

Parliamentarians for Diabetes Global Network

PDGN Malta Forum 2025 – Special Edition

**The newsletter of the Parliamentary Diabetes Global Network.
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Global Leaders Gather in Valletta as Baroness May Receives Inaugural Diabetes Advocacy Award

The PDGN Malta Forum 2025 entered its highlight moment on 15 November with an award ceremony at the Malta Chamber of Commerce, where Rt. Hon. The Baroness May of Maidenhead was honoured by Acting President of Malta, H.E. Dr Helena Dalli, for her global leadership in diabetes advocacy. The award recognises her longstanding commitment to advancing equitable access to care and challenging diabetes stigma, shaped by her personal experience living with Type 1 diabetes. Earlier that day, Baroness May delivered her keynote address during a session at the Maltese Parliament, “My Journey in Diabetes,” reflecting on the realities of navigating the condition at the highest levels of public service.

The Forum brought together around 150 participants, including parliamentarians, health experts and advocates with lived experience, as well as global health institutions including the WHO, International Diabetes Federation (IDF-Global and IDF-Europe), Maltese Diabetes Association, Dedoc°.

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This edition brings together the defining global developments of the past quarter—from landmark parliamentary commitments in Valletta to urgent national briefings across the UK, Türkiye, Lebanon, and beyond—highlighting how political leadership, health system reform, environmental action, and technological innovation are shaping the future of diabetes care, and capturing through in-depth features, regional news, and practical advocacy actions the momentum driving policy change and the voices pushing for equitable, evidence-based solutions worldwide.

Sessions in the Parliament of Malta, hosted under the patronage of Hon. Dr. Anglu Farrugia, reaffirmed Malta's growing role as a centre for health diplomacy. Discussions spanned legislative cooperation, innovative technologies, and the urgent need to integrate lived experience into policymaking. The gathering also featured exchanges on data sustainability, evidence-based policy development, and the evolving role of medical professionals and lived experience experts in legislation.

The weekend's work culminated in the endorsement of the Valletta Call to Action, a renewed parliamentary pledge to strengthen national diabetes frameworks, expand access to innovation, and confront stigma worldwide. As PDGN Co-Chair Sir Michael Hirst noted, the Forum demonstrated that meaningful progress is possible when parliaments move from commitment to implementation. With its blend of political leadership, clinical expertise, and community voice, the PDGN Malta Forum 2025 stands as a milestone in the push toward global diabetes equity.



Parliamentarians, health professionals, and diabetes civil society representatives standing outside the Maltese Parliament following the parliamentary session on the second day of the Forum.



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Leadership at the Highest Level: Baroness May's Keynote to the Maltese Parliament



Why political leadership matters in the global diabetes response

One of the defining moments of the PDGN Malta Forum 2025 was the keynote address delivered by Rt. Hon. The Baroness May of Maidenhead to the Maltese Parliament on her journey with diabetes. Speaking from the parliamentary floor, Baroness May elevated diabetes from a public health concern to a matter of political responsibility, governance, and long-term national resilience.

Her intervention was not framed around statistics alone, but around leadership. She spoke of the duty of parliaments to look beyond electoral cycles and to confront chronic diseases as structural challenges that demand sustained political attention, cross-party cooperation, and accountability. Diabetes, she argued, exposes the consequences of fragmented policy-making and short-termism, particularly when prevention, access to care, and social determinants of health are treated in isolation.

Addressing parliamentarians directly, Baroness May emphasised that leadership on diabetes must begin with example: legislating responsibly, supporting evidence-based health systems, and ensuring that economic, food, and environmental policies do not undermine population health. Her message resonated far beyond Malta, offering a clear signal to parliaments globally that diabetes governance is inseparable from broader questions of social justice, fiscal sustainability, and public trust.

The address underscored PDGN's core mission: to position diabetes firmly within parliamentary agendas and to empower legislators to act not as observers, but as drivers of systemic change.

Suggested visuals



The First PDGN Global Parliamentary Advocacy Award: Recognising Leadership, Setting Precedent



Why recognising political courage matters

The PDGN Malta Forum 2025 marked a historic milestone with the presentation of the first-ever PDGN Global Parliamentary Advocacy Award, establishing a new benchmark for political leadership on diabetes.

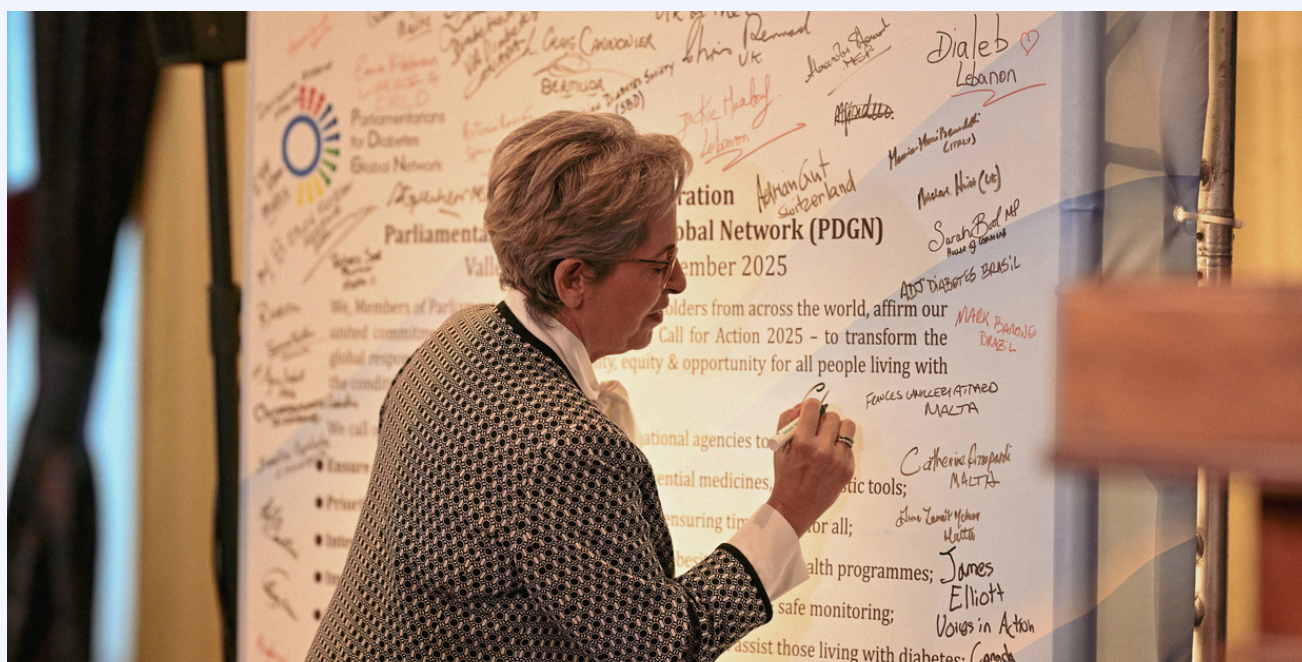
Presented by Her Excellency Dr Helena Dalli, Acting President of the Republic of Malta, the award was created to recognise parliamentarians who have demonstrated sustained commitment, courage, and impact in advancing diabetes policy and advocacy. Its introduction reflects PDGN's belief that meaningful change requires not only debate, but recognition of those willing to lead decisively within political systems.

The involvement of H.E. Dr Helena Dalli added institutional weight to the moment, reinforcing the award's significance at both national and international levels. Her presence signalled that diabetes advocacy is not confined to health ministries or specialist forums, but is a matter of state-level importance.

Beyond celebrating an individual, the award sets a precedent. It establishes clear expectations for parliamentary leadership on diabetes and creates a mechanism for accountability, inspiration, and peer learning across countries. Future recipients will join a growing legacy that recognises political action as a critical pillar of global diabetes progress.



From Commitment to Coalition: Why the Valletta Declaration Belongs to Everyone



Broadening ownership of the diabetes agenda

During the PDGN Malta Forum, the Valletta Declaration and Call to Action was formally signed not only by parliamentarians, but also by representatives of civil society, academia, and other non-political actors. This was a deliberate and strategic choice.

Diabetes is a whole-of-society challenge. While parliaments play a central role in legislating and overseeing policy, sustainable progress depends on collaboration with those who generate evidence, deliver care, advocate at community level, and hold systems accountable. The inclusion of non-politicians as signatories reflects PDGN's vision of the Declaration as a living coalition framework, rather than a closed political statement.

By signing the Declaration, participants commit to advancing its principles within their respective spheres of influence, whether through research, advocacy, service delivery, or policy support. Membership and active participation are encouraged precisely because the success of parliamentary action is strengthened when aligned with informed, engaged, and organised stakeholders beyond government.

The Valletta Declaration is therefore not a symbolic document. It is an open invitation to collective responsibility and shared action in shaping equitable, evidence-based diabetes policies worldwide.



The Cost of Inaction: Lord Rennard Warns of a Mounting Diabetes Crisis in the UK

This piece is an adapted contribution from Lord Rennard following the Malta Forum



In a reflective and compelling piece following the Malta PDGN forum, Lord Chris Rennard, a long-standing parliamentarian and member of the UK's All-Party Parliamentary Group on Diabetes, offers both a personal testimony and a stark policy warning about the accelerating diabetes crisis in the United Kingdom. Drawing on his family history, as the son of a World War I veteran whose life was extended by the early discovery of insulin, and his own lived experience with Type 2 diabetes, Lord Rennard describes the dramatic transformation of his health over three decades. Through sustained lifestyle change and, more recently, access to advanced therapies such as tirzepatide (a combination of GIP and GLP-1), he has seen his weight fall, his insulin requirements disappear, and his HbA1c return to the pre-diabetes range. His story highlights what is possible when evidence-based treatment, educating the person living with diabetes, and modern therapeutic options converge.

Yet his personal progress stands in contrast to a wider national picture that he characterizes as alarming. Diabetes now affects 4.6 million people in the UK, a figure expected to exceed five million by 2025. Lord Rennard underscores the staggering financial strain on the National Health Service, with diabetes consuming 10% of the NHS budget, around £10 billion annually, most of which is spent on preventable complications. The human costs are even more devastating: people with diabetes are twice as likely to suffer heart attacks or strokes, occupy one in six hospital beds, and face more than 160 diabetes-related lower-limb amputations every week in England alone. Four out of five of these amputations could be avoided with timely and appropriate care.

Lord Rennard argues that these outcomes reflect systemic failures in prevention, structured diabetes education, and access to technology. Too many people living with diabetes miss annual foot checks, too few receive essential self-management education, and access to Continuous Glucose Monitors and insulin pumps remains far behind other European countries. He urges the UK Treasury to shift from short-term budgeting to long-term investment, insisting that failure to act today will overwhelm the health system tomorrow.

In his words, the current approach is like “patching a leaky roof with cheap tape”, postponing necessary action while guaranteeing far greater costs in the future. His message is clear: meaningful investment in diabetes prevention and advanced care is not optional but essential to avert a looming public-health and economic crisis.



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Türkiye's Diabetes Burden Reaches Critical Levels as Health System Struggles to Keep Pace



This piece is an adapted contribution from Dr Turan Çömez following the Malta Forum

During the PDGN Forum, and in a detailed address on the state of diabetes in Türkiye, Dr. Turan Çömez, a member of Turkish parliament, outlines a rapidly escalating public health crisis driven by soaring prevalence, limited workforce capacity, and major gaps in access to modern therapies. Drawing on Türkiye's major epidemiological studies, TURDEP I and II, he notes that diabetes prevalence rose by 90 percent between 1998 and 2010—twice the global average and three times faster than Europe. Today, according to the Ministry of Health, 12 million people in Türkiye are living with diabetes, placing the country among the ten highest worldwide for the number of children and adolescents with Type 1 diabetes.

This alarming rise mirrors wider trends observed across the country. As highlighted in recent reporting, the number of people diagnosed with diabetes in Türkiye has more than doubled over the past decade, driven by rapid urbanisation, unhealthy diets, sedentary lifestyles, and insufficient access to preventive healthcare. Many individuals remain unaware of early warning signs, leading to late diagnosis and preventable complications. The burden is particularly heavy in low-income communities, where access to healthy food, safe spaces for exercise, and routine medical checkups remains limited.

Despite the scale of the challenge, the national health system faces deep structural constraints. With only 1,200 endocrinologists and 1,100 certified diabetes nurses, people with diabetes often receive care in overloaded public hospitals where consultation times have been reduced to just ten minutes. Multidisciplinary teams remain scarce, and diabetes education—delivered mostly by nurses—still lacks reimbursement, limiting the expansion of proven education models. Civil society has stepped in to fill gaps: initiatives such as GAPDIAB helped secure universal insulin access for children before national reforms were in place, and the Diabetes Parliament now serves as a vital channel for people with diabetes to engage directly with decision makers.

These sustained efforts have contributed to important milestones, including the 2024 decision to reimburse glucose sensors for children and adolescents with Type 1 diabetes. However, access to insulin pumps and newer medications remains uneven, and awareness campaigns alone are insufficient without deeper policy reform. As Dr. Çömez emphasises, Türkiye must strengthen prevention, expand access to innovative therapies, and invest in public education and healthier environments—ensuring that the lived experience of people with diabetes remains central to national policymaking.

His message is clear: without comprehensive prevention strategies, stronger education initiatives, and equitable access to advanced treatments, Türkiye risks facing an even more severe health and economic burden in the years ahead.



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From Parliament to Community: Lebanese MP Najat Aoun Saliba Warns of an Environmental and Health Crisis Driving Youth Diabetes in Lebanon

This piece is an adapted contribution from Dr Najat Aoun Saliba following the Malta Forum

In a powerful contribution on the rising burden of diabetes, Najat Aoun Saliba, Member of the Lebanese Parliament, draws a direct line between environmental degradation, chronic disease, and the escalating rates of diabetes among young people in Lebanon. She highlights a global shift confirmed by the Global Burden of Disease and multiple Lancet reviews: diabetes is appearing earlier, progressing faster, and affecting children and young adults at unprecedented levels. Evidence linking air pollution to chronic inflammation, endocrine disruption, insulin resistance, and beta cell dysfunction is now unequivocal, placing pollution alongside diet and lifestyle as a major driver of metabolic disease. In Lebanon, where diesel generators, open waste burning, and recurring conflict have created toxic and prolonged exposure to pollutants, this link is especially acute.

MP Saliba emphasizes that in the middle of Lebanon's health and economic collapse, one institution has remained resilient and effective: Primary Health Care Centers (PHCs). Across the country, PHCs have become the backbone of community health, detecting chronic illness early, offering continuous follow up, managing essential medications, and centralizing health data where national planning has long been fragmented. She highlights the Coastal Chouf Area PHC as a model of integrated care. There, nearly one in three screened individuals has diabetes, and the center provides long-term follow up, medication, dietitian support, and collaboration with academic institutions that strengthen both community trust and professional training. This became even more critical during the 2024 war in Lebanon, when insulin distribution was severely disrupted and thousands were left without reliable access to treatment. For MP Saliba, PHCs show what is possible when care is coordinated, community centered, and accessible.



Drawing on a deeply personal experience with her mother's long struggle with Type 2 diabetes, MP Saliba illustrates the risks people face when left without follow up, education, or support. A simple injection error, undetected due to poor eyesight and lack of guidance, nearly endangered her mother's health and reflects the daily reality of thousands of Lebanese people who navigate chronic illness alone. Even technologies like Continuous Glucose Monitoring can only go so far without education, sustained support, and a reliable system behind them. MP Saliba concludes with a clear political commitment: strengthening PHCs, enforcing the Clean Air Act, promoting large scale youth screening, expanding diabetes education, and advancing legislation that protects the health and dignity of all Lebanese people.



Nigeria Moves to Produce Its Own Insulin in Landmark China Partnership



Nigeria has taken a major step toward strengthening insulin access by signing a landmark agreement with China to begin local production of this life-sustaining medication. Once operational, Nigeria will join Egypt and South Africa as one of the few African countries with domestic manufacturing capacity—an important shift in a region that has long faced supply instability, high prices, and dependence on imported insulin. This development comes at a critical moment. Across Africa, governments are increasingly exploring strategies to secure local or regional insulin production, driven by rising prevalence and mounting concerns about global supply constraints. The joint Novo Nordisk–Eli Lilly commitment to expand insulin access across Africa, announced earlier this year, marked another regional milestone—but production remains concentrated in only a handful of countries, and most nations continue to rely almost entirely on imports.

Nigeria's move reflects a broader global urgency to diversify insulin sources. Major manufacturers, including Novo Nordisk and Eli Lilly, have announced plans to phase out or scale down production of older insulin formulations. While these changes respond to market dynamics, they risk leaving millions—particularly in low- and middle-income countries—vulnerable to shortages, price shocks, and reduced therapeutic options. For governments, developing or securing multiple supply pathways has become an essential strategy for health system resilience. WHO's ongoing pre-qualification initiative further underscores this need. By supporting additional manufacturers to meet international quality standards, WHO aims to expand the number of approved insulin suppliers globally—reducing reliance on a small set of companies and enabling more countries to procure affordable, quality-assured insulin.

For Nigeria, local production offers a potential turning point. Years of supply disruptions, high out-of-pocket costs, and geographic inequities have forced people—especially in rural and low-income communities—to ration doses or go without treatment entirely. If implemented effectively, domestic manufacturing could stabilise supply, reduce costs, and strengthen the country's pharmaceutical ecosystem. Health advocates have welcomed the agreement but stress that impact will depend on strong regulatory oversight, transparent pricing, and distribution systems that prioritise patient needs over commercial incentives.

Advocacy Action: Support national and regional efforts to diversify insulin supply by investing in public procurement systems, encouraging participation in WHO's pre-qualification programme, and ensuring that locally or regionally manufactured insulin is affordable, quality-assured, and accessible to those who need it most.



2026 Congress Registrations Open for Major Diabetes Event in Australia

Australia is gearing up for one of the most significant diabetes congresses ever held in the Western Pacific Region, with registrations now open for the joint 26th IDF-WPR Congress & Australasian Diabetes Congress 2026 in Melbourne, from 18–21 August 2026. The event, hosted by Diabetes Australia, Australian Diabetes Society and Australian Diabetes Educators Association, will bring together thousands of researchers, clinicians, educators, advocates and people living with diabetes. The congress promises a rich programme across themes such as prevention policy, clinical care, education and lived experience, offering a powerful platform to influence global and regional diabetes action.



Advocacy Action: Secure funding and participation for your delegates and build a national health delegation that uses the congress to benchmark innovation, drive policy reform, and advance diabetes care systems.

Global Summit on Diabetes Stigma Builds Momentum Ahead of 2026

The movement to eliminate stigma in diabetes care is gaining global momentum, with the Global Summit on Diabetes Stigma set to become a defining milestone in 2026. Building on conversations elevated at the PDGN Malta Forum—including the high-level panel on Stigma in the Workplace—the summit will deepen the global understanding of how stigma undermines access, quality of care, and health outcomes across diverse settings.

Organized by the End Diabetes Stigma initiative, the summit focuses on systemic, evidence-driven solutions rather than awareness campaigns alone. It will convene researchers, advocates, and people living with diabetes to present practical tools, emerging evidence, and country-level approaches for measuring, reducing, and ultimately eliminating stigma in healthcare settings, legislation, education systems, and media.

With India as a key regional convening partner, the summit will also release a comprehensive policy document outlining priority actions for policymakers at all levels of the health system—providing a shared roadmap to advance stigma-free diabetes care worldwide.

PDGN has Joined Hands with The Australian Centre for Behavioural Research in Diabetes for the The Global Summit to End Diabetes Stigma



Join the Global Movement to
#EndDiabetesStigma
EndDiabetesStigma.org

What: Global Summit to End Diabetes Stigma
When: 28th – 29th March 2026
Where: Jaipur, India



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Italy Updates Clinical Guidelines to Strengthen CGM Use in Type 2 Diabetes



Italy's two leading diabetes associations, AMD (Associazione Medici Diabetologi) and SID (Società Italiana di Diabetologia), have released updated national clinical guidelines that mark a significant shift in the management of Type 2 diabetes. For the first time, continuous glucose monitoring (CGM) is explicitly recommended not only for insulin treated patients but also for those on non insulin therapies.

The guidelines encourage a structured approach to glucose monitoring, calling for planned capillary glucose checks in people with Type 2 diabetes. However, the most notable change is the elevation of CGM as a preferred method over traditional monitoring. For patients using insulin, CGM is now recommended whether they are on basal only regimens (one injection per day) or basal bolus protocols (multiple injections daily). This recommendation is supported by strong evidence showing reductions in HbA1c, increased time in range (TIR), and less time spent in hypoglycemia. Importantly, the guidelines also recommend CGM for people with Type 2 diabetes who are not on insulin therapy, especially those with HbA1c levels above 7 percent. CGM has been shown to improve glycemic control, reduce HbA1c, and help individuals meet personal targets more consistently.

Advocacy Action: Accelerate the integration of these clinical guidelines into national and regional reimbursement frameworks to ensure equitable access to CGM for all people with Type 2 diabetes in Italy.

Malnutrition Drives a Hidden Form of Diabetes

A recent report by Arab News draws renewed attention to a long-neglected global health issue: malnutrition-related diabetes, now increasingly recognised—following IDF's recent statements and scientific reviews—as a distinct clinical entity often referred to as type 5 diabetes. This condition affects young people who are underweight, food-insecure, or have experienced prolonged periods of severe nutritional deprivation. Unlike type 1 or type 2 diabetes, malnutrition-related diabetes follows its own metabolic patterns, making diagnosis and treatment far more complex.



According to emerging evidence highlighted by the International Diabetes Federation, over 25 million people may already be living with type 5 diabetes, most of whom remain undiagnosed and unsupported. For health systems across Africa, the Middle East, South Asia, and other low-resource settings, the implications are significant: treatment protocols remain underdeveloped, mortality risk is high, and the condition intersects directly with humanitarian crises, conflict, and chronic food insecurity. This overdue recognition marks an important shift in global diabetes discourse. IDF has called for updated classification, dedicated research, and integrated care pathways—arguing that type 5 diabetes can no longer be treated as an anomaly or folded into existing categories that fail to capture its unique physiology.

Advocacy Action: Champion the integration of screening and care for malnutrition-related diabetes into national nutrition, food-security, and primary-care programs—ensuring that the world's most vulnerable populations receive timely diagnosis, tailored treatment, and protection from an often invisible but deeply consequential form of diabetes.





Mexico Declares War on Sugary Drinks: A Bold Move Against Diabetes

Mexico is intensifying its battle against one of its most serious health challenges, high rates of obesity and diabetes, by significantly increasing its tax on sugary drinks. As reported by El País, the tax will rise from 1.64 pesos per litre to 3.08 pesos in 2026. The government expects to raise approximately 41 billion pesos (around USD 2.2 billion), and has committed to directing the funds exclusively toward the public health budget. Despite 88% of the population recognizing that soda and sweetened beverages can harm health, consumption remains high, with Mexicans drinking an average of 166 litres of soft drinks each year. The increase in the tax is intended not only to discourage consumption, but also to support prevention, detection, and treatment of diet-related illnesses such as diabetes and cardiovascular disease.

Advocacy Action: Encourage the adoption of fiscal measures that reduce sugary drink consumption and ensure the resulting revenue is directed into diabetes prevention, care and health education programmes.

UAE's New Sugar-Driven Tax Strategy Aims to Alter Industry and Public Health Dynamics

The United Arab Emirates is taking bold steps to reduce sugar-sweetened beverage consumption by introducing a tiered tax based on sugar content per 100 ml, slated to begin in 2026. Business leaders and health experts say the policy pushes manufacturers to produce lower-sugar drinks and gives consumers more affordable choices. With about 20% of adults in the UAE diagnosed with diabetes, the shift reflects a growing urgency to curb diet-driven health risks. By tying excise tax levels directly to sugar levels, the government intends not only to discourage high-sugar products but also to encourage reformulation and innovation in the beverage industry. One major soft-drink producer has already cut sugar content in key products in response. The structure aims to influence both supply and demand, reducing sugar intake while driving healthier product options.

Advocacy Action: Champion fiscal strategies that tie beverage pricing to sugar content and ensure the generated revenue is fully directed into diabetes prevention, health promotion, and equitable access initiatives.



Diabetes in Portugal Reaches an All-Time High

Portugal is experiencing the highest rates of diabetes ever recorded in the country. According to The Portugal News, over 1.2 million people are now living with the condition. Experts warn that the true number may be even higher due to the many cases that go undiagnosed. The rise has been linked to an aging population, changes in lifestyle, and delayed access to preventive care. Health professionals are especially concerned about the number of people who are unaware they have diabetes until complications appear. These can include vision loss, heart disease, or kidney failure. The growing burden is putting pressure on hospitals and clinics, many of which are struggling to keep up with long-term care needs. National health authorities have emphasized the importance of early detection and lifestyle changes, but more investment is needed to ensure that prevention and care services are widely available, especially in low-income and rural communities.

Advocacy Action: Prioritize funding for early screening, diabetes education, and community-based prevention programs to reduce the long-term impact of this growing public health crisis.



The Hidden Epidemic: Half of People with Diabetes May Not Know They Have It



A recent report from The National reveals a troubling reality: nearly half of all people living with diabetes do not know they have the condition. This is especially dangerous because diabetes often develops quietly, with few or no symptoms in the early stages. As a result, many people are only diagnosed once serious health problems such as vision loss, kidney failure, or heart disease have already begun. Experts warn that the high rate of undiagnosed diabetes is contributing to rising healthcare costs and avoidable medical emergencies. The problem is particularly severe in communities with limited access to regular checkups and basic health education. This growing challenge calls for immediate and systemic action. Detecting diabetes early can prevent complications, reduce the long-term strain on health systems, and improve the quality of life for millions of people.

Advocacy Action: Expand national diabetes screening programs in community clinics, pharmacies, workplaces, and schools to ensure earlier diagnosis and timely care.



Afghanistan's Overlooked Health Crisis: Rising Rates of Diabetes and Mental Health Conditions



According to the World Health Organization's Eastern Mediterranean Office, Afghanistan is facing a major health crisis that has received far too little attention. Noncommunicable diseases such as diabetes, heart disease, and cancer are now responsible for two out of every three deaths in the country. At the same time, mental health conditions are growing rapidly, fueled by years of conflict, economic instability, and limited access to care. For many Afghans, chronic illness and mental distress go untreated because health services are either too far away or too expensive. This is especially true in rural areas, where access to trained professionals, medicine, and diagnostic tools is scarce. Diabetes is often not detected until it becomes life-threatening, and mental health support is almost entirely absent from most healthcare settings. This crisis threatens to overwhelm the health system and deepen the suffering of millions of people already living in fragile conditions. Addressing it requires more than humanitarian aid. It demands long-term investment in health education, early detection, and integrated care services that treat both the body and the mind.

Advocacy Action: Invest in community-level health programs that deliver early screening, essential medicines, and mental health support for people living with chronic conditions in fragile settings.

Can Ghana Withstand the Growing Burden of Diabetes and Kidney Failure?

Ghana is facing a growing health emergency driven by two closely linked conditions: diabetes and kidney failure. According to a feature by Peace FM Online, hospitals are reporting a steady rise in patients who develop kidney complications due to unmanaged or undiagnosed diabetes. This twin epidemic is placing heavy strain on the country's health system and on families already struggling with the high cost of care. Many people do not know they have diabetes until it is too late.



At that point, their kidneys may already be failing, requiring dialysis or even a transplant. For most, these treatments are either too expensive or unavailable. This cycle is being fueled by a lack of early screening, limited public awareness, and gaps in the country's primary healthcare services. Health experts are calling for urgent policy reforms to strengthen prevention, reduce out-of-pocket costs, and ensure earlier diagnosis and treatment. Without immediate action, Ghana may find itself overwhelmed by chronic disease cases that could have been prevented or managed with timely care.

Advocacy Action: Strengthen national health policies by scaling up diabetes screening, expanding access to kidney care, and investing in public education to reduce the number of people reaching advanced stages of both conditions.

Digital Health, Real Impact: How Dexcom Is Shaping the Future of Diabetes Care

In a rapidly evolving digital landscape, Ireland is emerging as a hub for innovation in health technology. Among the most transformative developments is the rise of digital health where devices, data, and AI come together to reshape how chronic conditions like diabetes are managed. At the forefront of this shift is Dexcom, a leader in continuous glucose monitoring (CGM) technology, helping to make diabetes care more connected, responsive, and person-centred. With digital health solutions taking root in Ireland's thriving MedTech ecosystem, Dexcom's presence in Galway reflects a broader trend: integrating real-time data into everyday care. For people with diabetes, this means fewer finger pricks, better decision-making, and more confidence in daily life. CGMs like those developed by Dexcom allow users to view their glucose levels at a glance, receive alerts, and share data with healthcare teams, all in real time.

Advocacy Action: Parliamentarians have an opportunity to strengthen the country's leadership in digital health by supporting broader access to innovative diabetes technologies. By working with companies like Dexcom and other MedTech leaders, Ireland can expand the use of continuous glucose monitors (CGMs) for all people living with diabetes. Ensuring public coverage, integrating CGM data into care systems, and investing in telehealth will help build a more responsive and inclusive approach to chronic disease management, turning innovation into better health for all.



Spotlight Article: EASD 2025 Highlights a Shift Toward Personalised Diabetes Care

Held in Vienna this September, the 61st Annual Meeting of the European Association for the Study of Diabetes (EASD) brought together thousands of researchers and clinicians under the theme “Rethinking Diabetes: From Classification to Personalisation.” The event marked a turning point in how diabetes care is being approached, shifting away from rigid type-based definitions and toward more personalised, trait-driven treatment models. Key sessions covered cutting-edge research in disease-modifying therapies, digital health, and mental health in diabetes, including the launch of EASD’s first clinical guideline on diabetes distress. More than 1,300 abstracts were presented, with new formats such as Lab Talks and Early Bird Symposia drawing strong engagement. The meeting also reinforced the role of early-career professionals and global partnerships in shaping the future of diabetes care.



Advocacy Action: Promote investment in personalised diabetes care by supporting national research collaborations, integrating mental health into treatment guidelines, and adopting policies that reflect individual risk profiles rather than one-size-fits-all models.

ISPAD 2025 Features Groundbreaking Insights on Access to Diabetes Care for Children

With global cases of type 1 diabetes (T1D) in children rising and the WHO 2030 targets drawing closer, access to essential care in underserved regions is gaining urgent attention. At the ISPAD 2025 conference in Montreal, under the motto “Unity in Diversity,” attendees emphasized global collaboration to ensure equitable treatment for all youth living with diabetes. The Access to Medicine Foundation was a key presenter, sharing new findings on how pharmaceutical companies are addressing these needs. Emma Schiffman, Research Coordinator, presented results from the Foundation’s latest report, which examined access to T1D medicines and technologies in low- and middle-income countries. Her presentation highlighted areas where industry progress has been made, while underscoring persistent gaps in insulin supply, diagnostics, and care pathways.

Beyond the formal sessions, ISPAD 2025 saw extensive social media coverage from clinicians, researchers, and advocates who brought additional visibility to critical issues. Discussions amplified key themes such as the urgent need for early detection programs, disparities in access to diabetes technology—including the push to make Automated Insulin Delivery (AID) systems a standard of care globally—the importance of mental health support for youth, and the evolving role of continuous glucose monitoring in low-resource settings. Reports also highlighted global education initiatives, such as the IDF Kids and Diabetes in Schools (KiDS) program, which aims to combat stigma and promote healthy habits worldwide. These combined insights come at a crucial moment for the global paediatric diabetes community, as stakeholders work to strengthen accountability and ensure that no child is excluded from essential care because of geography or income.



Advocacy Action: Use this evidence—and the momentum generated by ISPAD 2025—to advance stronger public-private partnerships and policy commitments that guarantee equitable access to life-saving diabetes care for all children, regardless of where they live or what they can afford.



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

Research News



Sodium and Obesity Link

<https://www.news-medical.net/news/20250326/Study-links-high-sodium-intake-to-increased-risk-of-general-and-abdominal-obesity.aspx>

Global, regional, and national cascades of diabetes care, 2000–23: a systematic review and modelling analysis using findings from the Global Burden of Disease Study

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00217-7/abstract](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00217-7/abstract)

Prediabetes remission without weight loss

<https://www.nature.com/articles/s41591-025-03944-9>

Existing drugs slow early T1D

<https://www.diabetes.org.uk/about-us/news-and-views/three-existing-drugs-show-promise-slow-type-1-diabetes-people-newly>

Microbiome biomarkers in diabetes

<https://www.morningstar.com/news/pr-newswire/20250926cn84161/coree-announces-discovery-of-microbiome-biomarkers-specific-to-diabetes-and-obesity-patients>

Diabetic retinopathy increases dementia risk

<https://www.nature.com/articles/s41598-025-21868-9>

GDM awareness study

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-025-08277-6>



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AI Use in Glucose Monitoring

<https://newsroom.ibm.com/2025-06-02-ibm-and-roche-co-created-an-innovative-solution-to-support-people-with-diabetes-in-their-daily-lives-with-ai-enabled-glucose-predictions>

First astronaut with diabetes in space

<https://economymiddleeast.com/news/uaes-burjeel-holdings-announces-ambitions-to-send-first-astronaut-with-diabetes-into-space/>

Digital health expansion in West Pokot

<https://www.kenyanews.go.ke/moh-medtronic-labs-world-diabetes-foundation-boost-digital-healthcare-in-west-pokot-county/>

AI deployed to combat type 2 diabetes

<https://ewnews.com/a-i-technology-deployed-to-combat-type-2-diabetes/>

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.



Stay in Touch Even If You Go Out of Office -

Click and Fill this Form or scan the QR Code to add in a personal email address for PDGN to use for communicating with you!

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

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