



TEXTS ADOPTED

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Prevention, management and better care of diabetes in the EU on the occasion of World Diabetes Day

European Parliament resolution of 23 November 2022 on prevention, management and better care of diabetes in the EU on the occasion of World Diabetes Day (2022/2901(RSP))

The European Parliament,

- having regard to the Treaty on the Functioning of the European Union, in particular Article 168 thereof,
- having regard to the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal (SDG) 3 target 4, to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, and SDG 3 target 8, to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all¹,
- having regard to the Global Monitoring Framework for the prevention and control of non-communicable diseases (NCDs), in particular the priority to halt the rise in diabetes and obesity²,
- having regard to the outcome report from the World Health Organization (WHO) European high-level conference on non-communicable diseases held in Ashgabat, Turkmenistan, on 9-10 April 2019, entitled ‘Time to Deliver in Europe: meeting non-communicable disease targets to achieve the Sustainable Development Goals’³,
- having regard to the WHO Global Diabetes Compact⁴,
- having regard to its resolution of 14 March 2012 on addressing the EU diabetes epidemic⁵,

¹ <https://sdgs.un.org/goals>

² [NCD Global Monitoring Framework \(World Health Organization\)](#)

³ <https://apps.who.int/iris/handle/10665/347381>

⁴ <https://www.who.int/initiatives/the-who-global-diabetes-compact>

⁵ OJ C 251 E, 31.8.2013, p. 47.

- having regard to the Commission communication of 11 December 2019 on the European Green Deal (COM(2019)0640) and Parliament’s resolution of 15 January 2020 thereon¹,
 - having regard to the Commission communication of 20 May 2020 on a Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system (COM(2020)0381) and Parliament’s resolution of 20 October 2021 thereon²,
 - having regard to the Commission communication of 25 November 2020 on a Pharmaceutical Strategy for Europe (COM(2020)0761) and Parliament’s resolution of 24 November 2021 thereon³,
 - having regard to the Commission communication of 3 February 2021 on Europe’s Beating Cancer Plan (COM(2021)0044), and Parliament’s resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy⁴,
 - having regard to Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027⁵,
 - having regard to the Commission’s proposal for a regulation on the European health data space (COM(2022)0197),
 - having regard to Regulation (EU) 2021/2282 of the European Parliament and of the Council of 15 December 2021 on health technology assessment⁶,
 - having regard the Commission’s Healthier Together EU Non-Communicable Diseases Initiative of 20 June 2022⁷,
 - having regard to the World Health Assembly resolution of 28 May 2019 on improving the transparency of markets for medicines, vaccines, and other health products,
 - having regard to the European Pillar of Social Rights Action Plan⁸,
 - having regard to Rule 132(2) of its Rules of Procedure,
- A. whereas diabetes is one of the most common non-communicable diseases; whereas there are more than 33 million people in the EU living with diabetes; whereas the

¹ OJ C 270, 7.7.2021, p. 2.

² OJ C 184, 5.5.2022, p. 2.

³ OJ C 224, 8.6.2022, p. 47.

⁴ OJ C 342, 6.9.2022, p. 109.

⁵ OJ L 107, 26.3.2021, p. 1.

⁶ OJ L 458, 22.12.2021, p. 1.

⁷ https://health.ec.europa.eu/publications/eu-non-communicable-diseases-ncds-initiative-guidance-document_en

⁸ <https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/>

number of people living with diabetes in the EU is predicted to rise to 38 million in 2030¹;

- B. whereas approximately half of people living with diabetes are not achieving or maintaining optimal blood glucose targets², leading to an increased risk of diabetes-related complications resulting in deterioration of well-being and other consequences including productivity loss and costs for society; whereas Europe is the region with the highest number of children and youths living with type 1 diabetes in the world³;
- C. whereas more than 95 % of people with diabetes have type 2 diabetes, with risk factors including weight above a healthy range, tobacco use, lack of exercise and unhealthy diet; whereas type 2 diabetes is becoming increasingly prevalent among children and young adults⁴;
- D. whereas type 1 and type 2 diabetes have been shown to have negative impacts on life expectancy⁵; whereas diabetes has been estimated to be the fourth leading cause of death in Europe⁶;
- E. whereas no cures are currently available for diabetes;
- F. whereas people of all ages and walks of life can be afflicted by diabetes;
- G. whereas diabetes affects different socio-economic groups unequally, and socio-economic factors determine its implications for people's lives;
- H. whereas all patients have the right to optimal treatment, regardless of their financial means, gender, age or nationality, whereas there is an urgent need to ensure equal access to safe, effective and affordable treatments within the EU;
- I. whereas EU citizens are still facing inequities in terms of prevention, and are unequally protected against risk factors, unequally educated in terms of healthy behaviours and unequally equipped against misinformation; whereas EU citizens are unequal in terms of timely access to affordable and high quality treatment and care from Member State to Member State and from region to region in any given country;
- J. whereas diabetes is a cause of many health complications, with one third of people living with diabetes developing diabetic retinopathy⁷ and one third developing cardiovascular diseases (CVDs)⁸; whereas four fifths of end-stage renal diseases occur in people living with type 2 diabetes and/or hypertension⁹; whereas diabetes is a cause of early mortality and disability (blindness, amputations, heart failure);

1 https://research-and-innovation.ec.europa.eu/research-area/health/diabetes_en

2 <https://journals.sagepub.com/doi/full/10.1177/1479164116679775>

3 <https://diabetesatlas.org/atlas/tenth-edition/>

4 <https://www.who.int/news-room/fact-sheets/detail/diabetes>

5 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7673790/>

6 https://www.euro.who.int/_data/assets/pdf_file/0003/98391/E93348.pdf

7 <https://pubmed.ncbi.nlm.nih.gov/26605370/>

8 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5994068/>

9 <https://idf.org/our-activities/care-prevention/diabetes-and-the-kidney.html>

- K. whereas some forms of type 2 diabetes, diabetes in pregnancy, diabetes-related complications and other consequences of diabetes may be prevented through policies addressing the condition's modifiable risk factors, such as promoting active and tobacco-free living and access to healthy foods as well as policies tackling the environmental, cultural and socio-economic determinants of health and the promotion of early diagnosis and action; whereas, however, diabetes is frequently diagnosed too late, and up to one third of all people living with diabetes in the EU are currently unaware of their condition¹ ;
- L. whereas front-of-pack nutritional labelling supports citizens in making healthier food choices and thereby preventing unhealthy consumption of food high in salt, fat and sugar and preventing obesity which is one of the major determining risk factors for developing type 2 diabetes;
- M. whereas people living with diabetes are among the most severely affected by COVID-19, not only relating to their risk of developing severe forms of the disease but also relating to their risk of later-life complications resulting from the disruption of care during the pandemic²;
- N. whereas diabetes is a complex and multifactorial disease owing to its interplay with other conditions and with all levels of care; whereas prevention, treatment and management of the disease can be indicative of a health system's quality, effectiveness, performance and resilience; whereas effective diabetes management and care also leads to better outcomes for other NCDs and other diseases;
- O. whereas 100 years after the breakthrough discovery of insulin, many inequalities still exist globally and among and within Member States regarding access to care, education, autonomy, medicines, tools to monitor blood sugar levels, supplies and technologies and health outcomes³; whereas research is still needed to clearly identify personalised risk factors for type 1 diabetes, to help determine how best to enable earlier diagnosis of type 1 diabetes and to identify patients that are candidates for an immunological treatment approach in the future; whereas further research, including behavioural research, is also required to improve and further determine the most impactful interventions for the prevention and management of type 2 diabetes;
- P. whereas across all Member States, diabetes is responsible for about 9 % of healthcare expenditure⁴, and whereas up to 75 % of those costs could be related to potentially preventable complications⁵; whereas prevention is more effective than any cure in reducing the incidence, prevalence and complications of some types of diabetes, as well as being the most cost-effective long-term diabetes control strategy;
- Q. whereas people living with diabetes must self-manage their conditions, with sporadic input or support from their healthcare professionals, a few times a year; whereas the

¹ <https://diabetesatlas.org/atlas/tenth-edition/>

² <https://idf.org/our-network/regions-members/europe/covid-19.html>

³ <https://www.mepinterestgroupdiabetes.eu/wp-content/uploads/2021/03/MMD-BLUEPRINT-FOR-ACTION-ON-DIABETES.pdf>

⁴ <https://www.idf.org/our-network/regions-members/europe/europe-news/487:idf-europe-statement-on-the-eu-ncd-initiative-%E2%80%93-healthier-together%C2%A0.html>

⁵ <https://pubmed.ncbi.nlm.nih.gov/17853332/>

burden of diabetes on individuals and their families is not only financial, but also involves huge psycho-social issues and reduced quality of life; whereas innovations in the field of self-measurement of blood sugar levels facilitate the easier and better regulation of blood sugar levels; whereas supporting the swift availability for diabetes patients of such innovations is beneficial, as they improve successful diabetes management, thereby preventing health complications and subsequent health costs;

- R. whereas there is no EU legal framework against discrimination towards people living with diabetes or other chronic diseases, and prejudice against those people living with the condition is still widespread in schools, job recruitment, work places, insurance policies and assessment for driving licenses throughout the EU; whereas developments in knowledge of diabetes as well as in treatment and technology in recent years mean that people living with diabetes can be in much more precise and continuous control of their blood sugar, enabling them to overcome previously perceived risks in daily activities;
- S. whereas people living with diabetes and other NCDs have been shown to be at great risk of discontinuing care and of developing more serious symptoms and complications during humanitarian emergencies;
- T. whereas several EU actions have addressed diabetes, including the 2006 Council conclusions on the promotion of healthy lifestyles and prevention of diabetes, and Parliament's resolution of 14 March 2012 on addressing the EU diabetes epidemic; whereas there is a strong rationale for increasing these efforts in response to the increasing burden of diabetes and the urgent need for Member States to take strong action, particularly in the light of the added value of concerted efforts at EU level; whereas the Healthier Together – EU Non-Communicable Diseases Initiative addresses some of the Member States' needs and requests raised in Parliament's 2012 resolution, but lacks a clear framework for action in the Member States and does not have concrete objectives and targets which would allow for the setting of goals and the measuring of progress;
1. Deeply regrets the fact that a growing number of people are living with diabetes and expresses solidarity with the patients of this disruptive disease and their families;
 2. Recalls the global coverage targets for 2030 for diabetes adopted at the 75th World Health Assembly, including the targets of 80 % of people living with diabetes being diagnosed; 80 % having good control of glycaemia; 80 % of people with diagnosed diabetes having good control of blood pressure; 60 % of people with diabetes aged 40 years or older receiving statins; and 100 % of people with type 1 diabetes having access to affordable quality-assured insulin and blood glucose self-monitoring; stresses that the EU coverage targets for 2030 should be even more ambitious;
 3. Welcomes the joint statement issued by the Commission and the WHO Regional Office for Europe at the 70th session of the WHO Regional Committee for Europe in 2020, in which they promised to boost their already strong partnership and adapt it to new health priorities including a comprehensive response to non-communicable diseases¹;

¹ https://health.ec.europa.eu/system/files/2020-11/2020_who_euro_cooperation_en_0.pdf

4. Welcomes the development of the Healthier Together – EU Non-Communicable Disease Initiative and calls on the Member States to avail themselves of the best practices outlined in the document and of the funding made available through various EU programmes;
5. Calls on the Commission and the Member States to demonstrate political commitment and set ambitious targets for reversing the rising trend in numbers of Europeans with diabetes, to reduce inequalities between EU citizens and improve the care and quality of life of people living with diabetes;
6. Underlines in this regard that the Commission should follow through with the Healthier Together – EU Non-Communicable Disease Initiative, inter alia by collaborating with Member States in developing and implementing common, standardised criteria and methods for data collection on diabetes, and in collecting, registering, monitoring and managing comprehensive epidemiological data on diabetes, as well as economic data on the cost of diabetes prevention and management in the EU, including patient preferences and patient-generated data; stresses that fostering and leveraging best practices and supporting research into the effectiveness of clinical interventions and prevention programmes will lead to better outcomes not just for diabetes but also for all other complications and co-morbidities of diabetes;
7. Calls on the 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 to target, among other things, the socio-economic determinants of health, the promotion of health-enabling environments and health and digital literacy, education and awareness rising aimed at both the population at large and high-risk groups in particular (such as people with prediabetes), and which is designed to reduce inequalities and optimise healthcare resources;
8. Calls on the Commission to ensure that all EU actions and documents across all work areas reflect the most up-to-date evidence, especially with regard to modifiable risk factors and risk reduction measures, and present an accurate picture of diabetes to combat stigma and discrimination;
9. Underlines that more attention should be paid to the prevention of all non-communicable diseases, and asks the Commission and the Member States to reinforce, implement and evaluate properly funded prevention plans;
10. Deplores the significant health inequalities in the EU, including in NCD prevention; insists on the need to identify and pay special attention to vulnerable, marginalised, socially excluded populations and people living in remote areas (such as in rural, isolated or outermost regions far from medical centres), in order to ensure they have access to prevention services; considers in this regard that prevention also needs to be framed in the context of social justice, entailing the need for systemic changes through population-wide public policies beyond changes in individual behaviour;
11. Calls on the Member States to ensure continued patient access to primary and secondary care, and diabetes treatments and technologies, including e-health technologies such as continuous glucose monitoring systems and new insulin delivery systems, and to support patients in obtaining and sustaining the skills and understanding needed to enable competent life-long self-management;

12. Stresses the importance of viewing NCDs from a position that acknowledges that human, animal and environmental health are intrinsically linked and that therefore all actions to combat NCDs should be firmly rooted in the One Health approach;
13. Emphasises the importance of EU health legislation and actions, including the Directive on patients' rights in cross-border healthcare¹, the revised mandates for EU public health agencies, the proposed serious cross-border health threats regulation (COM(2020)0727), the Tobacco Products Directive², the EU4Health programme, and the pharmaceutical strategy, in preventing chronic diseases and addressing health risks;
14. Underscores the essential role of a healthy food environment in preventing NCDs and asks the Member States and the Commission to step up their actions to ensure that the most healthy and sustainable food is also the most affordable;
15. Underlines the need to address the modifiable risk factors of NCDs with policies that promote active and tobacco-free living, access to healthy foods and physical activity, and which tackle the environmental, cultural and socio-economic determinants of poor health;
16. Acknowledges that obesity is considered a primary risk factor for type 2 diabetes; emphasises the role of a healthy diet in preventing and managing type 2 diabetes; stresses that individual diabetes risk can be reduced by increasing consumption of sustainably-produced plants and plant-based foods, such as fresh fruits and vegetables, whole grains and legumes³; emphasises, furthermore, the need to address the overconsumption of meat and ultra-processed products, and products high in sugars, salt and fats; welcomes the revision of the EU school fruit, vegetables and milk scheme and of the EU's policy on the promotion of agricultural products;
17. Asks the Commission and the Member States to encourage and help consumers to make informed, healthy and sustainable choices about food products by means of the adoption of a mandatory and harmonised EU front-of-pack nutritional label that is developed based on robust and independent scientific evidence; welcomes the focus on healthy nutrition in the EU Child Guarantee and calls for a new EU action plan on childhood obesity; supports fiscal measures to make fresh foods (such as fruits and vegetables, pulses, legumes and wholegrains) more affordable and accessible at national level, especially for people on low incomes; encourages Member States to use pricing policies such as value added tax differentiation, and marketing controls to influence demand for, access to, and the affordability of food and drinks that are low in saturated fats, trans-fats, salt and sugar; supports the Member States in revising the relevant provisions for restricting the advertising of sweetened beverages and processed food products high in fats, salt and sugar, including advertising on social media, and eagerly awaits the announced legislative proposals in this regard under the farm to fork strategy;
18. Underlines that tobacco, harmful alcohol consumption and environmental pollution are risk factors common to other chronic diseases; reiterates its call for an integrated

¹ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45).

² OJ L 127, 29.4.2014, p. 1.

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5466941>

chronic disease prevention programme, to be developed in close cooperation with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases;

19. Reiterates the importance of the European Green Deal as a significant contributing factor to disease prevention in Europe, by means of reducing air, food, water and soil pollution and chemical exposure and ensuring access to and information on healthy foods; calls for an evaluation of the impact of policies on NCD incidence to be integrated into the farm to fork strategy, the chemicals strategy for sustainability, the zero pollution and the non-toxic environment strategies;
20. Calls on the Commission and the Member States to support the digitalisation of national health services and the adoption of new tools and technologies, allowing for more effective data collection, monitoring and action to improve self-management, reduce the risk of diabetes-related complications and other consequences of diabetes and improve quality of life; stresses that any digital transition in healthcare should go hand in hand with enhanced digital health literacy, be user-friendly and patient-centred, and promote trust by ensuring high standards on data privacy and cybersecurity; stresses in this regard the potential of the European Health Data Space for NCDs including diabetes;
21. Calls on the Commission to engage with patient organisations and people living with diabetes and other chronic diseases in a structured way and encourage the development of a common set of outcome measures that matter most to people living with diabetes, to be used for regulatory assessment and decision-making on pricing and reimbursement, as well as throughout the development and implementation of relevant policies, including national diabetes plans and awareness programmes;
22. Calls on the Commission to continue providing financial support, in a transparent manner, to key non-governmental organisations, including those that advocate for and represent patients, consumers and healthcare professionals;
23. Calls on the Member States to review and as appropriate advance their national models of care with a focus on deploying person-centred and fully integrated care across the entire care pathway, particularly including disease prevention, prevention of diabetes complications and mental health support;
24. Calls on the Commission and the Member States to map out and address barriers to both human and analogue insulin, and to ensure affordability for both users and national health systems;
25. Calls on the Commission to provide concrete guidance to Member States for ensuring the uninterrupted treatment of people living with diabetes during humanitarian emergencies and highlights the need to provide diabetes care within humanitarian responses;
26. Calls on the Commission to support the upskilling of primary and proximity care across the Member States, ensuring integration and continuity of care with a focus on collaboration between professionals within multi-disciplinary care teams;
27. Calls on the Commission and the Member States to improve the coordination of European and inter-Member State diabetes research;

28. Calls on the Commission and Member States to support research into unmet clinical needs for diabetes and its many co-morbidities and complications, taking into account the need to improve the quality of life of people living with diabetes and other chronic diseases; calls on the Commission and the Member States to support production capacities for quality-assured affordable insulin, injection devices and glucose monitoring tools to improve competition, national supply and patient access;
29. Stresses the importance of excellence in medical research and innovation in the Union and calls on the Commission to build on the work of Europe's Beating Cancer Plan in this regard; reiterates its call in its resolution of 24 November 2021 to support additional research in underrepresented populations, such as the elderly, children, women and patients with comorbidities, including obesity as a primary morbidity as well as where it exists as a gateway chronic disease to other non-communicable diseases such as diabetes;
30. Is concerned that the accessibility and affordability of medicines remain a challenge for national health systems, and that innovative medicines are expensive or in certain Member States are not even brought to market for commercial reasons;
31. Reiterates its calls on the Commission to ensure that EU funding for biomedical research and development is made conditional on the full transparency and traceability of investments, on ensuring supply in all Member States and on facilitating the best outcomes for patients, including in terms of the accessibility and affordability of manufactured medicines;
32. Calls on the Commission to periodically evaluate and review the incentive system, increase price transparency and highlight the factors limiting affordability and patient access to medicinal products; further calls on the Commission to address the root causes of shortages of pharmaceuticals and propose sustainable solutions that also promote on- and off-patent competition and the timely entry into the market of generic and biosimilar medicines;
33. Reiterates its call to guarantee that research priorities are driven by patient and public health needs and that public funds are invested in a transparent manner, ensuring the availability and affordability of products resulting from these partnerships and public funds;
34. Calls on the Commission to review the relevant occupational health and safety legal framework and road safety legislation to avoid further discrimination against people living with diabetes;
35. 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, including research on integrated care models, effective interventions in diabetes prevention and management, and the impact of digital technologies on diabetes self-management and behavioural changes;
36. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.