

MEDICAL SUMMARY 1

The Lancet: Global Type 1 Diabetes Scorecard: Commentary

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00057-9/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00057-9/fulltext) Vol 13 April 2025

- The Lancet Commentary highlights an **urgent need for a comprehensive and regularly updated global scorecard for type 1 diabetes management** due to the predicted global rise in diabetes prevalence, related mortality, and inequity, which has led to the WHO's Global Diabetes Compact. This initiative sets evidence-based outcomes more effectively.
- The **purpose** of this scorecard would be to enable countries to **monitor their health-care systems and progress towards global diabetes care targets**, such as **universal access to affordable insulin and glucose monitoring for individuals with type 1 diabetes, and for achieving adequate glycaemic control in at least 80% of people with diabetes by 2030**.
- **Essential components** of the scorecard include that it should be **affordable, user-friendly, and insightful for all stakeholders**, facilitating global monitoring and management of type 1 diabetes. **Sustainable governance and funding are needed to ensure that the indicators remain fit for purpose**.
- The scorecard should aggregate data from **multiple sources**, including:
 - **Advances in electronic health records (EHRs) could streamline data collection**, reducing time and cost burdens, and enable standardised data collection for benchmarking comparisons across treatment centres, informing education and treatment strategies.
 - **Further harmonisation of real-world data collection will increase our understanding of what strategies actually work** to truly assess global progress in the management of type 1 diabetes.
 - **Population-based surveys and administrative data (e.g., hospitalisation rates, supply chain metrics, reimbursement data, and mortality rates) offer valuable insights for public health assessments**, although these indicators do not always identify the specific causes behind the observed changes.
 - **Data generated by people with type 1 diabetes** on disease management, such as **insulin access, self-monitoring data (e.g., continuous glucose monitoring), educational needs, and glycaemic control (e.g., HbA1c concentrations and time in range)**, offer insights into the effectiveness of self-management. Documenting complications and their risk factors also facilitates both early and secondary prevention.
 - **Patient-reported outcomes and quality-of-life metrics can also be collected and will highlight the bidirectional relationship between wellbeing and clinical outcomes**.
- **Quantitative metrics (indicators)** are essential for assessing performance, measuring achievement, and ensuring accountability, as current diabetes outcome indicators at an international (and national) level are still limited and provide insufficient information on the cost-effectiveness of interventions specific to diabetes.
- Solutions must **account for the wide disparities in diabetes care structures globally**, ensuring the inclusion of outcome data from all care contexts, even where high workloads might constrain data collection to minimal datasets in resource-limited settings.

- For **sustainability**, diabetes interventions and the scorecard need support from policymakers and integration into policy planning and budgeting, which will require additional indicators, including **cost and cost-effectiveness data**.
- **Continuous longitudinal data collection** would track changes over time, offering insights for both immediate and future analyses. Continuous data collection and analysis through cycles of planning, implementation, evaluation, and adjustment are vital to evaluate the impact of diabetes policies, treatments, and initiatives on achieving desired outcomes and ultimately advancing global care for type 1 diabetes.
- The scorecard is expected to provide a **regular update for the T1D Index**, which currently provides valuable country-level data from peer-reviewed publications but is limited by infrequent updates.

In sum, the development of a type 1 diabetes scorecard is proposed as a crucial step towards improving global monitoring and management of the condition by aggregating multiple indicators from various sources to provide a comprehensive and regularly updated appraisal of the disease landscape.