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**International
Diabetes
Federation**



Commentary

Response to BMJ's 5 March 2019 article by Ms. Melanie Newman [☆]



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The International Diabetes Federation (IDF) exists to promote diabetes care, prevention and a cure worldwide. IDF has been leading the global diabetes community since 1950, representing the interests of the growing number of people living with diabetes and those most at risk.

The Federation is engaged in action to tackle diabetes, from programmes at community level to worldwide awareness and advocacy initiatives. Our activities aim to influence policy, increase public awareness and encourage health improvement. IDF promotes the exchange of high-quality information about diabetes and provides education for people living with diabetes and for their healthcare providers.

Recently, The BMJ (formally The British Medical Journal) published a feature article by freelance journalist Melanie Newman entitled “*questions over future of global diabetes group as founding members resign*”. The article focussed on structural and operational aspects of IDF. There are a number of matters we should address.

The BMJ article claims IDF has been “*dogged by accusations of cosiness with the pharmaceutical industry*”. We object firmly to any such accusations. The Federation has strong partnerships with the pharmaceutical industry and other partners. Throughout its long history, IDF's partners have helped our organisation deliver activities and projects that have greatly benefited the global diabetes community, from guidelines, educational tools and our Diabetes Atlas, to global awareness and advocacy campaigns that have significantly moved the dial on diabetes.

IDF and its management are fully transparent in their dealings with partners. The Federation enters into contractual arrangements for sponsorship and joint collaboration with partnering organisations. These contracts are reviewed carefully. Support from industry partners is not IDF's only

source of income. The Federation supports its operations on the basis of membership dues, educational events – including our global congress – and other contributions. It is therefore not correct to conclude that ‘raising sufficient funds has been a challenge’. In fact, IDF continues to draw on widespread support from a growing number of members and partners worldwide.

It is true that, over recent years, some of IDF's 230 members have left the Federation. Over the past three years, a total of 6 members have discontinued their membership. But, over the same time, 18 new members have joined. Some departures of previous members, *e.g.* Diabetes UK, have drawn attention to operational challenges which our standard operating procedures and articles of association have yet to address. These include the drawing up of an adequate procedure for determining and responding to issues of conflicts of interest. The Federation is being advised by legal teams on these matters. Further to such legal advice, some IDF Board Members representing potential conflicts of interest were invited to resign. The Board Members, including some individuals named in the BMJ article, continued to sit on the Board, which has affected the good operation of the Board and the allocation of duties and responsibilities within it. The effect has been reaffirmed on multiple occasions by our legal team and some of the effects have been subject to legal proceedings before the Brussels courts. At the end of these proceedings, the individuals' own positions/claims were renounced and the IDF's objections to this behaviour were reconfirmed.

It should also be clarified that IDF Board Members cannot be removed from their position by the President or by the Board. Such action has to be decided by the General Assembly, in other words by IDF's Member Associations.

[☆] Previously published in the BMJ <https://www.bmj.com/content/364/bmj.l995/rr-2>. Reprinted with permission.

Our Governance Committee is currently in the process of reviewing amendments to IDF's articles of association in cooperation with IDF's legal team. Any recommended changes would first be discussed within the Board and, if approved, submitted to the General Assembly as the ultimate decision maker. Contrary to what is suggested in the BMJ article, contemplated amendments do not simply pertain to a mandate for removals. Rather, they are intended to help the Board detect any conflicts of interest and to adequately respond within the framework of due procedure. More in general, the Board is looking closely at a model whereby Board-level positions require a broad base of continued support (rather than nomination through a single member) and other proposals in the interest of operational excellence. Any proposals will be put before our membership for discussion and a decision.

Ms. Newman's article discusses Life for a Child, which has been an IDF programme since its inception in 1999. The Federation has proposed operational and structural changes to address concerns over how to make best use of programme funding and drive efficiencies. Unfortunately, an agreement was not reached. The Board acknowledge the importance of the work that the Australian team is doing and welcome any activity that helps people living with diabetes. IDF continues to pursue its goal of supporting vulnerable people living with diabetes. We will work with our members as well as existing and new donors to take our humanitarian programmes into unserved countries and communities. IDF does not intend to compete with or impede upon the activities of the programme now operating under the auspices of Diabetes NSW.

Whereas it is suggested that IDF's decision to leave the Non-Communicable Diseases Alliance (NCDA) has raised 'controversy', this matter should be put into the correct context. It is true that IDF politely declined renewal of its membership to the NCDA. This was a Board decision and carried broad support. It was based on a view that IDF could play a greater role in fighting diabetes through partnership with, rather than through membership of, the NCDA. IDF has not turned its back on future collaboration.

The BMJ article concerned points to an accidental double payment by one of IDF's partners in 2015 and to 'cosiness with the drug industry'. While the Federation is very committed to transparency and is not interested in covering up details on this or other issues, legal advice recommends the Board not to comment at this time, as it is the subject of an ongoing legal concern. We can at this time, however, reconfirm IDF's devotion to uncovering and adequately responding to any wrong-doing by representatives, if found, and if necessary to do so through the courts.

It is true that our chief executive was asked to step down from her position. This decision was not a personal matter, but was motivated by continued financial difficulties at the time. Restructuring and greater financial prudence was required to protect IDF and focus its funding on achieving results. The IDF Board therefore decided, after much analysis, to terminate the position of CEO.

Drawing on an internal report written by a former staff member, Ms. Newman's article further claims that one of our partners, Novo Nordisk, "was forced to write into a contract that IDF representatives could not claim honorary fees". This makes it seem as though IDF went out of its way to deviate from a sustained practice. In truth, this was nothing more than a matter of standard policy by the concerned pharmaceutical company, whose template contract contained a standard clause to the described effect and was in place to avoid any actual or perceived conflict of interest. This clause was in no way "forced upon" Novo Nordisk.

As a matter of general policy, all officers and staff of IDF are required to sign conflict of interest forms, which include the following clause:

"3.2.6 (Board and staff must disclose) All consultative or advisory relationships with IDF's corporate partners and supporters for which monetary compensation or in-kind benefits such as supported travel, honoraria, or accommodation are received."

Lastly, Ms. Newman claims that our current President has declared the election for the position of VP Finance as illegitimate. In effect, the candidate for this position did not meet the criteria set out in the articles of association. In response to this determination and fully within its prerogatives and responsibilities, the General Assembly agreed to make this position available to other potential candidates.

We regret that some misunderstandings have led to some questions that are being voiced through journalists. In the interest of taking these concerns seriously and to conduct open communication and transparency, IDF hopes to have provided clarification and perspective on the matters discussed in the recent article. The International Diabetes Federation remains, as always, committed to its role as a global advocate for diabetes and to its mission of improving the lives of people with diabetes by promoting diabetes care and prevention. Unity and cooperation throughout the global diabetes community is imperative to successful action on diabetes. We remain deeply devoted to achieving our objectives through continued collaboration with our members, partners and network of experts and volunteers, and we are very appreciative of their continued support and trust.