

EURACTIV

Diabetes care in Europe: The path forward



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Diabetes care in Europe: The path forward

There are millions of people in Europe who are affected by diabetes and related conditions. This number is only expected to grow in the coming years. However, with technological advancements, it is possible that those affected by the disease are able to lead increasingly fulfilling lives.

In this series of articles, Euractiv will explore the path forward for diabetes care in Europe. Specifically, examining how technology, early detection, equitable care and individual empowerment can be utilised in the pursuit of improving patient lives and healthcare solutions.



Content

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ARTICLES

4	A massive diabetes challenge and pharma-tech moonshots, Europe starts 2025 in launch mode
8	Diabetes inequity risks damaging Europe's fragile health systems
12	Europe's diabetes tsunami, a crisis in full view
16	Europe eating itself poorer with rising diabetes costs, data, health-tech could reverse trend
20	Diabetes and cardiovascular disease causing profound clinical, psychosocial, socioeconomic impacts
23	Europe's amputation crisis, diabetes experts call for urgent new screening programs
26	Diabetes patients need election manifesto pledge from all EU parties, says EUDF
30	The push to put diabetes at the heart of Europe's election manifestos
32	Childhood diabetes crisis stalks Europe, more screening urged

PROMOTED CONTENT

Time to follow the science: How Europe can unlock a new era of diabetes care	35
Mission Possible for the next Health Commissioner: How investing in prevention can make Europe fit for the future	38
Type 1 Diabetes can be fast, but we can be faster! A call to boost early detection	41
CVD+D: Why the EU needs a comprehensive cardiovascular-diabetes health plan	44

ARTICLE

A massive diabetes challenge and pharma-tech moonshots, Europe starts 2025 in launch mode

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Brian Maguire | Euractiv.com

Diabetes drugs now represent over 75% of total sales in the metabolic disorders market, up from below 40% ten years ago. The race is on to heal an ageing population.



Diabetes, a chronic condition affecting millions globally, has seen significant advancements in its treatment and management over the past two years. Still, nothing has dented its catastrophic rise as an age-related disease.

Despite technological and biopharmaceutical breakthroughs, the consequences of not adhering to medical guidelines continue to impact Europe's citizens.

New medications that promise to delay or even reverse the onset of diabetes are emerging, and the move towards personalised treatment plans is advancing, but public understanding of the disease has had limited impact on societal behaviour.

According to a report published this month by the European Federation of Pharmaceutical Industries and Associations (EFPIA)

- 2024 Pipeline Review – the number of people over 65 is expected to double by 2050, driving increases in dementia, diabetes, COPD, depression and cancer.

The authors describe obesity as “one of the greatest public health crises facing society,” with an estimated one in eight people globally classified as living with obesity. An estimated annual cost of €460bn is related to the economic impact of obesity in Europe.

The cost of obesity expands as it plays a significant contributory role in the development of multiple NCDs, such as diabetes, CVD, MASH, Alzheimer's disease and cancer.

When it comes to obesity management medication, the report shines a spotlight on GLP-1 Receptor Agonists (GLP-1 RA) – GLP-1 RA, which is the focus of clinical activity

in the OMM space.

Developed to treat type-2 diabetes, GLP-1 RA mimics the action of the hormone GLP-1, which is released after eating to stimulate insulin release, slow gastric emptying, and increase feelings of fullness.

Diabetes technology wins

In the last two years, diabetes treatment has witnessed remarkable innovations.

A notable advancement is the use of continuous glucose monitoring (CGM) systems. These devices provide real-time data on glucose levels, allowing for more precise management of diabetes.

The integration of CGM with insulin pumps has led to the development of hybrid closed-loop systems, often referred to as artificial pancreas



systems. These systems automatically adjust insulin delivery based on glucose readings, significantly improving glycemic control and reducing the risk of hypoglycemia.

In the pipeline, researchers are exploring the potential of gene therapy for diabetes.

Early-stage studies have shown promise in using gene editing technologies like CRISPR to modify genes associated with insulin production and glucose metabolism. While still in the experimental phase, these therapies could offer a long-term solution for diabetes management.

Diabetes digital transformation

Mobile apps and digital health platforms are now increasingly integrated with diabetes devices. These apps provide comprehensive diabetes management tools, including glucose tracking, meal planning, and activity monitoring. They also facilitate data sharing with healthcare providers, enabling more personalised care.

Europe's digital health transformation is set to revolutionise diabetes prevention and management, with the integration of artificial intelligence (AI) and big data in healthcare promising to be a game-changer. Enabling continuous remote monitoring of patients through wearable technology,

sensors, and smartphones is just the beginning.

This data-driven approach allows for the collection and analysis of vast amounts of physiological and environmental data, which can be processed by sophisticated machine learning algorithms to enhance diabetes care.

This syncs with the rise of personalised medicine as another significant trend in the diabetes space.

While oncology currently leads in personalised molecular diagnosis and tailored treatments based on genetics, diabetes research is rapidly advancing.

Although the genetic contributions to diabetes phenotypes remain complex, the accumulation of big data



through digital technologies is paving the way for better characterisation of disease subtypes. This progress is expected to lead to more tailored treatments and improved patient outcomes.

Diabetes drug market

Over the past decade, the pharmaceutical landscape for diabetes treatment has transformed significantly.

Diabetes drugs now represent over 75% of total sales in the metabolic disorders market, up from below 40% ten years ago, according to a report by Pharmaceutical Technology.

The report shows that eight of the top ten best-selling drugs in the metabolic disorders sector are for diabetes.

However, most of these, except Eli Lilly's Trulicity, have peaked in sales and are being replaced by newer treatments.

Novo Nordisk's Ozempic and Rybelsus, Eli Lilly's Trulicity, and AstraZeneca's Farxiga are now expected to be the main growth drivers in the diabetes drug market.

These drugs are projected to contribute over \$15 billion to the diabetes sector by 2025. These newer treatments will play a crucial role in the future of diabetes management.

Diabetes, competitive opportunity

If the new European Commission is serious about implementing Mario Draghi's report on EU competitiveness, starting with diabetes as a problem to solve and a global market opportunity in its infancy, it looks like a winnable strategy.

When it comes to technology, a report by Mordor Intelligence showcases Europe as home to several leading diabetes technology companies at the forefront of innovation in diabetes care.

Novo Nordisk, based in Bagsværd, Denmark, is known for its innovative insulin products and GLP-1 receptor agonists. Novo Nordisk is also investing in digital

health solutions to enhance diabetes management.

Medtronic, with its European headquarters in Dublin, Ireland, is also a major player in the diabetes technology market. The company is renowned for its insulin pumps and continuous glucose monitoring (CGM) systems. These are just two examples from a globally ambitious European sector.

Speaking at the launch of the Pipeline Review, Nathalie Moll, Director General, EFPIA, emphasised Europe's capacity to tackle diseases such as diabetes: "The Pipeline review is an important reminder that many people continue to live with debilitating and life-limiting disease [...] there is much more that we can achieve if

EU policymakers work with us to incentivise more research and development in this vital area of unmet need."

Moll added: "Political instability and an ever-evolving disease burden means that now, more than ever, we must support Europe's health security and its ability to innovate for patients. This can only be achieved through policies delivered through a coherent European life science strategy and a collaborative approach among all stakeholders."

As Mario Draghi once said: "Whatever it takes." For diabetes, now is the time. Delay will be economically deadly.



ARTICLE

Diabetes inequity risks damaging Europe's fragile health systems

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Brian Maguire | Euractiv.com



Insulin affordability and availability across Europe are just part of the complex diabetes management dynamics challenging the EU's fragile and diverse healthcare systems. Socioeconomic and regional disparities play their part, but so too does innovation.

Disparities in access to screening and care are plentiful, but recent developments such as Italy's universal Type 1 diabetes (T1D) screening programme are signposting a new generation of affordable diabetes management, but the EU is

far from harmonised - the learning curve is slow and steep.

If the EU doesn't step-up, and soon, the burden on Europe's health system will balloon rapidly and further cripple competitiveness. Europe needs an active,

healthy workforce, not spiralling health bills draining innovation investment.

According to Eurostat, the prevalence of diabetes in the EU has been steadily increasing. In 2023, approximately 31.6 million people in the EU were living with diabetes, a figure projected to rise to 33.2 million by 2030. This increase is driven by factors such as population ageing, rising obesity rates, and lifestyle changes.

Structured approaches such as those deployed in Germany and the Netherlands have established comprehensive diabetes education programmes. These initiatives aim to empower patients with the knowledge and skills necessary for effective self-management.

For instance, Germany's Diabetes Information Service provides extensive resources and support for individuals

model has been associated with improved health outcomes and reduced hospital admissions.

The adoption of digital health tools, such as continuous glucose monitoring (CGM) systems and telemedicine, has revolutionised diabetes care in countries like Sweden and Denmark. These technologies enable real-time monitoring and personalised treatment adjustments, enhancing patient outcomes.

National diabetes treatment inequities

Despite these advancements, significant inequities persist in diabetes treatment across the EU.

In Italy, regional disparities in diabetes care are pronounced. Northern regions, with better healthcare infrastructure, tend to offer more comprehensive services compared to the southern regions. This inequity is reflected in the variation in diabetes-related complications and mortality rates across the country.

Access to diabetes screening and care varies widely across EU countries. A report by Members of the European Parliament, "Blueprint for Action on Diabetes in the European Union by 2030" underscores the need for harmonised policies to reduce these disparities. The report states, "People across Europe face significant inequalities in access to care. This has



European countries have implemented various strategies to enhance diabetes care, focusing on education, integrated care models, and technological advancements.

living with diabetes, and the Netherlands is renowned for its integrated care approach, which involves multidisciplinary teams working collaboratively to provide holistic care. This

been exacerbated by recent advances in treatment options and new technologies.”

In Eastern Europe, countries like Romania and Bulgaria struggle with limited access to screening programmes and essential diabetes medications. This is partly due to economic constraints and insufficient healthcare funding.

Conversely, Western European countries, such as Germany and France, have more robust healthcare systems that provide comprehensive screening and early intervention services.



Italy's universal T1D screening programme

Italy has recently taken a pioneering step by implementing a universal screening programme for Type 1 diabetes in children. Approved by the Italian Senate in September 2024, this programme aims to detect T1D early and prevent severe complications such as diabetic ketoacidosis. The law mandates screening for children aged 1 to 17, using advanced diagnostic tools to identify those at risk.

The programme also includes the establishment of a National Observatory on Type 1 Diabetes, which will collect data to enhance understanding and management of the disease. Awareness campaigns funded by the Ministry of Health aim to educate the public about the importance of early diagnosis.

Affordable insulin a persistent challenge

Access to affordable insulin remains a critical issue in several EU countries.

While countries like Germany and the Netherlands have robust systems ensuring insulin availability, others, particularly in Eastern Europe, face significant challenges. A recent WHO report highlights that high insulin prices and limited availability are major barriers to effective diabetes management in these regions.

Efforts to address this issue include the WHO's insulin

prequalification programme, which aims to diversify production and reduce prices through increased competition. However, more coordinated action at the EU level is needed to ensure that all patients have access to affordable insulin.

United States, imperfect progress opportunity

The United States offers a comparative contrast in diabetes management, particularly in addressing treatment inequalities.

The U.S. has implemented several models to improve diabetes care, focusing on patient-centred approaches and addressing social determinants of health.

The United States Patient-Centered Medical Homes (PCMH) model emphasises coordinated care through primary care providers, aiming to improve health outcomes and reduce disparities. Studies have shown that PCMHs can lead to better diabetes management and lower healthcare costs.

Community health workers (CHWs) play a crucial role in bridging the gap between healthcare providers and underserved communities. They provide education, support, and advocacy, helping to improve diabetes outcomes among marginalised populations.

Innovating wellness

When it comes to technology and innovation, the U.S. has seen significant advancements in diabetes technology, including the widespread use of CGM systems and insulin pumps, which have been shown to improve glycemic control and reduce complications.

For reducing diabetes treatment inequalities, Dr Anne Peters, a prominent diabetes specialist, the importance of addressing implicit bias in medical care is emphasised “Healthcare providers must be aware of their biases and work to ensure that all patients receive equitable care, regardless of their background,” she states.

Additionally, expanding access to new therapeutics and technology is crucial. Dr. Jennifer Raymond highlights the need for policies that promote the availability of advanced diabetes treatments for all patients. “We must ensure that innovations in diabetes care are accessible to everyone, not just those who can afford them,” she asserts.

The European Diabetes Forum (EUDF) has been vocal about the need to address diabetes inequalities across the EU. In a recent statement, the EUDF emphasised the importance of using technology to bridge gaps in care. “Consideration should also be given to the use of technology, addressing inequalities in diabetes care and ensuring that psychosocial as well as metabolic health outcomes are addressed,” the forum stated.

Ireland modernising monitoring

In May, Ireland’s Minister for Health, Stephen Donnelly, said: “We have seen great advances in technology in recent years for the management of diabetes. More than 20,000 adults in Ireland live with type 1 diabetes, and it is heartening to see our national clinical guidelines reflect the best available evidence in relation to monitoring blood glucose for these patients.”

Donnelly was speaking at the launch of updated guidelines for adults with Type 1 Diabetes from the National Clinical Effectiveness

Committee (NCEC), aimed at improving the access, quality, and safety of care for adults with the condition.

The Irish Health Service Executive (HSE) also launched an updated Integrated Model of Care today for people with Type 2 Diabetes Mellitus with recommendations around making continuous glucose monitoring (CGM) available for all adults with Type 1 Diabetes.

If Europe is to advance a robust economy, model competitiveness for a new generation, and compete globally, it has to invest in technology and education, as Ireland is doing, to save in the long term with effective, comprehensive diabetes management, starting with child nutrition and ensuring timely, affordable and continuous care.

Failing to do so will cripple Europe’s weakening social care structures.

It’s a sweet deal, Europe’s governments should grasp the opportunity now.



ARTICLE

Europe's diabetes tsunami, a crisis in full view

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Brian Maguire | Euractiv.com



Europe is spending more on diabetes in a year, than on the war in Ukraine. The diabetes tsunami is a public health crisis which threatens to overwhelm healthcare systems and economic progress.

Europe spent more on diabetes last year than all the EU funding donated to Ukraine since the Russian invasion. The prevalence of diabetes, particularly the largely preventable

Type 2 diabetes, is rising at an alarming rate, driven by factors such as obesity, and an ageing population. The annual cost of diabetes in Europe is limiting European economic growth.

In 2021, diabetes-related expenditure in Europe totalled approximately €170 billion, accounting for 19.6% of global diabetes expenditure. The average annual cost per person with diabetes in Europe was around €2,760.

By contrast, Europe has committed €150 billion in financial, military, humanitarian, and refugee assistance, including funds allocated until 2027 through the European Peace Facility.

Diabetes prevalence in Europe

Spain recorded the highest diabetes prevalence in Europe in 2021, with nearly 15% of

adults diagnosed, followed by Portugal at around 13%.

Most European nations reported diabetes prevalence rates of approximately 8-9%. Czechia had the highest diabetes-related mortality in 2021, with 43.4 deaths per 100,000 population, and mortality rates were notably higher among men than women across Europe.

An Irish Department of Health spokesperson told Euractiv: “The diabetes tsunami in Europe is a pressing public health challenge that demands immediate and coordinated action.”

However, they added that “With the right policies and interventions, it is possible to mitigate the impact of diabetes and improve the quality of life for millions of Europeans.”

Burdening the economy

The economic burden of diabetes on European health-care systems is substantial, yet universal healthcare systems prevent these costs

from being passed onto patients. In 2021, Switzerland spent nearly €11,600 per person with diabetes, while the UK, France, and Germany spent between €5,200 and €6,000 per person annually.

Germany had the highest hospital admission rates due to diabetes, at 172 per 100,000 inhabitants, and Romania and Czechia reported over 18 lower extremity amputations per 100,000 diabetes patients.

Global surge, diet to blame

The global prevalence of diabetes is projected to surge, reaching 12.2% of the population by 2045. While type 1 diabetes remains unpreventable, 95% of diabetes cases are type 2, influenced by age, poor diet, and sedentary lifestyles.

In 2021, over 30% of the population in more than half of European countries exhibited insufficient physical activity, with soft drink consumption – an obesity risk factor – averaging 98 litres per capita in 2022.

Diabetes is one of the most common chronic conditions in the WHO European Region, with Europe having the highest burden of Type 1 diabetes globally.

It is estimated that 1 in 10 people in the region will have diabetes by 2045. The number of adults living with diabetes in Europe is projected to increase from 32 million today to 35 million by 2030.

Economic Impact

These costs include direct medical expenses such as hospitalizations, medications, and outpatient care, as well as indirect costs related to lost productivity and premature mortality.

In France alone, the total direct medical costs of Type 2 diabetes are estimated at €29 billion annually.

Diabetes affects 4 million French people today, a figure that has increased sixfold in just 30 years. 90% of French diabetics have type 2 diabetes, and nearly 700,000 people with diabetes remain unaware of it.





France ranks 26th out of 189 countries for its Human Development Index (HDI), and with diabetes also striking the most socially vulnerable, prevalence rates are much higher in the most disadvantaged cities.

French diabetes prevalence is currently 5.4 %, with 1 in 2 French people now overweight and 15% struggling with obesity. In France the cost of diabetes is €19 billion per year, representing 15 % of health spending.

Europe's policy response

Recognizing the urgent need to address this crisis, the European Parliament adopted a motion for resolution on the prevention, management, and better care of diabetes in the EU in November 2022.

This resolution called for Member States to develop and implement national diabetes

plans, ensure equitable access to treatments, and promote diabetes education. The resolution also emphasizes the need for stronger EU leadership and collaboration with Member States to achieve these goals.

The "Blueprint for Action on Diabetes in the European Union by 2030" outlines several key priorities and recommendations, including risk reduction, integrated care, enabling access to quality care and engaging people with diabetes

Early diagnosis, effective management

Ireland's Department of Health told Euractiv: "The European Union's recent policy initiatives and WHO's recommendations provide a solid foundation for tackling this crisis. However, sustained effort and collaboration at all levels are essential to turn the tide against diabetes and ensure a healthier future for Europe."

The World Health Organization (WHO) emphasizes the importance of early diagnosis and effective management to prevent complications and has been actively involved in addressing the diabetes crisis in Europe.

According to the WHO, diabetes is a major cause of blindness, kidney failure, heart attacks, stroke, and lower limb amputation.

The WHO's "Declaration on Accelerating Action on Commitments to Improve Diabetes Detection and Quality of Care" highlights the need for integrated and people-centred approaches to diabetes management. This includes promoting diabetic retinopathy screening and improving access to essential medicines and technologies.

National initiatives

As a consequence of EU and WHO initiatives, several European countries have implemented national diabetes plans to combat the rising tide of diabetes, including Slovenia which has developed a comprehensive 10-year program on diabetes, focusing on prevention, early detection, and integrated care. Latvia also aims to improve access to diabetes medicines in line with WHO recommendations.

In Rome last November, a new four-year project called the Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) was launched. The initiative aims to engage ministries, public health bodies, non-governmental organizations, and universities, to assist European Union (EU) member states in reducing the burden of cardiovascular diseases (CVD), diabetes, and associated risk factors, both at the individual and societal levels.

In Belgium, Sciensano will coordinate the Belgian participation in JACARDI, embarking on a four-year collaboration with the Diabetes League, KU Leuven, and the University of Antwerp to refine the utilization of qualitative data, advance screening processes, and develop integrated care pathways.

Additionally, it will focus on leveraging digital tools to empower self-management for diabetes and cardiovascular diseases. This strategic

partnership underscores Belgium's commitment to pioneering innovative health-care solutions and improving patient care.

France has also implemented a comprehensive national diabetes program that includes public awareness campaigns, screening initiatives, and improved access to diabetes care.

National diabetes registry

Ireland's Department of Health told Euractiv: "There has been a significant shift in the quality and delivery of diabetes care in recent years, with more patients [in Ireland] being provided with care in the community and at an earlier stage."



A spokesperson added: "Funding has been allocated to develop a National Diabetes Registry. A National Diabetes Registry will help to track the prevalence of the condition year on year, measure health outcomes for patients, and produce reliable data from which future services can be

planned."

They confirmed that a review of diabetes policy and services is currently ongoing. The Review is being led by the Diabetes Policy and Services Review Steering Group - the Steering Group will submit a report within six months of the commencement of their work. This report will include key findings, recommendations, and a set of actions to improve service delivery and patient outcomes.

Ireland has also launched a public health campaign 'Building A Healthier Food Environment' to "address the wider, commercial determinants of health which impact on our food environment."

These impacts include the introduction of a sugar-sweetened drinks tax in 2018 which is currently being independently evaluated, supporting food reformulation - reduction of calories, fat, salt and sugar content - across a range of food products through the work of the Food Reformulation Task Force which is examining how to regulate the marketing of unhealthy food to children.

As Europe works towards creating a true Health Union, the EU will continue to haemorrhage funds on diabetes. With millions of lives affected, and billions of Euros failing to stem the advance of diabetes, a bold vision is needed to arrest this modern plague.

ARTICLE

Europe eating itself poorer with rising diabetes costs, data, health-tech could reverse trend

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Brian Maguire | Euractiv.com

Diabetes is draining cash from public and private sector budgets. It's time for Europe to curb its sugar high, get fiscally fit and economically strong – the EU needs a French Fries Revolution.



“When the people shall have nothing more to eat, they will eat the rich,” said Jean-Jacques Rousseau - he didn’t have diabetes in mind. European cuisine has come a long way since the French Revolution, and sure, we have more on our

plates, but Europeans are eating themselves into an early grave.

Europe’s food landscape is undergoing a significant transformation, a surge in the availability of shelf-stable, high-calorie products,

coupled with limited access to healthier alternatives due to financial and demographic constraints, is driving an alarming rise in high Body Mass Index (BMI) cases.

Our consumption of ultra-processed foods, fats,

sugars, and animal products has seen a marked increase, matched with a steady decline in physical activity levels - largely linked to changing work and transportation patterns.

These trends are particularly pronounced in low-income and middle-income populations, where the transition from traditional diets to industrialised ones has been swift and stark. This abrupt pivot has seen a significant surge in nutrition-related non-communicable diseases, including type 2 diabetes.

Common risk factors

A European Commission official acknowledged to Euractiv that “Diabetes continues to be prevalent in the EU,” but emphasised, “We have however made a lot of progress in the comprehensive approach to non-communicable diseases, which targets common risk factors for diseases such as diabetes and cardiovascular disease.”

The official added that “Under the ‘Healthier Together’ initiative, we have made an unprecedented amount of funding available

to support joint actions on diabetes and other non-communicable diseases.”

While this is true, the European Commission has its hands tied on directly implementing health policy - health remains a national remit. Brussels can do little more than nudge and incentivise, providing a coordinating and benchmarking structure while leveraging EU funds to support broader health initiatives.

Given the deep and increasingly serious impact of diabetes on Europe’s economy, the prospect of a European Health Union is not just a pathway to better health, but a stronger more productive economy, less wracked and drained by disease.

Early intervention strategies

Immediate action in the form of early intervention strategies, such as patient education, regular health check-ups, and pharmacological approaches, presents a potential near-term solution.

These strategies, complemented by lifestyle changes, can provide clinicians, public health professionals, and policymakers with effective tools to combat this soaring health crisis.

Studies conducted in Finland, China, and the USA suggest that early interventions can prevent, or at least delay, the onset of type



2 diabetes. However, the challenge lies in the implementation. Few countries have healthcare systems that are equipped to take a proactive approach or have the infrastructure to prioritise early interventions.

The development and implementation of strategies that can have a lasting impact at the population level remain a persistent challenge. The European and global community must address these issues to curb the rising tide of diet-related health concerns.

The rising cost of diabetes

Diabetes is a major cause of blindness, kidney failure, heart attacks, stroke, and lower limb amputation, and is on the rise, particularly in low- and middle-income countries. Between 2000 and 2019, diabetes mortality rates increased by 3%, causing an estimated 2 million deaths in 2019 alone.

This represents a substantial burden to healthcare systems, with estimates by the International Diabetes Federation (IDF) indicating that 537 million people worldwide had diabetes in 2021, resulting in health expenditures of US\$966 billion globally, forecast to reach more than \$1054 billion by 2045.

The main drivers of cost are hospital inpatient and outpatient care, but indirect costs accounted for 34.7% of the total burden, mostly due

to production losses from labour-force dropout and premature mortality.

The increasing prevalence of type 2 diabetes is largely driven by the rising prevalence of obesity and physical inactivity. In 2019, only 40% of countries had an

operational policy addressing overweight and obesity. Tobacco smokers are 30-40% more likely to develop type 2 diabetes than non-smokers – demonstrating why a holistic economic and health approach is needed.

National diabetes disease burdens

A leading diabetes study published in *The Lancet* identified regional and national diabetes disease burdens as part of a systemic analysis with projections of prevalence to 2050.

The report, produced by GBD 2021 Diabetes Collaborators notes that high BMI contributed to more than 60% of type 2 diabetes disability-adjusted life-years (DALYs) in central and eastern Europe.

High BMI contributed more than 60% of DALYs in 11 global regions including central and eastern Europe. By comparison, in South Asia, high BMI contributed less than 40% of type 2 diabetes DALYs.

Between 2021 and 2050, the global age-standardised total diabetes prevalence is expected to increase by 59.7%, resulting in 1.31 billion people living with diabetes in 2050, or an annualised rate of change of 3.31%.

Of this increase, 49.6% is driven by trends in obesity, and the remaining 50.4% is driven by demographic shifts.



Surveillance, prevention and intervention

The WHO Regional Office for Europe highlighted to Euractiv that the World Health Organization (WHO) has been working to stimulate and support the adoption of effective measures for the surveillance, prevention, and control of diabetes and its complications, particularly in low- and middle-income countries.

In April 2021, WHO launched the Global Diabetes Compact, a global initiative aiming for sustained improvements in diabetes prevention and care, asserting that data and technology can play a crucial role in managing the rising incidence and costs of diabetes.

The European Commission official told Euractiv that “Accurate population-level information on diabetes is limited. [However,] the Commission is working to improve access to such information through the CHIEF project (headed by JRC) and JACARDI project, the joint action headed by the Istituto Superiore di Sanità (Italy).”

“Through CHIEF, the Commission is developing the concept for a sustainable indicator collection framework for diabetes and is spearheading this initiative with the European network of diabetes registries (EU-BIROD).”

Data on diabetes derived from monitoring and

surveillance systems in most countries are sparse and inadequate. Only 56% of countries worldwide have conducted a diabetes prevalence survey within the past five years.

To facilitate the harmonization and comparability of the burden of disease studies across Europe, the European Burden of Disease Network (EBoDN) has been established in collaboration with the WHO and IHME.

Transparent data needed

While 50% of countries globally, mostly high-income countries, report having diabetes registries, their predominantly hospital-based nature and limited coverage do not provide sufficient information on diabetes outcomes.

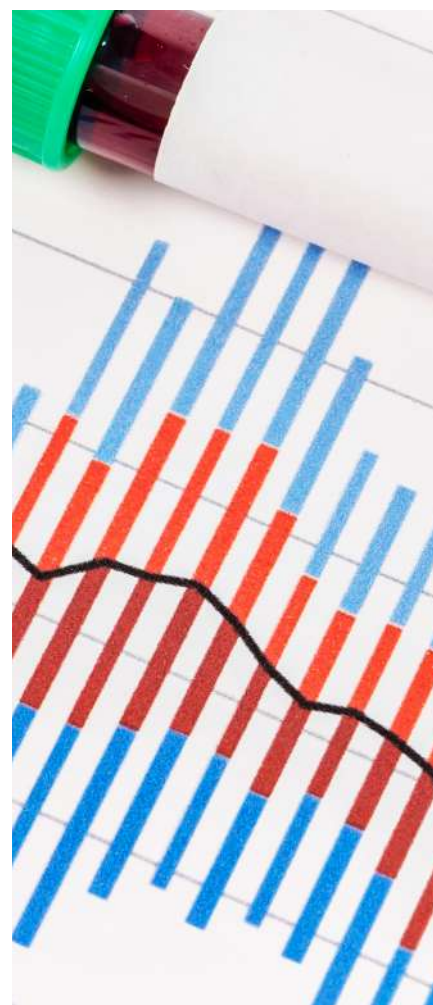
In this context, the WHO Secretariat, supported by an academic group, developed an approach to setting diabetes coverage targets based on a draft proposal. It recommends that five global diabetes coverage targets be established for achievement by 2030. Achieving these targets will contribute to the achievement of SDG target 3.4.

Based on this kind of data, modelling projections have demonstrated that achieving the target levels of diagnosis, treatment, and control of three targets (glycaemia, blood pressure, and statin use) of at least 60% results in a gain in

median Disability-adjusted life years (DALY) of 38 per 1000 persons over 10 years – not just a massive benefit in public health, but economic gain.

Effective public policy-making to increase access to affordable medicines and health products requires the use of evidence derived from the accurate analysis of reliable and transparent data on prices and availability.

While Europe lacks this data, it cannot patch leaks in economic reserves as cash drains from public and private sector budgets servicing diabetes and its associated disease profiles. It's time for Europe to curb its sugar high, and get fiscally fit and economically strong – we need a French Fries Revolution.



ARTICLE

Diabetes and cardiovascular disease causing profound clinical, psychosocial, socioeconomic impacts

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Brian Maguire | Euractiv.com



Cardiovascular disease related to diabetes is wrecking Europe's public health budgets at an astonishing rate. Patients with diabetes are up to three times more likely to develop cardiovascular disease, while one in three will experience some form of vision loss.

According to the European Society of Cardiology, cardiovascular diseases are the leading cause of death in the EU, and the International Diabetes Federation reports that every 30 seconds, a lower limb is lost to diabetes somewhere in the world.

Growing clinical, psychosocial, and socioeconomic burdens

Francesco Cosentino, a Senior Physician and a Professor of Clinical Cardiovascular Research at the Swedish Karolinska Institutet, specialises in the molecular mechanisms behind the increased risk of cardiovascular disease linked to diabetes, overweight, and ageing.

In a recent paper by Cosentino et al, it's argued that there is a mounting clinical, psychosocial, and socioeconomic burden worldwide as the prevalence of diabetes, CVD and chronic kidney disease continues to rise.

They report that "despite the introduction of therapeutic interventions with demonstrated efficacy to prevent the development or

progression of these common chronic diseases, many individuals have limited access to these innovations due to their race, ethnicity, and/or socio-economic status."

Diabetes remains a global health concern. It's associated with a myriad of complications affecting various organs and in high-income countries it is a leading cause of CVD, blindness, kidney failure, and lower limb amputation.

Type 2 diabetes increasingly represents a significant public health problem due to its alarming prevalence and associated complications including CVD, and these are closely interconnected and can constitute the main causes of morbidity and mortality in people with type 2 diabetes.

Regular monitoring of blood glucose, blood pressure, and cholesterol levels is essential to delay or prevent these complications.

CVD and healthcare budgets swell

In 2020, diseases of the circulatory system were responsible for almost one-third (32.7%) of all deaths. Germany had the highest level of current healthcare expenditure among the EU Member States, valued at €432 billion in 2023.

The World Bank predicts that public expenditure on healthcare in the EU could jump from 8% of GDP in

2000 to 14% in 2030 - a significant financial burden on healthcare systems and government budgets.

The substantial burden of cardiac and renal damage can also contribute to the increased risk of mortality in people in the early stages of type 2 diabetes.

Heart failure and chronic kidney disease are the first and most frequent manifestations of CVD in people with type 2 diabetes and are associated with increased morbidity and mortality risk. While CVD, affecting the heart and blood vessels, is the most common cause of death in people with diabetes.

High blood pressure, high cholesterol, and high blood glucose are risk factors that increase the likelihood of cardiovascular complications.

Optimal CVD / diabetes management

Though efforts for optimal management of CVD risk factors in people with type 2 diabetes have had an impact on atherosclerotic outcomes, there has been no significant impact on heart failure and chronic kidney disease. Studies have shown these to be more common complications in people with type 2 diabetes than stroke, heart attack, and peripheral artery disease.

They account for the highest proportion of hospital healthcare costs

and are associated with increased mortality risks.

Diabetes and the politics of inequality

In the EU, approximately one in six adults live with CVD, and the number of people with diabetes mellitus has almost doubled in the last decade, affecting nearly one in ten adults.

The Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) emerged from this growing need to help European countries reduce the burden of chronic diseases.

JACARDI a project which is part of the European Commission's Healthier Together EU Non-Communicable Diseases Initiative and is scientifically supported by the WHO runs from November 2023 to October 2027 and involves partners from 21 European countries. It aims to enhance the quality of care for people affected by CVD and diabetes in Europe.

In part, the project seeks to reduce the significant differences in the prevalence and mortality of CVD and diabetes between social groups, regions, and countries, pointing to large inequalities across Europe.

EPP's manifesto CVD pledge

To address this multifaceted and seemingly intractable healthcare puzzle,

the European People's Party (EPP) has included a 'European Cardiovascular Health Plan' in their 2024 electoral manifesto.

This plan was a direct response to the recognition that cardiovascular disease is the leading cause of death in the EU.



The plan proposes the establishment of a European Knowledge Centre and the promotion of a joint cardiovascular and diabetes health check. Its inclusion in the EPP manifesto was viewed as a historic step in addressing the urgent need for comprehensive action to tackle Europe's health crisis.

The initiative was welcomed by the European Alliance for Cardiovascular Health (EACH), a coalition created in 2021 comprising patients, healthcare professionals, researchers, and health industry representatives.

In its manifesto, the EPP argues that considering "our ageing society, investment in healthy longevity is the best way to alleviate the burden of ageing on budgets and

to make our longer lives also healthier." The focus is therefore not just lifespan, but 'healthspan' – the opportunity we possess to live a functional, healthy life for longer.

Counting the real cost of diabetes

Peter Attia, a prominent figure in the field of health and longevity, has said: "Patients with T2D have a significantly elevated risk of cardiovascular disease, cancer, and Alzheimer's disease relative to those without T2D, yet deaths from those respective diseases count as their own categories."

Attia argues that the real cost of diabetes in lives and Euros is likely to be significantly higher than health institutes report, because we often count causes and outcomes in isolation, necessarily so. Of T2D Attia says "We must bear in mind that a much larger impact on mortality lies hidden."

Without a holistic, urgent, well-funded and communicated approach to diabetes, Europe is not only diminishing the quality of life for its citizens but emptying its wallet unnecessarily.

At a time when the European Union is struggling to pay for munitions in Ukraine, it should deploy its frontline healthcare practitioners in the war on diabetes.

ARTICLE

Europe's amputation crisis, diabetes experts call for urgent new screening programs

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Brian Maguire | Euractiv.com



Europeans suffer 100,000 amputations a year because of the escalating issue of 'diabetic foot'. Diabetes already burdens health systems, but without more frequent monitoring programmes, experts warn the amputation crisis will get worse.

Diabetics can develop foot ulcers, often leading to costly hospital admissions and amputations. Amputation rates across the EU are shockingly varied. In Europe, 1 in 11 adults has diabetes, that's 61 million individuals. The region also has the highest number of children and adolescents with type 1 diabetes, with around 295,000 kids at constant risk.

Diabetes Mellitus is a prevalent metabolic disease, affecting 9.3% (463 million) of the global population in 2019, with projections indicating an increase to 11% (700 million) by 2045.

Diabetes predisposes patients to various complications, the most debilitating of which are lower extremity infections and amputations. The most common

manifestation of lower extremity complications in diabetes is neuropathy, a significant risk factor for diabetic foot ulcers (DFUs).

With DFUs, a combination of sensory, motor, and autonomic neuropathy leads to loss of protective sensation, foot deformity, and skin changes, respectively. These changes result in callus formation, which can ulcerate due to repetitive trauma and inflammation.

Approximately 18.6 million people with diabetes worldwide develop a foot ulcer each year, and 34% of all people with either type 1 or 2 diabetes will develop a foot ulcer in their lifetime.

Losing the 'gift of pain'

Euractiv asked Professor Andrew Boulton, President of the Worldwide Initiative for Diabetes Education, and a Professor of Medicine at the University of Manchester, why society is so unaware of the devastating consequences many people suffer from diabetes.

Professor Boulton said: "The problem here is that symptoms of the late complications of diabetes are often silent until it is too late - so loss of vision may be the first sign of diabetic eye disease, end-stage renal failure may be the first sign of diabetic kidney disease."

"A foot ulcer may be the first sign of nerve damage - with neuropathy, many patients have lost the 'gift of pain' which protects us from insensate injury. We only realize what a true gift pain is when we lose it."

The prevalence of DFUs varies significantly in Europe, ranging from 1% in Denmark to a remarkable 17% in Belgium.

In a sign that the clinical situation is getting worse, according to Grand View Research, the European diabetic foot ulcer treatment market size was valued at \$1.45 billion in 2021 and is expected to increase at a compound annual growth rate of 5.4% between 2022 and 2030.

Amputations in Europe

In a multicentric study based in Europe, it was found that 5% and 17% of patients with diabetic foot ulcers require major (above the ankle) and minor (below the ankle) amputation respectively, within 1 year of ulcer development.

A meta-analysis involving 16 studies revealed that the prevalence of lower limb amputation

in patients with diabetic foot ulcers is around 19%.

Early intervention strategies

Immediate action in the form of early intervention strategies, such as patient education, regular health check-ups, and pharmacological approaches, presents a potential near-term solution.

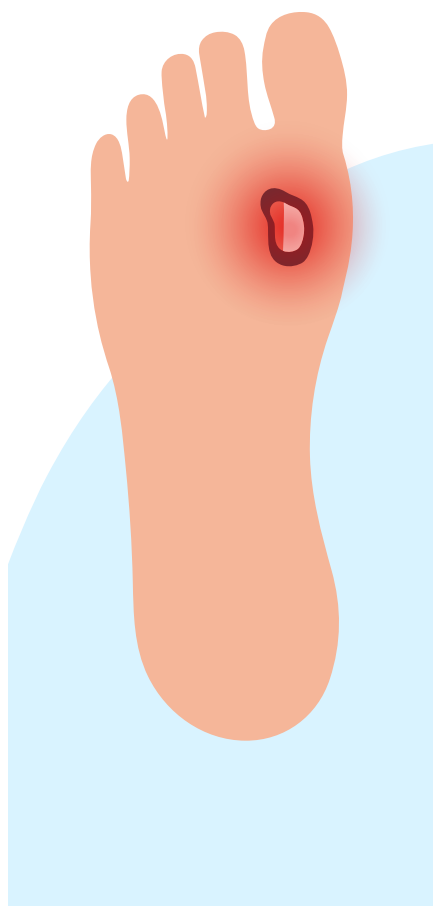
These strategies, complemented by lifestyle changes, can provide clinicians, public health professionals, and policymakers with effective tools to combat this soaring health crisis.

Studies conducted in Finland, China, and the USA suggest that early interventions can prevent, or at least delay, the onset of type 2 diabetes. However, the challenge lies in the implementation. Few countries have healthcare systems that are equipped to take a proactive approach or have the infrastructure to prioritise early interventions.

The development and implementation of strategies that can have a lasting impact at the population level remain a persistent challenge. The European and global community must address these issues to curb the rising tide of diet-related health concerns.

Economic Implications

DFUs cause considerable global disability and are a major contributor to the



global disability burden. The annual expenditure per person with diabetic foot complications is three times higher than that for diabetic patients without DFUs.

In 2017, it was estimated that the complications of diabetes in the United States carried a direct cost of \$237 billion, with approximately 33% of this cost attributable to DFUs.

In a study of 'Epidemiology and Risk Factors of Diabetic Foot Ulcer' it was reported that "although the costs of DFU treatment were higher in developed and high-income countries such as the US (\$10.9 billion/year), the UK (\$4 billion/year) and Denmark (\$150 million/year), the condition has also a profound impact on the economy of middle- and low-income countries."

Cancer kills

Professor Boulton said: "Society takes cancer seriously because they know that cancer kills - so will have regular check-ups: similarly, heart disease is taken seriously as people know that heart disease kills - and will take a statin even though they feel no better."

"However, diabetes is not taken seriously - 'just a touch of sugar' many say."

"Societal education is needed to raise the profile of diabetes as a potentially preventable and eminently treatable condition," said



Boulton, adding, "If left untreated [diabetes] may have very serious outcomes. For example, we have shown that those on hemodialysis and have lost a toe, part of a foot or leg, have worse outcomes in terms of survival than most cancers."

Generational policy shift is needed

The significant impact of DFUs now requires early identification and proper aggressive treatment of patients with diabetes and DFU to prevent its progression and reduce its economic burden.

Studies show that although the cost is great, low-cost, early implemented measures can go a long way in helping to decrease those costs. There is therefore an urgent need for preventative strategies to reduce the incidence of foot complications among those with diabetes.

The European Diabetes Forum (EUDF) argues that: "While the investment in upfront screening and risk-reduction campaigns might be significant, the case for the cost-effectiveness of prevention has been clearly demonstrated."

The EUDF says early detection of Type 2 Diabetes (T2D) is also crucial to prevent severe complications like heart, kidney, and eye diseases. Screening supports timely intervention, reducing the personal and economic burden on individuals and healthcare systems.

Launching a "Diabetes Community Pledge for the European Parliament Elections 2024", the EUDF has been asking candidates and political parties to pledge their support to a generational shift in fighting diabetes in Europe, and to act in the next mandate to create a strong EU diabetes policy.

ARTICLE

Diabetes patients need election manifesto pledge from all EU parties, says EUDF

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 Brian Maguire | Euractiv.com

The European People's Party (EPP) is still the only political group to directly address diabetes as part of its 2024 election manifesto pledge - the group says it will launch a European Cardiovascular Health Plan. European Diabetes Forum (EUDF) is now asking all of Europe's politicians to pledge their manifesto support to fight diabetes in Europe.

The International Diabetes Federation has also called on all EU political groups to back the launch of a Joint Cardiovascular-Diabetes Plan by the forthcoming European Commission. The EUDF and IDF both want to see action towards creating a strong EU diabetes policy framework supportive of national diabetes action plans.

They aim to do this by trying to sensitise the political agenda, and potential candidates for the election, on the importance of dealing with a non-communicable disease like diabetes. As part of its pledge campaign, the EUDF is highlighting what it calls "The Four 'E's' – Early Detection, Equitable Care, Empowering



People and Embracing Science and Technology."

Historic step, a holistic approach needed

The EPP's 2024 election manifesto says citizens should be able to "(...) seek healthcare wherever they want and be confident that they will receive quality healthcare when moving to another country.

Suffering from a disease should never be a barrier to free movement in Europe."

The political group aims to launch a European Cardiovascular Health Plan, they said: "(...) in response to the fact that cardiovascular disease is the biggest killer in the EU. This plan should include a European Knowledge Centre and

promote a joint cardiovascular and diabetes health check.” They emphasised this is crucial, as 85% of the persons living with diabetes die from cardiovascular disease.

The European Alliance for Cardiovascular Health (EACH) welcomed the EPP’s ‘European Cardiovascular Health Plan’ as a core component of their electoral manifesto, noting that “This historic step answers the urgent need for comprehensive action to address Europe’s health crisis and tackle its leading cause of death – cardiovascular disease which costs the EU €282 bn every year.”

Elisabeth Dupont, Regional Director of IDF Europe, said: “IDF Europe welcomes the EPP’s acknowledgement of the need to act on diabetes in its manifesto and urges the European Commission and all political factions to go further and consider diabetes as an equal priority in a joint Cardiovascular-Diabetes Plan.” She said is required to ensure a holistic approach to people living with NCDs and improve health outcomes for all citizens in Europe.

Renew – coordinated action needed

Catherine Amalric, MEP, Renew Europe’s coordinator for the health subcommittee told Euractiv: “More than 30 million Europeans suffer from diabetes. It is a common disease, yet we are struggling to limit its impact.” Amalric, a French medical doctor, added: “We need to take coordinated action at the EU



level to step up research and prevention. The European Commission urgently needs to present its proposal for an efficient and harmonised nutritional labelling at the European level, to better inform citizens about what they are eating.”

Despite widespread activity when it comes to World Diabetes Day, not all political parties have been definitively engaged in driving diabetes-focused policies when it comes to manifesto pledges for June’s European elections.

A spokesperson for The Left in the EP told Euractiv: “As a group, we don’t have explicit policy proposals on diabetes specifically. However, our position emphasises the need for

initiatives to strengthen public healthcare infrastructure, boost research spending in the public interest, ensure affordable medicines, and safeguard healthcare workers’ rights.

By challenging profit-driven models and prioritising people’s health over corporate interests, the EU could be a force for a healthier Europe for all, improving care for all patients, including those living with diabetes.

The Left said they advocate for healthcare systems that prioritise universal access, public ownership, and equitable distribution of resources as the best way to improve patient care and research. The spokesperson remarked: “We oppose the EU-backed neoliberal agenda that seeks to erode healthcare rights and call for robust public investment in services to address systemic inequalities.”

ECR - urgency of diabetes cannot be overstated

A spokesperson for the European Conservatives and Reformists (ECR) told Euractiv that the ECR has consistently supported initiatives aimed at combatting diabetes. From backing Parliament’s resolution on non-communicable diseases (NCDs), including diabetes, to championing the EU diabetes epidemic resolution.

The ECR spokesperson said: “The urgency of addressing diabetes cannot be

overstated. With almost 10% of the EU population affected and millions more at risk, the toll on healthcare systems is substantial and growing. Against the backdrop of rising obesity rates and an ageing demographic, the economic burden (which currently represents approximately 10% of healthcare expenditure across the EU) is poised to escalate further.”

The ECR called on the Commission to build on the work of the Healthier Together—EU non-communicable diseases initiative to ensure continued support for diabetes funding under the current and future EU framework programmes for research, including research

on integrated care models, and effective interventions in diabetes prevention and management.

Diabetes funding dynamics

European Commissioner for Health and Food Safety, Stella Kyriakides speaking at the 28 March Brussels event “Cardiovascular Healthcare in Europe: Challenges and Perspectives”, said: “We just launched the biggest-ever EU collaborative action on cardiovascular diseases and diabetes, with 53 million Euros from the EU4Health programme. We have also provided around 7 million Euros for stakeholder-led projects on health

determinants, cardiovascular diseases and diabetes.”

On World Diabetes Day, Kyriakides said the Commission had provided €53 million from the EU4Health programme – the EU’s largest-ever financial contribution to actions on diabetes and cardiovascular diseases.

She said the Commission is also investing heavily in research, with over €296 million from Horizon Europe to support almost 120 diabetes-related projects, while continuing to work closely with and support Member States through the Expert Group on Public Health to scale up health promotion and disease prevention activities.



The legal framework for diabetes

EU Member States are responsible for their health-care policies, and EU action should complement national policies, guided by Article 168 of the Treaty on the Functioning of the European Union. The EU focuses on prevention, research and information, while also fostering cooperation between Member States. The European Commission addresses diabetes in its work on non-communicable diseases (NCDs).

Complicating the political landscape in Europe is the diverse legal basis for taking action on diabetes.

Frontiers in Public Health published a detailed legal surveillance study asking “How the European Union legislations are tackling the burden of diabetes mellitus.” The study concludes that surveillance of the EU’s legislation on the prevention of diabetes mellitus (DM) is needed, to more effectively tackle the rising prevalence of DM.

The researchers found 22 laws aimed at preventing DM, NCDs and obesity, but only five of them specifically addressed preventing DM. They said their results prove: “(...) that the EU has made cross-sectoral legislative efforts to reduce the disease burden and prevent DM but does not exhaust all possibilities (...) and that given its persistently rising DM prevalence, it is imperative to make sure that DM is a top

health priority for various EU authorities and is incorporated into new initiatives, policies and laws.”

The Socialists & Democrats (S&D) and the Greens/EFA were also asked to comment for this article.



ARTICLE

The push to put diabetes at the heart of Europe's election manifestos

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Brian Maguire | Euractiv.com



In a bid to build political impetus to improve the lives of people living with diabetes in the EU, the European Diabetes Forum has launched a new 'Diabetes Community Pledge' to rally political parties ahead of the 2024 European Elections.

The pledge, developed by a broad coalition of organisations working in the field of diabetes, aims to influence the political agenda on behalf of the 32 million people living with diabetes in the European Union, and on behalf of their

families. The objective is to create a strong EU diabetes policy framework supportive of national diabetes structures.

Euractiv spoke with Stefano Del Prato, Chair of the EU Diabetes Forum (EUDF) about how people with diabetes can potentially live longer, more fulfilling lives while avoiding preventable costs for Europe's healthcare services; and how the EU can strengthen the resilience and sustainability of health systems.

Every 46 seconds...

"A person dies of diabetes-related complications every 46 seconds in the EU," said Del Prato, adding that the number of people in the EU living with diabetes is "equivalent to the populations of the Netherlands, Portugal and Croatia combined".

According to the EUDF, in 2021, the total diabetes-related cost to the EU's healthcare systems was €104 billion, and 75% of these costs are due to avoidable complications that can be prevented

through good diabetes management. About one-third of the economic cost of diabetes is due to productivity losses, worth around €65 billion annually.

"If we fail to take action," warned Del Prato, "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."

"At EUDF, we wanted to try to sensitise the political agenda, and potential candidates for the election, to the importance of dealing with a non-communicable disease like diabetes. There are a lot of people with diabetes, and we want those people to be active in society, to provide them with the opportunities that every citizen of Europe should have. To message this, we are using what we call "The Four 'E's' - Early Detection, Equitable Care, Empowering People and Embracing Science and Technology."

Silent pandemic

As the prevalence of the silent diabetes pandemic rises, EUDF forecasts suggest that diabetes will affect more than 33.2 million people in the European Union by 2030. In addition, Type 2 diabetes is increasingly affecting people at a younger age, when the disease is more aggressive.

“Seventy-five per cent of the healthcare costs of diabetes are due to potentially preventable complications,” said Del Prato. “Policies promoting early diagnosis and good disease management can deliver significant cost savings and contribute to the resilience and sustainability of health systems. 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,” he continued. “Implementing effective primary and secondary prevention strategies coupled with the use of modern management approaches can improve the prospects of people living with diagnosed diabetes, as well as those who are at risk, allowing them to live fulfilling lives.”

“So, I would say, by explaining our four major messages, which form the core of ‘The Pledge’, we would like to convey a policy direction which can potentially be translated into a future political agenda for Europe and for the European Parliament.”

Societal costs

The pledge addresses first an individual’s quality of life. Secondly, it addresses the economic impact of diabetes, not least with the net loss of productivity - and the third element is increasingly expensive societal healthcare costs.

“Early and more effective treatment is also about prevention of dangerous and costly complications from diabetes,” said Del Prato. “Right now, we want to see more early detection of the condition, because that will allow us to potentially reduce the burden of a complication. With early detection programmes, we can also spread awareness in the general population, which will be the basis for a more efficacious and efficient prevention strategy.”

Technology impact

Asked if technology will fundamentally change diabetes detection, Del Prato said: “With technology, it is much easier to really monitor diabetes, but we need to restructure the broader system. We cannot expect care providers to just look at a screen and to monitor glucose levels - education for the healthcare provider in the field of diabetes needs to be updated, while introducing knowledge about the role of technology to really impact the condition.”

He added: “I do not believe that technology can be just ‘translated’ from the traditional way we manage diabetes. This election should be taken

as an opportunity to really review, revise and revitalise the management of diabetes as a chronic condition.”



ARTICLE

Childhood diabetes crisis stalks Europe, more screening urged

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Brian Maguire | Euractiv.com

The International Diabetes Federation (IDF) predicts a 13% rise in diabetes prevalence in Europe by 2045, with 61 million affected. Europe has the highest incidence of Type 1 diabetes (T1D) in children and adolescents, and the second highest per-person diabetes cost globally, spending €175 billion in 2021.

In terms of global regions, Europe now reports the highest number of children and adolescents with T1D, with approximately 295,000 cases.

Grace O'Sullivan, MEP (Greens-EFA), said: "Ireland in particular, has an issue with diabetes in children. We are in the top 25% of diabetes incidence worldwide and the numbers are going in the wrong direction."

"Early screening efforts need to be stepped up, as now most diagnoses are made on an ad hoc basis and for very young children the signs can be difficult to spot."

Patients... and families...

"Diabetes is not always preventable and not always caused by environmental influences



- genetics and the body's auto-immune responses can be the driving determinants.

Joanne Murphy, Professor of Inclusive Leadership Birmingham Business School, University of Birmingham told Euractiv: "Our daughter was diagnosed when she was six. Since then, T1D has been a constant and unwelcome companion. It hangs on, 24 hours a day, seven days a week. There is no break, no holiday, only the relentless

reality of managing the function of a bodily organ - with little information and terrible consequences if you get it wrong."

"Sometimes, just when you think you know what you're doing, it rears like a sleeping deadly dragon. Hopefully, someday it will be gone through the incredibly work of researchers and activists, but until then we go on, hoping we can stay one step ahead."

New research, better screening

Chantal Mathieu, current President of the European Association of the Study of Diabetes (EASD), explained that tools exist to screen for the presence of autoantibodies against the beta-cell - the insulin-producing cell - in the blood of people with very un-invasive methods, like a finger-prick. The presence of these antibodies shows early stages of T1D and predicts progression to the clinical stage of the disease.

"Throughout Europe, screening campaigns in first degree relatives of people with T1D, like Fr1da and INNODIA are running," said Mathieu, "and even screening of the general population is now happening, like in EDENT1FI." But, she said, more is needed.

She described how some countries, like Italy, have mandated screening for Type 1 diabetes into law, adding that she believes it's time to screen all for early-stage T1D. In doing so, potentially life-threatening diabetic ketoacidosis, at presentation of the clinical disease, can be avoided in most patients.

In Germany, the Fr1da project, launched in Bavaria, is a large-scale screening initiative for early detection of T1D in children. The Fr1da study is the first population-based approach for the early diagnosis T1D associated autoimmunity in childhood.

The project aims to provide optimal treatment and improve disease



understanding, with over 200 paediatric practices participating across Bavaria.

EU supporting diabetes research and education

While healthcare policies are primarily the responsibility of EU Member States, the European Commission addresses diabetes within its work on non-communicable diseases (NCDs), supporting Member States in achieving UN and WHO targets on NCDs by 2025.

It also supports research in this area under Horizon 2020, with a broad scope aiming to translate new knowledge into innovative applications and accelerate large-scale uptake. One programme is the Healthier Together initiative (2022-2027) which aims to reduce the burden of NCDs, including diabetes.

The European Parliament (EP) has passed a significant resolution on “prevention, management, and better care of diabetes in the EU.” Article 7 of the EP’s World Diabetes Day resolution of 23 November 2022 calls on Member States “to develop, implement and monitor national diabetes plans and strategies with comparable milestones and targets, including a risk-reduction and screening/early action component...”.

In addition, the EU’s Innovative Health Initiative (IHI), for example, has allocated €23 million to the

EDENT1F1 project. Launched in late 2023, the initiative aims to promote universal screening for non-clinical T1D, particularly among children, across 12 countries.

Diabetes election manifestos

Building on this substantial structure and seeking to engage Europe’s politicians in the runup to election season, the European Diabetes Forum (EUDF) has launched an Election Pledge aimed at drawing support from Europe’s political groups.

The Pledge invites candidates to demonstrate their support for the 32 million people living with diabetes in the EU, and their families. It focuses on early detection, equitable care, empowering people through education, as well as embracing science and technology, and highlights potential cost savings of €104 billion - estimated at 75% of costs derived from avoidable complications.

With the European elections set for June, Europe’s political groups will soon launch their manifestos, each with specific health agendas, EUDF aims to communicate the importance of diabetes as a critical health and economic issue.

“On message”

Carine de Beaufort, former President of the International Society for Pediatric and Adolescent Diabetes (ISPAD) said

manifestos should focus on children and prevention, she told Euractiv “We still see a high number of children with newly onset diabetes, where early signs and symptoms have been missed.”

She added that many of the children have actually seen a doctor in the two weeks before hospitalisation, and that this severe onset which specialists still seeing, has a long-lasting impact. “Prevention might be possible with a carefully planned and accompanied screening program,” remarked de Beaufort.

Asked by Euractiv what his message to citizens will be in terms of managing diabetes and early detection, Renew MEP, Billy Kelleher said: “Governments must invest more in awareness and early detection campaigns. Diabetes is something we can reduce a lot in society if the right programmes and supports are put in place early on in peoples’ lives.”

MEP Grace O’Sullivan said Europe’s political parties must understand that screening and quality of care should be urgent and universal. She explained: “...we need to address the inherent inequalities of our health system – your economic background should not determine the quality of care and screening you get.”

PROMOTED CONTENT

DISCLAIMER: All opinions in this column reflect the views of the author(s), not of Euractiv Media network.

Time to follow the science: How Europe can unlock a new era of diabetes care

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Chantal Mathieu and Stefano Del Prato | European Diabetes Forum (EUDF)



We are living an exciting but also daunting time for diabetes care. While a genuine epidemic of diabetes is spreading across Europe and the world, new tools and treatments are emerging to manage this condition. The fact is however that most European health systems are still unready to make the most of these innovations.

The time for action is now.

European policymakers increasingly recognise the need for greater action on the mounting burden of diabetes and related chronic diseases. Just last month, new Council Conclusions on Cardiovascular Health recognised the interconnection between cardiovascular diseases, diabetes,

and obesity, calling on member states to take “comprehensive actions to tackle and manage these conditions.”

As we have previously argued, the intricate links between cardiovascular diseases and diabetes mean that policy actions must tackle these illnesses together to be effective.

In the EU, the number of people with diabetes is forecast to continue to rise from 32 million today to 55 million by 2050. This means millions more people will face increased risk of developing cardiovascular diseases, vision loss, lost limbs and kidney failure, while economies and health systems face the prospect of many billions of euros in preventable medical costs and productivity losses.

Political will is here: now we need action

EU Commissioner for Health Olivér Várhelyi has announced that the Commission will prepare a Cardiovascular Health Plan, also covering diabetes and obesity, which would focus on prevention, early detection and equitable access to care.

Members of the new European Parliament, such as healthcare practitioner András Kulja and Chair of the newly upgraded Committee on Public Health (SANT) Adam Jarubas, have also spoken out on the need to do more on diabetes. At last year's World Diabetes Day, European Parliament President Roberta Metsola affirmed: "We have the resources to turn the tide on diabetes. We now also need political will."

This mounting political pressure for action on diabetes is timelier than ever due to the disease's escalating prevalence but

also due to greater therapeutic efficacy and improved prevention strategies. It is time to take full advantage of present and future therapeutic solutions through a pan-European strategy.

Health systems must be modernised to leverage the latest science and treatments

The imperative of increased action on diabetes is then clear, but what must be done in Europe to address this mounting crisis? Put simply, European decision-makers must follow the science by crafting policies fully leveraging our growing understanding of how to prevent, manage and treat diabetes.

As detailed in the Diabetes Community Pledge, developed by the European Diabetes Forum bringing together a wide array of European diabetes organisations, European institutions and member states must take action with no further delay.

We know that early detection of diabetes is essential to timely treatment and avoidance of serious complications. Hence, member states must enhance primary and community care to improve detection of people with diabetes and those at risk. Regional or national health check programmes should be introduced for all age groups for all types of diabetes and associated illnesses such as

cardiovascular and kidney diseases.

In 2023 Italy became the first country in the world to launch a systematic screening program for type 1 diabetes and coeliac disease in children aged 1 to 17. Initiatives of this kind are crucial to ensure early intervention to prevent dramatic onset of the disease and long-term complications, if not modify the course of the disease.

Healthcare systems must provide the right treatment for the right person at the right time. People with diabetes must have equitable and affordable access to the necessary medicines, supplies, devices and digitally-enabled technologies such as glucose monitoring and insulin delivery systems. Broader use of digital apps can help patients track glucose levels and self-manage, facilitate communication with their doctor, and generate data for improved decision-making.

Eliminating policy barriers to diabetes care

As pointed out by a 2023 study by PwC, many local policy barriers to diabetes care continue to exist across Europe. These may include bureaucratic hurdles such as complex redundant forms for healthcare providers to fill. Barriers to access modern and efficacious treatments also exist because of lengthy national approval and reimbursement processes, and



overly restrictive reimbursement conditions.

Failure to swiftly implement the international guidelines for diabetes represents a third major barrier, preventing or delaying proper evidence-based interventions and access to the most appropriate management options for each person living with diabetes. Investment supporting guideline-based appropriate treatments can lead to massive savings further down the line by preventing complications and productivity losses.

The European institutions and each member state must raise awareness and promote understanding of diabetes across the general population. Health systems must support people with diabetes to enable self-management and peer support,

as well as ensure shared decision-making between the person with diabetes and healthcare professionals. People with diabetes should also actively participate in research, regulatory, policy and evaluation processes: nothing about patients without patients.

Finally, Europe can take a leading role in untapping the potential of science and technology to deliver effective care for people with diabetes and those at risk. The EU should invest in digital innovation, enhance the collection of clinical data and expand funding for diabetes research. This would enable Europe to foster frontline basic and clinical research translating research achievement into rapid tangible benefits to all persons living with a type of diabetes.

While the rise of diabetes represents an epochal challenge for Europe and the world, any resignation or fatalism regarding this fact is wholly unjustified. Inaction will only cause even greater losses of quality of life, productivity and societal participation for millions of European citizens.

Researchers have been developing the tools to stem the tide of diabetes and care professionals stand ready to use them. EU and national policymakers must act now to ensure health systems are ready to deploy these tools. This would be one of the most powerful investments possible in the future Europe's health systems and healthier lives for tens of millions of people.

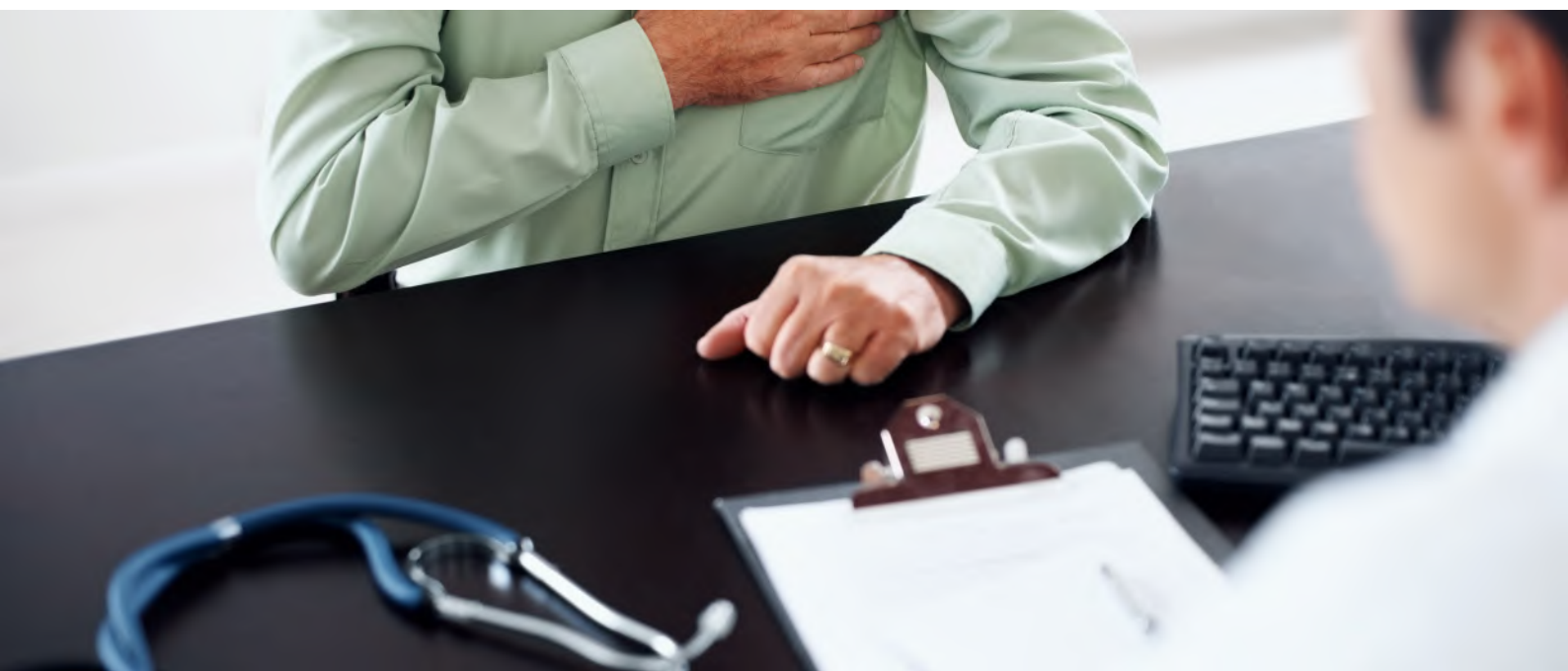
PROMOTED CONTENT

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Mission Possible for the next Health Commissioner: How investing in prevention can make Europe fit for the future

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Anne-Marie Felton and Bart Torbeyns and Carine de Beaufort and Carmen Hurtado Del Pozo and Chantal Mathieu and Jean-François Gautier and Stefano Del Prato and Sufyan Hussain and Xavier Cos | European Diabetes Forum (EUDF)



The next European Commissioner for Health and Animal Welfare will have a momentous responsibility: to promote and safeguard the health of almost 450 million people in the European Union. At a time of unprecedented demographic change and economic uncertainty,

investing in preventive care—particularly for diabetes and other noncommunicable diseases (NCDs)—is more urgent than ever.

By Stefano del Prato (EFSD), Chantal Mathieu (EASD), Anne-Marie Felton (FEND), Xavier Cos (PCDE),

Carmen Hurtado Del Pozo (Breakthrough T1D), Sufyan Hussain (IDF Europe), Jean-François Gautier (SFD), Carine de Beaufort (ISPAD) and Bart Torbeyns (EUDF).

The benefits of such investments will be felt for years and years to

come, both by millions of Europeans with, or at risk of developing, diabetes and by our societies and economies as a whole. By promoting prevention and care, the Commission can play a decisive role in ensuring Europe remains as healthy, active and resilient as possible, both in times of peace and in times of crisis. Europe simply cannot afford to neglect NCDs' prevention.

The von der Leyen II Commission is looking to upscale action on prevention

There is considerable discussion among European policymakers on how to tackle NCDs, including diabetes and

Presidency of the Council of the EU has put a renewed focus on prevention with upcoming Council Conclusions on cardiovascular health, which may include measures for early screening and prevention of cardiovascular diseases and related conditions like diabetes, chronic kidney disease and obesity.

In the previous legislative mandate, the EU championed landmark actions to support Member States in improving primary prevention of NCDs. While health promotion is critical to the prevention of diabetes and other NCDs, a public health response focused exclusively on primary prevention is ill-suited to treat and

scaling up interventions at the secondary level to detect diabetes earlier and ensure timely referral to the patient pathway. This can help prevent or delay the onset of severe complications, which still account for most of the cost excess of diabetes.

Every euro invested in diabetes prevention can yield five euros in value

The returns on investing in diabetes prevention and care are tremendous, notably because of the sheer scale of this health challenge. Europe faces a "diabetes tsunami" in the years to come: the number



obesity, in the new mandate. The EPP's manifesto called for an EU cardiovascular health plan promoting a joint cardiovascular and diabetes health check. The Hungarian

manage chronic diseases. To be effective, prevention policies should encompass the full spectrum of actions by continuing the work on primary prevention and

of people with diabetes in the EU has been forecast by The Lancet to rise from 32 million today to up to 55 million by 2050. There is already a rise in childhood

diabetes and obesity, driving home the imperative of boosting early screening efforts, including for Type 1 Diabetes.

Investing in diabetes prevention and care also critically contributes to preventing many other NCDs, especially cardiovascular diseases (CVDs). Diabetes triples a person's risk of developing CVDs, while also leading to a tenfold risk of kidney failure, as well as other possible complications such as vision loss and loss of limbs.

The health and socioeconomic benefits of changing the current failing paradigm in diabetes care are massive. Diabetes currently costs EU healthcare systems around 104 billion euros every year, of which around three quarters is due to preventable complications. What's more, productivity losses due to diabetes in the EU are estimated around 65 billion euros per year. Fortunately, of these almost 170 billion euros in annual costs, the overwhelming majority can be avoided through informed strategies for screening, early diagnosis, screening, and optimal management of diabetes, with better use of data all steps.

It's important to stress that investment in diabetes prevention ultimately pays for itself. One UK study found that investment in diabetes prevention is recouped within 12 years, with the added benefit that every euro invested leads to

net savings for healthcare system of 1.28 euros over 20 years. Another study found that every euro invested in preventing Type 2 diabetes progression led to around five euros of social value, including boosts to health and employment.

Europeans want health to stay high on the EU policy agenda

As the memory of the COVID-19 pandemic recedes, there is a serious risk of deprioritisation of health policy at EU and national levels, already seen in the one billion euros cut from the EU4Health programme's budget. This is despite the fact, as shown in a post-election Eurobarometer survey, that public health is among the top five issues European

citizens say the EU should make a priority.

Europeans deserve better than to see public health neglected. After repeated economic shocks with COVID-19 and the war in Ukraine, the EU economy is now forecast to grow 1% this year and 1.6% next year. Now is the time to invest in preventive health rather than let the health crisis grow to unmanageable proportions.

As so often in health, prevention is better than cure: every euro invested now will mean less costs and healthier, more resilient and more active societies and health systems down the road. The next European Commission has a historic opportunity: taking action today on diabetes and related diseases will ensure Europe's nations and people reap the benefits tomorrow.



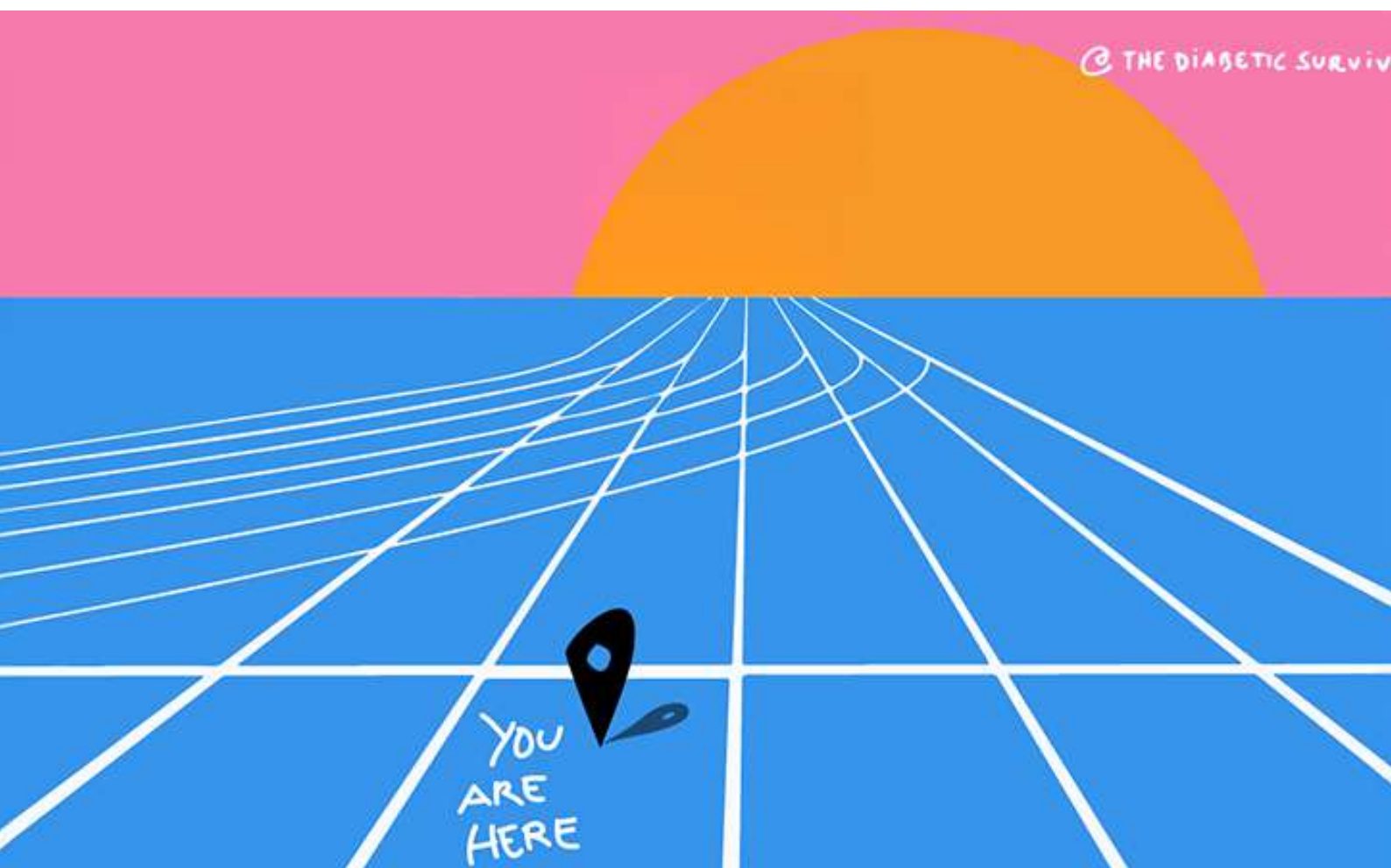
PROMOTED CONTENT

DISCLAIMER: All opinions in this column reflect the views of the author(s), not of Euractiv Media network.

Type 1 Diabetes can be fast, but we can be faster! A call to boost early detection

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European Diabetes Forum (EUDF) International Diabetes Federation Europe (IDF Europe)
Parliamentarians for Diabetes Global Network (PDGN) Sanofi Spanish Diabetes Federation (FEDE)



The European Diabetes Forum (EUDF), the International Diabetes Federation (IDF) Europe, the Spanish Diabetes Federation (FEDE), the Parliamentarians for Diabetes Global Network (PDGN) and Sanofi co-organised the Early Detection Policy Forum to accelerate policy development for the early detection of Type 1 Diabetes (T1D).

Last week key stakeholders from across the diabetes community gathered in Madrid for the 60th Annual Meeting of the European Association for the Study of Diabetes (EASD). On this occasion, the European Diabetes Forum (EUDF), the International Diabetes Federation (IDF) Europe, the Spanish Diabetes Federation (FEDE), the Parliamentarians for Diabetes Global Network (PDGN) and Sanofi co-organised the Early Detection Policy Forum to accelerate policy development for the early detection of Type 1 Diabetes (T1D).

Moderated by Dr Sufyan Hussain, a consultant diabetes and endocrine physician, IDF Europe Board Member and, most importantly, a person living with T1D, the event brought together government representatives and policymakers, global and local advocacy groups, key experts and people living with T1D to emphasize the importance of enhancing early detection policies.

Type 1 Diabetes places a high burden on patients, their families and society

Type 1 Diabetes is an autoimmune, complex and lifelong condition that can develop at any age, regardless of family history. Europe has the highest incidence of T1D in children and adolescents and the second highest per-person diabetes cost globally, spending approximately €175 billion in 2021. Europe now

reports the highest number of children and adolescents with T1D, with approximately 295,000 cases.

T1D frequently presents with preventable life-threatening complications, such as diabetic ketoacidosis (DKA), which can lead to hospitalisation and leave severe psychological impact. “Living with T1D in 2024 is still not easy, we need to remember this. Living with T1D is tough”, said Renza Scibilia as a person living with T1D and a diabetes advocate.

Early diagnosis of T1D positively affects longevity and decreases morbidity, all while having a significant positive impact on the quality of life and mental health of patients and their families. “For individuals diagnosed with T1D, and their families, there is immense pressure to quickly adapt to their new reality – managing a burdensome daily treatment which will impact virtually every aspect of their lives”, said Dr Maartje de Wit, principal investigator in the field of diabetes psychology at Amsterdam UMC. “Individuals living with T1D are twice as likely to experience depression compared to those not impacted by it.”

Early detection and monitoring can help manage the burden of living with T1D

Today, T1D is typically diagnosed late in its progression, at so-called ‘Stage 3’, when the risk of severe complications and hospitalisation

is much higher. Through screening for autoantibodies, it is possible to detect T1D months or even years before the first symptoms appear. However, currently, due to lack of clear screening guidelines and variations in treatment pathways means too few healthcare professionals are routinely performing autoantibody screening.

“Earlier diagnosis could prevent DKA, a complication that can have serious health consequences and may lead to poorer cognitive development, especially when it occurs in childhood”, explained Professor Luis Castaño, Professor of Pediatrics at the Cruces University Hospital and the Faculty of Medicine at the University of the Basque Country. “This undeniable benefit, along with scientific advances in new immunomodulatory treatments, opens a pathway to potentially delay or prevent the onset of T1D, and even cure it.”

Screening initiatives across countries are gaining momentum

Earlier this year, Breakthrough T1D, a nonprofit group (formerly known as JDRF), spearheaded an effort to develop the first internationally-agreed guidance for anyone who tests positive for T1D autoantibodies, filling an important clinical gap and marking an opportunity to accelerate the advancement of policies for early detection of T1D.



Multiple countries across Europe are paving the way with research programmes that work with regional screening methods. For example, the FR1DA study in Germany, in collaboration with primary care paediatricians, has improved early detection of T1D by screening children aged 2-10 years old in Bavaria, Saxony, Lower-Saxony and Hamburg. In the United Kingdom, the T1DRA study offers type 1 diabetes screening for adults, regardless of family history. Other programmes, such as DiaUnion's TRIAD study, a Swedish-Danish partnership, focus on the links between T1D and other autoimmune conditions like celiac disease and autoimmune thyroid disease.

In terms of policy, Italy is playing a leading role by approving a law to establish national screening of the general paediatric and adolescent population for T1D and coeliac disease simultaneously. This groundbreaking legislation sets a precedent for preventive healthcare in the EU.

Vice-President of the Italy Chamber of Deputies Giorgio Mulè, who introduced the law in the Health Committee, explained how Italy is aiming to expand general-population screening to other chronic diseases, while stressing the importance of a European common framework for early detection.

Finally, at the EU level, the EDENT1FI project launched in 2023 is bringing together 28 partners in 13 countries from academia, the life sciences and health industry and patient organisations to optimise and extend screening programmes across Europe.

Policy advancement is needed to ensure integration of early detection within healthcare systems

Professor Chantal Mathieu, vice-president of EUDF, said "this is the most exciting time we have ever seen in T1D, including being a step closer to prevention of and perhaps even a cure for T1D."

However, without a coordinated approach and the

policy infrastructure to support it, local healthcare systems cannot support the standardisation and scaling of such practices within clinical care. Standardisation must include the establishment of registries to collect and analyse data on T1D, which currently remain fragmented and underfunded.

According to Pedro Gullón, Director General of Public Health and Health Equity in Spain, "we now have substantial evidence that early detection is important and can improve quality of life for people living with T1D." He shared that in Spain the decision whether to implement population-wide screening programs will continue to be assessed with the support of independent bodies and through a comprehensive approach that considers all perspectives and evidence.

As we rethink the priorities for the next EU mandate, knowledge gained from recent successes in the above-mentioned countries must be leveraged to support governments and decision-makers to establish coordinated, larger-scale and well-integrated national screening programmes.

EU policies must support unified action by Member States, including awareness campaigns around the importance of an early T1D diagnosis, as well as timely access to innovative therapies to all at risk of and living with T1D.

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CVD+D: Why the EU needs a comprehensive cardiovascular-diabetes health plan

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Bart Torbeyns and Stefano Del Prato | European Diabetes Forum (EUDF)



Taking diabetes to heart

This election year, Europe needs to step up action against the silent pandemic of diabetes. Whereas 32 million people in the European Union currently live with diabetes, this figure is set to rise to 33.2 million by 2030.

Stefano Del Prato (Chair of EUDF) and Bart Torbeyns (Executive Director of EUDF) pen this op-ed on behalf of all EUDF members.

Indeed, a major study in the Lancet found that the number of people with diabetes in the EU could

reach over 55 million by 2050. The data is clear: European policymakers must move swiftly towards comprehensive policy action on diabetes.

In the absence of such action, millions of lives will continue to be cut short and

our health systems risk being overwhelmed by preventable costs, largely due to cardiovascular diseases (CVD). It is indeed estimated that at least a third of the people with diabetes have a cardiovascular condition and this is the leading cause of mortality among in this population.

Even before COVID-19, there was a salutary rise of health issues on the EU policy agenda. The European People's Party (EPP) led by Manfred Weber greatly contributed to this by pledging during the 2019 elections to take action on cancer. This eventually led to the von der Leyen Commission launching Europe's Beating Cancer Plan, an unprecedented disease action armed with 4 billion euros to finance various initiatives.

This year, the EPP is shifting the focus. The EPP manifesto, recently adopted in Bucharest, pledges to "launch a European Cardiovascular Health Plan, as cardiovascular disease is the biggest killer in the EU." The Christian Democrats want to do this as part of a broader push to increase equitable access to health care, make our health

systems more resilient and turn the EU into a global health innovation hub.

These ambitions are welcome and necessary. One thing needs to be clear however: any European plan addressing CVD will only be effective if it is associated with a comprehensive diabetes plan.

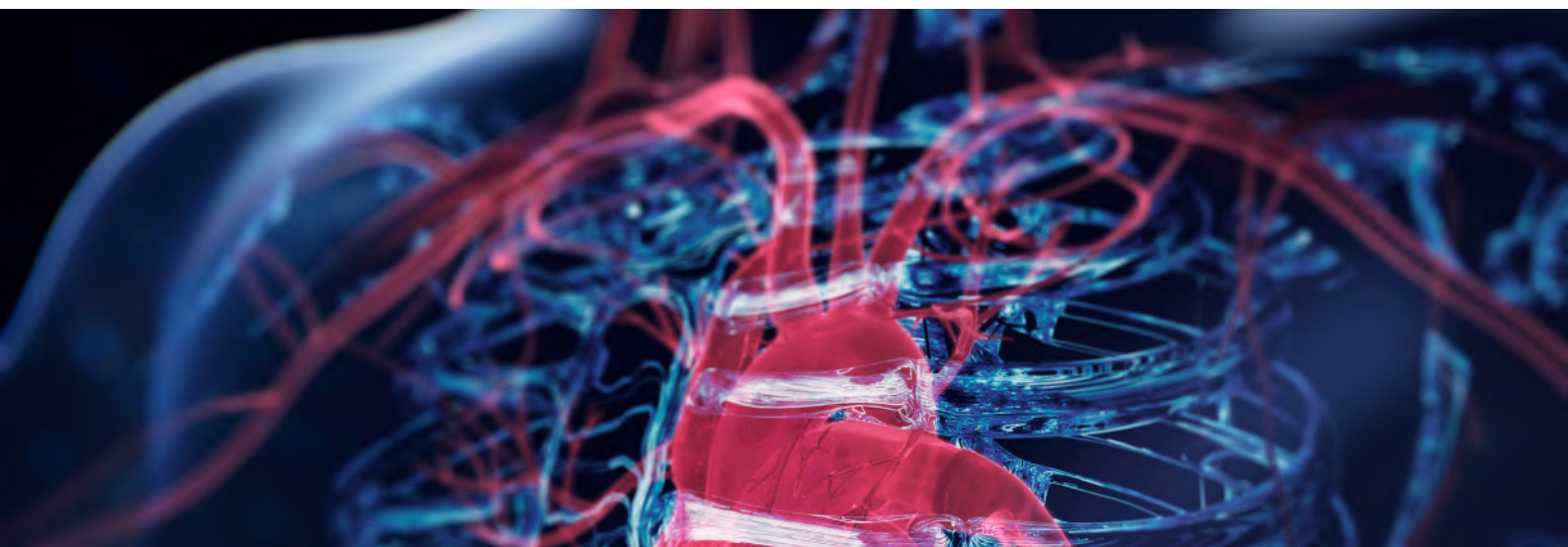
Given the intimate links between CVD and diabetes, and the rising prevalence of both conditions, an integrated EU Cardiovascular Diseases and Diabetes Plan (CVD+D) could offer a cost-effective and holistic solution to two of Europe's most pressing health challenges. Such a plan would simultaneously foster appropriate care with effective preventative measures. As such, a combined CVD+D Plan makes the most sense medically, economically, humanly and politically.

The EPP manifesto acknowledges some of the links between CVD and diabetes. The proposed CVD plan would "include a European Knowledge Centre and promote joint cardiovascular and diabetes health checks, as 85% of the people

living with diabetes die from cardiovascular disease". This is a significant step but does not go far enough towards a genuinely comprehensive approach. Early detection of diabetes is crucial but must be followed by appropriate action. Europe then needs a broader diabetes plan with on dedicated policy initiatives on diabetes prevention and care across all Member States.

The rationale for tackling CVD and diabetes together is clear. Medical professionals and researchers know well the intricate ties between these two disease areas. People with diabetes are about three times more likely to develop cardiovascular diseases such as heart attack, stroke and artery diseases affecting blood supply to the legs and feet. In spite of significant therapeutic advances, people with diabetes still have twofold greater risk of cardiovascular death. Diabetes can cut life expectancy by 5 to 13 years on average depending on the age diagnosis.

Conversely, prevention, early detection and proper control of diabetes can reduce the risk of CVD events



and death. Recent studies demonstrate that, among people with diabetes, even a one-year delay in achieving tight glycaemic control is associated with significantly increased risk of myocardial infarction, stroke, heart failure and other cardiovascular events. In short, the prevention of many cardiovascular disorders depends on establishing bold policies ensuring early detection and effective treatment of diabetes. This should include with smooth connections between cardiologists and medical professionals working on managing diabetes.

The economic case for investing in diabetes prevention and care is compelling. Whereas diabetes costs healthcare systems in the EU around 104 billion euros every year, 75% of these costs are due to avoidable complications that can be prevented through proper diabetes management. What's more, productivity losses due to diabetes are estimated to cost the EU around 65 billion euros per year. Investing in diabetes prevention and care can then yield massive dividends for the sustainability and resilience of our health systems.

To tackle the rising tide of diabetes, Europe's united diabetes community has come together to issue the Diabetes Community Pledge. It outlines a range of concrete actions to improve early detection, care, people's empowerment and research on diabetes.

Among its 15 recommendations, the Pledge calls on Member States to introduce health check programmes in all age groups for all types of diabetes and their most frequently associated co-morbidities, including cardiovascular diseases.

Tackling CVD and diabetes together is also politically sound. The European Commission has recognised the importance of tackling these two disease areas together by launching and financing the Joint Action on Cardiovascular Diseases and Diabetes (JACARDI). Started in November 2023 with funding from the EU4Health programme, JACARDI will deploy 53 million euros to help 21 countries reduce the burden of these diseases. Significantly, the impetus to tackle CVD and diabetes together came from member states, suggesting such an approach can command the widespread buy-in needed for European policies.

JACARDI's 142 pilot projects will do precious work, such as improving health literacy and awareness, care pathways, screening and implementing prevention action among at-risk populations. Beyond pilot projects, however, we need a robust and comprehensive EU CVD+D Plan to entrench needed actions in the years to come.

A European CVD+D Plan should include an implementation roadmap with concrete targets, timetables, progress indicators,

cross-country initiatives and support for updating and enhancing national strategies. This also has to be backed by adequate funding to turn European objectives into longer and better lives.

Political will is needed at both national and European level not only for our health systems to keep up with the steadily rising prevalence of diabetes and cardiovascular diseases but ultimately to bend the curve.

There is no time to lose: Europe's population is ageing, overweightness and obesity are on the rise, health budgets are under strain and healthcare staff shortages are increasingly widespread. Decisive action is needed to save lives, improve Europeans' quality of life and prevent our health systems from being overwhelmed.

An ambitious European CVD+D Plan would put Europe ahead of a mounting health crisis and lay the foundations for more resilient health systems. This 2024 election year is critical: let's commit to the right actions now to reap the benefits in the years and decades to come!



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