
Why we urgently need a new European Parliament

DIABETES RESOLUTION

Executive summary



**International
Diabetes Federation
Europe**

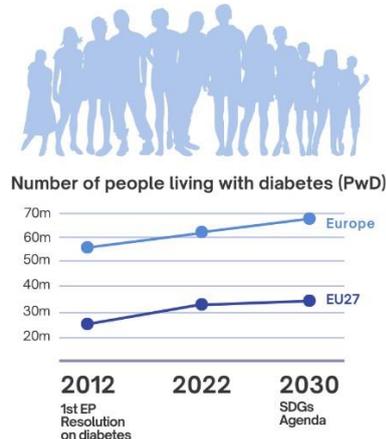


MMD
MEPs Mobilising for Diabetes

On the Centenary of the Discovery of Insulin, 10 years after the first European Parliament [Resolution](#) on diabetes, **let's stop ignoring the 170,000 children and the 32m adults living with the disease in the European Union (EU) and the millions more on their way to developing it. Let's re-design health systems, which build on the effective prevention and management of diabetes and other chronic diseases, to guarantee their own resilience, improve EU citizens' quality of life and reduce inequalities.**

1. Nobody is immune to diabetes

The situation is urgent and getting worse. When the European Parliament adopted its Resolution on Diabetes in March 2012, 27m people were living with diabetes across the EU27. That figure has now increased to 32 million and is due to increase further after the pandemic.



DIABETES:

LIFELONG DISEASE WITH NO CURE

1/3
of PwD are undiagnosed

up to 1/2
of PwD do not achieve optimal blood glucose targets

ROOT CAUSE OF MANY OTHER NCDs

1/3 of PwD develop CVDs

Diabetes/+ hypertension cause **80%** of end-stage renal disease

1/3 of PwD develop diabetic retinopathy

€78 bn of diabetes costs result from diabetes-related complications

MORE MIGHT BE TO COME

COVID-19 increases the risk of developing diabetes

Diabetes during pregnancy may program the unborn child to be more susceptible to diabetes

Nobody is immune. Diabetes affects babies and children, as well as adults across all socio-economic groups and geographies. This chronic disease does not have a cure and often leads to life-altering complications, in turn resulting in poor quality of life and representing a significant burden on health systems.

2. Diabetes care is a marker of the future resilience of national health systems

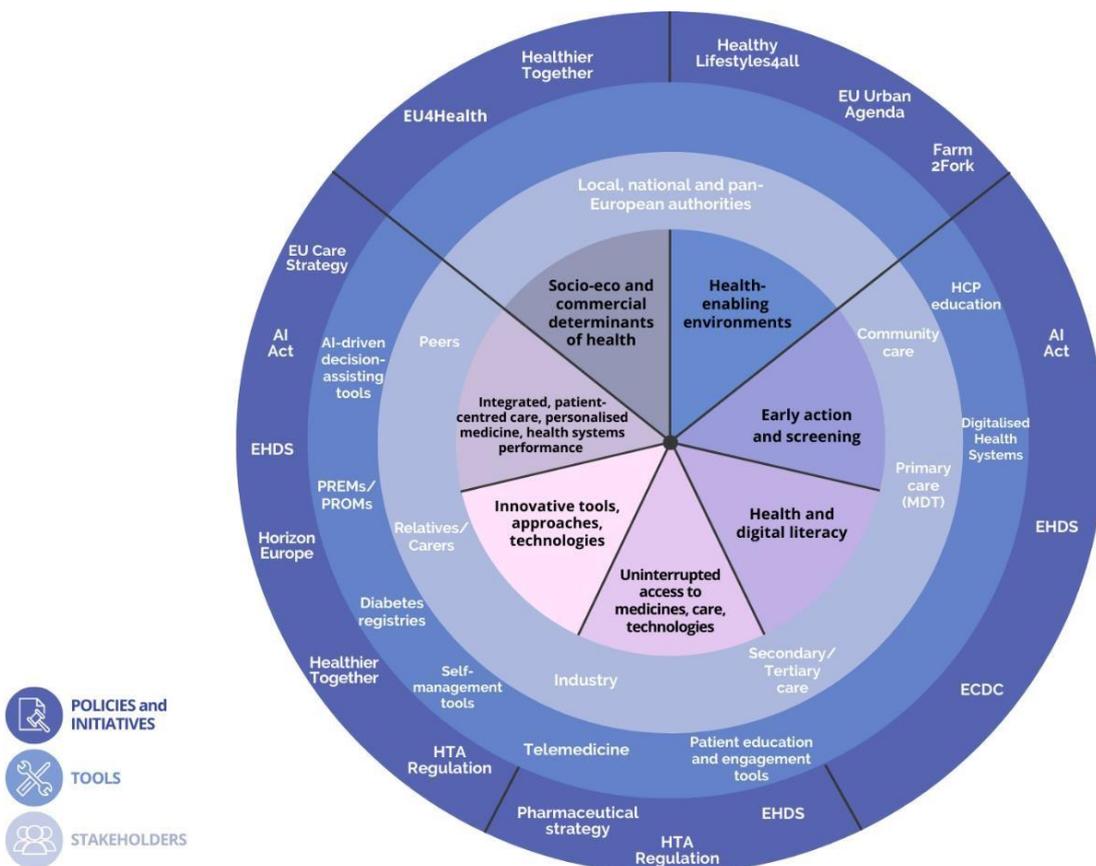
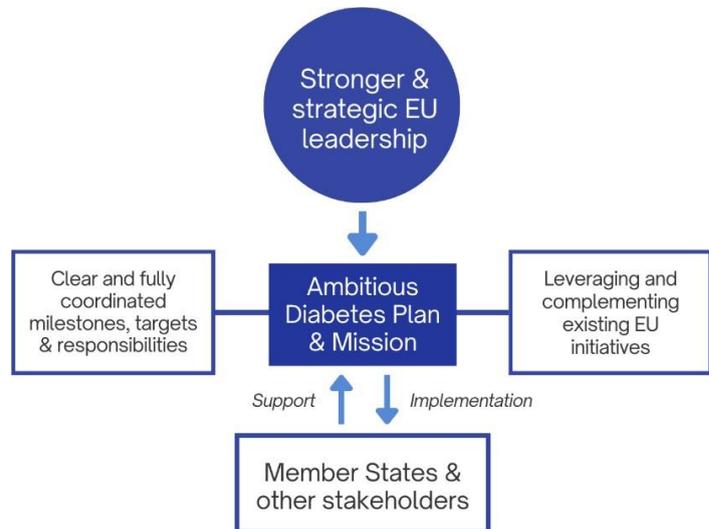
The COVID-19 pandemic has demonstrated the impact of non-communicable diseases (NCDs) on health systems' resilience. To a greater extent than for any other NCD, diabetes prevention, management and care touch on all aspects of a national health system, making it a marker of quality, effectiveness, performance and resilience. Effective prevention and management of diabetes will keep users away from the healthcare system, lower costs, improve resource utilisation and contribute to health systems' digitalisation, thereby shoring up the resilience of national healthcare systems. It will also improve citizens' quality of life and reduce inequalities. It will benefit not just PwD and those at risk of diabetes but also all people living with, or at risk of other NCDs and conditions.



3. EU policy action lacks the required leadership

Policy action is not recognising the scale and urgency of the diabetes crisis. While [Healthier Together](#) is a welcome recognition of the urgent need to tackle diabetes and other NCDs, it represents a missed opportunity for the EU to be an agent of change and drive action towards a European Health Union.

To achieve impact on diabetes, we need stronger, strategic leadership from the EU, with an ambitious Diabetes Plan accompanied by a Diabetes Mission, with clear and fully coordinated milestones, targets and responsibilities, accompanying current initiatives such as the Europe’s Beating Cancer Plan, leveraging the myriad, excellent EU initiatives under way such as the European Health Data Space, and working in close collaboration with Member States and other stakeholders.



The diabetes community is united in its support
of the motion for a new Diabetes Resolution



European
Diabetes Forum

EASD

EFSD

FEND

Foundation of European Nurses in Diabetes



International
Diabetes Federation
Europe



International Society for Pediatric
and Adolescent Diabetes

JDRF

PCDE
primary care diabetes europe

Société
francophone
du
diabète

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