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Plenary sitting

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B7-0148/2012

MOTION FOR A RESOLUTION

to wind up the debate on statements by the Council and the Commission
pursuant to Rule 110(2) of the Rules of Procedure
on achieving an EU Strategy for Diabetes (2011/2911(RSP))

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B7-0148/2012

**European Parliament resolution on achieving an EU Strategy for Diabetes
(2011/2911(RSP))**

The European Parliament,

- having regard to Article 168 of the Treaty of Lisbon,
- having regard to the Commission Green Paper of 8 December 2005 on ‘Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases’, which addresses the determinants underlying the onset of Type 2 diabetes,
- having regard to the Conclusions of the Austrian Presidency Conference ‘Prevention of Type 2 Diabetes’, held on 15-16 February 2006 in Vienna,
- having regard to the European Parliament Written Declaration of 27 April 2006 on diabetes,
- having regard to the Council Conclusions of 1 June 2006 on ‘Promotion of healthy lifestyles and prevention of Type 2 diabetes’,
- having regard to the World Health Organization’s Resolution of 11 September 2006 on the ‘Prevention and control of non-communicable diseases in the WHO European region’,
- having regard the United Nations Resolution of 18 January 2007 on ‘World Diabetes Day’,
- having regard to the Decision of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13), and the subsequent Commission decision of 22 February 2011 for financial contributions to the actions to this programme,
- having regard to the Commission White Paper of 23 October 2007 on ‘Together for Health: A Strategic Approach for the EU 2008-2013’,
- having regard to the Seventh Research Framework Programme (2007-2013)¹ and to the Horizon 2020 – The Framework Programme for Research and Innovation (2014-2020),
- having regard to the Commission Communication of 20 October 2009 on ‘Solidarity in health: reducing health inequalities in the EU’,
- having regard the United Nations Resolution of 20 May 2010 on ‘Prevention and

¹ Decision No 1982/2006/EC of the European Parliament and of the Council of 18 December 2006 (OJ L 412, 30.12.2006, p. 1).

control of non-communicable diseases’,

- having regard to the major outcomes and recommendations of project FP7-HEALTH-200701 ‘DIAMAP – Road Map for Diabetes Research in Europe’
 - having regard to the Commission Communication of 6 October 2010 on the ‘Europe 2020 Flagship Initiative – Innovation Union’, and its pilot partnership on active and healthy ageing,
 - having regard to its resolutions of 11 November 2010 on the demographic challenge and solidarity between generations¹ and of 6 May 2010 on reducing health inequalities in the EU²,
 - having regard to the Council Conclusions of 7 December 2010 on ‘Innovative approaches for chronic diseases in public health and healthcare systems’,
 - having regard to the United Nations Modalities Resolution of 13 December 2010,
 - having regard to the Moscow Declaration adopted during the First United Nations’ Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, held in Moscow from 28 to 29 April 2011,
 - having regard to the United Nations Summit on Non-communicable Diseases held in September 2011,
 - having regard to the European Parliament of 15 September 2011 on European Union position and commitment to the UN high-level meeting on the prevention and control of non-communicable diseases,
 - having regard to Rule 110(2) of its Rules of Procedure,
- A. whereas diabetes is one of the most common non-communicable diseases, estimated to affect more than 32 million EU citizens, representing nearly 10% of the total EU population, with an additional 32 million citizens suffering from impaired glucose tolerance and with a very high probability of progressing to clinically manifest diabetes;
- B. whereas Type 2 diabetes decreases life expectancy by 5-10 years and Type 1 diabetes decreases life expectancy by around 20 years, whereas 325,000 deaths per year are attributed to diabetes in the EU, i.e. one EU citizen every two minutes;
- C. whereas the reduction of identified risk-factors, notably lifestyle habits, is increasingly recognized as a key prevention strategy able to reduce the incidence, prevalence and complications for both diabetes Type 1 and Type 2;
- D. whereas research is still needed to clearly identify risk factors for diabetes Type 1, while genetic predisposition is being researched and diabetes Type 1 is contracted at an

¹ Texts adopted, P7_TA(2010)0400

² Texts adopted, P7_TA (2010) 0081

increasingly early age;

- E. whereas diabetes Type 2 is a preventable disease and for which risk factors - such as poor and unbalanced diet, obesity, lack of physical activity and alcohol consumption - have been clearly identified and can be addressed via effective prevention strategies;
- F. whereas no cures are currently available for diabetes;
- G. whereas the complications of diabetes Type 2 can be prevented through early diagnosis and the promotion of a healthy lifestyle, but it is frequently diagnosed too late as up to 50% of all people with diabetes are currently unaware of their condition;
- H. whereas up to 75 % of all people with diabetes are not in good control of their condition, leading to increased risk of complications, productivity loss and costs for society;
- I. whereas the number of people living with diabetes in Europe is expected to increase by 16.6% by 2030, as a result of the obesity epidemic, the ageing of the European population and other factors yet to be determined;
- J. whereas in most Member States diabetes is responsible for over 10% of the healthcare expenditure, a figure sometimes climbing as high as 18.5%, and the general healthcare cost for an EU citizen with diabetes is on average EUR 2 100 a year, whereas these costs will inevitably increase given the rising numbers of people with diabetes, the ageing of the population and the associated rise in multiple comorbidities;
- K. whereas diabetes is a leading cause of heart attacks, strokes, blindness, amputation and kidney failure, if poorly managed or diagnosed too late;
- L. whereas promoting healthy lifestyles and addressing the four major health determinants - tobacco, poor diet, lack of physical activity and alcohol – through all policy areas can greatly contribute to the prevention of diabetes, its complications and its economic and social costs;
- M. whereas pre-natal conditions, including exposure to environmental pollution, have a lifelong impact on many aspects of health and well-being, in particular the likelihood of developing respiratory diseases, and may be contributing to cancer and diabetes;
- N. whereas people living with diabetes must provide for 95% of their own care whereas the burden of diabetes on individuals and their families is not only financial, but also involves psycho-social issues, and reduced quality of life;
- O. whereas only 14 out of 27 Member States have a national framework or programme in place to tackle diabetes, and no clear picture exists of what constitutes a good programme or what the best practice countries are, whereas there are considerable differences and inequalities in the quality of diabetes treatment within the EU;
- P. whereas an EU legal framework for discrimination against people suffering from diabetes or other chronic diseases does not exist, and prejudice against the sufferers still plays a big role in schools, work places, social clubs, insurance policies and at the time of delivering

driving licenses throughout the EU;

- Q whereas there is a lack of funding and infrastructure to coordinate the diabetes research in the EU, impacting negatively on the EU diabetes research and preventing people with diabetes from benefitting fully from research in Europe;
- R. whereas there is currently no European strategy for addressing diabetes despite the Austrian Presidency Council Conclusions on ‘Promotion of healthy lifestyles and prevention of Type 2 diabetes’, an extensive list of UN Resolutions, and the European Parliament Written Declaration on diabetes;
- S. whereas people with diabetes face discrimination at work, at school and in other places and situations, including obtaining individual drivers’ licenses;
1. Takes note of the Council Conclusions on ‘Innovative approaches for chronic diseases in public health and healthcare systems’ and its call on the Member States and the Commission to initiate a Reflection Process, aiming at optimising the response to the challenges of chronic diseases;
 2. Welcomes the European Parliament Resolution on the European Union position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases which focuses on diabetes as one of the four major non-communicable diseases;
 3. Welcomes the Danish Presidency Conference on Diabetes from 25 to 27 April 2012 hosted by Organisation for Economic Cooperation and Development (OECD) and the Danish Diabetes Association;
 4. Calls on the Commission to develop and implement a targeted EU Diabetes Strategy, in the form of an EU Council Recommendation on diabetes prevention, diagnosis, management, education and research;
 5. Calls on Member States to develop, implement and monitor National Diabetes Programmes, aimed at health promotion, prediction, prevention, early diagnosis, and treatment of diabetes, targeting both the population at large and high-risk groups in particular, and aimed at reducing inequalities and optimising healthcare resources taking a personalised approach when necessary;
 6. Calls on Member States to include health check programmes in their National Diabetes Programmes, promoting diabetes prevention and early diagnosis as key fields of action;
 7. Calls on the Commission to continuously monitor progress across the EU as regards the Member States’ implementation of National Diabetes Programmes, including prevention and early detection, and present the results every two years in the form of a Commission report;
 8. Calls on the Commission to support Member States by providing a regular overview of best practices of what constitutes a good National Diabetes Programme;

9. Calls on Member States to develop lifestyle intervention strategies including diet and exercise approaches to prevent Type 2 diabetes and obesity; stresses in this regard the need to align food-related policies with the objective of promoting healthy diet and allowing consumers to make informed and healthy choices;
10. Calls on Member States to link early diagnosis based on a good medical system at school with education-based prevention campaigns targeted at primary and secondary schools, the working population and healthcare professionals;
11. Calls on Member States to develop disease management programmes based on best practices and evidence-based treatment guidelines, to be translated into mutually agreed personal priority settings for every individual living with diabetes;
12. Calls on Member States to ensure continued patient access in primary and secondary care to high quality interdisciplinary teams, diabetes treatments and technologies, including e-health technologies, and to support patients in obtaining and sustaining the skills and understanding needed to enable competent life-long self management;
13. Calls on the Commission and the Member States to consider coordinate and collect, register, monitor and manage regularly comprehensive diabetes epidemiological data based on common measurement criteria, and economic data based on the direct and indirect costs of diabetes prevention and management;
14. Calls on the Commission and Member States to improve the coordination of European diabetes research by fostering collaboration between European academic institutions and industry as well as public and private funding agencies, and creating common infrastructures to facilitate the European diabetes research efforts;
15. Calls on the Commission and Member States to consider diabetes as one of the priority societal challenges in the health area and to ensure continued support for diabetes funding under the current and future EU Framework Programmes for Research, while considering Type 1 and Type 2 diabetes as distinct diseases;
16. Calls on the European Commission and the Member States to ensure proper and adequate follow-up to the outcomes of the UN Summit on Non-Communicable Diseases in September 2011;
17. Reminds the importance for the EU and the Member States, with a view to achieving NCD-related objectives and addressing public health, social and economic challenges, of further integrating prevention into their environmental, food and consumer policies;
18. Instructs its President to forward this resolution to the Council, the Commission and the parliaments of the Member States.