

First and foremost, many thanks to Honourable MEP Istvan Ujhelyi for hosting this event. Thank you to all MEPs who found time in their busy parliamentary schedule to attend this event with the theme *'Towards a new Diabetes Resolution – The time to act is now'*.

For those unfamiliar to diabetes, it is important to understand and appreciate why we are advocating for the diabetes cause. The answer is simple – Diabetes is a lifelong chronic and hugely complex disease that unfortunately claims lives and at times causes disabilities. Diabetes is often a multi morbid condition with high psychological burden which can affect any citizen at any age, babies, children, younger as well as older adults, pregnant women across every socio-economic group and geography and which evolves over time, requiring constant adaptation of its care and management. Diabetes is a leading non communicable disease that requires our urgent attention. And one would ask, why `Diabetes?

- Europe has the highest number of children living with type 1 diabetes and the number is unfortunately rising.
- Health outcomes are not improving for many, despite new advances in medicine, technologies, and care.
- Access to effective, quality diabetes care varies broadly across the EU, with differences in health outcomes, access to the required medicines and technologies.

Unfortunately, there is no cure for diabetes, and one needs to manage and treat the condition to survive. The situation in Europe is of concern with the condition spiralling out of control. It is therefore time to act!

We are specifically here in the highest european institution because MEPs representing all 27 EU states play an important and crucial role. You have the power to legislate and pass laws that will impact and affect many persons living with diabetes across Europe. I have no doubt that in your own constituencies at a national level you also listen and show empathy towards people who live with diabetes and who are struggling with their condition; who are facing huge challenges and who aspire to lead and live a better and more healthy life. We still hear of countries where persons living with diabetes aspire to have a continuous glucose monitor to manage their diabetes; an insulin pump or access to more innovative and effective treatments all through the national health system simply because they cannot afford such treatments and devices due to their exorbitant cost. We as NGOs can help and offer our expertise but ultimately you hold the incredible key that can bring the necessary change.

Many adults living with type 1 diabetes live with more than one complication or co-morbidity. Many of the complications result fully or partly from the sub-optimal management of diabetes. Any government should strive to reduce the number of people developing diabetes by optimising the management of diabetes and decrease the number of people living with other non-communicable disease or complication.

Again, the statistics provide a clear understanding on the matter:

- A third of persons living with diabetes develop cardiovascular diseases
- Another third develop diabetic retinopathy
- More than a fourth of persons living with diabetes develop chronic kidney disease with diabetes and/or hypertension causing 80% of end-stage renal disease.

- Persons living with diabetes have a 20% higher risk of developing breast cancer and two-fold greater risk of developing endometrial and intrahepatic cholangiocarcinoma.
- One fourth of liver cancer are attributable to diabetes and high body mass index.
- Persons with diabetes are twice as likely to develop depression as people without diabetes
- Three fourths (approximately 78 billion euro) of diabetes costs result from diabetes-related complications.

By preventing both the onset of gestational and type 2 diabetes by addressing the many risk factors also common to other non-communicable diseases and optimising diabetes management leads to a reduction in the number of people living with diabetes and other non-communicable diseases and dying from them. It will also see an improvement in health outcomes (for example lower levels of complications leading to hospitalisations). In the case of gestational diabetes, it also contributes to safeguarding future generations; women with gestational diabetes and their babies are at much greater risk of developing diabetes in the future.

Effective diabetes prevention and management rely on all components and facets of a national healthcare system. To a much greater extent than any other non-communicable disease, diabetes management interplays with other conditions and with all levels and types of care. It requires physical and psychological care. It necessitates the attention and collaboration of healthcare professionals at primary and secondary level, in diabetology as well in all multi-disciplinary sectors as in cardiology, nutrition, nephrology, neurology, ophthalmology, psychology and many more. It needs to consider people's needs and preferences for optimal health outcomes and quality of life.

It is also pertinent to note that the quality and effectiveness of diabetes prevention, management and care do not only benefit persons living with diabetes but also people living with other non-communicable diseases and other conditions. By keeping users away from the healthcare systems (both through primary prevention and the prevention of complications), human and financial resources can be freed and re-deployed to improve prevention and access to healthcare for a broader number of citizens, improve their quality of life and reduce inequalities.

Effective diabetes prevention and diabetes/population health management require the use and analysis of broad data sets. The use of data undoubtedly helps to identify people at risk of diabetes/other non-communicable diseases at an early stage and allows for improved management of the condition and for more patient-centred/integrated care models to be put in place. This reduces the burden of living with diabetes and other non-communicable diseases and improves the quality of life of people living with these conditions. In the case of diabetes, much data already exists in the form of registries, health data, socio-economic and other data. Much real-world evidence is also additionally self-generated by persons living with diabetes through continuous glucose monitors, for example. This makes diabetes an excellent pilot for the further digitalization of health services and broad data use, and paves the way for broader utilization across all other non-communicable diseases and conditions.

Diabetes is in a sense a unique disease since no other non-communicable disease requires as much coordination across a variety of healthcare professionals and care levels. Putting in place the steps required for more integrated diabetes care will serve and benefit all health users.

I now wish to take you back in history to 1989 when in St. Vincent in Italy, the diabetes community at the time felt the urgent need to act and the St Vincent Declaration on Diabetes Care and Research in Europe was adopted at the first meeting of the St Vincent Declaration Diabetes Action Programme. At this important meeting, representatives of government health departments and patients' organizations from all European countries met with diabetes experts under the auspices of the World Health Organization (WHO) Europe and the International Diabetes Federation (IDF) Europe and general standards for diabetes care were agreed on, as well as plans for improving care in participating countries toward the goals. Over the decades there were other notable declarations, initiatives, resolutions and policy conclusions that all spoke on the need of tackling diabetes urgently – to mention a few:

- the creation by the Commission on 15 March 2005 of an EU Platform on Diet, Physical Activity and Health
- 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
- the Conclusions of the Austrian Presidency Conference 'Prevention of Type 2 Diabetes', held on 15 and 16 February 2006 in Vienna
- the European Parliament declaration of 27 April 2006 on diabetes
- the Council conclusions on promotion of healthy lifestyles and prevention of Type 2 diabetes
- 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
- UN General Assembly Resolution 61/225 of 20 December 2006 on World Diabetes Day,

No doubt that a lot of work was carried out then. There was undoubtedly increased political awareness of the importance of diabetes which was placed at the centre of the international health agenda. However, as the diabetes situation across Europe continued to worsen, there was still the need to act since most nations did not take dramatic or effective actions to curb the diabetes epidemic. Therefore, after several months of active lobbying and advocacy work with all leading European institutions, on the 14th March 2012, whilst recognising all the important work following these declarations and resolutions, the European Parliament had adopted, almost unanimously, a European Parliament resolution that addressed the EU Diabetes Epidemic. At the time, this landmark resolution recognised diabetes as one of the most common non-communicable diseases with the number of people living with diabetes in Europe expected to increase with life expectancy for such persons expected to decrease. It spoke on the importance of reducing the risk-factors, notably lifestyle habits, and recognising this as a key prevention strategy able to reduce the incidence, prevalence and complications for both Type 1 and Type 2 diabetes. It tackled research which was still needed to clearly identify risk factors for Type 1 diabetes and focused on the complications of Type 2 diabetes which can be

prevented through the promotion of a healthy lifestyle and early diagnosis. The health expenditure for most member states to treat, manage and prevent diabetes was noted together with promoting healthy lifestyles and addressing the four major health determinants – tobacco, poor diet, lack of physical activity and alcohol. The burden of diabetes on individuals and their families not only being financial, but also involving psycho-social issues and reduced quality of life was a key priority of the 2012 resolution.

The resolution encouraged an EU legal framework for discrimination against people suffering from diabetes or other chronic diseases, and prejudice against sufferers being still widespread in schools, job recruitment, work places, insurance policies and in assessment for driving licenses throughout the EU.

The Resolution made a call to the commission and member states to act on these various fronts which would ensure a better and more healthy, effective and less challenging world for persons living with diabetes.

The 2012 resolution undoubtedly made an impact but unfortunately there is still much, much more to be done. We have started the journey, but we have surely not reached the end of the tunnel. Children and adults continue to struggle and live challenging lives with their diabetes. An ever-increasing number of European citizens from all ages and walks of life living with diabetes and other chronic conditions are developing life-altering complications resulting in poor quality of life for many of the people living with these conditions but it also jeopardises the health and well-being of future generations. The diabetes numbers continued to increase - In 2012 the year of the first European Parliament (EP) Resolution on Diabetes, 56 million people lived with diabetes across the European region (27 million across what is now the EU27). Ten years later, in 2022, this number had risen to 61 million (32 million in the EU27). By 2030, this is forecast to reach 67 million (33 million, EU27). The situation is desperate and needs our attention.

What we said in 2012 is still very relevant today, with several matters becoming more pressing issues. There is still a lot of work that needs to be done and should be taken in the context of a post-pandemic experience where we all experienced the huge costs and strain on the global health budgets. And this is why 10 years later, we need to act further and ensure there is a new resolution on Diabetes that would address the condition in the context of the realities we are living in today. Particularly relevant in the year that we are celebrating the centenary of the discovery of Insulin that saved so many lives. Ironically 100 years later we are still faced with other equally important challenges that cannot be underestimated or ignored.

A new diabetes resolution, whilst recognising the 2012 resolution and other important and significant declaration, must focus on four key messages:

1. Ensure that the diabetes care is centred around the person living with diabetes with multi-disciplinary medical teams that would support such persons all the way;
2. Educating and empowering the two key parties in effective diabetes management and control – the person living with diabetes and health care professionals;
3. Ensure collaboration with all stakeholders; ensuring robust governance structures and utilizing the most innovative and effective IT tools and infrastructure.
4. Ensure uninterrupted and continuous access to care, medication, tools and technologies. Persons living with diabetes should have the best treatments

possible to ensure their wellbeing is safeguarded and they are living a health lifestyle.

It therefore time for us to act.

- Time to act to achieve an impact on diabetes across Europe. Diabetes has no political colours. Collectively and united we can achieve more for persons living with diabetes across EU offering them the best treatments and tools to guarantee them a better quality of life;
- Time to act to ensure we have a stronger leadership from the EU with a clear strategy and a vision;
- Time to act to ensure that declarations and resolutions do not remain historical documents but dynamic plans that would benefit the persons living with diabetes. There is need for a diabetes mission with a clear vision outlining concise and fully coordinated milestones, targets, accountability, and responsibilities.
- Time to act and leverage the success other EU initiatives such as the Europe's Beating Cancer Plan and the European Health Data Space.
- Time to act by working in close collaboration with member States and other stakeholders.
- Time to act by thinking outside the box even if this means re-designing health systems to ensure effective prevention and management of diabetes and other chronic diseases to guarantee their own resilience.
- Time to act to keep the person with diabetes at the centre of our work to improve EU citizens' quality of life and reduce inequalities.

Bill Gates, the once said *"I believe that if you show people the problems and you show them the solutions they will be moved to act."*

We hope and are confident that you as MEPs will be the protagonists to act in favour of persons living with diabetes. NGOs and people living with diabetes will surely not be spectators but also protagonists in their own rights. By acting on diabetes is not simply a one-disease approach but will surely benefit all healthcare users through better designed healthcare systems. You MEPs can drive this forward through effective legislation and within EU structures.

You will shortly hear testimonials from persons living with diabetes – their real lives living with diabetes.

Together we can make this happen and a new resolution supported by all parties in the European Parliament can help tremendously to achieve our goals successfully.

Chris J. Delicata

12th October 2022