

BLUEPRINT FOR ACTION ON DIABETES IN THE EUROPEAN UNION BY 2030

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INTRODUCTION

Diabetes is a complex and multi-faceted condition that affects all genders, all generations, all socio-economic groups, in rural and urban areas in Europe and around the globe. In Europe, one in eleven adults live with diabetes and no population group is immune to it. In addition to causing major suffering, diabetes also carries a huge economic burden for societies. It accounted for an estimated 9% of total health expenditure in the European Union (EU) in 2019.

How can we place people living with diabetes at the heart of European health policies and ensure a person-centred approach? What can we do to flatten the diabetes curve, improve the lives of people living with diabetes in the EU and reduce health inequalities as well as the societal and financial burden for all?

To answer these and other questions, the MEP Interest Group on Diabetes, [MEPs Mobilising for Diabetes \(MMD\)](#), held a webinar to launch the [Blueprint for Action on Diabetes in the European Union by 2030](#). The Blueprint aims to become a critical tool for everyone who is committed to improving the policy response to the growing burden of diabetes in Europe.

The virtual event gathered a variety of diabetes stakeholders and policymakers from the European Parliament, the European Commission and WHO Europe, all ready to tackle the diabetes challenge in the EU in time to meet the Sustainable Development Goals.

OPENING REMARKS

After a brief introduction, [Bastian Hauck](#), the webinar's moderator, gave the floor to [MEP Christel Schaldemose](#), MMD co-chair. In her opening remarks, MEP Schaldemose briefly explained that one of the main purposes of an interest group on diabetes is to elevate diabetes on the EU political agenda.

MEP Schaldemose outlined that insulin was discovered 100 years ago. While this discovery changed the lives of people with diabetes forever, the time has now come to tackle diabetes through a more holistic approach. It is critical to invest in prevention, foster person-centred and integrated care, and promote equitable access to diabetes care and education.

Addressing stigma and discrimination is also a necessary pre-requisite to improving diabetes prevention and care. Christel Schaldemose also stated that these objectives can be achieved by influencing the policy areas where there are opportunities for change, such as in the European Parliament.

WHAT IS DIABETES IN 2021?

The webinar kicked off with video testimonials from people living with diabetes, sharing their inspiring stories on prevention, access and care. Click on the boxes to watch the videos!

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| <p><u>Peter</u>, who is living with Type 2 diabetes, talked about the importance of receiving early support and advice from healthcare professionals at the time of diagnosis.</p> | <p><u>Christel</u>, who has been living with Type 2 diabetes for 11 years, explained that with the appropriate support and a healthy lifestyle, it is possible to live a happy life with diabetes.</p> | <p><u>Richard</u>, who has been living with Type 2 diabetes since his kidney transplant in 2015, explained the difficulties he has to face in order to maintain adequate blood glucose levels.</p> |
| <p><u>Janelle</u>, who was diagnosed with prediabetes at 14, outlined how appropriate care has helped her not develop Type 2 diabetes since she was diagnosed.</p> | <p><u>Chris</u>, who has been living with Type 1 diabetes since 1994, talked about the importance of peer support and online communities.</p> | |

Commenting on the video testimonials, Dr. Niti Pall, IDF Europe Chair, stressed that IDF Europe aims to represent the voice of people living with diabetes and highlighted the multi-faceted nature of this complex condition. Dr. Pall outlined how important it is to fight the stigma around diabetes, and how beneficial a true collaboration between healthcare professionals is in optimally managing diabetes. Dr. Pall also underlined the all-important role that peer-to-peer support groups and lifelong education and training play in improving health outcomes, quality of life and addressing the psychological burden of diabetes.

Dr. Pall concluded by stating: “We hope that this Blueprint for Action on Diabetes in the European Union by 2030 will help us reach the goal of supporting people with diabetes live happy, healthy lives, but also make sure that there will be no more inequalities across Europe”.

PRIORITY OF THE PORTUGUESE PRESIDENCY (VIDEO MESSAGE)

Dr. Marta Temido, Health Minister of Portugal, outlined, in [a video message](#), the priorities of the Portuguese Presidency of the Council of the European Union in relation to health and diabetes. Dr. Temido stressed that diabetes is a major public health problem in the EU and that it is our duty to unite efforts to respond to it as we have done in the past months in response to the COVID-19 pandemic. This is why “initiatives like the Blueprint for Action on Diabetes in European Union by 2030 are welcome to empower our efforts to tackle diabetes, to elevate diabetes on the political agenda, and to foster policy measures and action through close collaboration with Institutions and Member States”, she said.

Dr. Temido also highlighted the importance of the psychological burden of diabetes and its impact on the mental health of people living with the condition. She pointed out that access to adequate psychological support must be integrated as a key component of diabetes care, research and innovation.

INTERVENTION OF MEP CRISTIAN-SILVIU BUȘOI

[MEP Cristian Silviu Bușoi](#) presented his perspective as the EU4Health rapporteur and Chair of the Committee on Industry, Research and Energy (ITRE). He began by emphasising the “need to increase the level of recognition of non-communicable diseases as a key priority for the European Union”.

The [EU4Health programme](#) will allow health systems across Europe to better deal with current health challenges, including those highlighted in the Blueprint. One of the priorities of the programme is to promote the digitalisation of the healthcare sector and it was MEP Bușoi’s proposal to financially support the development of [electronic European health records](#). The EU4Health programme also aims to create different digital platforms to boost the level of coordination in the management of different conditions (diabetes included) and to fully implement the [European reference network](#), cross border directive, and data sharing.

MEP Buşoi underlined the urgency for healthcare systems to “turn digital” as a growing number of digital programmes and tools have been proven to improve health outcomes and lower the cost of care. Mr Buşoi emphasised that for this to happen, there needs to be synergies across Europe; and for each Member State to ensure that everyone can have access to digital health innovations. This also requires better financing of the health sector from national budgets.

INTRODUCTION TO THE BLUEPRINT FOR ACTION IN THE EUROPEAN UNION TO 2030

Dr. Pall and [Ms. Cajsa Lindberg](#), former President of the Swedish Diabetes Association and Mentor of the IDF Europe’s Youth Group, YOURAH, presented the Blueprint for Action on Diabetes in the European Union by 2030.

Dr. Pall explained that the Blueprint has its roots in the St. Vincent declaration (1989), which unfortunately did not achieve all that was originally anticipated: to secure universal access to standardised care across Europe. The current MEPs Mobilising for Diabetes Interest Group follows on from earlier action from the [EU Diabetes Working Group \(EUDWG\)](#), and IDF Europe is delighted to support the relaunch of the interest group.

Dr. Pall also explained that the Blueprint was drafted with direct input from people living with diabetes and national diabetes associations. It is articulated around three pillars of action: risk reduction, integrated care, and access to diabetes care.

Pillar 1: Risk reduction

Some of the key actions to reduce the risk of developing diabetes are to raise awareness, improve knowledge and tackle stigma. This can happen only in the context of health-enabling environments. Modifiable behavioural risk factors can be lowered when the social determinants of health and the diabetogenic environments are addressed. This means more open spaces, more places for people to walk, clean gyms and more areas in which people can exercise, good food and proper food labelling. Another way of reducing the risk is by acting early screening and addressing the “therapeutic inertia”.

Pillar 2 – Integrated care

Presenting the second pillar, Dr. Pall mentioned that integrated care is difficult to implement because health systems have a life of their own. A key enabler of a more integrated care system is a strong organisation of primary care, allowing for broad data collection. This helps better measure health outcomes, not only with the aim of reducing expenditure, but also to understand what really matters to people living with diabetes. “Primary, secondary, tertiary, and community care need to be better integrated with each other to provide a seamless care experience to people living with diabetes”, said Dr. Pall.

Pillar 3 – Enable access

Introducing the third pillar, Dr. Pall explained that inequalities must be reduced to guarantee adequate access to diabetes care and education for all in Europe. It is also critical to invest in innovation, which should not be seen as a cost now that the digital door to healthcare is finally open. Digitalisation can provide amazing support to people living with diabetes. Peer-to-peer support is fundamental and must include psychological help. The COVID-19 pandemic had a significant impact on people’s mental well-being. Many people are suffering from stress and mental health issues as a result of lockdowns and restrictions, as well as because of the added pressure of having to deal with a chronic disease during a pandemic. In addition, Dr. Pall mentioned the importance of increasing literacy and ensuring that no one is left behind. There are still inequalities in health and digital literacy across Europe, and the Blueprint aims to tackle this challenge by looking at how we can increase digital literacy for our communities.

Cajsa Lindberg took over the presentation, explaining that the three pillars that Dr. Pall just presented are, in turn, supported by three enablers.

The first enabler is the **engagement of people living with diabetes**. Ms Lindberg explained that diabetes is mostly managed by the people living with the condition themselves, with little input from their healthcare professionals. People living with diabetes have to become experts in managing their condition and, therefore, should also be treated as experts.

She pointed out that all too often the decisions surrounding diabetes take place without any true involvement of the people concerned. There has to be meaningful involvement of people living with diabetes, not just in the day-to-day management of their care, but also through participation in research projects and risk reduction programmes as well as in policy-making, as co-designers and as co-decision-makers, because people living with diabetes are best placed to determine what health outcomes matter most to them and what their unmet needs are.

The second enabler is **data and digitalisation**. Ms Lindberg explained that diabetes makes much use of numbers, calculations and data; technology and digitalisation open the door to the deployment of the most advanced and innovative prevention and education initiatives, treatment and care practices. Digitalisation can improve the quality of life of people with diabetes, reduce the incidence of Type 2 diabetes, decrease the cost of healthcare expenditure, free up health system resources and broaden access to healthcare. Ms Lindberg also mentioned the fact that the recent COVID-19 pandemic has highlighted the lack of standardised data collection and data sharing across the EU Member States. This represents a major barrier to the development of more resilient health systems. She cautioned that increased collection of personal data from devices, such as continuous glucose monitors, and the creation of a European Health Data Space have the potential to bring real benefits, but that they also raise a number of challenges, which need to be addressed by all relevant stakeholders. For example, special attention must be given to ensuring the ethical use of the data generated through technological devices.

The third enabler is **conducting research for actionable insights**. As Ms Lindberg stated, research is the cornerstone of future improvements in diabetes prevention and management. In light of the recent pandemic, research has to be strengthened, especially in critical areas which include the prevention of Type 1 diabetes, treatments addressing the destruction of insulin-producing cells or reversing insulin resistance, stigma and its impact on health outcomes, best practices and cost-effectiveness of screening and reduction strategies, follow-up screening for women with gestational diabetes and children, and the evaluation of novel tools and technologies.

QUESTIONS & ANSWERS – PANEL DISCUSSION

A number of stakeholders provided their perspectives on the EU Health Priorities and their alignment with the Blueprint's objectives.

Dr. Chantal Mathieu, Senior Vice President of the European Association for the Study of Diabetes and President of the European Diabetes Forum, said that, as a physician, what she considered a real priority was to harness the power of digitalisation and data; structured and organised diabetes registries are needed in Europe to develop policy recommendations based on research on these registries.

Dr. Jill Farrington, from the World Health Organisation, Regional Office for Europe (WHO Europe), stated that over the past year, WHO Europe has been working on some areas mentioned in the Blueprint. Some recent activities include the release of a Guide on Diabetic Retinopathy Screening, an increased focus on using data to improve quality of life and the development of flagship programmes on digital health and behavioral cultural insights. She believes that there definitely is an opportunity for collaboration and that Europe could help expand the reach to all European countries.

Mr. Tobias Wiesenthal, eHealth, Well-Being and Ageing, DG CONNECT, European Commission, was pleased to see the prominent role of digital tools and data in the Blueprint. This links very well with the Commission's commitment to the digital transformation of healthcare systems across Europe. The European Commission aims to empower citizens to control their own personal data, with the purpose of improving self-care management and strengthening personal responsibility in managing blood glucose levels. However, a very important aspect that needs to be considered is the secondary use of health data; a regulatory framework to enhance and increase trust and to respect data privacy needs to be put in place. The same applies to the use of digital tools: a trusted framework is needed, for example, when using artificial intelligence for diagnosis in order to make it really useful for clinicians and for patients.

According to MEP Marisa Matias, the biggest challenge is the fragmentation of national approaches to health. It is important to understand that there are joint tasks in Europe, and that, without interfering in the national strategies, cooperation can be beneficial at country level as well. "There's a lot of work to do at the European level in terms of cooperation, not only because of the COVID-19 crisis but especially in areas like non-communicable diseases", said MEP Matias. She also highlighted that new EU programmes can be leveraged to promote tangible and concrete actions in countries and to support relevant diabetes initiatives at the EU level. This is an opportunity not to be missed by the diabetes community.

Prof. João Filipe Raposo, Portuguese Diabetes Association (APDP), raised the issue of the term “pandemic” as applied to diabetes and COVID-19. He reminded the audience that the diabetes community has been warning governments for many years that diabetes was becoming the 21st century pandemic, but that this had not been sufficient to mobilise people and policymakers to fight for better healthcare systems. The word “pandemic” worked for COVID-19, with countries and international organisations mobilising to fight it. According to Prof. Raposo, it would be interesting to understand why countries did not perceive the same urgency when talking about diabetes and non-communicable diseases, considering that diabetes represents a real threat to countries’ economic situation and kills thousands of people every year. “Involving the community and patient associations in a common effort would be the key enabler to change”, he affirmed.

As the last panelist to contribute to the discussion, Cajsa Lindberg said how delighted she was to have heard all previous speakers focusing on the meaningful engagement of people living with diabetes, that is also helping to change the narrative around diabetes. In addition to the need for psychological support, increased access and integrated care, she reminded the audience of the importance of diabetes national registries and their impact on treatment outcomes, care, and in facilitating research, but also as powerful tools for data-driven advocacy and policy work.

CLOSING REMARKS

In her closing remarks, MEP Sirpa Pietikäinen, MMD co-chair, reiterated the importance of a patient-centered approach and the urgency of bringing diabetes to the policymakers’ agenda. “This is not a task that any of our Member States or any of these politicians or patient organisations could do by themselves - we need more European Union”, she concluded.

Visit the MEPs MOBILISING FOR DIABETES (MMD) website [here](#).

If you would like to receive more information about MMD, please contact MMD@idf-europe.org.