Youth Policy Dialogue on Diabetes

Minutes – IDF Europe

Date: July 2, 2025

Location: European Commission (Berlaymont Building), Brussels

Participants:

- **Commissioner Glenn Micallef**, Intergenerational Fairness, Youth, Education & Sport
- **Commissioner Olivér Várhelyi**, Health and Animal Welfare
- **MEP Peter Agius** (EPP, Malta), member of the MEPs Mobilising for Diabetes Interest Group (MMD Group)
- **Young people living with Type 1 diabetes (T1D) from IDF Europe's YOURAH network**: Coralie Alabert, Joana Amorim, Rebecca Barlow-Noone, Konstantina Boumaki, Thomas Führer, Cameron Keighron, Martina Erika Mallia, Anamarija Runtić and Júlia Szedenik
- Moderator: **Antonio Parenti** (Director DG SANTE B - Public health, Cancer and Health security)

Introduction

Antonio Parenti opened the dialogue by setting the scene and highlighting the objective of the session — to listen directly to young people living with T1D and learn from their experiences. He emphasised that their perspectives are crucial not only as people with lived experience, but also as members of families and communities. Mr Parenti emphasised the importance of intergenerational dialogue in bridging gaps and promoting inclusive and effective policymaking.

How can the EU better serve young people with lived experience?

Commissioner Glenn Micallef – Opening Remarks

Commissioner Micallef started by emphasising that young people living with diabetes (PwD) must feel supported, and that the goal of this Youth Policy Dialogue is to identify ways in which the EU can support them. He highlighted the power of physical activity, describing it as a "cost-free medicine" with proven benefits for both body and mind. Addressing obesity remains central to the EU's strategy for tackling non-communicable diseases (NCDs), and prevention through healthy living is a key focus.

He pointed out the concerning link between diabetes and mental health, noting that PwD are two to three times more likely to experience anxiety and depression than people

without diabetes. The European Commission is assisting Member States in developing effective tools to promote physical activity, including through a forthcoming update to the Council Recommendation. Initiatives like the European Week of Sport demonstrate the EU's commitment to fostering inclusion and active lifestyles.

MEP Agius – Opening Remarks

MEP Agius reflected on his own journey of discovering the challenges faced by PwD – a topic that became personally meaningful to him during his electoral campaign in Malta, where he engaged in conversations with citizens to better understand their needs. He underlined the role of the EU in facilitating cooperation among Member States by sharing best practices in prevention, care and management. He also drew attention to the persistent stigma surrounding diabetes and called for more awareness and empathy, especially through platforms like social media, where individuals can feel empowered to tell their stories and challenge stereotypes. He reaffirmed his commitment to keeping diabetes high within the European Parliament's SANT Committee agenda and expressed gratitude for IDF Europe's advocacy efforts.

Commissioner Olivér Várhelyi – Opening Remarks

Commissioner Varhelyi highlighted that, on the very day of the dialogue, the EU had adopted its new Life Sciences Strategy — a major step forward in boosting health innovation. He announced that diabetes will be a central focus of the forthcoming EU Plan on Cardiovascular Disease (CVD), recognising its role as a major risk factor to CVD.

He drew attention to worrying trends: 25% of young people in the EU are now living with obesity and 40% of those under 40 are affected by either diabetes or obesity, placing them at significant risk of developing complications. With 32 million people living with diabetes in the EU — and Type 2 diabetes (T2D) increasingly prevalent among younger populations — urgent action is needed.

Commissioner Várhelyi described several EU initiatives aiming to drive innovation, improve access to medicines and address systemic gaps. The upcoming Biotech Act is designed to accelerate access to cutting-edge therapies. Other areas of focus include tackling medicine shortages, promoting the use of AI and health data, and empowering people to make healthy lifestyle choices. He concluded by reaffirming the EU's ambition to lead in personalised medicine, leveraging digital tools to deliver predictive, tailored care and improve quality of life for PwD.

Round Table

Cameron Keighron delivered a powerful intervention calling for a more structured and meaningful involvement of young people in shaping health policy. They spoke about their personal experience as a young person diagnosed at the age of 16 and entering adult care — a moment that too often leaves young PwD without the support they need. Cameron noted that current systems are rarely designed with young people in mind. Too often, young PwD feel unheard and unsupported, they spoke about living with diabetes related complications that they feel could have been avoided if their ask for diabetes technology was listened to. Beyond the clinical aspects of diabetes, it is also important to recognise the emotional, social and psychological dimensions of living with a chronic condition. They urged the EU to develop inclusive physical and mental health policies that are shaped *with* young people, not merely *for* them.

Commissioner Várhelyi thanked Cameron for their contribution and reiterated the EU focus on personalised, data-driven therapies. He assured the audience that youth representatives would be consulted in the development of the upcoming CVD Plan, ensuring early engagement in the policy process.

Commissioner Micallef emphasised the purpose of the Dialogue itself: to embed youth participation in EU policy-making. He introduced the "Youth Check by design" approach, whereby all EU policies are assessed on their impact on youth, ensuring their voices are considered across all sectors.

MEP Agius pointed to two legislative files currently under discussion — the Critical Medicines Act (CMA) and the General Pharmaceutical Legislation (GPL) — which aim to improve access to medicines across the EU. He highlighted the specific challenges faced by small countries like Malta, where price disparities remain a key barrier.

Rebecca Barlow-Noone called for a systemic shift towards person-centred and coordinated care. She stressed that fragmented systems are ill-prepared to deal with the complex realities of people living with chronic conditions. Her intervention focused on the importance of multidisciplinary teams, greater involvement of people with lived experience in the design of care and the recognition that treatment must be tailored to individuals' needs.

Commissioner Várhelyi welcomed this vision, reiterating the EU's commitment to patient involvement. While acknowledging that health system organisation remains a national competence, he emphasised the EU's role in promoting collaboration, innovation and best practice exchange.

Konstantina Boumaki made a clear appeal for the inclusion of T1D in the forthcoming CVD Plan, as a key cardiovascular risk. She advocated for a holistic care model, one that equips multidisciplinary teams of healthcare professionals to support PwD across different dimensions, recognising its interplay with other chronic conditions and mental health.

Martina Mallia addressed the pressing issue of unequal access to diabetes technologies between EU Member States. She argued that individual preferences and needs should drive treatment decisions — not geography or socioeconomic status. Malta, she noted, still faces significant barriers in accessing newer technologies for diabetes management.

Anamarija Runtić spoke about the positive impact of sport on her health and well-being. However, she pointed to a critical lack of awareness and confidence among coaches and educators in supporting PwD during sports, especially during emergency situations. She called for improved diabetes education in schools and sports settings.

Coralie Alabert brought the focus to mental health, highlighting the invisible burden carried by young people with chronic conditions. As a student, she described the challenge of balancing health, academics and social life, and asked how the EU intends to address the mental health needs of young people living with NCDs like diabetes.

Commissioner Várhelyi addressed the points raised above and confirmed that both T1D and T2D will be considered in the CVD Plan. He acknowledged the complex nature of diabetes and the importance of combining medical care with supportive environments. Prevention — particularly through addressing risk factors like obesity — remains a key pillar. He mentioned the Biotech Act and CMA as essential tools to improve access to novel therapies, especially in smaller markets where treatment options remain limited. He reiterated the therapeutic value of sport and stressed that, especially in the context of physical activity, diabetes should be recognised not as a disability but as a medical condition — a distinction that supports inclusion. He concluded by reflecting on a recent meeting with young cancer survivors, underlining the value of listening to those with lived experience when shaping responsive and inclusive policy.

Commissioner Micallef called for increased awareness around diabetes and its broader implications. He highlighted the opportunities offered by Erasmus+ and the European Solidarity Corps to share good practices and strengthen youth and civil society engagement across the EU.

Joana Amorim highlighted the crucial role of national patient organisations in supporting people living with diabetes. She shared her experience following her diagnosis in Portugal, describing how isolated she felt and how difficult it was to answer her family's

questions. Joining the national patient organisation helped her feel understood and part of a community. Her family also received support, as the organisation involves medical professionals who could address their concerns. Joana stressed that such organisations often mark the beginning of patients' advocacy journeys, and she called on EU policymakers to meaningfully involve civil society – particularly patient organisations – in policymaking.

Thomas Führer spoke about the key role of schools in raising awareness of diabetes. He shared his experience producing educational videos for teachers and students, and noted the crucial role of diabetes associations in awareness-raising. European cooperation, he suggested, could help scale up local initiatives and amplify young people's voices.

Julia Szedenik emphasised the importance of regular and systematic screening as well as early diagnosis of diabetes-related complications. She called for EU-wide support in promoting proactive approaches that could improve health outcomes and reduce healthcare costs in the long-term.

Closing Reflections

The Dialogue offered a vibrant exchange of perspectives grounded in lived experience. The voices of young PwD illustrated, with clarity and conviction, the pressing need for more inclusive, person-centred and equitable healthcare across the EU.

Their interventions highlighted the need for the EU to:

- Embed the participation of young people with lived experience in health policy design and decision-making.
- Strengthen access and equity in care and innovation
- Prioritise mental health and holistic approaches to care
- Recognise the roles of education, sport and technology in managing chronic conditions
- Ensure diabetes remains a core priority within broader EU health strategies, including the upcoming CVD Plan

The discussion reaffirmed that young people are not only experts in their own health journeys, but essential contributors to shaping meaningful, forward-looking health policies. As the EU continues to develop its health agenda — including through the forthcoming CVD Plan — it must uphold diabetes as a key concern and take collective responsibility to foster systems that are fairer, more responsive and truly inclusive of the needs of young people across Europe.