



TAKE A STAND FOR THE DIABETES COMMUNITY

We ask you to pledge your support for the 32 million people living with diabetes in the European Union and their families.

Take action by creating a strong EU diabetes policy framework supportive of national diabetes action plans.

**Early
Detection**

**Equitable
Care**

**Empowering
People**

**Embracing
Science &
Technology**

**DIABETES COMMUNITY PLEDGE
FOR THE 2024 EUROPEAN ELECTIONS**

Diabetes in Europe

People living with diabetes (PwD) have the right to live fulfilling lives and to contribute fully to society. Without continuous policy commitment and addressing of misconceptions, PwD will continue to go undiagnosed, develop complications and see their lives cut short. **Over 686,000 people die because of diabetes** or a related condition in the EU every year.¹ **This is wholly unacceptable.**

As the prevalence of this silent pandemic rises, forecasts suggest that diabetes will affect more than **33.2 million people in the European Union by 2030.**² Moreover, type 2 diabetes is increasingly affecting people at a younger age, when the disease is more aggressive.³ The European region has a growing number of young people with type 2 diabetes and adolescents with type 1 diabetes: 295,000 in total.⁴

If we fail to take action, hundreds of thousands of people will die prematurely in the coming years. If left undiagnosed or inadequately managed, diabetes can lead to serious complications, as well as reduced quality of life and economic activity. PwD deserve urgent attention. There's no time to lose.

Given that **75% of the healthcare**

costs of diabetes are due to potentially preventable complications⁵, policies promoting early diagnosis and good disease management can deliver significant **cost savings** and contribute to the **resilience and sustainability of health systems.**

Preventing disease and facilitating care are of the utmost importance given that healthcare professionals (HCPs) are under increasing pressure due to staff shortages, overwork and burnout. In France, for example, medical density fell from 3.15 doctors per 1000 people in 2007 to 2.94 in 2020⁶ and this trend is expected to worsen still by 2030.⁷ The rising pressure on HCPs **threatens to leave more and more PwD alone** in managing their condition.

People do not choose to live with diabetes or any other disease. The condition may affect anyone, including children and pregnant women. Both genetic factors and social determinants can influence the development of diabetes.

Now is the time to act. Implementing **effective primary and secondary prevention strategies** coupled with the use of modern management approaches such as digital health tools and technologies can improve the prospects of people living with diagnosed diabetes, as well as those who are at risk, allowing them to live fulfilling lives.

1. International Diabetes Federation. IDF Diabetes Atlas, 10th edn. Brussels, Belgium: 2021. Available at: <https://www.diabetesatlas.org>

2. Ibid.

3. Chatterjee S, Khunti K, Davies MJ. Type 2 diabetes [published correction appears in Lancet. 2017 Jun 3;389(10085):2192]. Lancet. 2017;389(10085):2239-2251. [https://doi.org/10.1016/S0140-6736\(17\)30058-2](https://doi.org/10.1016/S0140-6736(17)30058-2)

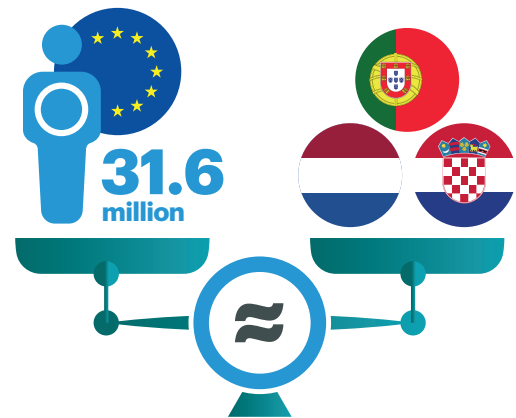
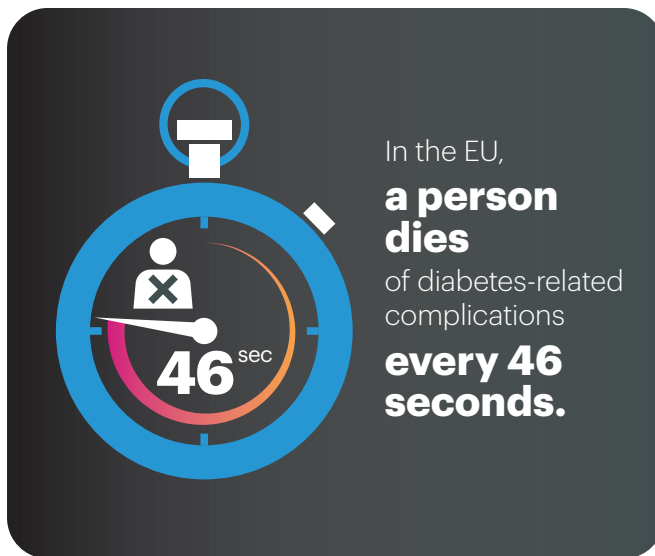
4. International Diabetes Federation. IDF Diabetes Atlas, 10th edn. Brussels, Belgium: 2021. Available at: <https://www.diabetesatlas.org>

5. Martin S, Schramm W, Schneider B, et al. Epidemiology of complications and total treatment costs from diagnosis of Type 2 diabetes in Germany (ROSSO 4). Exp Clin Endocrinol Diabetes. 2007;115(8):495-501. doi:10.1055/s-2007-981470

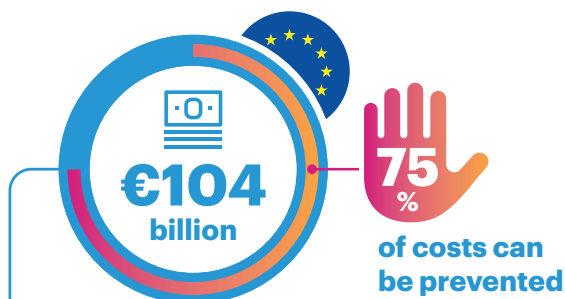
6. Bizard, F. Une stratégie nationale de santé s'impose. Constructif. 2017;48:58-61. <https://doi.org/10.3917/const.048.0058>

7. Médecins : stagnation des effectifs mais baisse de la densité médicale, Vie publique, 31 March 2021. <https://www.vie-publique.fr/en-bref/279226-medecins-stagnation-des-effectifs-et-baisse-de-la-densite-medicale>

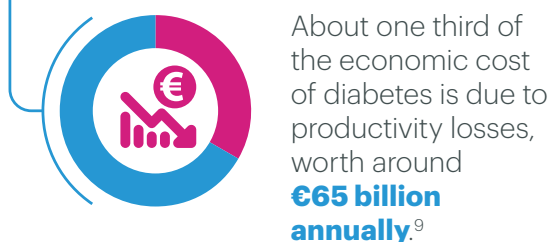
Diabetes: what's a stake?



An estimated **31.6 million people** in the EU live **with diabetes**, equivalent to the populations of the Netherlands, Portugal and Croatia combined.



In 2021, total diabetes-related cost to the EU's healthcare systems was **€104 billion**.⁸ 75% of these costs are due to **avoidable complications** and can thus be prevented through good diabetes management.



8. International Diabetes Federation, IDF Diabetes Atlas 9th ed, Brussels, 2017 [accessed 25 July 2023]. Available from: <http://www.diabetesatlas.org>

9. Bommer C, Heesemann E, Sagalova V, et al. The global economic burden of diabetes in adults aged 20-79 years: a cost-of-illness study. *Lancet Diabetes Endocrinol.* 2017;5(6):423-430. doi:10.1016/S2213-8587(17)30097-9

Diabetes: what do you know?

Diabetes is a chronic condition that occurs when the pancreas can no longer make insulin or the body cannot effectively use insulin.

Insulin is a hormone that acts like a key to let **glucose** from the food we eat pass from the bloodstream into the cells in the body to produce energy. The body breaks down all carbohydrate foods into glucose in

the blood and insulin helps glucose move into the cells.

When the body cannot produce or use insulin effectively, this leads to high blood glucose levels, called **hyperglycaemia**. Uncontrolled diabetes can cause **blindness**, **lower limbs** requiring amputation, **kidney failure**, **cardiovascular problems** and many other **complications**.



1/3 PwD will develop some form of **vision loss** during their lifetime



A **lower limb** is lost to diabetes somewhere in the world **every 30 seconds**






PwD are **10x** more likely to suffer **kidney failure**



PwD are up to **3x more likely** to develop **cardiovascular diseases**¹⁰

There are many forms of diabetes but over 90% of cases are due to the three main types:

 <p>Type 1</p>	 <p>Type 2</p>	 <p>Gestational</p>
<p>An autoimmune disease that can develop at any age and requires insulin treatment for survival. The pancreas makes little or no insulin.</p>	<p>Accounts for around 90% of all diabetes and is more common among adults.</p>	<p>Occurs with high blood glucose during pregnancy and can cause complications for both mother and child.</p>

For all types of diabetes, risks can be reduced if the condition is **detected early** and **well managed**.

10. <https://idf.org/about-diabetes/diabetes-complications/>

Taking European action on diabetes to the next level

This **Diabetes Community Pledge** has been developed by a broad coalition of organisations working in the field of diabetes and supporting people with diabetes ahead of the June 2024 European parliamentary elections, a critical moment for setting the EU policy agenda.

The Pledge contains **15 concrete policy recommendations addressed to the European Union and to Member States** to improve the lives of PwD and those at risk. As we rethink the priorities for the next mandate, we call on policymakers to understand what is at stake and implement the right policies at every level of government, whether European, national or regional.

What matters to our community is to get things done. Together, we can ensure PwD in the EU live longer and more fulfilling lives, avoid preventable costs and strengthen the resilience and sustainability of health systems.

Early diagnosis and equitable access to high-quality care can enable people with diabetes to continue to **live fulfilling lives** and contribute fully to society. Effective prevention and diabetes management can drive broader **health system resilience and sustainability**. Indeed, early and optimal diabetes management can improve health outcomes for a wide range of non-communicable diseases (NCDs), notably by reducing the risk of cardiovascular diseases, and reduce the risk of life-altering complications. This reduces the overall strain on health systems.

Innovative technologies and services can help reverse the current trend of worsening health outcomes for PwD: it's time to put the **right policies in place** to drive improvements in prevention, detection and care! **It's what PwD, those at risk, their families and their friends are demanding and deserve.**

European policymakers have brought greater attention to diabetes in recent years. In 2022, a century after the discovery of insulin, and 33 years after the Saint Vincent Declaration setting goals for diabetes prevention and care, the European Parliament adopted a historic Resolution on prevention, management and better care of diabetes in the EU, calling for national diabetes action plans in the 27 Member States.

The EU should build on this momentum by developing a supportive European framework and helping Member States design the right policies on diabetes. As detailed in the following sections, you can help by **endorsing and providing a clear mandate** for European and national actions in these four areas:

- 1. Early detection**
- 2. Equitable high-quality care**
- 3. Empowering people**
- 4. Embracing science and technology.**

1. Early detection

Ensure timely diagnosis and alert people at risk



Early detection and diagnosis are essential for diabetes management, enabling timely treatment, the avoidance of serious complications, improved health outcomes and quality of life. Early detection and effective management can enable significant cost savings for both individuals and health systems.

The effects of late diagnosis are life-changing for PwD. As many as

1/3 of all people living with diabetes in the EU are unaware of their condition. Left untreated, PwD are exposed to avoidable complications, disability and premature death.

PwD in the EU need effective diabetes screening programmes. These should address inequalities in access to diagnosis and raise awareness among at-risk populations and vulnerable groups.

Taking action:

- ▶ Call on Member States to introduce **health check programmes** in all age groups for all types of diabetes and their most frequently associated co-morbidities (such as kidney and cardiovascular diseases).
- ▶ Set up **monitoring pathways** to prevent metabolic, neurocognitive and other health risks.
- ▶ Enhance **primary and community care** with the aims of identifying PwD and those at risk in all age groups so as to manage the disease early. It is crucial to set up a continuous quality improvement programme to evaluate the follow-up of implementation strategies and detect new areas of improvement.

2. Equitable high-quality care



Provide the right treatment for the right person at the right time

Too little, too late: too often PwD experience significant delays in treatment initiation and intensification, leading to devastating complications and fatalities.

There are many policy barriers preventing PwD from accessing the best care options.¹⁰ Local and national guidelines may not adhere to the best clinical standards following international guidelines. Access to the right care might not always be available

or affordable. Finally, bureaucratic barriers and healthcare professionals' (HCPs) limited time and knowledge may prevent the timely provision of treatment.¹¹

It is imperative that we tackle inequalities in diabetes care access both within and between countries across the EU. Investment in equitable access to appropriate technologies, treatments and services can empower PwD to effectively manage their condition and vastly improve their **quality of life**, all while **lowering costs** to society.

Taking action

- ▶ Ensure equitable and affordable access to the required **medicines, supplies, devices and digitally-enabled technologies**, such as glucose monitoring and insulin delivery systems, across Member States.
- ▶ Provide PwD with integrated care pathways to have **timely access to the most appropriate management options** based on their personal needs, preferences and circumstances, as well as the latest guidelines.
- ▶ **Train HCPs and strengthen their capacity** to support PwD in both primary and secondary care in line with their needs, preferences and with the most appropriate treatments and technologies.
- ▶ Adapt financing systems to overcome silo budgeting barriers and facilitate **integrated and people-centred care**.
- ▶ **Overcome therapeutic inertia** and increase glycaemic control to avoid complications and the risk of reduced quality of life.

10. PwC and EFPIA, Revealing policy barriers in diabetes care: how we can improve outcomes, May 2023. <https://www.efpia.eu/media/677331/revealing-policy-barriers-in-diabetes-care.pdf>

11. IDF Europe, Type 2 Diabetes: A Preventable Catastrophe?, May 2023. https://idf.org/europe/media/uploads/sites/2/2023/06/IDF-Europe_Type-2-Diabetes.-A-preventable-catastrophe.pdf

3. Empowering people



Address lack of awareness and understanding about diabetes

With the right guidance, treatment and peer support, PwD can be empowered to manage their condition and flourish as fully productive and participating members of society.

Managing diabetes is a full-time job. PwD on insulin have to make an estimated **180 daily health-related decisions** more than a person without diabetes. Such decisions may include when and how to monitor blood sugar levels, whether to inject insulin, what food to choose and when and how to exercise.

Stigma should not be part of the diabetes diagnosis nor of its treatment. Blaming and shaming can cause people not to seek help in time or to feel helpless in managing and changing the course of their condition, with potentially disastrous consequences.

By treating PwD as equals in both care and regulatory processes, we can ensure the right treatments and policies are in place for the best health outcomes and quality of life.

Taking action

- ▶ Support **shared decision-making** between PwD and HCPs.
- ▶ Put PwD at the centre of **research, regulatory, policy and evaluation processes** affecting them.
- ▶ Provide PwD with **self-management education** and **peer support**.
- ▶ Sensitise HCPs regarding the **harms of stigmatisation**.

4. Embracing science and technology



Harness their untapped potential to deliver effective and tailored care for PwD and those at risk

Science and technology, particularly in the fields of digital and data, open vast new possibilities for preventing diabetes and caring for the rising number of PwD.

New technologies can facilitate data collection, improve self-management and reduce the risk of complications, leading to higher quality of life. Data and innovation can be used across diabetes prevention, diagnosis and management.

The digital transition can enable new services such as tele-consultations, e-prescriptions and e-health records, as well as facilitate patient feedback through Patient-Reported Outcome and Experience Measures (PROMs/ PREMs).

National and European policymakers should accelerate the **digitalisation of healthcare** for the benefit of PwD and healthcare systems.

Taking action

- ▶ Invest in **digital innovation** and develop a best practice pathway in health systems and diabetes care to accelerate access to medical technologies, self-standing digital solutions (such as apps and AI) and digital services.
- ▶ Enhance the **collection of clinical data**, including real-world evidence (RWE), and use of common indicators across Member States. This should include measurement and registration of outcomes by introducing standard outcome sets and outcomes-focused registries across the EU.
- ▶ Fund **diabetes research** under EU research programmes, for example to address unmet needs and leverage digitally-enabled medical technologies, solutions and services for diabetes care and improved disease management. The full participation of PwD and their representatives in such projects should be ensured.

TAKE A STAND FOR THE DIABETES COMMUNITY

**DIABETES COMMUNITY PLEDGE
FOR THE 2024 EUROPEAN ELECTIONS**

This Pledge has been developed,
and is supported by, the united
Diabetes Community.



**European
Diabetes Forum**

Member Organisations:

EASD

EFSD

FEND
Foundation of European Nurses in Diabetes

JDRF



**Société
francophone
du
diabète**

PCDE
primary care diabetes europe



Supporting Collaborators:



MedTech Europe
from diagnosis to cure

Get in touch:

Bart Torbeyns
EUDF Executive Director



bart.torbeyns@eudf.org

+32 478 98 03 39

South Center Titanium, Marcel
Broodthaers square 8/5, 1060
Brussels, Belgium

Web: www.eudf.org

X: [https://twitter.com/
EUDIabetesForum](https://twitter.com/EUDIabetesForum)

LinkedIn: [https://www.linkedin.
com/company/european-
diabetes-forum/](https://www.linkedin.com/company/european-diabetes-forum/)

Registration Number:
0745.472.021 – RPM Brussels

Stefano Del Prato, Chair of EUDF,
stefano.delprato@med.unipi.it

Chantal Mathieu, European Association
for the Study of Diabetes (EASD), European
Foundation for the Study of Diabetes (EFSD),
chantal.mathieu@uzleuven.be

Anne-Marie Felton, Foundation of European
Nurses in Diabetes (FEND),
anne.felton@fend.org

Elisabeth Dupont, International Diabetes
Federation Europe (IDF Europe),
elisabeth.dupont@idf-europe.org

Carine de Beaufort, International Society for
Pediatric and Adolescent Diabetes (ISPAD),
debeaufort.carine@chl.lu

Jeannette Soderberg, Juvenile Diabetes
Research Foundation (JRDF),
jsoderberg@jdrf.org

Xavier Cos, Primary Care Diabetes Europe
(PCDE), francescxaviercos@gmail.com

Sylvia Lion, Société francophone du diabète
(SFD), sylion20@gmail.com

Sophie Millar, European Federation of
Pharmaceutical Industries and Associations
(EFPIA), sophie.millar@efpia.eu

Jessica Imbert, MedTech Europe,
j.imbert@medtecheurope.org