



**Written statement from IDF Europe to Agenda Item 4
The European Programme of Work (2020-2025)**

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IDF Europe welcomes WHO Europe Region's determination to move towards universal health coverage by 2030 for all European citizens. Reducing the health inequalities within and across European countries, which we know were present, but were clearly brought to light by the COVID-19 crisis, is vital to meet this objective. Health inequalities lead to unequal health outcomes. Only by reducing them and ensuring that people are able to access quality care without suffering a high financial burden can our societies be more equitable and guarantee healthy lives and well-being for all, at all ages – across all European countries.

Achieving universal health coverage is not a realistic goal though unless more robust action is taken to tackle diabetes and reduce the disease burden on individuals and healthcare systems. In 2019, the IDF Diabetes Atlas estimated that direct expenditure on diabetes in Europe was €147.9bn (forecast to increase to €154.5bn by 2030), representing 8.3% of Europe's health expenditure.

Currently, close to 60 million Europeans live with diabetes, an ever-rising figure; by 2030 it is estimated that 66 million will live with it.

As indicated in 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*, “the WHO European Region is failing to halt the rise in diabetes and obesity”. WHO estimates show the prevalence of diabetes to have risen to 7.3% in 2014 from 6.9% in 2010. IDF estimates that regional prevalence was 8.9% in 2019, forecast to rise to 9.8% by 2030.

All of which points to the urgent need to implement the measures which we know can help flatten the diabetes curve, and also apply to many other NCDs. Many of these are outlined in the European Programme of Work and its flagship initiatives. Measures fostering the prevention of diabetes and its complications and ensuring optimal diabetes management work, are cost-effective, and can help free the resources needed to build resilient health systems. Health sectors cannot act alone, though. This requires a whole of society/health-in-all policies approach to:

- Create health-enabling environments and address the social determinants of health
- Shift healthcare systems' focus to preventing diseases rather than only treating them
- Provide uninterrupted access to medicines, supplies, technologies and care
- Ensure early action to routinely identify and screen people at risk and address the disease's modifiable risk factors

In the context of the COVID-19 pandemic, putting in place the right framework to protect people with diabetes who have proved to be at increased risk of severe forms of the disease is even more urgent.

Beyond exposing the inherent fragility of European healthcare systems, COVID-19 has also outlined how weaknesses can be addressed through accelerating the move towards digitalisation and generally promoting the adoption of innovation in care and advanced therapies. In doing so though, governments must ensure that the impact of innovation on health outcomes is measured and allocate adequate funding to guarantee the success of this transformation. A move towards more digital health must not leave anyone behind though. The deployment of such tools must be supported by an improvement in people's health and digital literacy and their access to digital tools as well as their right to choose which care best meet their needs, guaranteed.

We urge governments to act now to meet their commitments to a healthier and fairer society.

International Diabetes Federation European Region