

# Santé Diabète

## ANNUAL REPORT 2025



# SUMMARY

## EDITORIAL 1

## WHO ARE WE? 2

## OUR FIELDS OF EXPERTISE 3

## OUR PROGRAMS 5

## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS 8

Strengthening Public Health Policies 8

Strengthening prevention 9

Strengthening the healthcare offer 13

Sharing Santé Diabète's expertise 16

Strengthening Civil Society: patient associations 17

Advocacy 17

Research 18

Global citizenship and international solidarity education 19

## COMMUNICATION AND PUBLICATIONS 20

Communication highlights 20

Scientific communication 21

## ORGANIZATION AND GOVERNANCE 22

## FINANCE 23

## FINANCIAL AND TECHNICAL PARTNERS 24

*Santé Diabète's annual reports are available at: [www.santediabete.org](http://www.santediabete.org)*

*Editorial staff: Nina Tusch / Moïse Nguemini / Stéphane Besançon*

*Photographs: ©Adrien Bitibaly / ©John Kalapo*

*Graphic design and layout: ©Sandra Derichs - Social & graphic*

*© Santé Diabète 2025 - All rights reserved. No part of this report may be reproduced without the prior written permission of Santé Diabète. Requests should be sent by email to [contact@santediabete.org](mailto:contact@santediabete.org).*



## EDITORIAL

David Hacquin, president

Standing firm and defending, tooth and nail, the values of solidarity and humanity in the face of the prevailing ideas and rhetoric of hatred and rejection of others, as well as the warmongering and isolationist attitudes that are flourishing all over the world: this is the guiding principle behind Santé Diabète's work during this very particular year, marked by the rise of nationalism, the decline of democracies, the accelerated dismantling of Official Development Assistance, and the fragmentation of the fragile balance that has governed the world since the post-war era... Humanity is entering a period of great uncertainty, whilst the many contemporary global challenges – whether economic, environmental, societal or health-related – demand collective responses on a global scale.

At Santé Diabète, we firmly believe that, in this context, it is even more essential – indeed, vital – to continue working towards building a world that is fairer, more equitable and more respectful of differences. And this is what we have been doing for over 25 years, in our own modest way, by working to combat inequalities in access to information, care and diabetes treatment in both France and Africa, as well as by strengthening the capacity of governments and healthcare system stakeholders to act in the countries where we operate.

In 2025, Santé Diabète entered the final phase of its flagship program aimed at strengthening the role and position of civil society in prevention, patient support, therapeutic education, and advocacy for health policies and systems that better address chronic diseases, including diabetes, in Mali, Burkina Faso, the Union of the Comoros, and France.



**We firmly believe that it is vital to keep working towards building a world that is fairer, more equitable and more respectful of differences**



We also finalised the project on the prevention and management of diabetes/HIV/tuberculosis co-morbidities in Burkina Faso and the Union of the Comoros, which led to significant progress in addressing these co-morbidities within public health policies, and in strengthening the skills of healthcare professionals and networks of peer patient educators.

Finally, we continued our advocacy, research and education initiatives on citizenship and international solidarity (ECSI) in France.

### **Beyond the impact and results achieved in 2025, we are particularly proud:**

- to have organised [the first patient education workshops](#) dedicated to type 1 diabetes in the Union of the Comoros;
- to have raised awareness and helped [change the general public's perception of the disease](#) through two international photography exhibitions, in Geneva in September and then in Grenoble in November;
- of the success of the "[Humanities in Health](#)" [training courses](#) for peer educators and healthcare professionals, delivered in partnership with the Chaire de Philosophie à l'Hôpital.

**And so much more that you will have the pleasure of discovering as you read through this annual report.**

# WHO ARE WE?



## Santé Diabète



Santé Diabète is a Non-Governmental Organization founded in 2001 to address the lack of access to care for people living with diabetes in Africa and the failure of development stakeholders to recognize this health emergency.



Initially active in Mali, Santé Diabète subsequently expanded its work to Burkina Faso, the Union of the Comoros, and France, with permanent teams in each country.



# OUR FIELDS OF EXPERTISE



## PRIMARY PREVENTION

Urbanisation, changes in dietary habits, lack of physical activity... Overweight and obesity affect more and more people in Africa (15% of women of childbearing age are affected by obesity). Raising awareness among people and promoting healthy behaviours to prevent diabetes risk factors is at the heart of our actions.



## STRENGTHENING OF HEALTHCARE

To guarantee quality care for diabetes and its complications, we work to strengthen the health systems. This includes the training of qualified professionals, and the improvement of infrastructure and access to care, even within remote areas of our countries of intervention.



## HUMANITARIAN RESPONSE FOR DIABETES

Equal access to care is essential, even during periods of crisis. We support vulnerable people, such as the ones who live in the regions of the North of Mali. We also bring continuous aid to children affected with type 1 diabetes within our different countries of intervention, to supply them with free-of-charge insulin which they need, in partnership with the international Life For a Child program.



## RESPONSES TO HEALTH CRISES

During sanitary crises, we work to protect people living with diabetes. During the Covid-19 pandemic, we deployed an ambitious response plan in Mali and Burkina Faso.



## THERAPEUTIC EDUCATION

As diabetes is a chronic disease, it is essential that patients become autonomous in its management. We train healthcare professionals in therapeutic education so that patients can better manage their daily lives with diabetes, while also preventing complications.



## ACCESS TO MEDICATION

The limited availability of treatments as well as their high cost, represent a major challenge in Africa. We collaborate with health authorities so that essential medication can be made accessible to patients.



## STRENGTHENING THE CIVIL SOCIETY

Local associations of patients and healthcare professionals play a key role in the fight against diabetes. We help them structure themselves, strengthen their capacities and become major actors of advocacy and community mobilisation.



## SUPPORT TO PUBLIC HEALTH POLICIES

To include prevention and care for diabetes in a long-lasting way within national policies, we work in partnership with governments in order to strengthen national strategies.



## CITIZENSHIP AND INTERNATIONAL SOLIDARITY EDUCATION

Through the prism of diabetes, we raise awareness among the public in France, regarding health issues in Africa, especially since it's linked to nutritional transition, sedentary lifestyles and obesity. We do so by advocating for a better recognition of this issue in policies of international development.



## DEGREE TRAININGS IN ENDOCRINOLOGY AND DIABETOLOGY

To support the health system, we developed two degree trainings in partnership with the University of Sciences, Techniques and Technologies of Bamako in Mali. Two course programs are open to doctors: one Diplôme d'Etudes Spécialisées (DES) in endocrinology, metabolic diseases and nutrition (4 years) and one Diplôme Universitaire (DU) in diabetology (1 year). These two degrees were first only available on a national scale and they're now regionally open to several partner countries such as Senegal, Benin, Guinea, Burkina Faso.



















## ADVOCACY

We raise awareness among the donors and the ones that are in charge of international funds regarding the urgency of including diabetes in global public health policies. Being a partner of the WHO, we actively contribute to the coordination of efforts regarding non-communicable diseases, with a focus on diabetes.



## RESEARCH

While carrying on with our activities on field activities, we collect key data to improve the care for diabetes within contexts of limited resources. These data feed the research projects carried out with international institutions and enable the development of solutions adapted to local realities.

	 Mali	 Burkina Faso	 Union of the Comoros	 France	 International
 Primary prevention	✓	✓	✓	✓	
 Strengthening healthcare	✓	✓	✓		
 Humanitarian response for diabetes	✓	✓	✓		
 Therapeutic education	✓	✓	✓		
 Access to medication	✓	✓	✓	✓	✓
 Strengthening the civil society	✓	✓	✓		
 Support to public health policies	✓	✓	✓	✓	
 Citizenship and international solidarity education				✓	
 Diploma courses in endocrinology and diabetology	✓	✓	✓		
 Advocacy	✓	✓	✓	✓	✓
 Research	✓	✓	✓		✓

# OUR PROGRAMS

## 2023-2026 Programming



### 1. 2023–2026 program

Santé Diabète’s 2023–2026 program aims to sustainably improve the quality of life and health of populations in Mali, Burkina Faso, and the Union of the Comoros. It is based on strengthening the role of civil society—patient and health-care professional associations—within a multi-stakeholder network mobilized around diabetes, to strengthen prevention, care, and support for people living with the disease.

This program also pursues the goal of promoting the expertise developed in the countries of intervention toward the Global North, notably through Citizenship and International Solidarity Education (ECSI in French) activities and advocacy work led from Santé Diabète’s headquarters. It also contributes to the ongoing strengthening of the NGO’s governance and organization.

The central challenge of the current phase (2023–2026) is to continue strengthening political and strategic frameworks that incorporate the fight against diabetes, train a greater number of specialist and general healthcare professionals, and improve the geographic and financial accessibility of treatment, particularly insulin. At the same time, support for structuring Diabetes Prevention Houses in each country of intervention is helping to intensify prevention of diabetes risk factors, patient care and support, while also fostering the gradual empowerment of civil society.

In Mali, implementation is supported primarily by the World Diabetes Foundation (WDF), the Helmsley Charitable Trust, the Life for a Child program, the ACCISS program, and the NCD Policy Lab.

In Burkina Faso and the Union of the Comoros, the program is supported by the Agence Française de Développement (AFD), the World Diabetes Foundation (WDF), and the Helmsley Charitable Trust Foundation, with additional support from the Life for a Child program and the City of Grenoble. In France, ECSI activities benefit from support from the Agence Française de Développement and the City of Grenoble.

### 2. Diabetes / HIV / tuberculosis comorbidities project (phase 2)

The project for the prevention and management of diabetes/HIV/tuberculosis comorbidities constitutes the second structuring pillar of Santé Diabète’s work. It follows on from an initial innovative project aimed at integrating approaches to managing these diseases in Burkina Faso, Mali, and the Union of the Comoros.

Having entered its final phase, the project closed in Mali on December 31, 2023. It ended in Burkina Faso and the Union of the Comoros on March 31, 2025. It led to significant progress on several levels.

In terms of public policy, the project contributed to the development and strengthening of standards, procedures, and technical documents, better integration of comorbidities into national strategic documents, and stronger capacity among Country Coordination Mechanisms (CCMs), the national coordinating bodies of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

At the operational level, it made it possible to continue strengthening the skills of healthcare professionals through mechanisms combining theoretical training and clinical mentoring, expand community prevention activities led by networks of Peer Educator Patients, and consolidate therapeutic education strategies adapted to comorbidity situations. The project was supported by L’Initiative in Burkina Faso and the Union of the Comoros. In Mali, following the end of French funding in November 2022, and therefore the end of L’Initiative funding, the Global Fund took over until the project closed.

### 3. Preparation of the next programming cycle and final external evaluation

Starting in September 2025, co-construction work for the next three-year programming cycle (July 1, 2026 – June 30, 2029) began between partners from the different countries, Santé Diabète teams, and the NGO’s international partners.

As part of this process, the final external evaluation of the current program began in December 2025 and will end at the end of March 2026.

## The year 2025 in four dates

### MARCH 2025 – Closure of the comorbidities project in Burkina Faso and the Union of the Comoros

In March 2025, Santé Diabète completed implementation of the comorbidities project in Burkina Faso and the Union of the Comoros, marking the culmination of four years of structuring action in support of integrated management of diabetes, HIV, and tuberculosis. This closing phase made it possible to consolidate achievements, transfer tools and skills to national stakeholders, and ensure that comorbidities are sustainably included among public health priorities.

“ This project has significantly improved the identification and support of patients living with multiple conditions, whilst strengthening coordination between healthcare providers and community stakeholders. This key milestone now paves the way for scaling up, thanks to funding from the Global Fund and growing demand for replication across the region. ”

**Moïse Nguemni, Technical Director of Santé Diabète**

Read the review on our website:  
[www.santediabete.org](http://www.santediabete.org)

### SUMMER 2025 – First therapeutic education workshops for type 1 diabetes in the Union of the Comoros



In summer 2025, Santé Diabète reached an important milestone in structuring type 1 diabetes care in the Union of the Comoros with the organization of the first therapeutic education days for patients living with type 1 diabetes in the country. These sessions made it possible, for the first time in the country, to provide structured support aimed at strengthening the knowledge and autonomy of people living with T1D and their families.

“ The therapeutic education days have, for the first time in the Comoros, enabled patients and their families to meet and realize that they were not alone. From these exchanges, a collective dynamic has emerged that goes beyond the scope of healthcare, leading to the creation of a community and an association of young people living with type 1 diabetes. Patient therapeutic education puts people back at the heart of care, and these first days are a concrete illustration of this, by fostering acceptance, sharing and the strengthening of bonds. ”

**Rachmat Attoumane Ben Ali, Santé Diabète Coordinator at the Union of the Comoros**

### JANUARY TO DECEMBER 2025 – Integration of a health humanities day into training for healthcare professionals and peer educators



In 2025, the health humanities training day developed by Santé Diabète, in partnership with the Chaire de Philosophie à l'Hôpital, was fully integrated into the training of peer educators and healthcare professionals in the three countries of intervention. This day provides complementary content aimed at strengthening the person-centered approach and the quality of the care relationship. It equips participants with tools on the ethical, social, and cultural dimensions of diabetes care. Very well received in the field, it fostered a better understanding of the realities experienced by patients and strengthened the support skills of peer educators and healthcare professionals. This success confirms the relevance of sustainably integrating health humanities into the training systems supported by Santé Diabète.

“ From now on, I'll change the way I run my sessions, because in the past my talks were too technical and didn't take the human aspect into account. ”

**A peer educator in Burkina Faso**

“ Improving patient reception and making care and support for patients more person-centered is possible in our facilities despite the long waits for consultations; I have been made aware of my shortcomings. ”

**A diabetes specialist in Mali**

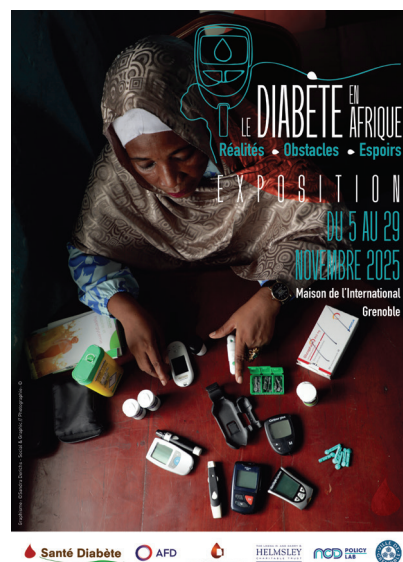
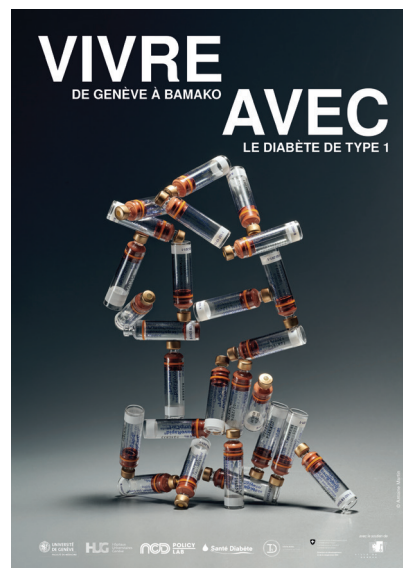
## SEPTEMBER AND NOVEMBER 2025 – Two exhibitions to raise awareness about diabetes, first in Geneva and then in Grenoble

In autumn 2025, Santé Diabète strengthened its public awareness actions through two internationally significant photographic exhibitions. First, from September 1 to 30, the NCD Policy Lab, in partnership with Santé Diabète, the Vivre Avec Un DT1 Foundation, and the University of Geneva, presented the exhibition “Living With” on the Quai Wilson waterfront in Geneva. Through portraits and testimonies of men and women of all ages living with type 1 diabetes in Geneva and Bamako, the exhibition gave strong visibility to the daily reality of those affected and helped change perceptions of the disease.

“ The exhibition aims to raise public awareness of the daily challenges faced by people with type 1 diabetes. It highlights the human aspect of the condition as well as the differences between Geneva and Bamako in terms of access to medicines and technology. ”

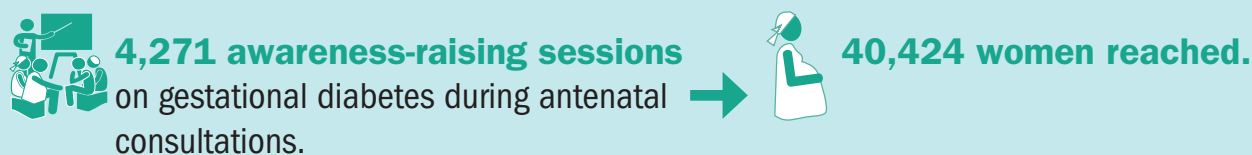
David Beran, NCD Policy Lab

Then, from November 4 to 29, the Maison Internationale de Grenoble hosted the exhibition “Diabetes in Africa: realities, obstacles, hopes.” This exhibition highlighted the persistent challenges of access to care as well as the diabetes prevention and care actions carried out by Santé Diabète in recent years, strengthening the mobilization of local stakeholders around this major public health issue.



## Key figures 2025

In the 3 countries where Santé Diabète operates



# OUR IMPACT IN 2025: ACTIVITIES AND RESULTS



## STRENGTHENING PUBLIC HEALTH POLICIES

Santé Diabète works to sustainably strengthen public health policies, notably by strengthening national strategies to combat non-communicable diseases (NCDs) and diabetes, and by integrating diabetes care into Universal Health Coverage (UHC) systems.

### 1. Inclusion of diabetes in Universal Health Coverage (UHC)

#### A. TRAINING TEAMS ON UHC-RELATED CHALLENGES

Santé Diabète continued strengthening the capacities and knowledge of its teams on UHC-related issues through training delivered by P4H, an expert organization on this subject, in March 2025.

#### B. ADVOCACY FOR THE INTEGRATION OF DIABETES INTO UHC MECHANISMS IN BURKINA FASO

The NGO took an active part in the national committees steering and monitoring free healthcare in Burkina Faso, carrying out sustained advocacy for the integration of diabetes into the extension of free care and into the UHC mechanisms being developed in the country. In this regard, Santé Diabète contributed to defining diabetes care packages covering diagnosis, treatment, emergencies, and management of complications.

#### C. ADVOCACY FOR THE INTEGRATION OF DIABETES INTO UHC MECHANISMS IN THE UNION OF THE COMOROS

The Union of the Comoros chose to develop a universal health coverage mechanism called Generalized Health Insurance (AMG).

In 2025, Santé Diabète continued its technical support for the implementation of Generalized Health Insurance in the Union of the Comoros by supporting work on integrating diabetes into the benefit package.

#### D. ADVOCACY FOR THE INTEGRATION OF DIABETES INTO UHC MECHANISMS IN MALI

In Mali, close monitoring of developments leading to the entry into force of the RAMU law (Universal Health Insurance Scheme) and national financing mechanisms was ensured in order to promote the inclusion of diabetes in the planned systems.



### 2. Support to Ministries of Health for validation of their new NCD policies in Mali and the Union of the Comoros

Santé Diabète supported the Ministries of Health in partner countries in several structuring processes. In Mali and in the Union of the Comoros, the NGO supported the drafting, validation, reproduction, and dissemination of the Integrated National Strategic Plan to Combat NCDs 2025–2029 in Mali and the National Strategic Plan to Combat NCDs 2025–2029 in the Union of the Comoros.



## STRENGTHENING PREVENTION

### 1. Strengthening peer educator networks

Santé Diabète continued strengthening the capacities of peer educator networks in order to improve prevention of diabetes risk factors. Peer educators are volunteers from partner patient associations in the three countries who are trained by the NGO and carry out prevention and awareness-raising actions on diabetes risk factors among the general population, as well as patient support activities. These peer educators had already received initial training at the start of activities. During 2025, they received further training, which also involved managers of Prevention Houses in the capital cities and focal points of Prevention Houses in the regions. These sessions made it possible to update knowledge, harmonize prevention messages, and consolidate the educational skills of community actors while integrating health humanities.

In Mali, 21 peer educators from the regions of Bamako, Kayes, and Sikasso were trained, as well as 2 association focal points and 4 members of the Bamako Prevention House team. In Burkina Faso, the training involved 30 peer educators from Ouagadougou, Manga, Tenkodogo, Koudougou, and Bobo-Dioulasso, as well as 4 association focal points and 2 members of the Ouagadougou Prevention House team. In the Union of the Comoros, 29 peer educators from the three islands benefited from the training alongside 2 association focal points and 2 members of the Moroni Prevention House.

Throughout the year, a regular supervision system was also implemented to ensure the quality of interventions, compliance with facilitation protocols, and consistency of actions carried out across all countries of intervention.

### 2. Diabetes risk factor prevention activities

Peer educators conducted diabetes prevention activities in Diabetes Prevention Houses and outside these structures through mass awareness campaigns and targeted interventions directly with households.

#### A. ACTIVITIES IN THE PREVENTION HOUSES

Activities carried out in the Prevention Houses focused on the following themes: the benefits of physical activity, understanding diabetes and associated risk factors, nutrition, weight and high blood pressure management, and gestational diabetes.



In 2025, 6,161 risk factor prevention activities were carried out by peer educators in the Diabetes Prevention Houses, including:

- 2,718 activities in Prevention Houses in Mali
  - 8,659 people reached
- 1,899 activities in Prevention Houses in Burkina Faso
  - 2,772 people reached
- 1,544 activities in Prevention Houses in the Union of the Comoros
  - 2,967 people reached

To strengthen community awareness of the existence of these Houses, Santé Diabète supported partner associations in opening three new Facebook pages for the Diabetes Prevention Houses. These digital spaces are intended to strengthen the visibility of field actions carried out by the Houses, inform local populations about prevention and diabetes care issues, and create a direct link with communities.

#### B. ACTIVITIES OUTSIDE THE PREVENTION HOUSES

##### a. Community-based diabetes risk factor prevention activities

Community activities consist of leading group discussions with 10 to 20 people on diabetes risk factors and prevention behaviors, using specially developed picture boxes.

Targeted activities consist of identifying individuals or families presenting diabetes risk factors and providing them with individualized prevention sessions. This identification is carried out during screening days or school activities.

Peer educators conducted a total of 11,731 prevention sessions using the picture boxes specifically developed for this activity.



## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS

### STRENGTHENING PREVENTION

They carried out 10,510 community activities and 1,221 targeted family-based activities across the three countries:

- 4,446 community sessions (reaching 33,987 people) and 600 targeted sessions (reaching 482 families) in Mali
- 3,209 community sessions (reaching 32,327 people) and 311 targeted sessions (reaching 296 families) in Burkina Faso
- 2,855 community sessions (reaching 29,245 people) and 310 targeted sessions (reaching 310 families) in the Union of the Comoros



#### *b. Prevention activities in antenatal care consultations*

Peer educators led 4,271 awareness sessions on diabetes during pregnancy, including gestational diabetes, in antenatal care services in the three countries, reaching 40,424 women.

- 1,801 sessions in Mali (reaching 16,226 women and 350 men)
- 1,492 sessions in Burkina Faso (reaching 16,399 women and 103 men)
- 976 sessions in the Union of the Comoros (reaching 7,799 women and 711 men)

During this activity, women at risk of developing gestational diabetes are referred by peer educators to health facilities for screening and medical care.

#### *c. Awareness activities in schools*

Awareness activities were organized in middle and high schools, including training sessions for educational teams followed by sessions with students.

#### **Training of educational teams:**

- In Mali: the training took place at the end of 2024 and reached 56 teachers and members of educational teams
- In Burkina Faso: the training reached 91 teachers and members of educational teams
- In the Union of the Comoros: the training reached 48 teachers and members of educational teams

#### **Awareness sessions:**

4,639 students were reached: 1,459 high school students in Mali through 72 sessions (2 sessions per class, 36 classes in Bamako and in the regions); 2,074 high school students (38 classes) in Burkina Faso through 76 sessions; 1,181 high school students (34 classes) in the Union of the Comoros through 68 sessions

#### *d. Prevention activities on diabetes and diabetes/HIV/tuberculosis comorbidities*

Alongside our diabetes prevention actions, Santé Diabète conducted prevention activities on diabetes, HIV, and tuberculosis (TB) comorbidities:

- In Burkina Faso, prevention activities carried out in 15 facilities reached 1,310 patients, including 1,090 people living with HIV who were made aware of diabetes prevention (88 sessions) and 220 people with diabetes who were made aware of HIV/TB prevention (35 sessions). In addition, 87 referral cards for diabetes screening and 15 for HIV screening were distributed, strengthening cross-screening for diabetes/HIV/TB comorbidities.
- In the Union of the Comoros, 217 HIV and tuberculosis prevention sessions were conducted with 483 patients living with diabetes. In addition, 150 referral cards for HIV screening were distributed.





## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS

### STRENGTHENING PREVENTION

#### C. SCREENING FOR DIABETES, HYPERTENSION, AND THEIR RISK FACTORS



Free screening campaigns for diabetes, hypertension, and their risk factors were organized in public places in the three countries of intervention. These campaigns made it possible to screen 20,378 people in 2025:

- 7,197 people were screened in Mali
- 10,824 people were screened in Burkina Faso
- 2,357 people were screened in the Union of the Comoros

The total number of people screened by country reflects the geographic coverage achieved by Santé Diabète's actions and the ability of the prevention-screening system to reach at-risk populations in the community.

#### D. PREVENTION THROUGH THE MEDIA

##### *a. Media communication by associations*

Prevention was also strengthened through the use of media. Partner patient associations produced thematic programs dedicated to diabetes, its risk factors, and its complications, mobilizing national experts, patients, and healthcare professionals. These interventions helped broaden the dissemination of prevention messages and reach an audience beyond the direct beneficiaries of community activities.

- In Mali: 8 radio programs
- In Burkina Faso: 11 radio programs
- In the Union of the Comoros: 26 television programs, 24 radio programs, 1 report, and 4 trailers

##### *b. Network of journalists engaged in the fight against diabetes*

Since 2021, Santé Diabète has coordinated a network of 75 journalists (25 per country) mobilized to produce media content dedicated to diabetes. In 2025, they produced:

- In Mali: 24 articles and 1 report
- In Burkina Faso: 10 articles and 3 radio programs
- In the Union of the Comoros: 9 TV reports, 1 radio program, and 12 articles

The best journalistic productions were rewarded with prizes.

In addition, the strengthening of the network's capacities continued through a second training aimed at improving the quality and rigor of media coverage of diabetes-related issues. This training is organized around two-hour online workshops every two months, delivered by international journalist Stéphanie Gardier. The first session, held in December 2025, brought together 60 journalists from the three countries. Three additional training sessions are planned for 2026.

#### E. CELEBRATION OF WORLD DIABETES DAY

In all countries of intervention, the celebration of World Diabetes Day (WDD) on November 14 is organized by a coordinating committee bringing together all partners involved in the fight against diabetes in the countries. In each country, before November 14, a press conference was organized prior to the official launch of the day in the presence of authorities. Once the launch took place, open days in Prevention Houses and screening and awareness actions were organized. This was accompanied by extensive media coverage in the written press, radio, and television. This approach aims to strengthen the visibility of diabetes as a public health issue and encourage the adoption of health-promoting behaviors.

- Mali

In Mali, WDD 2025 aimed to strengthen public awareness and increase the use of screening through an audiovisual and proximity communication strategy coordinated by a national organizing committee.

The communication strategy relied on a strong media presence, including four televised trailers, six broadcasts of micro-programs, two radio programs, and verbal communication actions in public gathering places. A press conference was held on November 12, followed by the official launch. Fifteen screening days were organized across the country.

The overall system ensured national visibility for WDD and maintained a screening dynamic over several weeks. The mobilization of the media and the continuity of screening activities helped strengthen population awareness and the institutional anchoring of the Day.



## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS

### STRENGTHENING PREVENTION

- Burkina Faso



In Burkina Faso, the main objective was to ensure broad institutional and media mobilization around WDD in order to strengthen the dissemination of prevention messages and the engagement of national and local stakeholders.

An advertising spot was produced and broadcast four times on national television. The network of journalists trained by Santé Diabète was mobilized alongside many media outlets. The press conference was held on November 12 and the official launch on November 14 in the presence of high-level authorities, including the Minister of Health. The system was complemented by a public conference on the well-being of people living with diabetes, an open day in Ouagadougou on November 11, and the deployment of visual materials (banners, roll-ups, T-shirts, and caps) reinforced by support from the World Health Organization (WHO).

The strong involvement of authorities, media, and partners enabled wide dissemination of WDD messages throughout the country. The diversity of materials and the mobilization of the journalist network significantly increased the visibility of the campaign and participation in awareness activities.

- Comores



In the Union of the Comoros, WDD 2025 aimed to achieve nationwide community mobilization and sustainably strengthen awareness of diabetes through an integrated strategy combining mass communication, community action, and institutional engagement.

With support from WHO and national partners, a major communication system was deployed (banners, posters, T-shirts, caps, official invitations). Audiovisual media, written press, and social media were widely mobilized. Activities included a national press conference, thematic television programs, debate conferences in nine schools across the three islands, community walks honored by the presence of the Minister of Health, an awareness concert, an open day at the Moroni Prevention House, and an official national launch ceremony in the presence of the Minister of Health.

WDD 2025 in the Comoros achieved exceptional visibility, with daily media coverage and strong community participation. The walks gathered several hundred participants, and school-based activities reached more than 200 students. The open day welcomed more than 60 visitors and enabled free screenings to be carried out. The joint commitment of authorities, media, technical partners, and communities consolidated national recognition of the fight against diabetes and positions the Comoros as an example of successful multi-sectoral mobilization.

## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS



### STRENGTHENING THE HEALTHCARE OFFER

Strengthening the healthcare offer relied on a structured training strategy at the three levels of the health system, with the aim of sustainably improving the quality of diabetes and diabetes/HIV and diabetes/tuberculosis comorbidity care in the countries of intervention.

#### 1. Training

##### A. DEGREE-GRANTING TRAINING IN ENDOCRINOLOGY AND DIABETOLOGY

At the tertiary level, the objective was to support the upskilling of medical students. Santé Diabète supports two degree-granting training programs in endocrinology and diabetology: a university diploma (DU) and a specialized studies diploma (DES). In 2025, evaluations for the 2023–2024 DES and DU cohorts were finalized, and the new 2024–2028 cohort was formed with 15 new students from Burkina Faso, Mali, Senegal, Niger, and Guinea.

##### B. EXPANSION OF E-LEARNING IN THE COMOROS

In 2025, our e-learning program, initially deployed in Mali and then in Burkina Faso, expanded to the Union of the Comoros. The sessions cover diabetes and, new in 2025, also comorbidities associated with diabetes, HIV, and tuberculosis.

- In Mali: 15 e-learning sessions were organized, mobilizing on average 15 doctors per session from the country's network of diabetes referral physicians
- In Burkina Faso: 40 e-learning sessions were organized, mobilizing on average 30 healthcare professionals per session
- In the Union of the Comoros: 11 sessions were carried out, with an average participation of 17 healthcare professionals per session from the country's network of diabetes referral physicians.

##### C. SCIENTIFIC DAYS

The organization of scientific days promoted knowledge sharing, dissemination of good practices, and the structuring of a committed professional community. These actions contribute to the sustainable anchoring of local expertise in diabetology and to the continuous improvement of quality of care.

In the Union of the Comoros, a first scientific day was organized on December 9, 2025 by Santé Diabète at the School of Medicine and Public Health (EMSP) on the theme "Prevention, risk factors, and complications of diabetes: focus on pregnancy and diabetic foot." This day brought together around 150 participants, including doctors, nurses, midwives, academics, and researchers from the three islands of the Union of the Comoros.



In Mali, Santé Diabète supported SOMED (Malian Society of Endocrinology and Diabetology) in organizing and delivering its very first international congress, held from December 3 to 5, 2025 in Bamako on the theme "Endocrinology and Diabetology at the heart of other surgical specialties." This first international congress brought together around one hundred Malian and international healthcare professionals.

##### D. TRAINING AND SUPERVISION OF SECOND-LEVEL REFERRAL HEALTHCARE PROFESSIONALS

At the secondary level, following an initial cycle of theoretical training for second-level referral healthcare professionals carried out in 2023 in the Union of the Comoros and in 2025 in Mali, the objective of formative supervision was to strengthen the clinical expertise of these professionals and improve the management of complex cases. Three supervision missions were carried out with 82 healthcare professionals working in 18 second-level referral health facilities in the Union of the Comoros. In Mali, supervision began in 2026.

##### E. TRAINING OF FIRST-LEVEL REFERRAL PARAMEDICAL STAFF IN THE UNION OF THE COMOROS

At the primary level, the objective was to consolidate the skills of first-level referral paramedical professionals in order to improve early diabetes screening, initial management, and patient referral. Training was organized in the Union of the Comoros for 43 paramedical staff, focusing on the fundamentals of diagnosis, diabetes management, and prevention of complications. These actions helped strengthen capacities at the first level of care, improve early identification of patients, and streamline their referral to higher levels when necessary.



## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS

### STRENGTHENING THE HEALTHCARE OFFER

#### F. TRAINING OF PEDIATRICIANS AND DIABETES REFERRAL PHYSICIANS IN TYPE 1 DIABETES CARE IN THE UNION OF THE COMOROS AND MALI

Specific training courses were organized to strengthen type 1 diabetes care. They involved diabetes referral physicians as well as pediatricians in the Union of the Comoros and Mali. In Mali, 14 pediatricians were trained, as well as 17 other doctors and 19 nurses. In the Union of the Comoros, 14 healthcare professionals were trained: 2 general practitioners, 6 nurses, 4 pediatricians, 1 diabetologist physician, and 1 senior supervisor.



#### G. REFRESHER TRAINING ON DIABETES/HIV AND DIABETES/TUBERCULOSIS COMORBIDITIES

Santé Diabète organized final training sessions for 48 tuberculosis referral pairs and 48 HIV referral pairs from health facilities in Burkina Faso, continuing the strengthening initiated in May 2022. In the Union of the Comoros, training for HIV referral pairs brought together 34 participants (15 doctors and 19 nurses).

## 2. Health data

#### A. COMPUTERIZATION OF MEDICAL DATA

Santé Diabète continued computerizing data on patients with type 1 diabetes in Mali and the Union of the Comoros. This process is based notably on the regular submission of clinical data by referral physicians through an application specifically developed for this purpose.

At the same time, reflection was initiated on the computerization of data relating to patients with type 2 diabetes. This phase included testing with several healthcare professionals to analyze similarities and differences compared to the work carried out on data related to type 1 diabetes.

#### B. UPLOAD OF TYPE 1 DIABETES DATA INTO THE INTERNATIONAL SWEET DATABASE

Type 1 diabetes data from Mali have been sent to the international Sweet database for several years. In 2025, we supported the Ministry of Health of the Union of the Comoros so that the country's type 1 diabetes data could enrich this international database. The inclusion of Comorian national data in the international Sweet database was approved in March 2025, and the first data were sent in July 2025.

## 3. Therapeutic patient education (TPE)

The development of therapeutic patient education is a central pillar in strengthening diabetes care, with the main objective of improving the autonomy of people living with diabetes and promoting better adherence to care pathways and disease self-management.

#### A. TYPE 2 DIABETES

For type 2 diabetes, the educational pathway established within the Prevention Houses includes three stages. An initial orientation assessment is carried out by the peer educator during an interview with the patient. It is conducted using an educational file whose purpose is to collect clinical data, make an educational diagnosis, assess knowledge, and ensure personalized follow-up.

Next comes implementation of TPE workshops. These are individual or group sessions on topics appropriate to the needs identified during the assessment phase. The number of sessions varies depending on the patient's needs. Finally, a final stage consists of end-of-pathway evaluation. The peer educator assesses the level of knowledge acquired by the patient and produces a summary of the educational pathway.

- 336 people living with type 2 diabetes benefited from 1,026 TPE sessions in Mali
- 334 patients benefited from 853 TPE sessions in Burkina Faso
- 179 patients benefited from 320 TPE sessions in the Union of the Comoros.

#### B. TYPE 1 DIABETES

Individual TPE sessions dedicated to type 1 diabetes were conducted by peer educator patients in patients' homes:

- 33 patients in Mali benefited from 258 sessions
- 17 patients in Burkina Faso benefited from 49 sessions
- 5 patients in the Union of the Comoros benefited from 20 sessions

In addition, there were collective therapeutic education days led by healthcare professionals:

- 22 days were held in 2025 in Mali, reaching 552 children, adolescents, and young adults, as well as 185 parents
- 2 days were held in Burkina Faso, reaching 67 children and adolescents as well as 10 parents
- 6 days in the Comoros reached 23 adolescents and young adults as well as 23 parents.



## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS

### STRENGTHENING THE HEALTHCARE OFFER

#### 4. Community of practice

Launched in early 2024, DJEKULU is an online exchange and support platform dedicated to young patients living with type 1 diabetes and followed by healthcare professionals in Mali. It enables them to share their daily lives (diet, blood glucose, physical activity) and interact in different thematic chat rooms.

After a pilot phase in 2024, DJEKULU saw a very large number of new registrations in 2025, making this peer-support space increasingly dynamic and encouraging open discussion on sensitive topics such as complications, intimate life, or psychological difficulties. At the end of 2025, the platform had 498 registered users. Thanks to attentive moderation, it continues to structure a caring community where young people inform and support one another.

“ DJEKULU has a significant impact: the platform enhances young people’s knowledge, boosts their confidence and helps them manage their diabetes more effectively on a day-to-day basis. It also fosters a sense of belonging and reduces isolation by reminding everyone that they are not alone in dealing with the condition. ”

Adiaratou Konaté, Community of Practice moderator



# OUR IMPACT IN 2025: ACTIVITIES AND RESULTS



## SHARING SANTÉ DIABÈTE'S EXPERTISE

Sharing Santé Diabète's expertise is part of a broader approach aimed at disseminating skills, strengthening local capacities, and extending the impact of interventions beyond historical areas of action. The objective is to capitalize on acquired experience in order to support other actors and contribute to the sustainable improvement of health systems.

### 1. Partnership with MSF France in the Central African Republic

In 2024, Santé Diabète initiated a strategic partnership with Médecins Sans Frontières (MSF) France to strengthen diabetes care, particularly type 1 diabetes, in humanitarian contexts where MSF intervenes. Faced with growing needs in MSF projects, this collaboration aims to transfer Santé Diabète's expertise in medical training, therapeutic education, and patient-centered approaches. A memorandum of understanding was signed to formalize the cooperation: Santé Diabète provides technical support (adaptation of training and educational tools, team support, and organization of training), while MSF ensures operational implementation and patient follow-up.

A first pilot site was launched in Carnot, in the Central African Republic. After preparatory work adapting tools in 2024, training was organized in March 2025 for 29 healthcare professionals (6 doctors, 17 nurses, and 6 nursing assistants), and therapeutic education workshops strengthened the knowledge of 28 patients. This pilot project, which will be expanded in 2026, constitutes an important step in disseminating Santé Diabète's expertise in support of diabetes care in humanitarian settings.

“Most of the young people living with diabetes had given up their social activities. As they saw it, having diabetes was a death sentence. But after the training, everyone resumed their activities.

Others didn't know how to administer insulin injections; they would travel to the health centers to have their injections in the morning and receive only one dose of insulin a day. The TPE sessions have significantly improved their quality of life.”

**Dr. Togo, a Malian diabetologist responsible for training healthcare workers and running the TPE sessions in Carnot**

### 2. Expertise mission in Cape Verde

In addition to its field programs in Burkina Faso, the Union of the Comoros, and Mali, Santé Diabète also carries out expertise and technical advisory missions to support diabetes prevention and care in other countries. In this context, the organization has notably provided support to the Ministries of Health of Togo, Mauritius, Madagascar, and Djibouti.



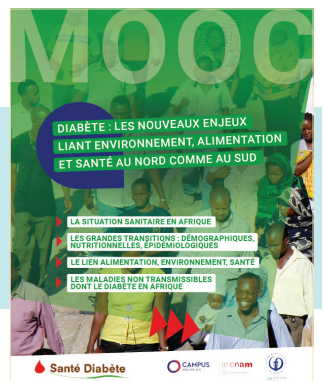
Following a first exploratory mission conducted in August 2024 in Cape Verde, Santé Diabète carried out a second expertise mission in August 2025 to support the Ministry of Health in defining a project aimed at strengthening the fight against diabetes in the country.

### 3. Launch of our MOOC on the new challenges linking environment, nutrition, and health in both the Global North and Global South

The launch of the MOOC “Diabetes: the new challenges linking environment, food, and health in both the Global North and Global South” marked a major step in broadening the dissemination of knowledge about the major transitions currently taking place on the African continent, as well as the challenge posed by non-communicable diseases and especially diabetes. Designed as an accessible and educational training course, it aims to strengthen the skills of students and professionals engaged in a wide range of professions. Initial results show sustained interest, a diversity of participant profiles, and a gradual appropriation of the content by learners. This dynamic confirms the relevance of the tool as a large-scale training lever.

#### THE MOOC IN 3 FIGURES :

- 6 hours of training
- 15 expert speakers
- 500 registrants in 2 months



## OUR IMPACT IN 2025: ACTIVITIES AND RESULTS



### STRENGTHENING CIVIL SOCIETY: PATIENT ASSOCIATIONS

Santé Diabète supports its partner associations in Mali, Burkina Faso, and the Union of the Comoros to carry out prevention and advocacy actions as well as to manage Diabetes Prevention Houses. To continue this support, in 2025 the NGO carried out formative supervision missions aimed at assessing achievements and strengthening the capacities of association members in order to reinforce their structuring and governance. Thus, 7 associations in the Union of the Comoros, 15 in Burkina Faso, and 4 associations belonging to the National Federation of Diabetics in Mali were supported and strengthened through this formative mentoring.

Following the model implemented in Mali several years ago, Santé Diabète launched consultation and networking work among patient associations with a

view to creating a national federation in Burkina Faso and in the Union of the Comoros, in order to strengthen their representativeness and advocacy capacity.



### ADVOCACY

Advocacy is a structuring pillar of Santé Diabète's work, with the objective of sustainably influencing public policies in order to improve prevention, access to care, and care for people living with diabetes, especially in the most vulnerable contexts.

#### 1. Advocacy for an ambitious political declaration ahead of the 4th High-Level Meeting on NCDs and Mental Health at the UN

As part of the work carried out with the Civil Society Working Group (CSWG) of the World Health Organization ahead of the fourth United Nations High-Level Meeting on non-communicable diseases (HLM4), held on September 25, 2025 at United Nations Headquarters in New York, Santé Diabète contributed to the collective positions of civil society. The objective was to advance ambitious recommendations on access to treatment, sustainable financing, and health systems strengthening. This participation helped place the organization's priorities within a structured international dynamic and support common positions before Member States.

#### 2. Advocacy to make Nutri-Score mandatory in France

In France, advocacy was also carried out with Professor Serge Hercberg, Dr. Mathilde Touvier, and the scientific teams working on Nutri-Score in order to finally make it mandatory. The objective was to strengthen nutrition prevention policies and combat the commercial determinants of chronic diseases. In this context, Santé Diabète carried out intense advocacy for the adoption of a bill aimed at making labeling mandatory, while also participating in public mobilizations and disseminating scientifically grounded arguments through interviews and op-eds. Despite the rejection of the bill by members of parliament on December 3, 2025, by a narrow majority, the mobilization undertaken, notably through two online petitions, helped keep the issue in public debate and raise broad public awareness of the public health issues linked to diet. This advocacy work will continue in 2026.

“ We call on governments to show leadership, to take action at national level and to strengthen the momentum for tackling NCDs and mental health conditions, as part of an integrated approach aimed at achieving universal health coverage, including in the run-up to the High-Level Meeting on UHC in 2027. ”

Excerpt from the CSWG's position statement



### 1. New research projects

#### **A. ANALYSIS OF STIGMA AND DISCRIMINATION AFFECTING CHILDREN AND YOUNG ADULTS WITH TYPE 1 DIABETES FOLLOWED IN BAMAKO, MALI**

In 2024, following the qualitative study linked to the Insulin Switch Study, Santé Diabète conducted, in partnership with Malian researchers, a pioneering study on the forms of stigma and discrimination experienced by people with type 1 diabetes in Mali. This research mobilized a large team and combined interviews with healthcare professionals, focus groups, and individual interviews conducted with 54 patients and their relatives in order to collect their perceptions, experiences, and needs, and propose concrete solutions to mitigate certain forms of stigma. This research was finalized at the end of 2025 and the results will be published in 2026.

#### **B. IMPACT AND CHALLENGES OF IMPLEMENTING HEALTH INSURANCE (AMO AND RAMED) FOR PATIENTS WITH DIABETES IN MALI**

In Mali, Mandatory Health Insurance (AMO) and the Medical Assistance Scheme (Ramed) aim to improve access to care, but they cover only a minority of the population, leaving the majority of patients, particularly those in the informal sector, without adequate social protection. This study assesses the impact and challenges of these schemes for people living with diabetes by analyzing their effectiveness, accessibility, and the barriers to their implementation. It seeks to propose levers for improvement for more equitable and efficient coverage, based on reimbursement data, satisfaction surveys, and identification of structural and financial obstacles. The central hypothesis is that AMO, compared with Ramed, offers better access to care and reduces the economic burden on patients with diabetes.

#### **C. EVALUATION OF THE CAPACITY OF A COMMUNITY OF PRACTICE PLATFORM FOR PATIENTS WITH TYPE 1 DIABETES TO MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES IN BAMAKO, MALI**

In a context marked by the increase of type 1 diabetes among children and young people in Mali, as well as persistent challenges in terms of care, access to information, and psychosocial support for patients and their families, Santé Diabète developed in 2024 an online community of practice platform called "Djekulu." This platform aims to allow people living with type 1 diabetes to exchange with peers, share experiences, ask questions, and access useful information for the daily management of their disease. One year after its launch,

a study was initiated to assess the platform's ability to meet the needs of patients and those around them, and to identify the conditions needed to optimize its functioning. To do so, a qualitative study is being conducted in Bamako among patients with type 1 diabetes and their relatives, through questionnaire surveys, individual interviews, and discussion groups. Data analysis will make it possible to better understand platform uses, motivations and barriers to its use, as well as its potential impact on quality of life and daily diabetes management. The study began on September 1, 2025 and will run for six months.

### 2. Ongoing research projects

#### **A. HEIQ STUDY: EVALUATING THE EFFECTIVENESS OF SELF-MANAGEMENT AMONG PEOPLE WITH CHRONIC DISEASES**

The HEIQ (*Health Education Impact Questionnaire*) study is a longitudinal study aimed at measuring the impact of prevention and therapeutic education actions implemented by Santé Diabète in Burkina Faso, Mali, and the Union of the Comoros. It is based on the validated HEIQ questionnaire to assess the effects of interventions led by peer educators among people living with diabetes and at-risk populations.

In 2025, the baseline data collection phase was launched. Recruitment targets were met for community prevention actions and awareness activities in antenatal consultations, while recruitment of patients benefiting from therapeutic education is ongoing. All enrolled participants completed the initial questionnaire and will be contacted again at six months to measure changes in self-management indicators.

#### **B. ACCISS STUDY: MONITORING INSULIN AVAILABILITY AND PRICE – MALI**

The ACCISS study (*Addressing the Challenge and Constraints of Insulin Sources and Supply*) aims to independently document insulin availability and price in order to guide advocacy and improve access to treatment for people living with diabetes. In Mali, in 2025 it covers seven regions and concerns health facilities, pharmacies, and households.

During the year, after data collection from 330 patients (150 with type 1 diabetes and 180 with type 2 diabetes), investigators from partner associations continued consolidating the data. At the same time, institutional steps made it possible to prepare the extension of data collection to selected health facilities and pharmacies.

# OUR IMPACT IN 2025: ACTIVITIES AND RESULTS



## GLOBAL CITIZENSHIP AND INTERNATIONAL SOLIDARITY EDUCATION

In France, Santé Diabète implements actions in global citizenship and international solidarity education (ECSI). These initiatives aim to raise awareness among different audiences about diabetes, its risk factors, and inequalities in access to care, through an approach that links realities in the Global North and Global South.

### 1. Intercultural exchange Grenoble-Ouagadougou

The first activity is based on an awareness program for school audiences, structured around an intercultural exchange between students from schools in Grenoble and Ouagadougou. The objective is to enable primary school pupils to better understand the realities experienced by young people in another social and health context, while developing their critical thinking and openness to the world. In 2025, the activity was restructured to better take into account evolving nutritional standards as well as evaluations of actions carried out in the past. Four schools in Grenoble and four schools in Ouagadougou took part in 12 awareness sessions in the context of the intercultural exchange.



### 2. Raising public awareness about diabetes

Santé Diabète carried out awareness actions for the general public in Grenoble in order to provide information on diabetes, its risk factors, and prevention levers. The objective is to contribute to better knowledge of the disease,

combat misconceptions, and encourage the adoption of health-promoting behaviors. These actions take the form of interventions and events carried out in collaboration with the City of Grenoble and associations from the Isère department, notably the French Diabetics Association of Isère. A photographic exhibition organized at the Maison Internationale de Grenoble complemented this awareness system by highlighting the realities of diabetes in the NGO's countries of intervention.

In 2025, 7 awareness activities were carried out with 3 partner associations active in Grenoble, reaching more than 200 people in total.

### 3. Raising awareness among unaccompanied minors

A new partnership was initiated with Apprentis d'Auteuil, an association involved in hosting and supporting asylum seekers and unaccompanied minors in Grenoble. This collaboration aims to deploy awareness actions on diabetes, diet, and physical activity for unaccompanied minors, with a first intervention planned in May 2026.

“ Following our awareness-raising activities, participants expressed their intention to make changes to their lifestyle habits, with some having already taken up physical activity again. We also observed a greater awareness of the importance of a balanced diet from an early age. ”

Marylise Maraval, ECSI Project Manager in Grenoble

# COMMUNICATION AND PUBLICATIONS



Communication is a strategic lever for strengthening the visibility of Santé Diabète's actions, showcasing partners, and raising awareness among varied audiences about diabetes and non-communicable disease issues. It aims to increase the impact of programs by disseminating key messages to decision-makers, healthcare professionals, the general public, and the communities concerned.

## COMMUNICATION HIGHLIGHTS

Several highlights shaped the year:

### 1. Scientific conference at the Nutrition for Growth 2025 summit



On March 26, 2025, Santé Diabète co-organized, with the World Diabetes Foundation and the French Development Agency (AFD), a major session of the Nutrition for Growth (N4G) summit in Paris. This event highlighted the challenges linked to the double burden of malnutrition and non-communicable diseases (NCDs), while showcasing innovative solutions such as nutrition education in Cameroon and the sugar tax in Mexico. Our participation strengthened our positioning as a key player in transforming food policies and promoting public health.

### 2. Raising awareness among Sciences Po Grenoble students on global health and international solidarity issues

In 2025, Santé Diabète co-organized two conferences at Sciences Po Grenoble to mobilize students around global health challenges. The first, held as part of the Fête de la Science in Isère, explored the role of artificial intelligence in diabetes prevention and management, as well as its impact on the North-South technology divide. The second, integrated into Sciences Po Grenoble's Crisis Week, addressed the issues of lobbying in democracy, using Nutri-Score as a case study.



### 3. Videos

In addition, 3 video productions were created and distributed during the year in order to showcase projects, give voice to beneficiaries and partners, and continue raising public awareness. The published videos are:

- *This or That*, produced by the NCD Policy Lab, featuring Dr. Moïse Nguemni (Technical Director) and Nina Tusch (Communications Officer at Santé Diabète);
- Video on the exhibition "*Diabetes in Africa: realities, obstacles, hopes*"
- Video on Santé Diabète's MOOC "*Diabetes: the new challenges linking environment, food, and health in both the Global North and Global South*"



## SCIENTIFIC COMMUNICATION

### 1. Conferences

Santé Diabète delivered plenary lectures presenting the results of its work at 4 major scientific conferences:

- *Type 1 Diabetes Meeting* February 4-6, 2025, Copenhagen, Denmark
- *7th East Africa Diabetes Study Group Conference*, May 28-31, 2025, Kampala, Uganda
- *International Diabetes Federation Conference* April 7-10, 2025, Bangkok, Thailand
- 5th symposium of the *International Alliance for Diabetes Action*, November 16-17, 2025, Geneva, Switzerland



### 2. Scientific publications

In 2025, Santé Diabète published numerous works in international scientific journals. A few examples were included in this annual report:

#### PUBLICATION IN FRENCH

Besançon S., Beran D. **Why insulin, crucial in the face of diabetes, remains inaccessible to millions of patients.** *The Conversation (French edition)*. September 25, 2025.

[Available online.](#)

“ Without decisive action, inequalities will continue to widen. Insulin is a symbol. It embodies both the promises of modern medicine and the glaring inequalities in access to healthcare. Ensuring its accessibility is not just a matter of public health: it is a matter of social justice and human rights. ”

Excerpt from an article published in *The Conversation*

#### INTERNATIONAL PUBLICATIONS

Mettraux C, Gilmoor A, Ewen M, Besançon S, Giachino M, Laurson-Doube J, et al. **Rethinking and redefining the definitions and how we measure availability and affordability of medicines and technologies for non-communicable diseases.**

*BMJ Global Health*. 2025;10:e019355.

[Read the article](#)

Ewen M, Lepasca M, Abdraimova A, Besançon S, Cham NTP, Dunganova A, et al. **Availability, prices and affordability of self-monitoring blood glucose devices: surveys in six low-income and middle-income countries.**

*BMJ Public Health*. 2025;3:e001128.

[Read the article](#)

Besançon S, Haynes A, Togo AD, Sandy JL, Maniam J, Sidibe AT, Djéneba S, de Beaufort C, Castellsague Perolini M, Gastaldi G, Beran D, Eigenmann C, Ogle GD, et al.

**Marked improvement in HbA1c following introduction of biosimilar insulin to treatment regimen of children and youth with type 1 diabetes in Mali: A randomised controlled trial.** *Diabetic Medicine*.

2025;42:70007.

[Read the article](#)

# ORGANIZATION AND GOVERNANCE

The institutional life of the NGO was marked by the holding of the Santé Diabète General Assembly in June 2025 in Paris, making it possible to ensure strategic steering, follow-up on orientations, and validation of structuring decisions for the organization.

In addition, during 2025, Santé Diabète carried out a “global organizational diagnosis” conducted by the law firm MBA in order to secure achievements and support Santé Diabète in its next structuring phases, particularly in a rapidly changing international context.

Santé Diabète extends special thanks to its staff for their continued commitment and essential work in the fight against diabetes, the results of which are presented in this annual activity report.



## BOARD OF DIRECTORS

### Board Members

David Hacquin, President  
Christophe Perrin, Secretary  
Nathalie Le-Moullec, Assistant Secretary  
David Beran, Treasurer  
Laurent Goetz, Assistant Treasurer

## OTHER MEMBERS OF THE BOARD OF DIRECTORS

Perrine Geniez  
Nathalie Chatillon  
Marie Veillon  
Anne-Laure Coulon  
Christine Waterlot  
Pauline Trébuchet  
Joël Grevost  
Cynthia Fleury  
Pauline Brailly-Vignal  
François Samuel Lahaye  
Grégoire Bailly  
Marion Medves

## SANTÉ DIABÈTE TEAM MANAGEMENT

Stéphane Besançon, General Manager  
Moïse Nguemeni, Technical Director  
Moussa Bagayogo, Administrative and Financial Director

## FRANCE DELEGATION

Nada El Abbassi, Administrative and Financial Manager  
Marylise Maraval, Project Manager for Citizenship and Solidarity Education  
Nina Tusch, Communications Officer  
David Nouet, Strengthening and Monitoring Officer

## UNION OF COMOROS DELEGATION

Rachmat Attoumane, Delegation Coordinator, Project Manager Healthcare Services and Policy Support  
Chamoussoudine Ali, Administrative and Financial Manager  
Mohamed Moindjie, Assistant Administrative and Financial Manager  
Youssef Said, Project Manager Comorbidities  
Gobo Ensumuata Mohamed Ali, Project Manager Prevention and Association Support  
Fainat Ahamada, Assistant Project Manager  
Hadidja Youssef, Housekeeper  
Mohamed Kassim, Driver  
Houdjajji Youssef, Driver

## BURKINA FASO DELEGATION

Djibril Tietiebou, Administrative and Financial Manager  
Souleymane Kindo, Assistant Administrative and Financial Manager  
Patricia Kamouni, Project Manager Healthcare Services and Policy Support  
Josiane Kaboré, Project Manager Prevention and Association Support  
Rachid Kéré, Assistant Project Manager  
Stanislas Lankoandé, Driver  
Abdoulaye Diarra, Driver

## MALI DELEGATION

Moussa Siam, Administrative and Financial Manager  
Sidi Koita, Assistant Administrative and Financial Manager  
Gaoussou Konté, Project Manager Prevention and Association Support  
Nana Camara, Project Manager Prevention and Association Support  
Thierry Fongang, Project Manager Healthcare Services and Policy Support  
Yacouba Demblélé, Assistant Project Manager  
Adiaratou Konaté, Platform Animation Officer  
Ibrahim Nientaou, Distance Training Coordinator  
Mahamadou Traoré, Logistician and Treasurer  
Mahamadou Fofana, Logistics  
Assane Coulibaly, Driver  
Issa Diarra, Driver  
Tiécoura Traoré, Driver  
Yaya Siam, Housekeeper  
Dramane Diarra, Guard  
Karim Coulibaly, Guard  
Ami Coulibaly, Cook  
Yacouba Sogoba, Guard

# FINANCE

## RIGOROUS MANAGEMENT IN THE SERVICE OF IMPACT

### ORIGIN OF RESOURCES 2025

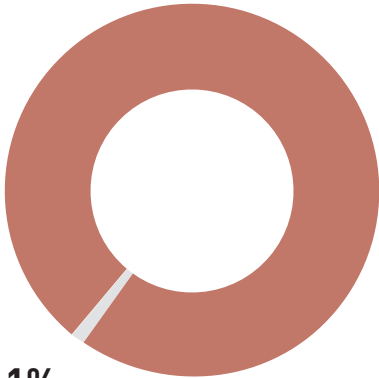
**85%**  
private funds



**15%**  
public funds

### USE OF FUNDS 2025

**99%**  
expenses allocated to activities



**1%**  
operating costs



From a financial standpoint, in 2025 the objectives of transparent and efficient resource management remained major priorities throughout the year for Santé Diabète. This is why we continue to benefit from the confidence of our donors and partners, an essential condition for the continuation of our work.

At Santé Diabète, this requirement was reinforced throughout 2025. Despite limited resources, our NGO succeeded in maximizing its impact.

In 2025:

- **€6,668,893** was mobilized to fight diabetes, mainly in Africa
- **99 % of expenditures** were directly allocated to the NGO's activities, compared with only **1 % for operating costs**
- Funding was composed of **15% public funds**: AFD, Expertise France, City of Grenoble, and **85% private funds**: mainly World Diabetes Foundation, Helmsley Charitable Trust, Life for a Child
- **40 employees** were mobilized within the NGO
- **Three partner associations** were fully engaged in Mali, Burkina Faso, and the Union of the Comoros.

“

The fight against diabetes and its risk factors remains a global challenge, given the limited access to healthcare and insulin – particularly in Africa – as well as limited resources. As such, our mission is to continue to foster widespread support from donors for this disease, to advocate for access to care and treatment, and to provide lasting relief for people living with diabetes.

Our determination remains intact. It is strengthened every day by the tangible results achieved on the ground, and by the thousands of lives we help to save in the countries where Santé Diabète operates. Despite the challenges, we will remain committed on the ground to the fight against diabetes for the sake of patients.

”

**Moussa Bagayogo**

Chief Financial Officer of Santé Diabète

SOURCES OF EXPENSES (€) YEAR 2025		SOURCES OF INCOME (€) YEAR 2025	
Supply procurement	67,609.93	Merchandise sales	
Stock variation (supplies)	47,389.40	Production sold (goods and services)	
Other external expenses	1,434,164.08	Stock production	
Taxes, duties and similar payments	-	Capitalized production	
Staff remuneration	604,264.49	Operating subsidies	2,395,835.42
Social charges	144,401.95	Other income	-
Depreciation charges	51,890.75	Financial income	-
Provisions	13,120.00	Other income	144,893.00
Other expenses	158,101.13	Financial income	52,751.04
Financial charges			
<b>TOTAL (I)</b>	<b>2,426,162.92</b>	<b>TOTAL (I)</b>	<b>2,593,479.47</b>
<b>EXCEPTIONAL EXPENSES (II)</b>	<b>1,771,055.81</b>	<b>EXCEPTIONAL INCOME (II)</b>	<b>1,783,645.46</b>
<b>INCOME TAX (III)</b>	<b>11,999.00</b>		
<b>TOTAL EXPENSES (I+II+III)</b>	<b>4,209,217.73</b>	<b>TOTAL INCOME (I+II)</b>	<b>4,377,124.93</b>
Profit or loss	167,907.19		
<b>TOTAL</b>	<b>4,377,124.93</b>	<b>TOTAL</b>	<b>4,377,124.93</b>
<b>FREE PROVISION OF GOODS</b>	<b>2,291,768.75</b>	<b>VOLUNTEER WORK</b>	
<b>SERVICES</b>		<b>IN-KIND SERVICES</b>	
<b>VOLUNTEER STAFF</b>		<b>DONATIONS IN KIND</b>	<b>2,291,768.75</b>
<b>TOTAL</b>	<b>6,668,893.68</b>	<b>TOTAL</b>	<b>6,668,893.68</b>

**Supply procurement:** corresponds to the needs of the association in terms of products or services necessary for its operation.

**Stock variation:** the difference between opening inventory and closing inventory allows for the sole consideration of consumed purchases and products that were sold during the year.

**Other external expenses:** includes all expenses incurred with providers by the association other than salaries and taxes.

**Taxes, duties and similar payments:** charges corresponding to compulsory payments to the State and local authorities in order to support public expenditure.

**Staff remuneration and social security contributions:** all employee-related costs (wages and wage costs).

**Depreciation charges:** these relate to tangible fixed assets but are only part of the intangible ones. They allow the recognition of the decrease in value of a fixed asset due to its use over time.

**Other expenses:** expenses incurred outside of the association's regular providers.

**Financial expenses:** expenses related to foreign exchange losses and bank account charges

**Income taxes:** costs calculated on the basis of the profits made by the association

**Profit or loss:** if the difference between the association's income and expenses is positive, its net result shows a profit. If the difference between the association's income and expenses is negative, its net result shows a loss.

**Free provision of goods and services:** includes the value of medical equipment and products made available to the beneficiaries of the association.

**Voluntary staff:** covers the fee cost of the experts who work for the organisation.

**Sale of goods:** all the goods sold by the association.

**Production sold (goods and services):** includes the income generated by the association's services.

**Operating subsidies:** grants received by the association.

**Other revenues:** other income received apart from subsidies.

**Financial revenues:** interest received on bank accounts.

**Donations in kind:** includes the value of medical equipment and products made available to the beneficiaries of the association.

# FINANCIAL AND TECHNICAL PARTNERS



# *Innovate together to fight diabetes in Africa*

 **Santé Diabète**

[contact@santediabete.org](mailto:contact@santediabete.org)  
[www.santediabete.org](http://www.santediabete.org)

You can also find us at:



## **Head Office France**

5 rue Federico Garcia Lorca  
38100 Grenoble  
Tel: +33 (0)6 24 51 82 69  
Fax: +33 (0)4 26 00 73 66

## **Country office of Mali**

Hippodrome - Rue 254 porte 69  
BP 2736 - Bamako - Mali  
Tel/Fax: (+223) 20 21 95 66  
Cell: (+223) 77 81 26 70

## **Country office of Burkina Faso**

Quartier Paspanga Secteur 4  
Ouagadougou - Burkina Faso  
Cell: (+226) 70 10 23 55

## **Country office of the Comoros**

BP 8109 Moroni, Grande Comore  
Union des Comores  
Tel: (+269) 773 23 09  
Cell: (+269) 347 68 43