

## **Addressing the EU diabetes epidemic**

### **European Parliament resolution of 14 March 2012 on addressing the EU diabetes epidemic (2011/2911(RSP))**

*The European Parliament,*

- having regard to Article 168 of the Treaty on the Functioning of the European Union,
- having regard to the St Vincent Declaration on Diabetes Care and Research in Europe, adopted at the first meeting of the St Vincent Declaration Diabetes Action Programme, held in St Vincent between 10 and 12 October 1989<sup>1</sup>,
- having regard to the creation by the Commission on 15 March 2005 of an EU Platform on Diet, Physical Activity and Health<sup>2</sup>,
- having regard to the Commission Green Paper of 8 December 2005 entitled ‘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 (COM(2005)0637),
- having regard to the Conclusions of the Austrian Presidency Conference ‘Prevention of Type 2 Diabetes’, held on 15 and 16 February 2006 in Vienna<sup>3</sup>,
- having regard to its declaration of 27 April 2006 on diabetes<sup>4</sup>,
- having regard to the Council conclusions on promotion of healthy lifestyles and prevention of Type 2 diabetes<sup>5</sup>,
- having regard to the World Health Organisation Regional Committee for Europe resolution of 11 September 2006 entitled ‘Prevention and control of non-communicable diseases in the WHO European region’<sup>6</sup>,
- having regard UN General Assembly Resolution 61/225 of 20 December 2006 on World Diabetes Day,
- having regard to Decision No 1350/2007/EC 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)<sup>7</sup>, and the subsequent Commission Decision of 22 February 2011 concerning the adoption of a financing decision for 2011 in the framework of the second

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<sup>1</sup> <http://www.idf.org/webdata/docs/idf-europe/SVD%201989.pdf>

<sup>2</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm)

<sup>3</sup> [http://www.msps.es/organizacion/sns/planCalidadSNS/pdf/excelencia/cuidadospaliativos-diabetes/DIABETES/opsc\\_est9.pdf.pdf](http://www.msps.es/organizacion/sns/planCalidadSNS/pdf/excelencia/cuidadospaliativos-diabetes/DIABETES/opsc_est9.pdf.pdf)

<sup>4</sup> OJ C 296 E, 6.12.2006, p. 273.

<sup>5</sup> OJ C 147, 23.6.2006, p. 1.

<sup>6</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/77575/RC56\\_eres02.pdf](http://www.euro.who.int/_data/assets/pdf_file/0004/77575/RC56_eres02.pdf)

<sup>7</sup> OJ L 301, 20.11.2007, p. 3.

programme of Community action in the field of health (2008-2013) and on the selection, award and other criteria for financial contributions to the actions to this programme<sup>1</sup>,

- having regard to the Commission White Paper of 23 October 2007 entitled ‘Together for Health: A Strategic Approach for the EU 2008-2013’ (COM(2007)0630),
  - having regard to the Seventh Research Framework Programme (2007-2013)<sup>2</sup> and to the Framework Programme for Research and Innovation (COM(2011)0808),
  - having regard to the Commission Communication of 20 October 2009 entitled ‘Solidarity in health: reducing health inequalities in the EU’ (COM(2009)0567),
  - having regard to UN General Assembly Resolution 64/265 of 13 May 2010 on prevention and control of non-communicable diseases,
  - having regard to the major outcomes and recommendations of project FP7-HEALTH-200701 set out in ‘DIAMAP – Road Map for Diabetes Research in Europe’<sup>3</sup>,
  - having regard to the Commission Communication of 6 October 2010 entitled ‘Europe 2020 Flagship Initiative – Innovation Union’ (COM(2010)0546), and its pilot partnership on active and healthy ageing,
  - having regard to the Council Conclusions of 7 December 2010 entitled ‘Innovative approaches for chronic diseases in public health and healthcare systems’,
  - having regard to the UN General Assembly Resolution 65/238 of 24 December 2010 on the scope, modalities, format and organisation of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,
  - 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 on 28 and 29 April 2011<sup>4</sup>,
  - having regard to its resolution of 15 September 2011 on the European Union position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases<sup>5</sup>,
  - having regard to Rule 110(4) 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

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<sup>1</sup> OJ C 69, 3.3.2011, p. 1.

<sup>2</sup> OJ L 412, 30.12.2006, p. 1.

<sup>3</sup> <http://www.diamap.eu/report/DIAMAP-Road-Map-Report-Sept2010.pdf>

<sup>4</sup> [http://www.who.int/nmh/events/moscow\\_ncds\\_2011/conference\\_documents/moscow\\_declaration\\_en.pdf](http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf)

<sup>5</sup> Texts adopted, P7\_TA(2011)0390.

and with a very high probability of progressing to clinically manifest diabetes<sup>1</sup>;

- B. 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;
- C. whereas Type 2 diabetes decreases life expectancy by 5-10 years<sup>2</sup> and Type 1 diabetes decreases life expectancy by around 20 years<sup>3</sup>, and whereas 325 000 deaths per year are attributed to diabetes in the EU<sup>4</sup>, i.e. one EU citizen every two minutes;
- D. whereas the reduction of identified risk-factors, notably lifestyle habits, is increasingly recognised as a key prevention strategy able to reduce the incidence, prevalence and complications for both Type 1 and Type 2 diabetes;
- E. whereas research is still needed to clearly identify risk factors for Type 1 diabetes, while genetic predisposition is being researched and Type 1 diabetes is being contracted at an increasingly early age;
- F. whereas Type 2 diabetes 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;
- G. whereas no cures are currently available for diabetes;
- H. whereas the complications of Type 2 diabetes can be prevented through the promotion of a healthy lifestyle and early diagnosis; whereas, however, it is frequently diagnosed too late, and up to 50% of all people with diabetes are currently unaware of their condition<sup>5</sup>;
- I. whereas up to 75 % of all people with diabetes are not in good control of their condition, leading to an increased risk of complications, productivity loss and costs for society<sup>6</sup>, as found in a recent study<sup>7</sup>;
- J. whereas in most Member States diabetes is responsible for over 10°% of healthcare expenditure, a figure sometimes climbing as high as 18,5°%<sup>8</sup>, and the general healthcare

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<sup>1</sup> International Diabetes Federation. IDF Diabetes Atlas, 4th edn. 2009.

<http://www.diabetesatlas.org/downloads>

<sup>2</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/98391/E93348.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/98391/E93348.pdf)

<sup>3</sup> [http://www.diabetes.org.uk/Documents/Reports/Diabetes\\_in\\_the\\_UK\\_2010.pdf](http://www.diabetes.org.uk/Documents/Reports/Diabetes_in_the_UK_2010.pdf)

<sup>4</sup> International Diabetes Federation. IDF Diabetes Atlas, 3rd edn. Brussels, 2006

[http://www.diabetesatlas.org/sites/default/files/IDF%20Diabetes%20Atlas-2007%20\(3rd%20edition\).pdf](http://www.diabetesatlas.org/sites/default/files/IDF%20Diabetes%20Atlas-2007%20(3rd%20edition).pdf)

<sup>5</sup> Diabetes – The Policy Puzzle: towards benchmarking in the EU 25 (2005) International Diabetes Federation, 2006, <http://www.idf.org/webdata/docs/idf-europe/DiabetesReport2005.pdf>

<sup>6</sup> Diabetes – The Policy Puzzle: towards benchmarking in the EU 25 (2005) International Diabetes Federation, 2006, <http://www.idf.org/webdata/docs/idf-europe/DiabetesReport2005.pdf>

<sup>7</sup> Diabetes expenditure, burden of disease and management in 5 EU countries, 2012 <http://www2.lse.ac.uk/LSEHealthAndSocialCare/research/LSEHealth/MTRG/LSEDiabetesReport26Jan2012.pdf>

<sup>8</sup> Diabetes – The Policy Puzzle: towards benchmarking in the EU 27 (2007) <http://www.idf.org/webdata/docs/EU-diabetes-policy-audit-2008.pdf>

cost for an EU citizen with diabetes is on average EUR 2 100 a year<sup>1</sup>; 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 co-morbidities;

- K. whereas diabetes, if poorly managed or diagnosed too late, is a leading cause of heart attacks, strokes, blindness, amputation and kidney failure;
  - 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 people living with diabetes must provide for 95% of their own care<sup>2</sup>, 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;
  - N. whereas only 16 out of 27 Member States have a national framework or programme in place to tackle diabetes, and no clear criteria exist as to what constitutes a good programme or what the best-practice countries are<sup>3</sup>; whereas there are considerable differences and inequalities in the quality of diabetes treatment within the EU;
  - O. whereas there is no EU legal framework for discrimination against people suffering from diabetes or other chronic diseases, and prejudice against sufferers is still widespread in schools, job recruitment, work places, insurance policies and in assessment for driving licenses throughout the EU;
  - P. whereas there is a lack of funding and infrastructure to coordinate diabetes research in the EU, which has a negative impact on the competitiveness of EU diabetes research and prevents people with diabetes from benefiting fully from research in Europe;
  - Q. 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<sup>4</sup>, an extensive list of UN Resolutions, and a European Parliament Written Declaration on diabetes;
1. Welcomes the Council Conclusions of 7 December 2010, entitled ‘Innovative approaches for chronic diseases in public health and healthcare systems’<sup>5</sup> and its call on the Member States and the Commission to ‘initiate a reflection process aiming to identify options to optimise the response to the challenges of chronic diseases’;
  2. Takes note of its abovementioned resolution of 15 September 2011 on the European Union position and commitment in advance of the UN high-level meeting on the prevention and

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<sup>1</sup> International Diabetes Federation. IDF Diabetes Atlas, 4th edn. Brussels, Belgium, 2009.

<http://www.diabetesatlas.org/downloads>

<sup>2</sup> <http://www.worlddiabetesday.org/media/press-materials/press-releases/idf-launches-world-diabetes-day-2010-campaign>

<sup>3</sup> Diabetes – The Policy Puzzle: towards benchmarking in the EU 27 (2007)

<http://www.idf.org/webdata/docs/EU-diabetes-policy-audit-2008.pdf>

<sup>4</sup> OJ C 147, 23.6.2006, p. 1.

<sup>5</sup> [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lisa/118282.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/118282.pdf)

control of non-communicable diseases, which focuses on diabetes as one of the four major non-communicable diseases;

3. 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;
4. Calls on the Commission to draw up common, standardised criteria and methods for data collection on diabetes, and, in collaboration with the Member States, to coordinate, collect, register, monitor and manage comprehensive epidemiological data on diabetes, and economic data on the direct and indirect costs of diabetes prevention and management;
5. Calls on the Member States to develop, implement and monitor national diabetes programmes aimed at health promotion, risk-factor reduction and the prediction, prevention, early diagnosis and treatment of diabetes, targeting both the population at large and high-risk groups in particular, and designed to reduce inequalities and optimise healthcare resources;
6. Calls on the Member States to promote Type 2 diabetes and obesity prevention (recommending that strategies be implemented from an early age through education about healthy dietary and physical-activity habits in schools) and healthy lifestyle strategies, including exercise and diet approaches; stresses, in this regard, the need to align food-related policies with the objectives of promoting a healthy diet, allowing consumers to make informed and healthy choices, and early diagnosis as key fields of action in their national diabetes programmes;
7. Calls on the Commission to support Member States by promoting the exchange of best practice with regard to good national diabetes programmes; stresses the need for the Commission continuously to monitor progress as regards the Member States' implementation of national diabetes programmes, and to present the results on a regular basis in the form of a Commission report;
8. Calls on the Member States to develop diabetes management programmes based on best practices and evidence-based treatment guidelines;
9. Calls on the 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;
10. Calls on the Commission and the Member States to improve the coordination of European diabetes research by fostering collaboration between research disciplines and creating general, shared infrastructures to facilitate European diabetes research efforts, including in the fields of risk-factor identification and prevention;
11. Calls on the Commission and the Member States 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;
12. Calls on the Commission and the Member States to ensure proper and adequate follow-up to the outcomes of the UN Summit on Non-Communicable Diseases of September 2011;

13. Recalls 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 and risk-factor reduction into all relevant legislative and policy fields, and in particular into their environmental, food and consumer policies;
14. Instructs its President to forward this resolution to the Council, the Commission and the parliaments of the Member States.