

5th ANNUAL SYMPOSIUM ON DIABETES IN HUMANITARIAN CRISES



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SHORT REPORT

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International Alliance
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Mass General Brigham



CENTRE FOR
GLOBAL CHRONIC
CONDITIONS

5th Symposium
on Diabetes in Humanitarian Crises
Geneva, October 2025

SHORT REPORT

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THE SYMPOSIUM: CONTEXT, ATTENDANCE AND AIMS

2025 is a pivotal moment for global health. More than 120 million people are displaced by conflict and violence, a further 200 million are affected annually by natural disasters, and low- and middle-income countries are most heavily impacted. The burden of diabetes continues to rise, today affecting over half a billion people worldwide. This burgeoning crisis is now coupled with recent global funding cuts, which are forcing organizations to reassess priorities and programming.

The Symposium was held at the Mövenpick Hotel, Geneva, Switzerland, on 16–17 October 2025. It was attended by 129 people engaged in diabetes care during humanitarian crises – 75 in person and a further 54 joining online, drawn from all six WHO regions. Attendance included UN agencies, research organizations, NGOs, philanthropic donors and the private sector, with representation from people with lived experience of diabetes in humanitarian settings.

All five of IADA's Symposia have provided a platform for shared learning, strategic dialogue, and the advancement of collaborative efforts to drive equitable, sustainable solutions in emergency contexts and, this year, the discussions informed IADA's new Strategic Plan for 2026–2030.

The Symposium reflected on how to better align global commitments with operational realities, within the changing funding and policy landscape. To date, diabetes care has been under-prioritized and inconsistently integrated into emergency responses, so this is an opportunity to work to shape and inform the development of the new global health architecture in ways that better reflect global need. This demands pragmatism, partnership and renewed purpose.

The Symposium objectives were to:

- 1) assess achievements and remaining challenges in diabetes care in humanitarian settings since 2023, to help shape IADA's 2026–2030 Strategic Plan;
- 2) identify practical strategies to sustain and strengthen diabetes care in the face of changing global health and humanitarian financing; and
- 3) identify opportunities to align with and build on recent global declarations, ensuring the needs of PLWD in humanitarian settings are addressed, and to set clear research priorities.

The outcomes were expected to include:

- 1) agreed strategic priorities for the 2026–2030 plan;
- 2) actionable strategies for sustaining diabetes care under current and future funding realities;
- 3) a shortlist of priority actions for operationalizing global commitments, including PLWD engagement and targeted research areas.

KEY POINTS:

- The world is facing a **confluence of crises** in which the growing prevalence of diabetes is coinciding with increasing numbers of humanitarian emergencies and a sudden decrease in already overstretched overseas development assistance.
- Health and funding systems need to be reshaped to **better integrate non-communicable diseases (NCDs)**. Bringing NCD prevention, diagnosis and care within primary health care enables a more patient-centered, holistic approach, which has the dual benefit of being more effective for people living with diabetes as well as being a more efficient use of scarce resources.
- Smart, **cross-sectoral partnerships** can streamline delivery of programs, activate economies of scale, align funding cycles and break out of disease-specific silos that have often sidelined people living with NCDs.
- Resource mobilization must continue and accelerate, both from domestic sources and from the international community and private sector. There needs to be improved **transparency in financing**, which will help to ensure that people living with NCDs are appropriately prioritized.

KEY POINTS:

- There is some **cause for optimism**, with significant momentum in global policy on NCDs in humanitarian settings, most recently the UN Political Declaration on NCDs and Mental Health (2025). The ongoing reshaping of systems of international aid is a once-in-a-generation opportunity to reorient the global health architecture towards a more equitable and holistic response to health needs.
- The active involvement of people living with NCDs promotes better outcomes, encourages government engagement and improves contextualization. **Meaningful engagement** is not always easy or comfortable for policymakers, but is essential for the development and implementation of effective action and for accountability.
- For policy commitments to become effective national action, there is a need for **knowledge translation** that builds a shared language, understanding and trust between researchers, policymakers and people living with NCDs.
- It is essential to redouble advocacy efforts, supported by research, to ensure that the needs of people living with NCDs in humanitarian settings are met in advance of the 2030 horizon for the SDGs and are included in the negotiations around the **successors to the SDGs**.

KEY POINTS:

- Diabetes in pregnancy is a **significantly under-researched issue**, despite its global prevalence and potentially serious health implications for both mother and child. Diabetes in all its forms is challenging to manage, as pregnancy involves continual changes in the body and requires ongoing adjustments to care.
- Understanding of diabetes in pregnancy, particularly in humanitarian settings, is **fragmented and incomplete**, and there is a lack of consensus around care, even in high-income settings. The first WHO guidance on diabetes in pregnancy was discussed and has published since the Symposium.
- **Powerful advocacy** was given by a woman living with diabetes in Lebanon, who told her own story of the personally devastating consequences of inadequate care and how she has now established her own NGO to ensure that others can better understand and navigate the risks of diabetes in pregnancy.
- Minimizing the risks requires a **lifecourse approach** (before, during and after pregnancy) and the integration of diabetes prevention, diagnosis and treatment with reproductive health in primary care settings. UNRWA aims to take this holistic approach, working to build the capacity of women themselves to ensure that decisions they make in crises are as informed as possible.

KEY POINTS:

- **Lack of access** to an adequate supply of healthy, fresh food compounds the difficulties that people living with diabetes face in managing their disease, putting them at greater risk of complications, as an ongoing study in Somalia is showing.
- The **specific nutrition needs** of people living with diabetes must be more urgently prioritized in emergency planning frameworks and food programs, in both acute and protracted crises. This requires appropriate data to be gathered and used, before and during a crisis.
- Placing the **person at the centre** of NCD care can enable people living with diabetes to make more informed, pragmatic decisions about how best to manage diabetes during periods of food insecurity.
- Taking a more **coordinated approach** to advocacy and action across the NCD and nutrition sectors would be mutually reinforcing, making the case for a healthier and more varied nutrition response to emergencies – which benefits all, not just to people living with diabetes.

GROUP DISCUSSIONS

1. Workshop:

Engaging people living with diabetes in the humanitarian response

KEY POINTS:

- People living with diabetes in humanitarian settings are technical experts in their own lives. Ensuring that they are meaningfully engaged **before, during and after crises** will not only ensure co-ownership of programs but can also significantly improve health and wellbeing outcomes and the sustainability of initiatives.
- Engagement should never be tokenistic or included only in qualitative research. Instead, programs should be **co-created and co-owned**, from data-gathering to implementation to monitoring/evaluation and dissemination, and with regular feedback and opportunities for iteration.
- Even in the absence of formal community or civil society organizations, there are always communities within humanitarian settings who can be approached for their involvement and knowledge. A **wide range of experience** of all ages should be sought, going beyond the most vocal and already empowered advocates.
- This approach can bring challenges, including pushback against the power shift that true meaningful engagement entails. But these challenges are not insurmountable. There are **multiple modalities** that can be considered to ensure that people living with NCDs are appropriately involved. For example, health workers can be trained to better ask for and respond to the specific needs of individual patients.

2. Research prioritization exercise: Shaping the research agenda for diabetes in humanitarian settings

KEY POINTS:

- Humanitarian settings are undoubtedly challenging settings for research – but although there is a need for pragmatism, there is also scope for ambition, including the use of methodological and analytic **innovation** (e.g. the use of artificial intelligence in analysis).
- Research is needed across the **full spectrum** from emergency preparedness to response and recovery. Mapping existing data sources/systems and supply chains and understanding the patient journey within health systems provide the basis for appropriate responses in an emergency, centering the real needs of people living with diabetes.
- **Lived experience** of individual patients, communities and health workers all bring essential value to research, including indicator development, design of research, and feedback and evaluation. This requires building trust and strong channels of communication between communities, responders, local authorities and researchers.
- Finally, people living in humanitarian settings are interested in the impact of research on their lives. **Feedback loops** are essential and multiple approaches must be used to disseminate and foster collective learning, including communities of practice and use of case studies.

3. Breakout session: Looking back — achievements and unmet needs

KEY POINTS:

- **Mapping** across a wide range of issues is needed: actors that are (or could) be involved in NCDs in humanitarian settings, including from other parts of the health sector; data sources and relevant indicators; supply chains for medicines and diagnostics; and the funding flows that currently exist across the humanitarian-development-peace nexus.
- An important aspect of **preparedness** is building the capacity of health workers, particularly in primary care, including through education on the ground or at university level, and through mentoring or other forms of network. The wellbeing of the health workforce themselves is also an important consideration, especially in crisis settings.
- IADA does not itself deliver programs, but can instead act as an **enabler and coordinator**, providing channels for coordination, and mapping the strengths and clarifying the roles of members.
- Improving **communication** between current and future IADA members and funders would ensure greater shared ownership of programs and catalyze new ideas, with engagement throughout of people with lived experience.



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iada

75 State Street
Suite 100
Boston, MA 02109 USA

Contact: Program Manager, Anna Nakayama
anna.nakayama@iadadiabetes.org

Find us on [LinkedIn](#)

www.iadadiabetes.org