Communication Toolkit for IDF Europe Member Associations

Key messages

I. Setting the scene – overarching messages

In approaching your decision makers, it is useful to set the scene – explain the burden of diabetes on individuals, health systems and the society at large. While your country might have its own data, it might also be useful to compare and contrast the situation in your country with that of other countries, or with the situation at a pan-European level. National comparable data on diabetes can be found in the IDF Diabetes Atlas, 10th edition and on the IDF Atlas data portal.

The following presents overarching diabetes messages you might wish to use.

Key messages	**Supporting Facts/Figures/Secondary Messages** *(National data should be used as appropriate)*	**Resources**
Diabetes can affect anybody, anywhere.	About an equal proportion of men and women develop diabetes during their lifetime. Europe has one of the largest numbers of children and adolescents (0-19) with T1D in the world and the highest number of new cases annually. Hyperglycaemia in pregnancy affected two million live births in Europe in 2019, the vast majority of which were from gestational diabetes.	IDF Diabetes Atlas T1D Index The T1D index provides some useful information on the number of people living with T1D and years of life lost.
Prevention strategies have, to date, been ineffective.	Some 61m people live with diabetes in Europe, a figure forecast to increase to 67m by 2030.	IDF Diabetes Atlas WHO NCD Progress Monitor, 2024 This publication provides an overview of the progress made against 19 indicators. IDF Europe Country Profiles
	1/3 of PwD are undiagnosed across Europe.	IDF Diabetes Atlas WHO NCD Progress Monitor, 2024
Existing diabetes management practices are failing people living with diabetes.	Up to half the PwD do not meet their treatment targets, despite significant advances in technologies, medicines and treatment approaches.	Glycaemic control in T1D Glycaemic control in T2D Quality of care in T2D
	Up to one third of PwD develop at least one complication during their lifetime.	IDF Europe Wheel of Complications
	People living with T2D have a life expectancy up to 10 years shorter than people without diabetes, and the gap may be even larger for people living with T1D.	Diabetes Life Expectancy

Many inequalities exist across and within European countries. These must be addressed to ensure best outcomes and leave no-one behind.	Social determinants and the environment in which people live have a major impact on their health outcomes and their risk of developing diabetes.	IDF Europe's calls to action Theme: social determinants and health-enabling environments
Diabetes represents a significant burden on healthcare systems.	Diabetes expenditure represented around €176bn in 2021, of which 75% resulted from often preventable complications.	IDF Diabetes Atlas

II. Bending the diabetes curve / improving prevention

Key messages	**Supporting Facts/Figures/Secondary Messages** *(National data should be used as appropriate)*	**Resources**
Health systems approaches need to shift from a treatment to a prevention mindset.	An ageing population means the share of chronic diseases in the total disease burden will increase.	MMD Blueprint Delivering value through innovation in diabetes care delivery
A determined approach to diabetes prevention must include primordial prevention focusing on the determinants of health.	The social determinants of health account for 30-55% of health outcomes.	WHO Social determinants of health IDF Europe's calls to action Theme: social determinants and health-enabling environments
Screening and early detection strategies of people at risk of developing diabetes must be adopted, leveraging community and primary care.	Delays in the diagnosis of diabetes may lead to serious complications, which place a heavy financial burden both on individuals through out-of-pocket expenditure as well as loss of income, and health services themselves. Early action can help lower the risk of developing, or delay the onset, of T2D.	MMD Blueprint
Diabetes is a marker of health system resilience. Effective diabetes prevention leads to more resilient and sustainable healthcare systems.	Improved prevention of diabetes means fewer people entering the healthcare system for diabetes and its complications, better resource allocation and improved access for all.	IDF Europe's Rationale on the Diabetes Resolution

III. Achieving the best possible health outcomes and quality of life through uninterrupted, affordable and timely access to all the required medicines, tools, technologies, education and care

Key messages	Supporting Facts/Figures/Secondary Messages *(National data should be used as appropriate)*	Resources
The right treatment at the right time is a prerequisite for PwD to lead long and fulfilling lives.	Delays in treatment initiation and/or intensification may lead to often preventable life-altering complications such as cardiovascular diseases, blindness and amputations. Access to the required treatment, including new tools and technologies which are allowing for more precise and optimal diabetes management, is critical to lower the risk for PwD of developing life-altering complications.	IDF Europe Wheel of Complications Legacy effect in diabetes and CVD
Timely access to the right treatment requires the implementation of the latest scientific recommendations on diabetes management.	Barriers to this implementation are many. At the HCP level, they may include lack of time, overconfidence in the quality of care and adherence to guidelines, and misperception about PwD's adherence to medication changes. At the healthcare systems level, they may include the cost of new medications, formulary limitations and non-medical switching of therapeutics due to insurance formulary changes.	T2D – A preventable catastrophe IDF Europe's calls to action Theme: uninterrupted, equitable and affordable access to medicines, technologies and care
Some of the key barriers to this implementation are the lack of educated HCPs, especially at primary care level, as well as a shortage of HCPs.	Much of type 2 diabetes management takes place at primary care level. An underdeveloped primary care sector coupled with lack of education and understanding of the multi-faceted nature of the condition and the burden it places on individuals is a barrier both to the identification and to the effective management (early action as well as treatment intensification) of diabetes by primary care physicians/teams.	T2D – A preventable catastrophe IDF Europe's calls to action Themes: - Improving HCPs' education - Fostering the adoption of digital health - Strengthening the role of diabetes specialist nurses

IV. Integrating person-centred, innovative care for best outcomes and to support healthcare systems' resilience

Key messages	Supporting Facts/Figures/Secondary Messages *(National data should be used as appropriate)*	Resources
Integrated, person-centred care is fundamental to help PwD achieve optimal health outcomes and the best possible quality of life.	Many PwD also live with one or more chronic condition/complication of diabetes (e.g., hypertension, cardiovascular disease, diabetes retinopathy etc.). For them, this often means having to juggle a number of different HCPs and healthcare teams, appointments, care pathways and polypharmacy, all of which represent a significant burden and negatively affect quality of life. In turn, poor quality of life leads to poorer health outcomes. With diabetes being the root cause of many other NCDs and complications, the integration of care is crucial for PwD who often live with, or are at risk of, developing more than one condition. Integrated, person-centred care reduces the disease burden and lowers the risk of complications.	IDF Europe Wheel of Complications
As a life-long condition, the care required by PwD will evolve throughout their life course.	Only fully integrated and person-centred care can adapt to the changing needs and the necessity to connect between different providers and levels of care.	MMD Blueprint

V. Embracing innovation for improved diabetes prevention and management

Key messages	Supporting Facts/Figures/Secondary Messages *(National data should be used as appropriate)*	Resources
Novel care pathways, technologies, protocols and the digitalisation of healthcare systems, have the potential to revolutionise diabetes prevention and management. They can also address barriers to the delivery of high-quality care, (e.g. low PwD empowerment, shortages of HCPs, siloed and single-disease treatment approaches and lack of digitalisation, interoperability and IT integration).	CGMs, AIDs are improving glucose monitoring, TiR, etc. Telehealth can better support PwD and their empowerment and digital tools also allow access to peer support, self-management education, etc. Knowing which people are most at risk and whom to intervene with sooner is important to achieve better outcomes at a population-level and the greatest impact with the resources available. Population-level data that takes into account both healthcare and non-healthcare data (e.g., socio-economic) can be used by healthcare systems to identify people with the greatest need and ensure they receive care and support in a timely manner.	Delivering value through innovation in diabetes care delivery T2D – A preventable catastrophe
Investments in research and innovation are essential to boost the adoption and the development of novel approaches	There are numerous UMN regarding the treatment and preventive intervention for children and adults living with Type 1 (T1D)	IDF Europe Position Paper on Unmet Medical Needs for PwD

that can address the existing unmet medical needs for PwD.	and Type 2 diabetes (T2D), as well as its other types.	
Enhanced use of big data analytics and AI can support research and innovation as well as the evaluation of healthcare interventions and the improved planning of resources while also helping to achieve better population health management and diabetes prevention.	Knowing which people are most at risk and whom to intervene with sooner is important to achieve better outcomes at a population-level and the greatest impact with the resources available. Population-level data that takes into account both healthcare and non-healthcare data (e.g., socio-economic) can be used by healthcare systems to identify people with the greatest need and ensure they receive care and support in a timely manner. The use of big data is emerging that can not only help diagnose people who have not yet been diagnosed, but can also more clearly identify specific individual characteristics, with a view to better tailoring treatments – at the time of diagnosis and through the life course. Such developments are contingent upon health systems having access to comprehensive data, for example, in the form of health-based registries linked to other non-health related data, and investing in data management capabilities.	Delivering value through innovation in diabetes care delivery

VI. Empowering and engaging PwD

Key messages	Supporting Facts/Figures/Secondary Messages *(National data should be used as appropriate)*	Resources
PwD are experts in diabetes care.	They are best placed to determine what health outcomes most matter to them, and what their main unmet needs are. They have also been at the forefront of life-changing innovations (e.g. DIY movement).	Delivering value through innovation in diabetes care delivery
PwD's meaningful engagement and participation is required across everything that affects them, from definition of research needs through to evaluation of interventions and shared decision-making.	Diabetes is a hugely complex disease which requires 24/7 management, with little input from HCPs.	IDF Europe's calls to action Themes: PwD empowerment and engagement
Diabetes management relies on PwD being able to manage their care by themselves 24/7, with only limited opportunities for input from their medical team.	Empowered PwD can take informed decisions and be full partners in their care, though structured diabetes education and whatever additional support is required.	Delivering value through innovation in diabetes care delivery MMD Blueprint