

João Manuel Valente Nabais, president of the International Diabetes Federation Europe, reflects on the present – and future – challenges around diabetes in Europe

Diabetes: the challenges ahead

It is now undisputable that diabetes is a major public health issue. According to the latest estimates, more than 52 million people in Europe are living with diabetes; that is approximately 8% of the adult population in the region. By 2035, estimates indicate that more than one in ten adults in Europe will be living with diabetes. The condition takes a devastating toll on health, lives and healthcare costs. At the end of 2014, a quarter of the total expenditure for diabetes care worldwide – around €115bn – had been spent in Europe.¹

Type 2 diabetes is by far the most common form of diabetes, comprising more than 90% of cases. It is often associated with unhealthy eating, physical inactivity, obesity and being overweight. The disease usually occurs in adults, but is increasingly seen in children and adolescents. Its symptoms, which can include excessive urination, thirst, constant hunger and fatigue, are usually less marked than for Type 1 diabetes. As a result, the disease may not be diagnosed until several years after it has appeared, when disabling complications including cardiovascular disease, kidney failure and vision problems have already developed.

Worryingly, estimates show that one in three adults with diabetes in Europe is undiagnosed. This means that many people already have at least one complication by the time they are diagnosed. In addition, the number of people with impaired glucose tolerance, or pre-diabetes, is also on the rise. More and more EU citizens are therefore at high risk of developing Type 2 diabetes.

Cause for concern

These trends, as well as the EU's ageing population, present an alarming scenario for healthcare systems across the region. Over the past decade, ageing populations, obesity and sedentary lifestyles have been key drivers of the diabetes epidemic – and of the chronic diseases epidemic as a whole – in the EU. This issue shows no signs of abating, as by 2020 more than a quarter of Europeans will be over 60 years of age.

Tackling the diabetes epidemic will therefore require co-ordinated efforts to develop and implement comprehensive policies to improve prevention and early diagnosis, ensure access to quality diabetes care, but also support research for finding new and more effective treatments.

At policy level, there is clearly a growing awareness of the need for action. The Joint Action on Chronic Diseases, which has a dedicated work package on diabetes, and the EU Summit on Chronic Diseases held in April 2014 are evidence of the political commitment to act on diabetes. This is echoed at national level, as more than half of EU countries have a national plan covering the condition, and almost all of them have put in place prevention policies on the major risk factors of diabetes, including obesity and lack of physical activity.



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This is undoubtedly positive, as national policy frameworks are a prerequisite for effective policy action and the delivery of high quality diabetes care on the ground.

Following up effectively

Yet, implementation and evaluation appear to be major weaknesses of these plans and policies. The Czech Republic is the only country in the EU that includes a strong monitoring and evaluation system in its national plan for diabetes. It is also the only country to assess the cost effectiveness of the measures within its plan. The same goes for prevention policies: Greece is the only country that reports monitoring and measuring the impact of its prevention policies, as well as assessing their cost effectiveness.²

In the current context where politicians across Europe repeatedly stress the need to reduce health expenditure and make healthcare systems more sustainable, it is alarming to see that cost effectiveness analysis of policies is almost absent.

Overall prevention also remains poorly funded throughout the EU. This is a lost opportunity, as over 70% of Type 2 diabetes cases can be prevented or delayed by adopting healthier lifestyles.

A new Commission

Within this context, the new European Commission will be faced with many challenges when it comes to tackling diabetes and chronic diseases, as well as promoting and protecting the health of EU citizens. In their quest to reinstate jobs and growth, Jean-Claude Juncker and his team of commissioners must not forget that the health of their citizens is a prerequisite to a productive workforce and economic prosperity. During the next five years, efforts need to focus on improving access to quality diabetes care, reducing health inequalities among EU member states and



allocating more resources to primary and secondary prevention.³

Amongst the Commission's policy priorities is a connected digital single market. This could greatly contribute to diabetes care and prevention by helping millions of people with diabetes and people at risk to access a growing number of e-health and mobile health services and devices. However, a number of key issues will need to be addressed in order to develop policies that truly benefit patients. These include reaching out to marginalised groups, ensuring digital health literacy for all, defining the role of the private sector and guaranteeing data protection.

President Juncker also wants to strengthen the European Single Market, including labour mobility. Initiatives to improve the recognition process of professional qualifications, including those of healthcare professionals, is particularly relevant for diabetes care as there is currently a lack of trained healthcare professionals in many EU countries.

Time to prevent

Vytienis Andriukaitis, the new EU Commissioner for Health and Food Safety, stated that his priority will be to focus on prevention to reduce costs to health systems and keep citizens in good health. Once again, this will be essential if we want to curb diabetes. Together with prevention, improving screening and early diagnosis is vital if we are to make people aware of their risk of diabetes and support them in changing their lifestyles.

Andriukaitis will also need to follow up with concrete actions to adopt a comprehensive, whole-of-society approach in the fight against diabetes and chronic conditions that the EU has so far failed to deliver. Key sectors are indeed

still missing from European initiatives, and stakeholders involved in these remain mostly confined to health.

In addition to this, support for diabetes research also needs to be part of a multisectoral approach to act on diabetes. Initiatives such as Horizon 2020 help highlight the importance of research and innovation in delivering better diagnosis, more effective treatments and new models of care based on new technologies. One of the project's focus areas being food and healthy diet, Horizon 2020 can support diabetes prevention efforts by promoting informed consumer choice and finding strategies for making healthy foods available to all.

However, efforts to support diabetes research at the national level are not strong enough. Only 12 EU countries include diabetes research in their national plan covering diabetes. This shows that, although research might be conducted, there is no co-ordinated strategy. In addition, research too often fails to be translated into policies that could improve the lives of people with diabetes and those at risk.

The rising number of people with diabetes in Europe reminds us that inaction is clearly not an option. We have the political declarations, we have the will and we have the commitment. What we now need is to see this translated into concrete action on the ground. By this we mean being able to provide support to a little boy who has just been diagnosed with Type 1 diabetes and to his family about how to manage his condition, to help an elderly person who has eye problems because of diabetes, but who does not have access to regular screening services, or to make a woman aware about her risks of developing Type 2 diabetes and support her to adopt lifestyle changes that will allow her to live a longer, healthier life.

Individuals like these are the ones who ultimately benefit from comprehensive, properly implemented policies for diabetes care and prevention. It is only through a collective response involving all relevant stakeholders at European, national, regional and local levels that we will be able to develop and implement these policies, and protect the future of millions of citizens in Europe and beyond.

¹ International Diabetes Federation. *IDF Diabetes Atlas, Update 2014*. Brussels, Belgium: International Diabetes Federation, 2014. <http://www.idf.org/diabetesatlas>

² European Coalition for Diabetes. *Diabetes in Europe: Policy Puzzle – The State We Are In*. Brussels, Belgium: European Coalition for Diabetes, 2014. <http://www.idf.org/regions/EUR/policy/puzzle>

³ A survey conducted by the International Diabetes Federation Europe in 2013 on access to diabetes treatment found that hundreds of thousands of people with diabetes throughout the region do not have access to the medicines, medical devices and services they need to be able to treat their condition, with huge inequalities amongst and within EU countries. The report is available here: <http://www.idf.org/regions/europe/accesstodiabetescare>

HORIZON 2020

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