



## **Diabetes in Europe: the state of play Key priorities for the European Institutions**

### **Report from the EU Diabetes Working Group Meeting 5 May 2015**



The EU Diabetes Working Group with the support of the European Coalition for Diabetes organised a meeting on 5 May 2015 entitled *Diabetes in Europe: the state of play. Key priorities for the European Institutions* with keynote speaker Mr Arūnas Vinčičūnas, Head of Cabinet of European Commissioner Andriuskaitis.

#### **Welcome and Introduction**

**Christel Schaldemose MEP, Co-Chair of the EU Diabetes Working Group**

**Theresa Comodini Cachia MEP, Co-Chair of the EU Diabetes Working Group**



The meeting was chaired by two of the Co-Chairs of the EU Diabetes Working Group (EUDWG) and Members of the European Parliament, Christel Schaldemose (S&D, photo left) and Theresa Comodini Cachia (EPP). Ms Schaldemose opened the meeting, the objective of which was to re-launch the EUDWG in light of the European Parliamentary elections in 2014, and assess the state of diabetes in Europe more generally. A further aim of the meeting was to review the progress which Member

States have made in putting diabetes on the political agenda and establishing national diabetes plans, particularly given the publication of the 4<sup>th</sup> edition of *Policy Puzzle: Diabetes in Europe: the State We Are In*.

It was also hoped that the meeting would address the key priorities for the European Institutions in terms of tackling the diabetes epidemic, which Ms Schaldemose hoped might lead to some renewed commitments from the European Commission.



Ms Schaldemose then welcomed EUDWG Co-Chair Theresa Comodini Cachia (EPP, photo left), who began by emphasizing that the current data on diabetes disseminated by non-governmental organisations (NGOs) is extremely disconcerting, as the numbers of people living with the disease continues to increase. This was very worrying to Ms Comodini Cachia as an MEP from Malta, where the number of people living with diabetes is extremely high. She has decided to continue in the footsteps of Simon Busittil, former Chair of EUDWG, given the daily challenges faced by people living with diabetes. Ms Comodini Cachia noted that there are currently 56.3 million people living with diabetes in the wider



European region, a statistic that is expected to rise to 10% of the population by 2035. Not only does diabetes have a major negative effect on an individual's life and their interaction with wider society, but it also places a huge economic burden on already strained public health budgets. EU institutions along with Member States therefore need to be key players in taking action to both prevent and tackle the disease on various fronts.

Ms Comodini Cachia went on to outline the various ways in which the diabetes epidemic can be addressed: through increased support for and appreciation of NGOs' awareness-raising campaigns; more research and investment; increased research funding at EU level; more effective mechanisms to assess prevention progress and treatment plans and a commitment to improving lives of all people with diabetes, not least consistency of care for all children with diabetes when at school.

Ms Christel Schaldemose then introduced Mr Chris Delicata, Chair of the European Coalition for Diabetes (ECD).

## **Overview of the EU Diabetes Working Group and its objectives**

### **Mr Chris J. Delicata, Chairman of the European Coalition for Diabetes**



Mr Delicata (left) thanked the MEPs for their work and support of people with diabetes, and outlined the history and role of the ECD and the EUDWG, both organisations having the aim of improving the lives of people with diabetes through influencing EU policy. In 2009, the four organisations of the ECD - the Alliance for European Diabetes Research (EURADIA), the Foundation of European Nurses in Diabetes (FEND), the International Diabetes Federation (IDF Europe), and Primary Care Diabetes Europe (PCDE) made a significant stride forward in their efforts to coordinate their EU policy action.

During the previous legislature (2009-2014), the EUDWG included cross-party and cross-national members as Co-Chairs. This was a significant achievement and established a strong platform from which to build the ECD's EU public affairs programme. Notable successes of the ECD to date have included encouraging former Hungarian, Polish and Danish EU Presidencies to feature diabetes on the health agenda, resulting in stronger statements to the European Commission; to encourage Tonio Borg, the previous EU Health Commissioner, to develop a diabetes strategy; and to encourage the former EU Research Commissioner, Máire Geoghegan-Quinn, to include diabetes as a major focus area.

The EUDWG represents in the European Parliament the best interests of all people with diabetes in Europe and provides dedicated support and advice to the diabetes community in driving policy change. The EUDWG aims to reinforce and drive forward the priority issues outlined in the European Parliament Resolution on Diabetes of 12 March 2012, with special attention on diabetes prevention, diagnosis, management, education and research and to address specific EU and national policies which have a potential positive or negative impact on the lives of people with diabetes. Mr Delicata encouraged MEPs to get involved with this active working group. Given the severity of the epidemic, it is vital that the EUDWG continues to secure the support of other MEPs in order to strengthen its



voice and to maintain regular contact with national Members of Parliament (MPs), providing them with accurate and up to date information. Diabetes has no political colour and given that this is a health issue that effects every sector of the European population, MPs could adopt a bi-partisan approach to work in the interests of the millions living with diabetes in Europe.

### **Diabetes in Europe: the state we are in: Key priorities for the European Institutions**

**Mrs Anne-Marie Felton, President Foundation of European Nurses in Diabetes, Co-Chair of the Policy Puzzle Steering Group and Co-Chair of the European Coalition for Diabetes**



Ms Schaldemose then welcomed Mrs Anne-Marie Felton, President of FEND, on behalf of the ECD. Mrs Felton focused on the findings of the recently published 4<sup>th</sup> edition of the *Policy Puzzle, Diabetes in Europe: the State We Are In*, a collaboration between IDF Europe, PCDE, FEND and EURADIA, the central major pillars within the diabetes community across the whole of Europe. Mrs Felton emphasized the urgency of the diabetes epidemic, stressing that engaging Member States in action is one of the major challenges we face. Mrs Felton pointed to the recent news that the World Health Organization (WHO) now recognizes that in addition to the primary prevention of diabetes, they have to refocus on those people who have diabetes today, how they live with it and the prevention of their complications. While primary care in terms of prevention remains crucial, the management of the condition of people with diabetes is key. Mrs Felton stressed that this offers an opportunity for the EU institutions to engage with this positive message from the WHO.

Mrs Felton pointed to the fact that as national governments have generally focused on the prevention of diabetes, they have somewhat drifted in terms of the creation and implementation of national diabetes plans. A refocus is necessary at both national and pan-European level, potentially through the ExPAND group (European Policy Action Network on Diabetes, a policy and advocacy programme led by IDF Europe. ExPAND gathers together a group of national parliamentarians from across Europe) whose purpose it is to reengage national governments through positive engagement with MEPs.

The *Policy Puzzle* also indicates that clinical outcomes across Europe are not currently well managed, and we can see this particularly in relation to poor outcomes for gestational diabetes, with the exception of Sweden. Mrs Felton noted that if we are not able to adequately monitor the environment of the developing fetus in utero, we are setting down a landmark for diabetes for these children in future. As mentioned by Ms Comodini Cachia, Mrs Felton also emphasized that children and adolescents with diabetes across Europe run the risk of being disempowered due to lack of provision for them in schools and universities.

To conclude, Mrs Felton stated that she found it unbelievable that most national diabetes plans do not include a budget. In the context of the EUDWG, this is clearly a major opportunity for MEPs to engage with MPs at national level, because health is the responsibility of national governments (Lisbon Treaty). Mrs Felton suggested that in setting the agenda, the EUDWG offers a platform for DG Santé to engage in a genuine partnership with the WHO, the EUDWG, the ECD and IDF Europe as the voice of people with diabetes, and the stakeholders as represented by FEND, PCDE and EURADIA.



## **Current diabetes research landscape in Europe** **Professor Michael Stumvoll, Chair of EURADIA**

Anne-Marie Felton then invited Professor Michael Stumvoll, Chair of EURADIA (left), to provide an insight into the current European diabetes research landscape. Professor Stumvoll explained that EURADIA represents the broader research community engaged in the diabetes space. The challenges raised by the diabetes epidemic all require research, particularly in areas such as planning prevention strategies that take into account the modern standards of inter-epidemiology and inter-sociology; effective data handling; how to reduce the development of metabolic disease. There remain many unanswered research questions, such as what is the optimum treatment for type 2 diabetes; how do we decide prevention strategies; who are the 'at risk populations' and how do pregnant women confer the later diabetes risk to their children? Moreover, there is still an on-going struggle to develop a vaccination for type 1 diabetes for the section of the population who is at risk.



These kinds of unresolved research questions and others require further investment in order to develop better technologies, particularly non-invasive means of measuring blood glucose to gain glycaemic control. To conclude, Professor Stumvoll emphasized that diabetes is a complex condition, being two diseases (type 1 and 2) and an entire disease space affecting the pregnancy, kidneys, the eyes, the heart, often involving mental health issues, and an increased risk of cancer. Given its multifaceted and complex nature, diabetes research requires constant awareness, funding programmes and new technologies in order to improve outcomes for patients. At this point, Ms Schaldemose noted that while health is the responsibility of the Member States, we could nevertheless improve co-ordination of actions at EU level.

## **Keynote speech**

### **Mr Arunas Vinciunas, Head of Cabinet of European Commissioner Andriukaitis**

The EUDWG was extremely pleased to welcome Keynote Speaker Mr Arūnas Vinčiūnas (left), Head of Cabinet of Health Commissioner Andriukaitis, who was unfortunately unable to attend. Mr Vinčiūnas began by reaffirming Commissioner Andriukaitis' commitment to addressing diabetes and other major chronic diseases in Europe, with these issues ranking highly among his priorities. Mr Vinčiūnas stressed that the Commission is already supporting Member States in tackling diabetes, particularly investing in targeted preventative interventions to encourage improved balanced nutrition and encourage increased rates of physical activity. Citing initiatives such as the European Parliament 2012 Resolution on Addressing the EU Diabetes Epidemic and the call on Member States to implement National Diabetes Plans which have the Commission's full support, Mr Vinčiūnas stated that action in most areas requested by the Parliament are being undertaken. The Commission went on to give an overview of EU action in diabetes and chronic diseases.





In relation to risk factors, stakeholders should build on the [Strategy for Europe on Nutrition, Overweight and Obesity-Related Health Issues](#). The Commission wants to support stakeholders in making it easier for people to choose healthier options. For example, the [EU Framework for National Initiatives on Selected Nutrients](#) currently being developed, aims to improve the nutritional quality of food. Mr Vinčiūnas noted that the Commission has already supported Member States in implementing voluntary reductions in salt, and work is underway on saturated fat and trans-fatty acids. Another example of an action in the area of diabetes is the ongoing [Action Plan on Childhood Obesity](#), led by the Member States, for which a monitoring plan has now been established. Discussions on the evidence base, on policy and on actions will continue within the [High-Level Group on Nutrition and Physical Activity](#).

Diabetes is addressed by the European Commission as part of a comprehensive approach to chronic diseases, and Mr Vinčiūnas provided an overview of the first specific joint action – [CHRODIS](#) (The EU Joint Action on Chronic Diseases and promoting healthy ageing across the life-cycle launched in January 2014). This is a comparatively large project with a budget of Euro 9.6 million and involves 26 Member States, helping them to move towards more efficient approaches to the prevention and management of chronic conditions such as diabetes. In addition, the Commission is funding several research projects in the field of diabetes, and is implementing a European Parliament-funded pilot project on intervention strategies for type 2 diabetes, the main focus of which is on school children and prevention strategies around obesity, with the results expected in 2016.

To conclude, Mr Vinčiūnas noted that the European Commission is willing to play its part in addressing the challenges posed by chronic diseases. However, most issues in the area of health fall under the responsibility of the Member States, so the Commission relies on the active support of all stakeholders, including the European Parliament, in raising awareness and calling for action. In this regard, the EUDWG plays an important role in encouraging Member States to act now in their own interests, in order to face the challenges posed by chronic diseases, including diabetes.

Ms Schaldemose thanked Mr Vinčiūnas for attending the meeting on behalf of Commissioner Andriukaitis. She suggested that given the fact that the actions from the 2012 Resolution are being implemented, perhaps now is the time for a new piece of legislation. She went on to query whether there is a need to map out concrete actions in the area of diabetes and chronic diseases more generally at the EU level, suggesting that in 15 or 20 years we could reduce the numbers of people in Europe with type 2 diabetes by 10%, or diabetes-related foot problems by 25%. Ms Schaldemose asked whether the Commissioner might be open to establishing this kind of concrete action, while understanding that such targets are the ultimate responsibility of the Member States.

Mr Vinčiūnas agreed and was of the view that Commissioner Andriukaitis would be willing to work in the direction of mapping out such concrete actions and welcomed collaboration with the EUDWG. Next year (2016) the Commission will see the results of the actions implemented so far, which will also provide further clarity about what further steps need to be taken by Member States and the European Parliament. Ms Schaldemose warmly welcomed this positive step forward and looked forward to discussing concrete actions within the context of the EUDWG in due course.



## Discussion

**Professor Sehnaz Karadeniz, President Elect, IDF Europe** agreed with Anne Marie Felton that implementation is key, and without it, the legislation is meaningless. She went on to suggest that perhaps implementation can be strengthened through the EUDWG by facilitating closer co-operation between MEPs and MPs and that NGO activity remains crucial in awareness raising.

**Dr Karim Berkouk, Deputy Head of Unit of the European Commission Medical Research Unit in the Health Directorate of the Research & Innovation DG** responded on the question of implementation, outlining the role of the Global Alliance for Chronic Diseases (GACD) that funds research into chronic disease. The GACD is exploring why research may or may not work in the context of implementation.

**Mrs Anne Marie Felton, President of FEND** pointed out that we now have incontrovertible evidence in relation to the complications of diabetes and that the action around the clinical care of people with diabetes is now critical. As recognized by the WHO, it is the management of diabetes that should be the focus of our efforts rather than primary prevention.

**Mr Olivier Arnaud, European Director, Research, JDRF**, asked the panel for their views about the contribution and role of stakeholder organisations and what they see as the concrete role of patient organizations – education, engagement, or funding?

**Dr Petra Wilson, CEO, IDF Global**, challenged the European Parliament and European Commission to think differently about the concepts of prevention of type 2 diabetes. While environmental change is crucial and the European Institutions can drive change here, we also need to think about prevention in terms of secondary conditions and prevention of complications. Citing the words of former health Commissioner Burn, the statement that “the real health ministers are the finance ministers” remains pertinent, as the numbers of working days lost to diabetes is damaging the EU economy, so the European Parliament has a right and a duty to speak up. Prevention needs to be understood both in terms of its human and financial costs.

Other comments included the question of financing health care, given cuts to many EU Member States’ health budgets, and whether venture capital and private equity will be opening out new models for financing prevention and awareness, particularly in Greece and Spain.

## Final panel comments

**Anne Marie Felton:** Agreed that there has to be increased financing of health budgets and well-qualified professionals to deliver diabetes care.

**Arūnas Vinčiūnas:** Education, prevention and management are all being addressed at EC level, but we must continue to demonstrate the real cost to the EU economy, as this will drive change.



**Chris Delicata:** Structured national diabetes plans to manage diabetes are crucial at this stage, and should be understood as an investment. Although they involve a cost, this certainly outweighs the enormous costs of treating diabetes and its complications. Such plans will certainly reduce the number of hospital beds needed to treat patients.

### **Closing comments**

**Theresa Comodini Cachia:** This meeting is about people with diabetes who are facing major challenges in their lives and are not able to make a full contribution to society, and this creates a cost, having implications for health and finance ministers. Agreeing with Mr Vinčiūnas, Ms Comodini Cachia stated that research, awareness, education, prevention and management of diabetes need to be simultaneously addressed. However, perhaps we do now need some targeted measures, and these need to be based on specific data. Moreover, in the Maltese context, stronger collaboration between MEPs and MPs is now a reality and working well in terms of developing a national plan.

Ms Comodini Cachia concluded by thanking Mr Vinčiūnas for his encouraging words, in stating that the Commission is committed to addressing diabetes, and to implementing actions from the 2012 Resolution on the EU Diabetes Epidemic, and also because the European Commission is clearly committed towards future actions to map out concrete action. As food for thought, she concluded that while diabetes is a chronic disease, perhaps it is also time for the European Commission to target diabetes as a specific disease in its own right.

EUDWG Co-Chair Ms Christel Schaldemose and Ms Theresa Comodini Cachia closed the meeting by thanking the speakers and participants for their attendance and contributions.

**Please find the Agenda of the meeting in the annexe to this report. For further information, please contact [secretariat@ecdidiabetes.eu](mailto:secretariat@ecdidiabetes.eu)**