (June 5–8) convened over 12,000 researchers and clinicians to present more than 2,000 original research presentations, establishing the latest evidence base for diabetes management and prevention. Simultaneously, the 14th World Congress on Diabetes & Endocrinology in London (June 8–9) brought together international endocrinologists, diabetologists, and healthcare policy makers around the theme "Advancing Therapeutics and Transforming Care." The back-to-back timing created a unique opportunity for knowledge exchange across continents, particularly regarding emerging cell-based therapies, digital health innovations, and strategies to address global disparities in diabetes access and care.

These conferences delivered practical implications for policy and practice. Research presented at the ADA Sessions will inform the updated Standards of Care in Diabetes, influencing clinical guidelines used globally. The London congress's focus on policy and innovation highlighted urgent questions about equitable access to new technologies and the role of pharmaceutical governance in expanding treatment options to lower income settings. Both meetings demonstrated that meaningful progress in diabetes outcomes depends not only on scientific breakthroughs but on translating evidence into policy frameworks that reach populations most affected by the disease.

Conference Reports

The Lancet Commission Charts Evidence-Based Path Forward for Type 1 Diabetes Care

The second full meeting of *The Lancet Diabetes & Endocrinology Commission on Type 1 Diabetes* convened 34 international commissioners in Geneva in June 2026, marking a pivotal moment in the Commission's evolution. With representation spanning diverse regions and expertise, the meeting reflected a rigorous process of synthesizing evidence, lived experience, and policy perspectives to shape recommendations that will influence type 1 diabetes care globally. As the Commission entered its final phase, commissioners refined the key messages and priorities that will form the foundation of the final report, grounded in the principle that meaningful progress requires integration of scientific evidence with the voices and experiences of people living with type 1 diabetes. The Parliamentarians for Diabetes Global Network (PDGN) was represented through the participation of two of its members, Cyrine Farhat and Sana Ajmal, whose contributions brought valuable perspectives from diabetes advocacy, policy, and lived experience to the Commission's discussions.

The Commission's commitment to evidence-informed action positions it as a critical counterweight to fragmented national responses. By convening clinical expertise, patient advocacy, health systems leadership, and policy makers around a single table, the Commission acknowledged that type 1 diabetes, while a medical conditionis fundamentally a policy challenge requiring coordinated action across diagnosis, access, support systems, and long-term care. The momentum generated in Geneva signals that the Commission's final report will offer not merely recommendations but a roadmap for translating evidence into equitable, person-centered care systems capable of meeting the needs of type 1 diabetes populations across all health contexts.

Research News

Moving Towards an Insulin Free Future (Switzerland)

Researchers from the University of Geneva and Geneva University Hospitals have reported promising advances in cell based diabetes research that could one day reduce or eliminate the need for insulin therapy for some people living with diabetes, highlighting the continued progress being made toward transformative treatments and potential cures.
https://www.swissinfo.ch/eng/various/diabetes-unige-and-hug-move-towards-an-insulin-free-future/91430209

New Developments Advance the Future of Diabetes Treatment (Global)

Emerging innovations in diabetes research, including advances in cell therapies, disease modifying approaches, and next generation technologies, continue to expand the possibilities for improving outcomes and reducing the long term burden of diabetes, reinforcing optimism about the future of treatment and care.
https://firstwordpharma.com/story/1041115

Teplizumab Approval Marks a New Era in Type 1 Diabetes Care (United Kingdom)

The approval of teplizumab by the UK's National Institute for Health and Care Excellence (NICE) marks a historic milestone in type 1 diabetes care, as the first disease modifying therapy recommended for use through the NHS to delay the onset of symptomatic type 1 diabetes in eligible individuals, signalling a shift toward earlier intervention, prevention, and therapies that can alter the course of the disease.
https://breakthrought1d.org.uk/news/nice-approves-teplizumab-marking-a-new-era-in-type-1-diabetes-care/

Tech News

Recent Advances in Dexcom Technology (Global)

Recent updates highlighted by industry observers demonstrate continued innovation in continuous glucose monitoring technologies, reflecting broader trends toward more accurate, connected, and user-friendly diabetes management tools that support people living with diabetes in their daily care. Dexcom announced pediatric clearance for its Stelo Glucose Biosensor, expanding access to glucose biosensing for children ages 2 and older in the United States. The company also launched a fully reimagined Stelo app experience in July 2026, designed to make glucose insights more approachable and actionable for people seeking better health. Beyond preventive applications, Dexcom has expanded product availability for diabetes management. The Dexcom G7 15 Day CGM System, the longest lasting CGM system available, began shipping to pharmacies in early January 2026 following initial launch to durable medical equipment providers. At the American Diabetes Association's 2026 Scientific Sessions, Dexcom presented clinical findings from the CONNECT randomized controlled trial, demonstrating that Dexcom G7 leads to clinically and statistically significant reduction in A1C and improvement in glucose control among people with Type 2 diabetes not using insulin. The company's acquisition of Nutrisense strengthens its ability to provide personalized nutrition education and coaching to improve diabetes management. Looking forward, Dexcom's next-generation G8 sensor platform is designed to be 50 percent smaller with multi-analyte sensing capabilities, potentially expanding the addressable market to address broader metabolic monitoring needs.
https://diatribe.org/diabetes-technology/tech-watch-diabetes-tech-news

A Shared Commitment to Innovation: PDGN Visits Dexcom in Lithuania

Partnership and collaboration are essential to advancing better outcomes for people living with diabetes. For many years, Dexcom has been a valued supporter of the work of the Parliamentarians for Diabetes Global Network (PDGN), helping to foster dialogue around innovation, access, and the role of technology in improving diabetes care.

During a recent visit to Lithuania, PDGN Co Chair Sir Michael Hirst and Sandesh Gulhane, accompanied by Adrian Gut, had the opportunity to visit Dexcom's facilities and learn more about the technologies that are helping people living with diabetes manage their condition with greater confidence, accuracy, and independence.

The visit provided valuable insight into the continued evolution of continuous glucose monitoring and digital health solutions. These technologies are transforming diabetes management by providing real time information, supporting informed decision making, and helping individuals better understand and respond to changes in their glucose levels.

For PDGN, the visit also highlighted the importance of constructive engagement between parliamentarians, healthcare professionals, patient advocates, and industry partners. While innovation continues to advance rapidly, ensuring that people benefit from these developments requires supportive policies, sustainable reimbursement pathways, and healthcare systems that can integrate new technologies effectively.

As diabetes prevalence continues to rise globally, the role of technology in supporting self management, reducing complications, and improving quality of life is becoming increasingly significant. However, access to these innovations remains uneven across many countries and healthcare systems. This makes continued dialogue between policymakers and innovators particularly important.

Dexcom's longstanding support of PDGN reflects a shared commitment to improving outcomes for people living with diabetes and promoting greater awareness of the opportunities that technology can offer. Through collaboration and ongoing engagement, stakeholders can work together to ensure that innovation translates into meaningful benefits for those who need it most.

The visit served as a valuable opportunity to strengthen relationships, exchange perspectives, and explore how technology, policy, and advocacy can work together to improve diabetes care. As new innovations continue to emerge, partnerships between parliamentarians, healthcare leaders, patient communities, and industry will remain essential in advancing equitable access and better outcomes for people living with diabetes worldwide.

Remembering Two Champions of the Diabetes Community

The global diabetes community recently lost two remarkable individuals whose dedication, leadership, and advocacy left a lasting impact on the lives of countless people affected by diabetes.

Anne Felton was widely respected for her unwavering commitment to improving diabetes care and amplifying the voices of people living with diabetes. Throughout her career, she worked tirelessly to advance patient centred care, strengthen diabetes education, and promote meaningful engagement of people living with diabetes in policy and healthcare discussions. Her contributions helped shape conversations at national and international levels, and her influence will continue to be felt across the diabetes community for years to come.

The community also mourns the loss of **Bastian Hauck**, whose passion, leadership, and dedication inspired many across the global diabetes movement. Through his advocacy and commitment to improving the lives of people living with diabetes, Bastian played an important role in fostering collaboration, raising awareness, and supporting initiatives aimed at improving access to care and strengthening the diabetes community.

While their contributions took different forms, Anne and Bastian shared a common belief that people living with diabetes should be at the centre of decisions that affect their lives. Their work reflected the values of compassion, inclusion, partnership, and service that continue to guide diabetes advocacy around the world.

As the global diabetes community reflects on their lives and legacies, we also recognize the responsibility to continue the work they championed. Their dedication serves as a reminder that progress in diabetes care and policy is driven not only by institutions and systems, but also by individuals whose commitment inspires change and improves the lives of others.

We extend our deepest condolences to their families, friends, colleagues, and all those whose lives they touched. Their contributions will be remembered with gratitude, and their legacy will continue to inspire future generations of diabetes advocates and leaders.

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?

PDGN is very grateful to dexcom for its sponsorship of PDGN Newsletters

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