



Written statement from IDF Europe to Agenda Item 6 Progress Reports

70th session of the WHO Regional Committee for Europe, 14-15 September 2020

The Mid-term evaluation of implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 (resolution EUR/RC66/R11) shows an alarming picture for diabetes and obesity.

While many other targets are on track to be achieved, the report indicates that the WHO European Region is failing to meet target 7 of “halting the rise in diabetes and obesity”. WHO estimates that the diabetes prevalence rose to 7.3% in 2014 from 6.9% in 2010. According to separate estimates by the IDF Diabetes Atlas, 2019, European regional diabetes prevalence will rise to 9.8% by 2030, up from 8.9% in 2019.

Diabetes is a life-long, incurable condition. It is also a major risk factor for other NCDs. In addition to reducing the life expectancy of people living with diabetes (PwD) by up to 10 years, diabetes can cause life-changing complications, resulting in intense suffering for the individuals living with them.

- Every eight seconds, somebody dies of diabetes-related complications. Diabetes and its complications were responsible for 465,900 deaths in adults in Europe in 2019, about a third of which were in people under 60.
- Worldwide, about 21% adults with diabetes suffer from coronary artery disease and 32% of cardiovascular disease.
- More than one third of PwD develop diabetic retinopathy, and 12% vision-threatening retinopathy.
- Globally, more than 80% of end-stage renal disease is caused by diabetes or hypertension or a combination of both.
- About 1 in 5 people with cancer also have diabetes.
- Diabetes during the pregnancy may program the unborn child to be more susceptible to diabetes and other chronic diseases, further compounding the challenges of tackling NCDs.
- Concerns about the risk of complications also creates a significant psychological burden on PwD.

Treating diabetes and its complications represents a huge financial hardship for health systems and individuals. Reducing this cost would contribute to building more robust and resilient health systems. According to the IDF Diabetes Atlas 2019, close to 9% of health expenditure in Europe in 2019 was on diabetes, ranging from 4% in Ireland to a crippling 23.8% in Turkey. Costs linked to the treatment of complications vary widely but were estimated to account for about half the direct costs in countries such as Germany.

We urge governments to implement the policies which have shown to be effective in addressing the disease’ modifiable risks factors, improving its management and reducing the risks of people developing diabetes complications:

- Create health-enabling environments and address the social, economic and cultural determinants of health
- Increase focus within national health systems on prevention, health promotion, early diagnosis, and screening
- Promote more integrated care and an accelerated move towards digitalisation of health services, innovative tools and technologies, and health literacy.
- Develop a person-centred and outcomes-based health approach, and adopt value-based proposition which include patient-reported outcomes and quality of life indicators
- Ensure equal, affordable and uninterrupted access to diabetes medicines, supplies, technologies and care

The report also indicates that there is too little data to judge progress against target 3, relating to insufficient physical activity and target 8, relating to drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.



To tackle these challenges, improve the quality of life of PwD and reduce healthcare expenditure, we also strongly recommend that a common pan-European digitalisation framework and a data platform be developed. These will need to document key health indicators, including patient-reported outcomes, and the effectiveness of care pathways and specific interventions.

International Diabetes Federation European Region