

Why we urgently need a new European Parliament

DIABETES RESOLUTION



**International
Diabetes Federation
Europe**



MMD
MEPs Mobilising for Diabetes

Nobody is immune to diabetes.
Diabetes care is a marker of the future resilience of national health systems.
EU policy action lacks the required leadership.

On the Centenary of the Discovery of Insulin, 10 years after the first European Parliament Motion for [Resolution](#) on diabetes, **let's stop ignoring the 170,000 children and the 32 million 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.**

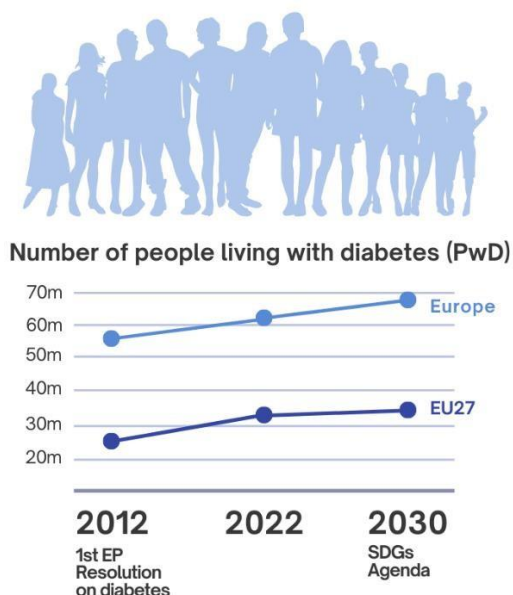
Nobody is immune to diabetes

The situation is urgent and getting worse. Lacking or ineffective research and policy action over many decades has resulted in an ever-increasing number of European citizens from all ages and walks of life living with diabetes and other chronic conditions and developing life-altering complications. Not only does this result in poor quality of life for many of the people living with these conditions but it also jeopardises the health and well-being of future generations.

In 2012, the year of the first European Parliament (EP) Resolution on Diabetes, 56m people lived with diabetes across the Europe region (27m across what is now the EU27). Ten years later, in 2022, this number had risen to 61m (32m in the EU27). By 2030, this is forecast to reach 67m (33m, EU27).

What's more – nobody is immune to diabetes. Diabetes affects babies, children, younger as well as older adults, pregnant women, across all socio-economic groups and geographies.

And these numbers only tell part of the story.



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** **3/4** 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

The COVID-19 pandemic has demonstrated the impact of non-communicable diseases (NCDs) on health systems. The quality of diabetes (and other NCDs) prevention and management is a marker of this future 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.

When diabetes prevention works, it also helps stave off other NCDs

The risk of developing type 2 diabetes, gestational diabetes and diabetes-related complications can be reduced. Many of the actions required to achieve this also help stave off other NCDs. Achieving this necessitates a health-in-all policies approach – creating health-enabling environments, addressing the determinants of health, strengthening community healthcare, improving collaboration and joined-up thinking and promoting early action by healthcare systems including screening. Another pillar in the prevention (and management) effort is the use of population-level data that takes into account both healthcare and non-healthcare data (e.g., socio-economic data) and can be used by healthcare systems to identify people with the greatest need and ensure they receive care and support in a timely manner.



Diabetes management is a test bed for every facet and component of a healthcare system

- **Integrated, people-centred care:** as an often multi-morbid condition with a high psychological burden, which can affect any citizen at any age, across every socio-economic group and geography, and which evolves over time, diabetes management builds on paediatric as well as adult and geriatric care. It requires physical and psychological care. It necessitates the attention and collaboration of healthcare professionals at primary and secondary level, in diabetology as well as in cardiology, nutrition, nephrology, neurology, ophthalmology, and many more. It needs to take into account people's needs and preferences for optimal health outcomes and quality of life.
- **HCP and PwD education and empowerment:** self-management of the disease 24/7 requires appropriate PwD education and empowerment. It needs to be supported by adequately trained healthcare professionals and access to self-management education and tools as well as innovation across the health system.

- **Collaboration, governance, data and IT integration:** another pillar of efficient and resilient systems is the collaboration among all internal and external stakeholders to allow for health systems to be equipped with the necessary tools and frameworks to better evaluate interventions, pathways and treatment options and invest in innovation and those interventions that have proven to be the most effective. Prerequisites to this include access to a broad range of data, including real-world evidence (of which PwD generate a lot), and in-depth analysis of this data, using the latest tools and techniques, such as artificial intelligence.
- **Uninterrupted access to care, medication, tools and technologies:** effective management of diabetes and other NCDs requires access to the necessary medication, interventions, supplies and technologies, across both younger and older population groups. These need to build on policies addressing inequalities in access and policies supporting greater access such as efficient health technology assessment and procurement systems, etc.

Effective prevention and diabetes management shores up resilience

Ultimately, effective prevention and management of diabetes (and many other NCDs) help keep people healthy and away from the healthcare system and identify early those at risk. This results in a reduction in the number of people requiring care for NCDs and an improvement in health outcomes (lower levels of complications leading to hospitalisations, for example). In turn, this boosts the resilience of healthcare systems through lower costs and better use of resources, freeing financial and human resources to improve the quality of care and/or broaden access to a higher number of citizens, across the entire health system.

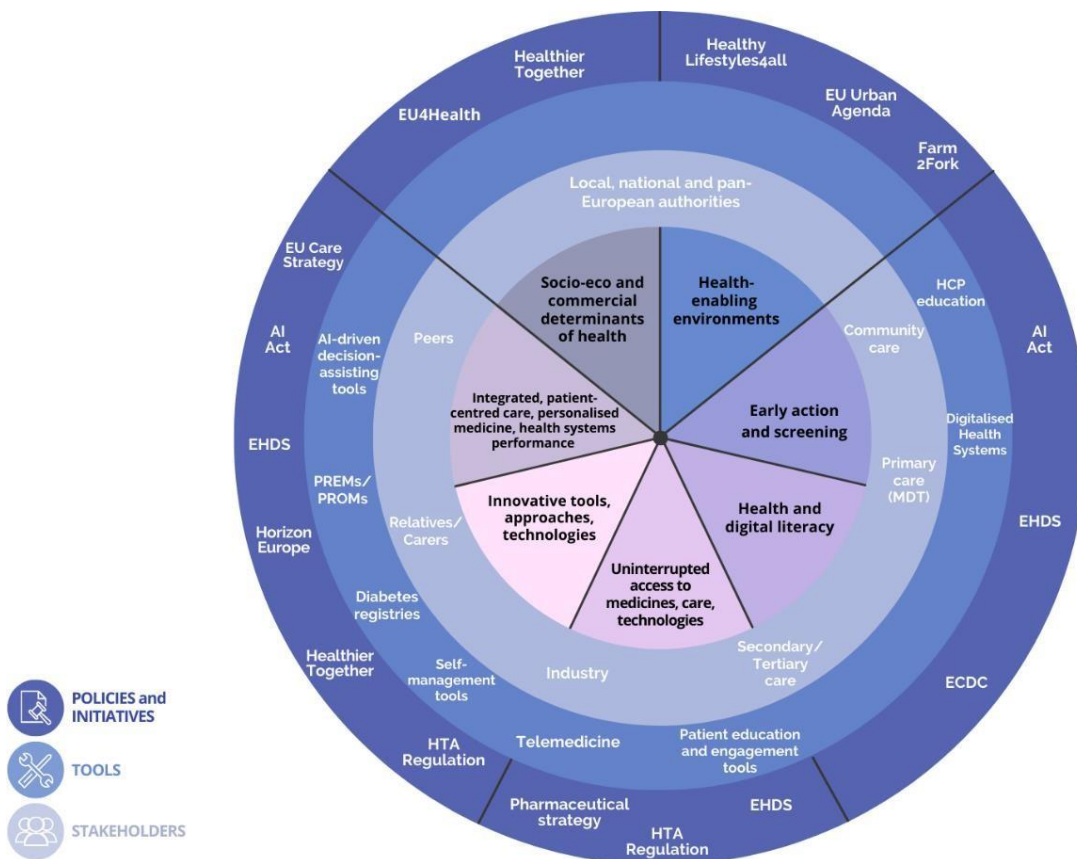
EU policy action lacks the required leadership. Policy action is not recognising the scale and urgency of the crisis

To achieve impact on diabetes across Europe, 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 and leveraging the myriad excellent EU initiatives such as the Europe's Beating Cancer Plan and the European Health Data Space, and working in close collaboration with Member States and other stakeholders

Despite the staggering diabetes numbers, the clear requirements for an improvement in the prevention and management of diabetes and other NCDs that were more than clearly demonstrated during the COVID-19 pandemic, and the obvious case study which diabetes could represent at a pan-European level for improved diabetes and NCD prevention and care generally, there appears to be little urgency placed on diabetes by policy-makers, and whatever urgency there may be, often appears grounded in misconceptions and prejudices.



On June 22, the European Commission (EC) released its report on the EU NCD initiative, [Healthier Together](#). This is a very welcome recognition of the need to tackle diabetes and other NCDs across the EU and was based on extensive consultation with Member States, civil society and other actors, a process designed to raise awareness of diabetes and other NCDs on the political agenda and bring all stakeholders on board for more impact.



In addition to the EC taking a narrow view of the most impactful way of tackling diabetes (lifestyle interventions), **we believe that Healthier Together represents a missed opportunity for the EU to be an agent of change and drive action towards a European Health Union.**

Instead of building a clear implementation roadmap, the initiative limits itself to providing funding and recommending a series of potential areas for action and best practices. This is all the more disappointing that many initiatives (e.g., the European Health Data Space, the Pharmaceutical Regulation, the Artificial Intelligence Act, etc.) have been launched, which brought together, could make a meaningful change to the health and lives of European citizens.

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



European
Diabetes Forum



Foundation of European Nurses in Diabetes



International Society for Pediatric
and Adolescent Diabetes



primary care diabetes europe



Visit our websites:

www.mepinterestgroupdiabetes.eu

For more information, contact:

Alina Chebes

IDF Europe Policy & Advocacy Coordinator

alina.chebes@idf-europe.org

+32 456 14 87 17



**International
Diabetes Federation
Europe**



MMD
MEPs Mobilising for Diabetes