



A Global Target on Diabetic Retinopathy

End of Project Report



In partnership with





Why Diabetic Retinopathy

Diabetic Retinopathy (DR) is one of the leading causes of vision loss worldwide. As the global burden of diabetes grows, so too does the number of people at risk of losing their sight. Diabetes has become a global epidemic. It is one of the fastest-growing health challenges of our time and now stands among the top causes of vision loss globally.

In 1980, an estimated 108 million people were living with diabetes. By 2014, that figure had risen to 422 million. This is 8.5% of the world's adult population, according to the WHO Global Report on Diabetes. This dramatic rise has been fuelled by rapid urbanisation, shifting diets, increasingly sedentary lifestyles and the global obesity crisis. The sharpest increases have been seen in low-and middle-income countries, where health systems are often least prepared to cope with the consequences.

The need for targeted action on DR is therefore urgent. Despite the scale of the problem, DR has historically lacked a dedicated global target. Without such a target, the disease remains under-prioritised, underfunded, and under-addressed within national and international health agendas. A global target matters because it provides the mandate, the accountability, and the momentum needed to drive change - from policy to practice, from global commitments to better patient outcomes.

The Global Target

To drive better patient outcomes, the World Diabetes Foundation (WDF) supported an advocacy project, together with IAPB, to obtain a global target on DR. 3 overarching objectives were identified to deliver the project from May 2022 to April 2025.



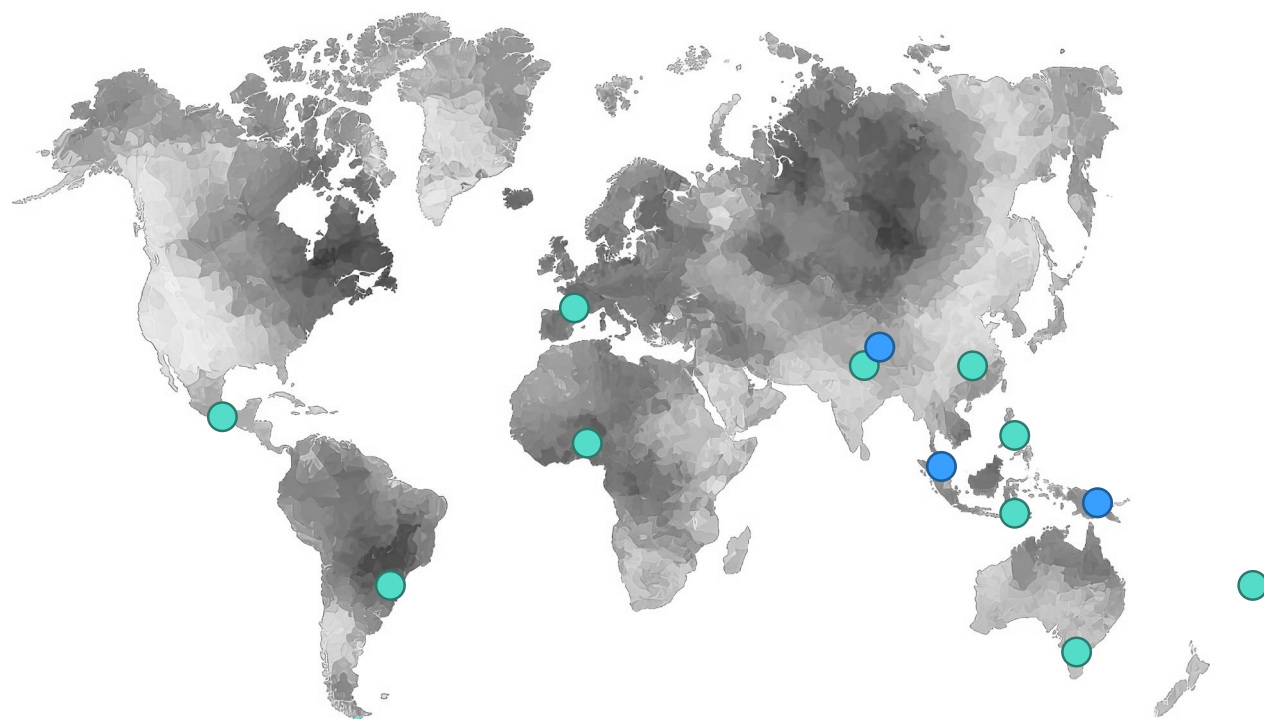
Secure a mandate for a global target on DR

Support WHO in the development of global DR indicators

Mobilise country-level advocacy and implementation efforts

The project period (2022–2025) coincided with a critical moment in global health. As countries advanced their commitments to universal health coverage (UHC) and the non-communicable disease (NCD) agenda, there was a unique opportunity to position DR at the intersection of both.

This report documents that journey: the milestones reached, the lessons learned, and the challenges encountered along the way. It reflects the power of collective action and provides important guidance for the next phase in the global effort to ensure that no one loses their sight unnecessarily because of diabetes.



Series of regional events

- Complications event at IDF Congress in Lisbon, 2022
- Policy launch event at the 2024 APAO in Bali, Indonesia
- 2024 CHOGM alongside the 77th World Health Assembly
- 2025 CHMM side event at the 78th World Health Assembly
- 2025 Sector Engagement Breakfast alongside the 78th World Health Assembly
- Embedded in other regional discussions

Country Champions Identified

- Dr Nor Fariza, Malaysia
- Dr Raba Thapa, Nepal
- Dr Jambi Garap, Papua New Guinea

Executive Summary

In May 2022, IAPB and the WDF entered into an agreement on a project that will develop a global target on diabetic retinopathy with a view to secure a mandate for a global target on diabetic retinopathy that would be adopted by all countries at the World Health Assembly. The project concluded in April 2025.

Through high-level advocacy, regional engagement, policy development and coalition building, the project has made major progress towards its overarching objective – to embed DR within global, regional and national health frameworks as a measurable and actionable priority.

Key achievements included:

- Establishing DR as part of the WHO Southeast Asia Regional Action Plan.
- Securing sustained advocacy momentum in the Western Pacific, Latin America, and Commonwealth platforms.
- Delivering a joint IAPB-IDF Policy Brief translated into multiple languages and used globally as an advocacy tool.
- Identifying and mobilising regional champions who have become strong voices for DR integration.
- Advancing the technical development of two global DR indicators with WHO, building evidence for systematic monitoring of screening and treatment coverage.

While Africa remains a region of unfinished advocacy work, promising opportunities in Ghana and Nigeria set the stage for the continuation of this effort beyond the project's timeline.



Breakthroughs

The journey of this project was about turning an often-overlooked complication of diabetes, diabetic retinopathy (DR), into a global health priority. At the outset, the challenge was: how do we ensure that a complication of a disease, itself already struggling to compete for policy attention, is given a seat at the table of global health discussions.

The strategy we developed with WDF was one of building momentum step by step. First, at the global stage to frame the issue, then at the regional level to mobilise political champions, and finally at the country level to turn commitments into lived realities.

The first breakthrough was in 2022, when DR was included in the agenda of the WHO Western Pacific Regional Meeting. For the first time, Member States and non-state actors were asked to discuss not just diabetes, but its devastating complications on eyesight. This was more than symbolic, it created a platform for continued dialogue, and it positioned DR as an integral part of the conversation on NCDs and health systems strengthening.

Southeast Asia was the first WHO region to include a DR target into its action plan. Four countries - Bangladesh, Nepal, Sri Lanka and Bhutan - immediately began drafting national action plans aligned with this regional framework.

In March 2023, at the South-east Asia High-Level Meeting on Integrated People Centred Eye Care (IPEC) meeting, the region formally adopted a target that includes DR in its 2022-2030 Action Plan:

“Target 3: Ensure that at least 80% of people with diabetes are screened regularly for retinopathy, and 80% of those identified with sight-threatening diabetic retinopathy are treated by 2030.”

The Policy Brief

Parallel advocacy in Latin America showed that, despite different health systems and political contexts, there was a deep recognition of DR’s growing burden. Side meetings with ophthalmology associations and Ministries of Health revealed a strong appetite for action, and although progress was slowed by political cycles in places like Panama, the seed of a Latin America-wide agenda was planted.

By the mid-point of the project, attention had turned to the Commonwealth Heads of Government Meetings and other global platforms. The 2023–2024 period was marked by intensive lobbying in preparation for the Commonwealth Health Ministers Meeting and the 77th World Health Assembly. [By aligning with existing global processes, we created spaces where DR was not an isolated agenda item but part of a broader push for universal health coverage \(UHC\).](#)

The launch of the [IAPB/IDF Diabetic Retinopathy Policy Brief](#) in 2024 was another high point. For the first time, a single document brought together the science, the policy case, the lived experiences and the practical recommendations for addressing DR at scale. Its translation into Spanish, and in September 2025, translation into Mandarin, ensured that it was more than a technical paper; it became a global tool for mobilisation.



Key Lessons Learned

The most significant challenge was the shifting geopolitical landscape. As governments grappled with competing crises, priorities shifted constantly. This was especially visible in Africa, where our ambition to secure a regional champion did not materialise within the project period. Promising conversations with Ghana, Zambia, and Nigeria moved forward but never quite reached the political breakthrough we had hoped for. This remains unfinished business.

Other challenges, though not significant, included differences in timelines with partner organisations, including WHO that occasionally stalled delivery. Plus, at times, the complexity of aligning technical, political and programmatic priorities slowed project delivery amongst partners.

Pairing high-level advocacy with practical local tools works. The policy briefs, advocacy toolkits and exemplar country pilots turned abstract global targets into tangible next steps for policymakers.

Champions matter. The credibility and influence of national leaders accelerated progress in ways no organisational strategy alone could achieve.

Timing is everything. Aligning advocacy pushes with global moments - World Health Assembly, Commonwealth summits, World Diabetes Day - meant that DR was consistently part of conversations that mattered.

Advocacy for DR is not just about eye health. It is about equity, prevention and integrated care. Positioning DR within the wider Non-communicable disease and Universal Healthcare agenda proved far more effective than treating it as a standalone eye condition.

Building on our partnership, maintaining momentum for DR

Though the project formally concluded in April 2025, the journey continues. The achievements to date have created both an obligation and an opportunity to carry the momentum forward.

The immediate priority is to secure African leadership. With Ghana emerging as a potential champion, the upcoming Global Summit for Eye Health (2026) provides the perfect platform to bring African voices into the global conversation. The Global Summit will unite hundreds of leaders to help to tackle one of the biggest and most solvable global health issues.

At the technical level, work is already underway to finalise two global DR indicators - one for screening coverage and one for treatment coverage. Developed in collaboration with WHO, the University of Auckland, and the International Centre for Eye Health, these indicators could transform how DR is monitored globally. If adopted, they would provide governments and advocates with the evidence needed to track progress and hold systems accountable.

Country-level implementation will also be critical. The pilot work in Papua New Guinea, Paraguay, and Ghana offers a model of how global frameworks can be translated into local action.



Scaling this approach, which would be supported by toolkits, policy briefs, and advocacy packs, will be central to embedding DR within health systems worldwide

Finally, advocacy must continue to keep DR visible on the global stage. Upcoming World Health Assembly side events, World Diabetes Day campaign and Commonwealth meetings are all opportunities to reinforce the message: that preventing blindness from diabetes is not only possible, but essential for health equity and Universal Health Coverage.

Most notably, at the United Nations General Assembly in September 2025, Antigua and Barbuda announced that the country will host the first Global Summit for Eye Health in November 2026, a landmark moment for the eye health sector. The Summit will bring together global leaders to make actionable and measurable commitments to advance eye health worldwide. This presents a once-in-a-generation opportunity to platform DR at the highest political level. By working in partnership in the lead-up to and at the Global Summit, there is a clear pathway to secure the political and financial commitments needed to ensure DR is embedded within the global 2030+ agenda, and to sustain momentum through 2026 and beyond.

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Acknowledgment

This project has been a collective effort, made possible by the collaboration of the World Diabetes Foundation (WDF), the IAPB, global and regional health institutes, Member States, clinical champions, and countless advocates who believe in a world where no one loses their sight unnecessarily due to diabetes.

We acknowledge the extraordinary leadership of Dr Cova Bascaran – who drove much of the work at global level, through the WHO Compact group – and our country champions, including Dr Nor Fariza (Malaysia), Dr Raba Thapa (Nepal) and Dr Jambi Garap (Papa New Guinea), whose advocacy has amplified the importance of DR in their regions.

We also extend our thanks to the WHO regional and global teams, the International Diabetes Federation (IDF), Ministries of Health across all regions and local partners who agenda at all levels.

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