

# MEPs Mobilising for Diabetes

## Blueprint for Action on Diabetes in the European Union by 2030

Summary Version



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# Introduction

This document is a summary of the ‘Blueprint for Action on Diabetes in the European Union by 2030’ developed by the MEPs Mobilising for Diabetes Interest Group (MMD).

The Blueprint is the cornerstone of the activities of MEPs Mobilising for Diabetes and is also a critical tool for everyone, at national and European level, who is committed to improving the policy response to the growing burden of diabetes in Europe.

The document is written from the perspective of people living with diabetes (PwD) in Europe and contains recommendations of actions to be implemented to improve their quality of life. These recommendations are articulated around three key pillars: risk reduction, integrating care and enabling access. The action plan is supported by three cross-cutting ‘enablers’: engagement of PwD, digital transformation of healthcare and investment in research.

The full version of the document including an Executive Summary, Forewords by the Co-Chairs, the Policy Context and detailed explanations of each one of the Pillars and Enablers can be found at:

<https://www.mepinterestgroupdiabetes.eu/>.



# Understanding Diabetes

## No population group is immune to diabetes.

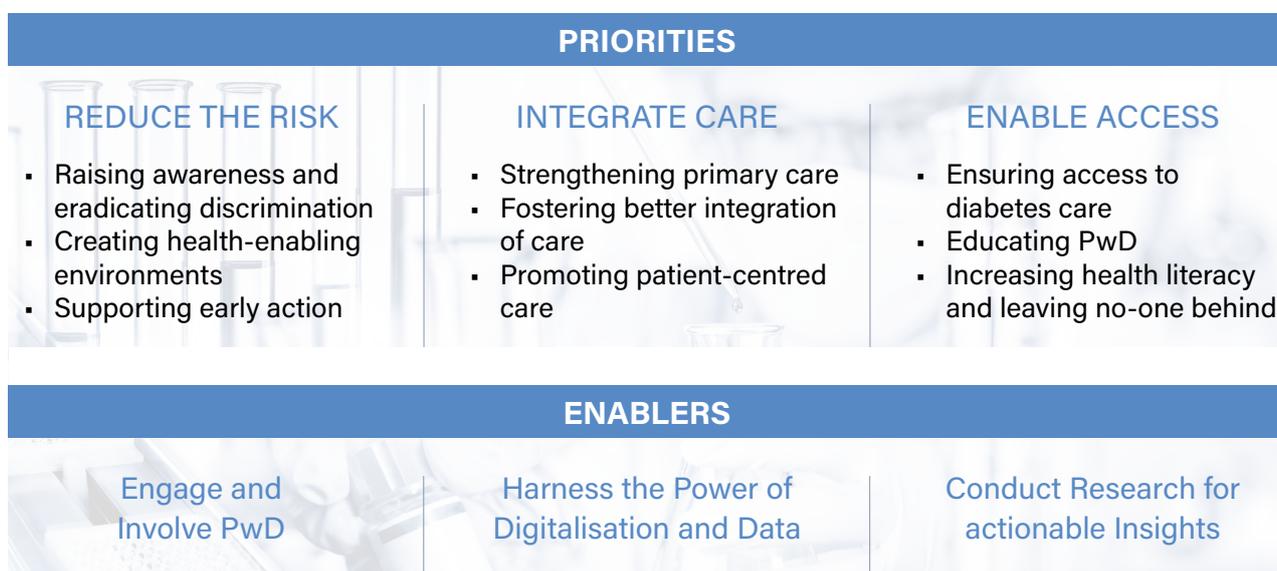
It is a complex condition with a multitude of expressions and causes. It affects all genders, generations, and socio-economic groups in rural and in urban areas across the globe. Factors influencing certain types of diabetes might not affect others. Type 1 diabetes (T1D) is an autoimmune disease (whereby the immune system destroys the body's insulin-producing cells). Type 2 diabetes (T2D) is often wrongly thought of as a self-inflicted condition but is in fact the **result of complex interactions between environmental, lifestyle, clinical and genetic factors.**

**Diabetes affects us all** and represents a major burden for individuals, health systems and society at large. In the EU, one in ten adults live with diabetes. It is estimated that over 38% of

PwD have not been diagnosed and are at high risk of developing harmful and costly complications. **Diabetes causes major suffering and unsustainable health expenditure.**

The good news is that **there is a path to flattening the diabetes curve, reducing costs and inequalities, and improving the quality of life of PwD.**

This Blueprint outlines the priorities that need to be addressed in the next ten years in order to achieve this. The priorities are articulated around three pillars, supported by three enablers, shown below.



MMD is instrumental in elevating diabetes on the EU political agenda, promoting understanding of the multi-faceted nature of the condition and dispelling common misperceptions. Through close collaboration with the

Commission/Council/Member States (MS), MMD seeks to foster policy measures and action around the priorities highlighted above.

# Priorities and Recommendations

## 1. REDUCE THE RISK

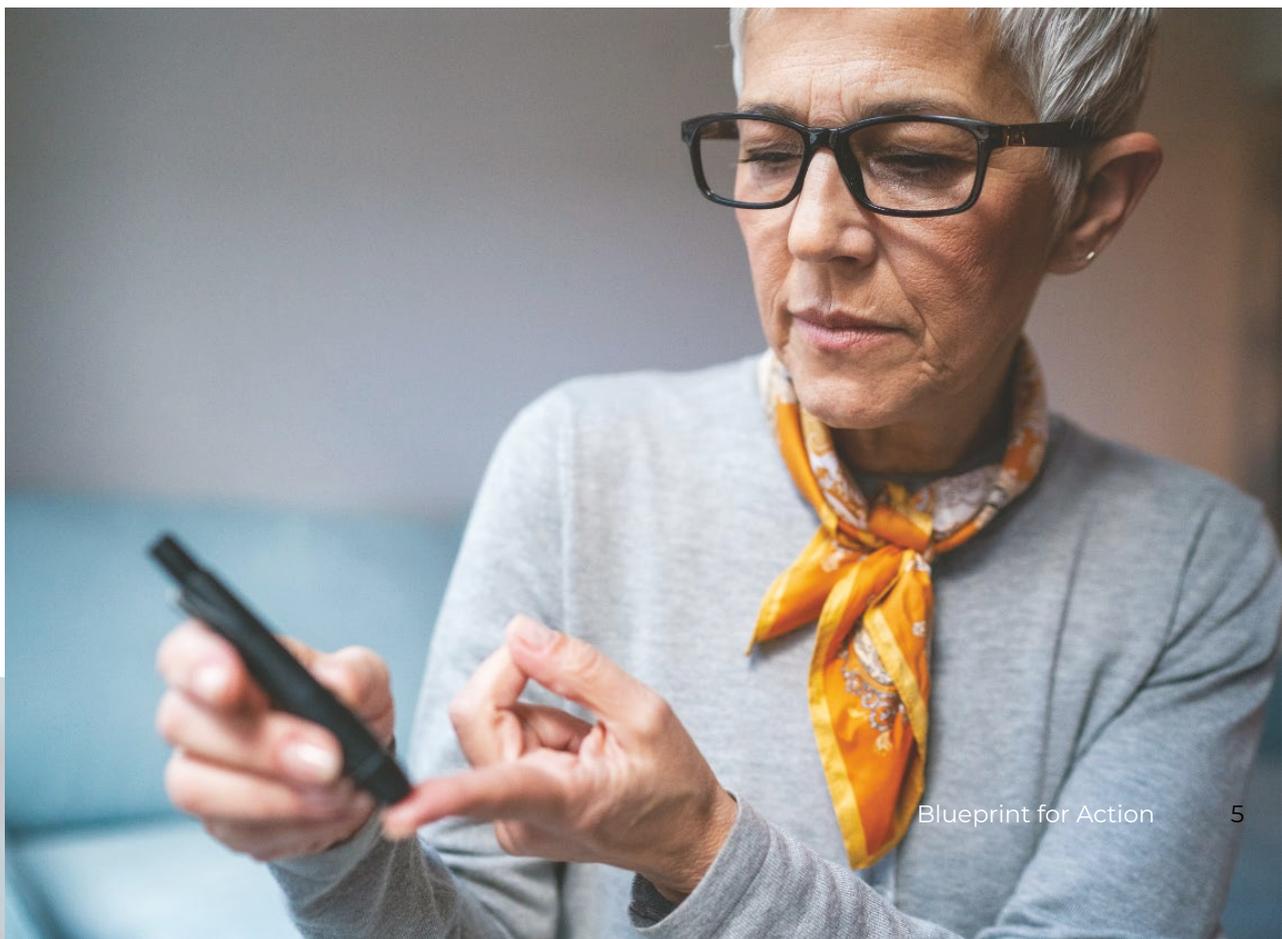
It is time to shift from a culture focused on treatment and management to one focused on risk reduction, quality of life and well-being.

### 1.1 Raising awareness and eradicating discrimination

Awareness is the first pillar of any action designed to lower the risk of people developing diabetes and its complications. The (deafening) silence around diabetes is strongly associated with stigma, which hinders risk reduction campaigns, creates barriers at nearly every step of the way and engenders discrimination beyond the health system – at school, in the workplace, and in many other daily activities.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Support awareness and education campaigns at European and national levels.
- Ensure that all EU actions and documents reflect the most up-to-date evidence and present an accurate picture of diabetes.
- Encourage, under the European Pillar of Social Rights, the review and harmonisation of employment policies across MS to ensure PwD are no longer subject to employment discrimination based on an obsolete system for the assessment of current therapeutic and technological innovations in diabetes management.



## 1.2 Creating enabling environments that address modifiable risk factors and the social, cultural and environmental determinants of health to reduce the risk of developing diabetes and diabetes-related complications

**Although lifestyle alone will never cause diabetes**, policies addressing the condition's modifiable risk factors, such as those promoting active living and access to healthy foods and those encouraging manufacturers to produce healthier offerings, will help reduce the risk or delay the onset of T2D and diabetes-related complications. Ensuring EU citizens are empowered to make, and are economically and physically able to access, healthy choices and to lead an active life is critical.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Ensure the Farm to Fork strategy provides Europeans with access to healthy, affordable and sustainable food, promote a Europe-wide front-of-pack labelling system and encourage the manufacture of healthier foods.
- Support the implementation of regulations and projects that promote active living at national level.
- Foster harmonisation of measures across EU MS further restricting marketing of high fat, sugar and salt foods to children and encourage the use of fiscal measures supporting healthy living.

## 1.3 Supporting early action

In the EU, 38% of PwD are undiagnosed. By the time of diagnosis, many have already developed one or more complications such as cardiovascular diseases, renal diseases and retinopathy. Not only are these complications potentially devastating from a personal viewpoint, but they are also hugely costly to health systems.

Screening people for diabetes and diabetes-related complications will help to ensure that the relevant recommendations are provided to prevent/delay the onset of diabetes and/or its complications and that treatment is provided early.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Support the development and implementation of a National Diabetes Plan in all EU MS, which include a risk reduction and screening component.
- Promote the exchange of best practices across MS and encourage the implementation of incentive programmes at primary care level to support systematic screening.
- Encourage the digitalisation of health services and the adoption of new tools and technologies in MS.

## 2. INTEGRATE CARE

Through its ability to deliver continuity of care in a coordinated way, across multiple providers, integrated care has the potential to make a significant impact on the management of people at risk of developing or living with diabetes.

### 2.1 Strengthening primary care

Primary healthcare professionals are not only responsible for much of T2D management but they are also ideally placed to identify people at risk and help address modifiable behavioural risk factors. Investing in primary care is critical to ensuring PwD lead long and healthy lives. This includes ensuring adequate staffing levels and skills, providing comprehensive education to primary healthcare professionals and developing multidisciplinary consultations.

#### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Support an extensive review and overhaul of national models of care with a focus on investment in primary care to reduce inequalities, and improve the resilience of EU health systems.
- Implement a task shifting approach, supported by the education and training required to develop adequate expertise and competence.
- Support upskilling of primary care professionals across EU MS.



## 2.2 Fostering better integration between different levels of care

Many PwD are at risk of developing or live with other chronic conditions and/or diabetes related complications. For the most part, European healthcare systems are not set up to manage chronic diseases such as diabetes, or are often organised in silos. As such, people often have to find their own way to navigate the healthcare system.

Not only does this hinder effectiveness of care but it also generates higher preventable costs, resulting from delayed interventions and the development of complications for example. **A high quality of life for PwD requires fully functional, integrated care between all care levels.**

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Support national health systems in designing and adopting integrated care models, adapted to their requirements.
- Establish, as part of EU4Health or the strengthened ECDC mandate, a European Integrated Care Outcomes Observatory, which would foster the collection of data supporting best practice in integration of care and specific interventions.
- Encourage research on integrated care models including the development of guidelines and best practices surrounding the management of people living with comorbidities.

## 2.3 Promoting patient-centred, value-based healthcare

Underpinning all improvements in diabetes care is the need for PwD to be placed at the centre of their care. The value of care must also be assessed not only on the value it brings to health systems but also taking into account health outcomes that matter to people.

Increased digitalisation and integrated care are necessary pre-requisites to the expansion of value-based health systems. They will help improve the resilience of health systems, empower PwD and also have the potential to reduce costs/free resources.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Securing the adoption of the Health Technology Assessment Regulation, ensuring that a value-based framework is incorporated in all assessment protocols.
- Fostering the exchange of best practices among EU MS to promote the use of value-based measurements.
- Encouraging the development of a common EU framework to determine a set of outcome measures which matter most to PwD.

### 3. ENABLE ACCESS TO QUALITY CARE

To achieve the best possible health outcomes and enjoy the highest possible quality of life, PwD must be able to access the medicines, supplies, technologies and care they require on an uninterrupted basis.

#### 3.1 Ensuring access to diabetes care (care, medicines, supplies and technologies)

Inequalities in access to care are linked to the accessibility and availability of healthcare professionals, geographical location, education, as well as the accessibility and affordability of medicines and technologies. They are exacerbated by the additional cost of new therapies or innovative technologies. Such new therapies/technologies often become available in some EU countries several years after they first get adopted in other MS or will only be accessible to those of a certain age group, income and/or literacy level, etc.

However, innovation need not be an additional cost. Innovative tools, treatments and technologies have the potential to reduce overall health expenditure, while improving care by reducing waste, lowering the risk of complications and improving health outcomes.

#### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Secure the adoption of the Health Technology Assessment Regulation, ensuring an ambitious scope for assessments of new diabetes medicines, tools, and technologies, including the broader use of real-world evidence.
- As part of the Pharmaceutical Strategy and upcoming pharmaceutical legislation, a series of actions are recommended, including a review of Intellectual Property frameworks for diabetes medicines development, assessment of the options relating to the pricing of medicines across EU countries, and fostering more transparency around procurement practices.
- Support MS in implementing effective financing schemes and best-practice management strategies.

### 3.2 Providing adequate support, structured and peer-to-peer diabetes education throughout the life course

Diabetes is a condition essentially managed by those living with it. Therefore, comprehensive education is required for optimal management. Self-management and peer-to-peer education will ensure better health outcomes, foster behavioural changes, reduce diabetes-related complications and increase the quality of life of PwD.

Diabetes also has a huge impact on mental health and access to adequate psychological support must be integrated as a key component of diabetes care.

#### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Foster best-practice sharing across MS on effectively integrating self-management training and the training of HCPs in supporting PwD within an integrated system of care.
- Support the integration of peer-to-peer support as part of the diabetes education programme within national health systems.

### 3.3 Increasing health literacy and ensuring no-one is left behind

Those lacking health literacy may find it difficult to understand dietary recommendations and educational material, calculate their required insulin intake, or use technology to maximise outcomes. Several factors influence health literacy, not least socio-economic background, and age.

In an increasingly digital world, health and digital literacy become prerequisites to building trust and ensuring equitable access to innovative technologies that may lead to better health outcomes.

#### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Leverage initiatives under the European Pillar of Social rights/ EU4Health programme to support initiatives building health literacy.
- As part of Digital Europe, ensure that digital literacy initiatives have a broad scope encompassing health system components.
- Include a health component as part of the European Digital Education Hub to monitor the skills required to gain full access to digitalised health systems and services.

# Enablers

Achieving success in the implementation of the priorities outlined in this document can only happen through a concerted effort across three areas:

- **Greater involvement and engagement of PwD**
- **Digitalisation of health systems and broader use of data**
- **Research for actionable insights**

## ENGAGE AND INVOLVE PwD

Diabetes requires life-long, relentless self-management, so PwD must become experts in managing their condition. And yet, decisions around their care often take place without their engagement.

PwD are best placed to determine what health outcomes matter most to them and what their unmet needs are. They have also been at the forefront of life-changing innovations and have a key role to play in helping governments fast-track the adoption of new technologies. Raising their voice will ensure that unmet needs are properly considered and all research and development activity is focused on achieving meaningful outcomes.

## HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Promote engagement with PwD during consultation processes, definition and implementation of new work programmes and policies and other initiatives such as Horizon Europe and the EU4Health programme.
- Support the integration of Patient-Reported Outcome Measures/ Patient-Reported Experience Measures as part of clinical trials data and mandate the involvement of PwD in all EU-funded projects.
- Integrate PwD within all EU agencies and as part of the European Health Technology Assessment framework.



## HARNESS THE POWER OF DIGITALISATION AND DATA

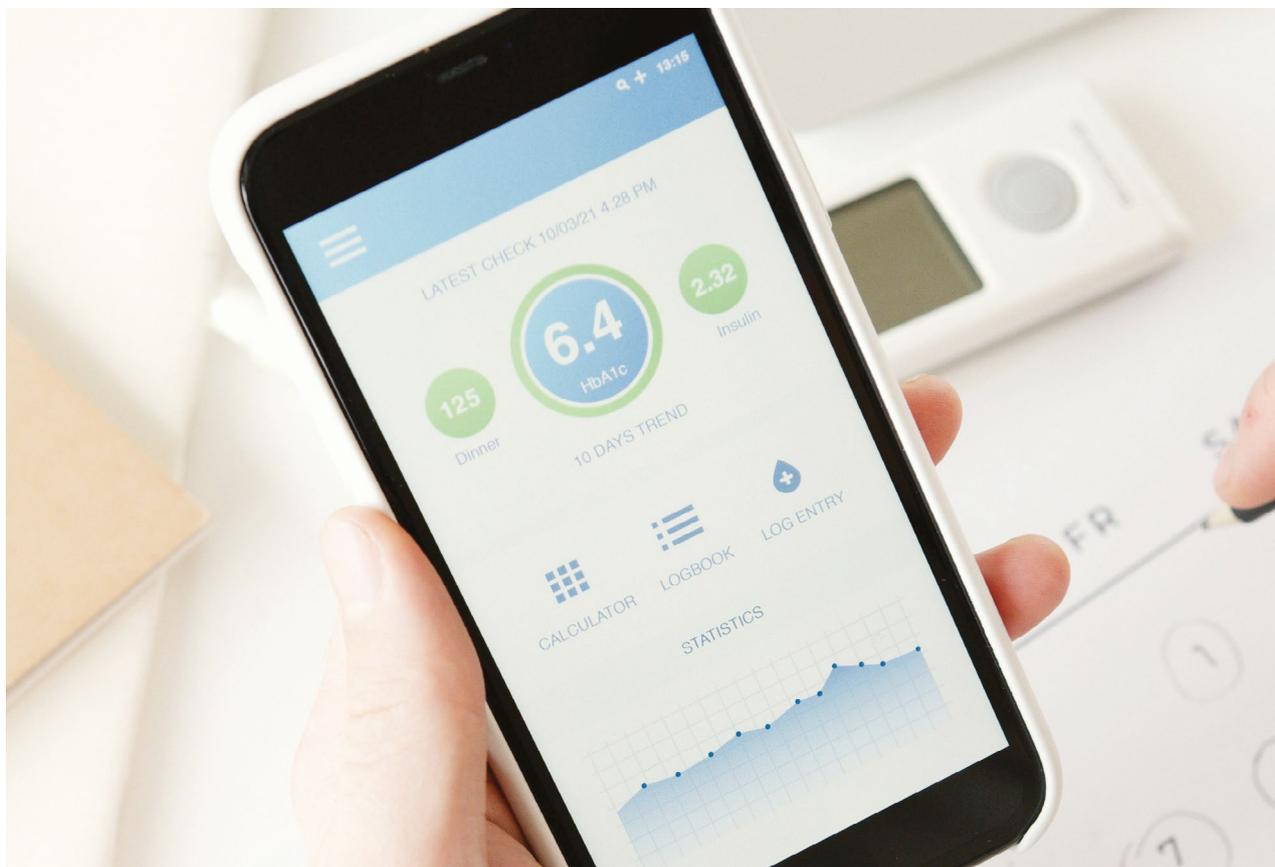
### Promoting an accelerated move towards digitalisation of health services

Diabetes is a condition that makes much use of numbers, calculations and data, and which requires lifelong, 24/7, self-management by the person living with the condition. Technology and digitalisation are natural tools for managing diabetes. It is therefore a natural choice for spearheading the digital health revolution.

Increased digitalisation will not only help improve the quality of life of PwD and reduce the incidence of T2D, but it will also decrease the cost of diabetes-related healthcare expenditure, free up health system resources through lower diabetes incidence and fewer/less severe complications, and broaden access to health through cost savings and the ability to reach previously underserved communities such as people in rural areas.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Support investment into the digitalisation of health services in Europe, guided by Digital Europe's objectives, and supported by the EU4Health programme and EU structural funds.
- Foster the adoption of advanced therapies through improved monitoring and data collection shared across EU countries.
- Set European and national targets for improving outcomes and ensure the data system captures this across the patient care pathways.



## Fostering the adoption of innovative tools and technologies to support PwD

Recent advances in medicines and technologies, such as continuous glucose monitoring systems, new insulin delivery systems and artificial intelligence, have the potential to make a real difference to the quality of life and well-being of PwD and to take away much of the burden of daily diabetes management.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Support the development of an EU-wide Accelerator Programme focused on diabetes and co-morbidities, and ensure the adoption of the EU Health Assessment Technology Regulation.
- Leverage a common EU data framework for faster adoption of new technologies.
- Support allocation of funding to research on the impact of digital technologies on diabetes self-management and behavioural changes.

## Promoting and supporting the development of harmonised Europe-wide data frameworks

The COVID-19 pandemic has also highlighted the lack of standardised data collection and data sharing across MS.

The development of harmonised Europe-wide data frameworks will enable the collection of data and knowledge that can be translated into

policy actions to best influence diabetes risk reduction, management and care programmes across Europe in line with the objectives of a European Health Data Space.

The establishment of national diabetes registries in all European countries and collecting data across the Union around a commonly-agreed set of indicators, including patient-reported outcomes, will allow for faster and more comprehensive analysis of effective interventions in terms of both management and prevention. It will also allow for better resource allocation and facilitate the integration of care and the deployment of innovation.

Both the digitalisation of care and broader data usage offer huge opportunities. They raise, however, a number of questions and challenges that need to be addressed prior to their widespread deployment, such as the risk of widening the digital divide and the potential for ethical and liability issues.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Make diabetes a flagship initiative of the European Health Data Space to demonstrate the feasibility of coordinated diabetes data registries.
- Promote access to data to stimulate diabetes research and encourage the translation of data into policies to improve care.
- Ensure that all issues relating to the increased digitalisation and use of data are addressed.

## CONDUCT RESEARCH INTO ALL TYPES OF DIABETES, from basic science to translational and behavioural research, for actionable insights

COVID-19 has highlighted the vital role health plays in ensuring the European Union's economic sustainability and competitiveness. Research is the cornerstone of future improvements in diabetes prevention and management, and in light of the recent pandemic and the burden of diabetes across Europe, must be strengthened.

### HOW CAN EU POLICY ACTIONS HELP OVERCOME THESE CHALLENGES?

- Ensure Diabetes is included in all key EU-funded research programmes as a stand-alone component as well as in broader research on NCDs and people living with co-morbidities.
- Ensure that all new research into management and prevention is supported by a broad framework on the key factors influencing the implementation of good practices in diabetes care and prevention in Europe.



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The figures quoted in this document are derived from the International Diabetes Federation Diabetes Atlas, 9th edition, 2019. More background and references can be found in the full version of the Blueprint for Action on Diabetes in the European Union by 2030.

# Conclusion

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**More than 30 years ago, the St Vincent meeting brought the urgency of taking action on diabetes to the fore. Through the St Vincent Declaration, it secured the commitment of many European governments.**

**Since then, much has been achieved,** not least through the engagement of PwD, patient and HCP organisations, many other organisations across the diabetes community, and many policy-makers at the national and European level (such as the EU Diabetes Working Group).

**With the right care, a person living with diabetes can now lead a long and healthy life, with full realisation of their personal expectations.** Ground-breaking research is looking into the prevention of T1D, and cell and gene therapies are being considered as alternatives to current treatments. Artificial Intelligence is also revolutionising many aspects of diabetes

management such as blood glucose control and insulin delivery and has shown great promise in diagnosing people earlier and improving diabetes education, support and management.

However, much remains to be done. The 'MEPs Mobilising for Diabetes Blueprint for Action on Diabetes to 2030' is a guide and represents a **renewed commitment to supporting policies and programmes that will help flatten the diabetes curve and reduce costs and inequalities.** It also aims to build resilient health systems that are better equipped to care for people living with chronic diseases, including diabetes.

**The ultimate goal of this blueprint is to improve the lives of PwD in the short term. Longer-term, the focus must be on eradicating the condition altogether.**

## COORDINATING PARTY



## STAKEHOLDER ENDORSEMENT





[www.mepinterestgroupdiabetes.eu](http://www.mepinterestgroupdiabetes.eu)

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Disclaimer: The objectives and actions outlined in this document have been reviewed by the MMD co-Chairs. However, certain actions and perspectives may not necessarily reflect the views of individual Members of the Interest Group or the views of different political parties.