Targeting the interplay between DIABETES & OBESITY

A key to health, quality of life, competitiveness and resilience in the EU

European Diabetes Forum

Member Organisations:

EASD

EFSD

FEND
Foundation of European Nurses in Diabetes

Breakthrough T1D™
Formerly JDRF

International Diabetes Federation Europe

ISPAD
International Society for Pediatric and Adolescent Diabetes

PCDE
primary care diabetes europe

Société francophone du diabète

Executive summary

Diabetes and obesity are worldwide twin epidemics affecting the European Union which together pose a growing threat to health, quality of life, healthcare systems and economic productivity. They significantly burden individuals, health systems and society through costly but avoidable complications, premature mortality and rising healthcare costs.

This policy paper builds upon the rising European political momentum around diabetes and related conditions *(see more on page 9)*, as well as recent medical innovations, to propose **concrete, actionable recommendations** to improve EU, national and regional policies.

These recommendations are tailored to meet the needs of **people living with diabetes (PwD), people living with obesity (PwO), healthcare professionals (HCPs) and health systems and societies**. Our recommendations call for systemic reforms across prevention, care pathways and equitable access.

The rising tide of "diabesity"

The **number of PwD in the EU is expected to rise from 32 million today to 55 million by 2050**[1]. The sharp increase in overweight and obesity rates is a major driver of this trend and a major contributing factor to diabetes-associated cardiovascular complications[2].

Addressing these twin epidemics, and thus preventing many of their associated healthcare and socioeconomic costs, is **critical to the sustainability of EU economies and welfare states** in a context of population ageing.

Diabetes and obesity are deeply interconnected diseases. With around 90% of PwD also living with overweight or obesity[3], the term "diabesity" has been proposed to describe the combination of the two conditions and highlight their intertwined connections[4].

The risk of developing type 2 diabetes (T2D) is around seven times higher among PwO[5], meaning **obesity management is essential for diabetes prevention**. Obesity also causes an additional cardiovascular risk cumulative with the risk due to diabetes[6].

1. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01301-6/fulltext
2. According to a recent forecast, by 2050 the prevalence of obesity could rise 32.9% in Central Europe and 46.6% in Western Europe among adults aged over 25, see Appendix A. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00355-1/
3. https://asmbs.org/resources/type-2-diabetes-and-metabolic-surgery-fact-sheet/
4. https://www.nature.com/articles/414782a
5. https://pubmed.ncbi.nlm.nih.gov/20493574/
6. https://pubmed.ncbi.nlm.nih.gov/28911506/

Studies show that implementing obesity management in diabetes care enables significant health gains[7]. Managing obesity is relevant **throughout the diabetes care continuum** – from prevention and early detection to delaying complications and improving long-term outcomes. Therefore, early, integrated intervention creates a critical window of opportunity to improve the quality of life of those affected or at risk[8].

Addressing diabetes and obesity together makes economic sense

Every year, diabetes, obesity and associated complications cost the EU around 240 billion euros in healthcare expenditures and productivity losses[9]. The majority of these costs are avoidable through effective prevention, earlier diagnosis and integrated care.

The data is clear: in people with prediabetes, addressing obesity can reduce the number of those progressing toward overt diabetes; while in people with clinical diabetes, addressing obesity can reduce the risk of developing debilitating complications and, especially if tackled early enough, put T2D into remission. **In both people with prediabetes and those living with diabetes, managing obesity can yield huge returns** for healthcare systems and economies, all while saving lives and improving quality of life.

> Every €1 spent on diabetes treatment can generate over **€5 in societal return**[10].

The future costs of failing to address diabetes and obesity cannot be underestimated. If left unaddressed, these costs will escalate – particularly due to **rising childhood obesity rates** in the World Health Organization (WHO) European Region[11]. Children living with obesity are five times more likely to live with the condition in adulthood[12].

Earlier onset of obesity makes earlier onset of diabetes more likely, together with increased risk of longer, more severe and more costly complications requiring health care and interventions[13]. Younger people developing obesity, diabetes and related complications also entails higher lifetime productivity losses.

7. https://pubmed.ncbi.nlm.nih.gov/35315311/
https://pubmed.ncbi.nlm.nih.gov/29221645/
8. https://pubmed.ncbi.nlm.nih.gov/10953022/
https://pubmed.ncbi.nlm.nih.gov/33116712/
https://pubmed.ncbi.nlm.nih.gov/37152942/
9. EUDF, *Diabetes Community Pledge* (2024). https://storage.e.jimdo.com/file/71e5f49a-475c-4c56-86ff-5a41b9511951/Diabetes%20Community%20Pledge%20EU%20Elections.pdf
https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/obesity_en
10. https://www.georgeinstitute.org/news-and-media/news/investment-in-diabetes-treatment-returns-almost-five-times-more-in-benefits-to-society
11. Figure 17, p, 13. https://iris.who.int/bitstream/handle/10665/353747/9789289057738-eng.pdf
12. https://pubmed.ncbi.nlm.nih.gov/26696565/
13. https://link.springer.com/article/10.1007/s00125-019-05058-7
https://www.nature.com/articles/s41598-024-80790-8

Policymakers must act now to slow and ultimately reverse the rising prevalence of obesity and diabetes, thereby reducing the risk of complications such as cardiovascular disease, cancer and cognitive impairment and neurodegenerative disorders such as dementia. Taking action now can prevent the future human and financial costs of these conditions from escalating out of control.

European healthcare systems must adapt

Despite advances in science and new treatment options, **policy and healthcare systems have not kept pace**. European healthcare systems must adapt to better prevent, diagnose and treat diabetes and obesity, including through equitable access to the latest treatment options in accordance with guidelines.

The **EU's forthcoming Cardiovascular Health (CVH) Plan**[14], which is expected to include a life-course approach to cardiometabolic risk factors such as diabetes and obesity, presents an opportunity to adopt **holistic approaches** to chronic disease management. European healthcare systems must go beyond siloed approaches to these interconnected diseases.

Policymakers must move from fragmented efforts to integrated care that reflects the real-world interplay between diabetes, obesity and cardiovascular complications. This policy paper's recommendations outline how to make it happen.

14. As of June 2025.

Recommendations to target the interplay of diabetes and obesity

1. **Establish appropriately funded national diabetes prevention, diagnosis and treatment plans integrating obesity management** throughout the diabetes care pathway and setting up adequate disease registries. These plans should include measurable milestones, timelines and accountability mechanisms to ensure implementation.
2. **Enhance interdisciplinary primary care for diabetes and obesity**, notably by i. establishing specialised clinics with interdisciplinary teams (physicians, nurses, dieticians, psychologists and other healthcare professionals (HCPs)), ii. updating clinical guidelines and iii. incorporating integrated care into HCP educational curricula and training to implement guidelines and promote the use of diabetes and/or obesity management technologies.
3. **Reduce stigma surrounding diabetes and obesity** through HCP educational programmes and public awareness-raising campaigns.
4. **Prioritise prevention of diabetes and its complications** through a body-weight life-course approach, obesity management and lifestyle interventions, with more focus on young adulthood.
5. **Introduce joint diabetes, obesity and cardiovascular health checks**, notably to i. systematically assess people with obesity for prediabetes and diabetes and ii. systematically assess people with prediabetes, diabetes and/or obesity for cardiovascular risk, with the goal of enabling early, holistic interventions.
6. **Eliminate legislative and systemic barriers to enable equitable access to care, EMA-approved treatments and technologies** for all populations, including underserved communities, and support treatment adherence.

Why tackle diabetes and obesity together?

Diabetes and obesity are deeply interlinked conditions with similar root causes, such as socioeconomic status, genetics, obesogenic environments and stigma[15]. Both are **chronic, recurrent conditions** with similar challenges and complications, particularly cardiovascular and renal. The risk of complications is worsened by the *concomitant* presence of diabetes and obesity[16].

Around 90% of adults with type 2 diabetes (T2D) are affected by obesity or overweight[17]. Among children and adolescents with type 1 diabetes (T1D), the prevalence of obesity and overweight may be over 30%[18]. According to the WHO, obesity in childhood is associated with greater risk of T2D and cardiovascular diseases (CVD), adverse psychosocial consequences, and greater likelihood of obesity and other non-communicable diseases (NCDs) in adulthood[19].

Obesity significantly contributes to the risk of developing diabetes and diabetes can further exacerbate obesity [20], leading to a self-reinforcing cycle. Obesity exacerbates insulin resistance (inability to respond efficiently to insulin), accelerates beta-cell failure (inability to make enough insulin) and is associated with a sevenfold risk of developing diabetes[21]. Conversely, T2D reduces response to weight-loss treatments, even with the most recent and effective drugs[22].

> Combined, diabetes and obesity lead to **greater multimorbidity and worse outcomes for individuals, health systems and society at large.**

T2D and obesity are closely linked with cardiovascular-kidney-metabolic (CKM) diseases such as chronic kidney disease, atherosclerotic cardiovascular diseases, heart failure and metabolic dysfunction-associated steatohepatitis (MASH)[23]. These diseases rarely occur in isolation but share the same underlying risk factors that increase multimorbidity over time, leading to severe outcomes. **Early onset T2D is associated with earlier and more aggressive complications.**

15. https://pmc.ncbi.nlm.nih.gov/articles/PMC8865787/
16. https://pubmed.ncbi.nlm.nih.gov/36820959/
17. https://asmbs.org/resources/type-2-diabetes-and-metabolic-surgery-fact-sheet/
18. https://pubmed.ncbi.nlm.nih.gov/30033651/
19. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
20. https://diabetesjournals.org/care/article/48/Supplement_1/S167/157555/8-Obesity-and-Weight-Management-for-the-Prevention
21. Public Health England, "Adult obesity and type 2 diabetes" (2014). https://assets.publishing.service.gov.uk/media/5a7f069140f0b6230268d059/Adult_obesity_and_type_2_diabetes_.pdf
22. https://pmc.ncbi.nlm.nih.gov/articles/PMC10661899/
23. 26.9% of patients with T2D have peripheral neuropathy. 30-40% of people living with T2D also live with CKD. Adults with diabetes have 2–4 times increased cardiovascular risk. https://pubmed.ncbi.nlm.nih.gov/33397671/ https://academic.oup.com/eurjpc/article/26/2_suppl/25/5925419

Diabetes and obesity also have significant **implications for women's reproductive health and care**. Women are more affected by early onset T2D than are men, whereas men are more affected by T2D later in life[24]. Women living with T2D are more likely to experience adverse pregnancy outcomes, including foetal or infant death, than women with T1D or those without diabetes. Those with T2D are also less likely to receive appropriate pre-pregnancy care, which could ameliorate some these risks, than are women with T1D.[25]. According to the UK's national diabetes in pregnancy audits, there are now more pregnant women with pre-existing T2D than with T1D[26].

Obesity is also an independent risk factor for adverse pregnancy outcomes. It is a major risk factor for gestational diabetes, which may lead to serious complications for the mother, foetus and newborn. There are also longer-term implications as women living with obesity who develop gestational diabetes are at significantly increased risk of developing T2D later in life[27]. Children born to mothers with gestational diabetes also belong to a high-risk group for developing obesity and T2D in the future[28]. Women with T2D are more likely to live with overweight or obesity. Given all these factors and interrelations, **addressing the interplay of T2D and obesity is critical for supporting women's reproductive health.**

24. https://pubmed.ncbi.nlm.nih.gov/38849657/
25. https://pubmed.ncbi.nlm.nih.gov/31127872/
26. https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-pregnancy-in-diabetes-audit
27. https://diabetesjournals.org/care/article/45/4/864/141055/Persistence-of-Risk-for-Type-2-Diabetes-After
28. https://pmc.ncbi.nlm.nih.gov/articles/PMC4392761/?utm_source=chatgpt.com

https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0190676

Back to basics: What are diabetes and obesity?

Diabetes is a chronic condition occurring when the pancreas can no longer make insulin or inadequately secretes insulin together with impaired action by this hormone to ensure normal glucose use (insulin resistance).

Type 1 diabetes (T1D) occurs with the autoimmune destruction of insulin-producing cells, which can lead to complete loss of insulin release. T1D can emerge at any age although it most commonly presents itself between the ages of 4-to-7 and 10-to-14[29]. Obesity may be a risk factor for T1D[30] and make attainment of glycaemic control more difficult.

Type 2 diabetes (T2D) is characterised by an inability to respond adequately to insulin and concomitant insufficient production of insulin. T2D accounts for around 90% of all diabetes cases.

Gestational diabetes mellitus (GDM) is defined as any degree of glucose intolerance with onset or first recognition during pregnancy.

Lack of insulin secretion from the islet of the pancreas (T1D) and the concomitance of impaired insulin secretion and reduced insulin action on target tissues (T2D) each lead to high blood glucose levels (hyperglycaemia), which over the long term can injure various organs and tissues.

Diabetes-related complications include, but are not limited to, eye damage (retinopathy), nerve damage (neuropathy), kidney damage (nephropathy), limb amputation and cardiovascular disease. These complications lead to significant healthcare and socioeconomic costs, reduced quality of life and workforce participation, and increased psychosocial burden. Diabetes is also associated with higher risk of psychiatric disorders such as depression, anxiety and eating disorders[31].

Obesity is a chronic inflammatory condition which the WHO defines as "abnormal or excessive fat accumulation that presents a risk to health"[32]. It is characterised by multiple metabolic dysfunctions and is caused by a mixture of genetic and environmental factors. Obesity is a significant global health threat across all ages, from childhood through old age, contributing to the development of metabolic, mechanical, psychosocial, cardiovascular and other complications.

29. https://www.mayoclinic.org/diseases-conditions/type-1-diabetes/symptoms-causes/syc-20353011
30. https://pmc.ncbi.nlm.nih.gov/articles/PMC10102381/
31. https://link.springer.com/article/10.1007/s40265-015-0347-4
https://pubmed.ncbi.nlm.nih.gov/27179232/
https://pubmed.ncbi.nlm.nih.gov/32537669/
32. https://www.who.int/health-topics/obesity

Integrated approaches improve patient outcomes

Given their shared risk factors and interdependence, **holistic policies on diabetes, obesity and their associated complications**, notably cardiovascular, are needed to effectively manage these conditions.

The European Association for the Study of Diabetes (EASD) and the American Diabetes Association (ADA) recommend that **treatment for hyperglycaemia**[33] **in PwD must also focus on weight loss**[34].

In other words, **obesity must be targeted to improve prevention and treatment of diabetes**. Studies show that leveraging obesity management in diabetes care enables significant health gains:

- Age and body mass index (BMI) are among the most significant risk factors for prediabetes, with research consistently showing a marked increase in prevalence with advancing age.
- Prediabetes is also more common among individuals with obesity than those at a healthy weight – over 80% of people who self-report having prediabetes are either overweight or obese[35]
- Sustained weight loss of 5-10% among PwO can reduce the risk of developing prediabetes and progression to T2D[36].
- For individuals with T2D, weight loss of 5-10% can substantially reduce the risk or severity of various obesity-related complications[37].
- Among people living with both T2D and obesity, weight loss of over 15% can lead to diabetes remission in more than half (61%) of cases[38].

The comorbidities of both diabetes and obesity can be prevented through screening and timely treatment. Managing diabetes requires a holistic, multifactorial, person-centric approach, with a better focus on obesity as suggested by European and national treatment guidelines[39].

Addressing shared causes, creating prevention plans, ensuring early diagnosis and providing **integrated diabetes and obesity care can improve outcomes for individuals, health systems and society**. These conditions must be addressed together, avoiding separate silos, in both policy and care.

33. Hyperglycaemia, which is common in people living in diabetes, occurs when there is too much sugar (glucose) in the blood. Chronic hyperglycaemia can lead to cardiovascular diseases, nerve damage, kidney failure and other complications.
34. https://link.springer.com/article/10.1007/s00125-022-05787-2
35. https://pmc.ncbi.nlm.nih.gov/articles/PMC8026645/
36. https://www.nejm.org/doi/full/10.1056/NEJMoa012512
37. https://pubmed.ncbi.nlm.nih.gov/35315311/
38. https://pubmed.ncbi.nlm.nih.gov/35315311/
39. https://link.springer.com/article/10.1007/s00125-022-05787-2
https://www.has-sante.fr/jcms/p_3191108/fr/strategie-therapeutique-du-patient-vivant-avec-un-diabete-de-type-2
https://www.iss.it/documents/20126/8331678/LG_379_diabete_tipo2_ed2022.pdf/9193e1fd-5d16-6baa-6513-ac385467ec64?t=1678807753948

Interdisciplinary obesity management and treatments must be integrated into diabetes care pathways. This should include dedicated services and interventions, such as lifestyle changes, evidence-based effective pharmacological therapies and bariatric surgery. The key is a holistic approach that addresses diabetes, obesity and related complications in an integrated way.

Interdisciplinary care can be enabled through the establishment of specialised clinics including physicians, nurses, dieticians, psychologists and other HCPs. Such teams can provide integrated, person-centred care and comprehensive management addressing the complex and interrelated needs of each patient.

What does this mean for policy?

EU and national health policies must undergo a **paradigm shift** – from reactive, siloed approaches to **proactive, integrated care**. This means:

- **Implementing an integrated approach by embedding obesity management in diabetes care pathways to improve prevention and outcomes**. The two conditions must be targeted concomitantly.
- **Unlocking economic savings by investing in preventive and early action** on diabetes and obesity, enabled by preventing healthcare costs and productivity losses.
- **Preparing health systems to adopt new treatments and technologies.**

To enable implementation, EU Member States should develop phased action plans with clear timelines, resource allocation and monitoring frameworks. These plans should be appropriately adapted to national contexts and feature engagement with healthcare providers, patient groups, industry and other relevant stakeholders.

Leverage the policy momentum

In recent years, diabetes, obesity and other non-communicable diseases (NCDs) have gained traction on the European policy agenda. **European and national policymakers must act on this momentum to mobilise existing effective tools against these conditions.**

At European level, relevant policy developments include:

- The European Parliament's November 2022 **Resolution on prevention, management and better care of diabetes**[40], which calls for national diabetes plans and recognises obesity as a primary risk factor for T2D and diabetes as a risk factor for CVD.
- The European Parliament's December 2023 **Resolution on NCDs**[41] which calls for improving early diagnosis, care and treatment access for these diseases and recognises that diabetes, obesity and CVD are "highly interconnected".
- The EU **Council Conclusions on Cardiovascular Health**[42] recognise "the connection of cardiovascular diseases with diabetes and obesity" and call for "comprehensive [Member State] actions to tackle and manage these conditions."
- The development, at this paper's time of writing, of an **EU Cardiovascular Health Plan addressing both diabetes and obesity**, announced by European Health Commissioner Olivér Várhelyi.
- The **Joint Declaration co-signed by IDF Europe and WHO Europe** during the High-Level Technical Summit on Diabetes, which calls for accelerated action to improve diabetes detection and quality of care, urging governments to uphold existing commitments such as the Voluntary Targets on NCDs, the Sustainable Development Goals (SDGs) and the Global Diabetes Targets[43].

In addition, the fields of diabetes and obesity care have seen the emergence of **new medicinal treatments that have enabled more ambitious approaches** in terms of body weight loss and glycaemic management, as well as renal and cardiovascular protection.

40. https://www.europarl.europa.eu/doceo/document/TA-9-2022-0409_EN.html
41. https://www.europarl.europa.eu/doceo/document/TA-9-2023-0467_EN.html
42. https://data.consilium.europa.eu/doc/document/ST-15315-2024-INIT/en/pdf
43. https://iris.who.int/bitstream/handle/10665/376130/Belgrade-decl-2023-eng.pdf

This momentum must now be **translated into implementation**. Proven tools and policy frameworks exist – what is now needed is **political commitment and system-level change**. The socioeconomic case is clear: Investing in diabetes-obesity care enables massive healthcare savings and productivity gains.

Enhancing and integrating care for diabetes and obesity offers a strategic opportunity for health systems to reduce the current and future burden of these conditions. Indeed, the WHO recommends integrating obesity management into existing care pathways. The McKinsey Health Institute (MHI) has estimated that holistically addressing obesity and metabolic health could lead to almost EUR 5 trillion in increased GDP worldwide by 2050[44].

All EU Member States recognise diabetes and obesity as diseases under the International Classification of Diseases (ICD) – the WHO's global standard for naming and coding health conditions. However, despite this formal recognition, effective national policies for prevention, early detection and treatment remain inadequate.

Current policies and healthcare systems across the EU are failing to stem the rise of obesity, diabetes and their associated human and financial costs.

Across the EU, health systems remain trapped in a reactive model, primarily treating complications rather than addressing underlying causes. This inefficiency, in the context of the expanding epidemics of diabetes and obesity, is contributing to rising human and financial costs.

The unpreparedness of health systems means **delayed adoption of novel treatment solutions, both with respect to new medicines and innovative technology**. For example, new pharmacological treatments already recommended in care guidelines provide unprecedented capacity to lower body weight, improve glycaemia and confer cardio-metabolic-renal protection. More treatments are expected soon. Yet, upon approval of the European Medicine Agency (EMA), a new treatment has different and sometimes very delayed adoption at national level among EU countries.

Continuous Glucose Monitoring (CGM) and other diabetes technologies play a vital role in providing real-time data, improving patient outcomes and reducing healthcare costs. Integrating these technologies into routine care can enhance the efficiency of healthcare systems and support early detection and management of these conditions[45].

E-medicine, E-health, M-health and telemedicine will become more common in the years to come. Together with AI integration, these can play a key role in the management of chronic conditions such as obesity and diabetes. Digital tools must be better integrated into national care models. Educational programmes and awareness-raising programmes should improve the digital literacy of patients and HCPs.

44. https://www.mckinsey.com/mhi/our-insights/the-path-toward-a-metabolic-health-revolution
45. https://www.ajmc.com/view/the-role-of-advanced-technologies-in-improving-diabetes-outcomes, https://www.adces.org/education/danatech/latest-news/danatech-latest-news/2025/01/06/5-key-diabetes-tech-takeaways-from-ada's-updated-standards-of-care https://diabetesjournals.org/clinical/article/38/5/495/32306/Implementation-of-Diabetes-Technologies-in-Primary

> Policy support for the broad uptake of diabetes technologies and AI tools, including reimbursement and digital infrastructure, is critical to scaling up these innovations.

Investing in technologies, effective pharmacological interventions (as recommended by guidelines) and integrated care models are proven ways of reducing complications, cutting costs and improving long-term outcomes for millions across Europe.

The unsustainable cost of inaction

Failing to act decisively on diabetes and obesity is already placing a significant toll on humans lives, healthcare systems and the EU's economic productivity.

In 2021, diabetes-related costs to health systems in the EU were estimated at 104 billion euros, with three quarters of these costs being due to avoidable complications[46].

Lack of proper focus on the role of obesity in the acceleration of diabetes development and in worsening the risk of complications in all forms of diabetes will only increase the burden on individuals as well as societies, undermining the quality of life of PwD and escalating societal costs.

> About one third of the economic cost of diabetes is due to productivity losses worth around 65 billion euros annually[47].

On top of the already sky-rocketing costs of diabetes it must be recalled that in the EU the **cost of adult obesity** has been estimated around **70 billion euros per year**, including both healthcare costs and productivity losses[48].

The need to better prevent and treat diabetes and obesity is only becoming more urgent. A recent UK-based study found that T2D is now rising at a faster rate in people under the age of 40 than those over, potentially affecting peoples' labour market participation at an earlier stage. The UK alone has seen a 79% increase since 2019 in people out of work due to diabetes-related long-term sickness[49].

In addition to saving lives and fostering well-being, **investing in diabetes and obesity prevention and care can lead to massive returns through averted health costs and higher productivity**, ultimately improving fiscal sustainability and economic competitiveness.

Investing in prevention and early care should not be framed as a cost, but as **a high-return investment in Europe's economic and social sustainability**. The evidence is clear: the time for decisive, coordinated action is now.

46. EUDF, *Diabetes Community Pledge* (2024). https://storage.e.jimdo.com/file/71e5f49a-475c-4c56-86ff-5a41b9511951/Diabetes%20Community%20Pledge%20EU%20Elections.pdf
47. Ibid.
48. https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/obesity_en
49. https://www.diabetes.org.uk/about-us/our-impact/how-we-influence-change/our-work-in-parliament/reverse-the-trend-report

National good practices

EU and national policymakers must learn lessons from previous policy efforts on diabetes and obesity, replicating successful programmes where appropriate and reforming unsuccessful ones. By implementing new programmes and improving existing ones, countries across Europe can slow the rise and ultimately reduce the prevalence of diabetes and obesity. Several EU Member States, as well as the UK, offer promising models worth examining.

Finland

Finland's Diabetes Prevention Study is a successful initiative that targets individuals with prediabetes. The programme emphasises lifestyle changes, including diet and physical activity, to prevent the progression to T2D. Participants receive **personalised guidance and support**, leading to a substantial reduction in diabetes incidence. The programme reduced long-term diabetes risk by 38%, demonstrating the effectiveness of sustained behavioural support[50].

Greece

Greece has introduced a National Strategy Against Obesity and is setting up a National Diabetes Registry, which will enable better tracking of diabetes trends, treatment outcomes and patient care. The health system features **multidisciplinary integrated care teams** with physicians, dietitians, endocrinologists, nurses and psychologists. Free or low-cost blood glucose and weight screenings are available, laying the foundation for data-driven, personalised care and better resource allocation. Greece recently instituted **free health checks** for people aged 30-70 to improve early diagnosis of CVD and diabetes[51].

Ireland

Ireland has **developed a model of care for the management of overweight and obesity in collaboration with endocrinologists**[52]. The model includes four levels of care, including health promotion and community programmes, general practice (GP) and primary care, specialist obesity care and tertiary obesity care. Obesity management under the model notably targets people at risk of or already living with T2D. Patients with diabetes or CVD can be referred to Integrated Care Hubs for chronic diseases instead of hospitals[53]. Pharmacotherapy and bariatric surgery are among the treatment options for obesity. A National Diabetes Registry is currently being set up which will enable

50. https://link.springer.com/article/10.1007/s00125-012-2752-5
51. https://www.ekathimerini.com/in-depth/society-in-depth/1262622/free-blood-tests-offered-under-national-health-action-plan/
52. https://www.hse.ie/eng/about/who/cspd/ncps/obesity/model-of-care/obesity-model-of-care.pdf
53. https://www.saolta.ie/news/new-chronic-disease-hubs-provide-vital-supports-people-living-diabetes

more accurate surveillance to support planning and care delivery.

Italy

Italy has initiated legislative action to include obesity in the country's Essential Assistance Levels (LEA), making **all citizens eligible for obesity-related services and benefits** under the National Health Service (SNN). The law also aims to improve prevention, early diagnosis and access to specialist care, strengthen the role of GPs, combat stigma and discrimination, and support obesity-related research.

Poland

In May 2025, Poland launched *Moje Zdrowie* ("My Health"), a **free nationwide health screening programme for all adults aged 20 and above**. Replacing the previous *Profilaktyka 40 Plus* scheme, the initiative broadens access to early detection of cardiovascular, metabolic and oncological diseases. Participants complete a digital or in-clinic questionnaire to receive personalised diagnostic tests and a tailored health plan. The standard screening package includes blood and urine tests, with colorectal cancer screening for those over 50. A follow-up consultation provides lifestyle advice and a personalised prevention schedule. The programme follows similar initiatives in other EU countries and aims to promote earlier, data-driven interventions.

United Kingdom

The UK's National Diabetes Prevention Programme aims to identify individuals at elevated risk of developing T2D and provide them with tailored interventions. The programme includes **structured education, lifestyle coaching and regular monitoring**. Early results indicate a positive impact on reducing diabetes risk and improving overall health outcomes[54]. NHS England's digital weight management programme supports adults living with obesity who also have a diagnosis of diabetes or hypertension to manage their weight and improve health.

The UK is one of the leading countries in **prioritising anti-obesity treatments for reimbursement**, significantly broadening access. The country has also instituted a health check for people over 40 to identify early signs of cardiovascular diseases, T2D or kidney disease and take action to reduce risk.

Spain

Spain has implemented a wide range of national policies and initiatives on obesity. The **National Strategic Plan for the Reduction of Childhood Obesity (2022–2030)** aims to reduce childhood overweight and obesity by 25% within a decade. It promotes healthy ecosystems through actions in schools, families, and communities, emphasising physical activity, nutrition, sleep quality and emotional well-being.

The **2025 Nutrition, Physical Activity, and Obesity Prevention Strategy**

54. https://www.england.nhs.uk/diabetes/diabetes-prevention/
https://www.england.nhs.uk/2017/11/thousands-of-people-set-to-access-diabetes-and-obesity-prevention-services-through-the-touch-of-a-button/
https://healthcare-in-europe.com/en/news/diabetes-prevention-uk-programme-global-impact.html

(NAOS) encourages healthy eating and physical activity across all age groups. It involves collaboration with families, schools, the private sector, and healthcare systems, as well as public awareness campaigns and food reformulation agreements.

In 2021, Spain increased the value added tax (VAT) on sugary drinks from 10% to 21% to discourage consumption and address obesity rates. In April 2025, all public and private schools were mandated to serve daily portions of fruits and vegetables and fish at least once a week. The law also bans high-sugar beverages from schools and limits processed and fried foods, aiming to provide nutritious meals to all children, regardless of socioeconomic status.

Resources

European Association for the Study of Diabetes (EASD) and American Diabetes Association (ADA) (2022). Management of hyperglycaemia in type 2 diabetes. A consensus report. *Diabetologia*, 65, 1925–1966. https://doi.org/10.1007/s00125-022-05787-2

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Targeting the interplay between

DIABETES & OBESITY

A key to health, quality of life, competitiveness and resilience in the EU

European Diabetes Forum

Member Organisations: EASD, EFSD, FEND Foundation of European Nurses in Diabetes, Breakthrough T1D™ Formerly JDRF, International Diabetes Federation Europe, ISPAD International Society for Pediatric and Adolescent Diabetes, PCDE primary care diabetes europe, Société Francophone du diabète

Europe's united diabetes community calls for comprehensive policy action to address the twin epidemics of diabetes and obesity. The EU and Member States must shift to a proactive and integrated approach.

Recommendations to address diabetes and obesity in the EU:

1. **Establish appropriately funded national diabetes prevention, diagnosis and treatment plans integrating obesity management** throughout the diabetes care pathway and setting up adequate disease registries. These plans should include measurable milestones, timelines and accountability mechanisms to ensure implementation.
2. **Enhance interdisciplinary primary care for diabetes and obesity**, notably by i. establishing specialised clinics with interdisciplinary teams (physicians, nurses, dieticians, psychologists and other healthcare professionals (HCPs)), ii. updating clinical guidelines, and iii. incorporating integrated care into HCP educational curricula and training to implement guidelines and promote the use of diabetes and/or obesity management technologies.
3. **Reduce stigma surrounding diabetes and obesity** through HCP educational programmes and public awareness-raising campaigns.
4. **Prioritise prevention of diabetes and its complications** through a body-weight life-course approach, obesity management and lifestyle interventions, with more focus on young adulthood.
5. **Introduce joint diabetes, obesity and cardiovascular health checks**, notably to i. systematically assess people with obesity for prediabetes and diabetes and ii. systematically assess people with prediabetes, diabetes and/or obesity for cardiovascular risk, with the goal of enabling early, holistic interventions.
6. **Eliminate legislative and systemic barriers to enable equitable access to care, EMA-approved treatments and technologies** for all populations, including underserved communities, and support treatment adherence.