

DIABETES: THE NEXT GLOBAL CHALLENGE

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Diabetes test. Sweden, 2011. [Oskar Annamarken/Flickr]

Medical community alarmed by global rise in diabetes cases

The rise of diabetes is causing avoidable deaths and imposing substantial costs on ailing healthcare systems. Alarmed, lawmakers are attempting to improve prevention and get the emerging pandemic under control.

Diabetes is a growing healthcare challenge and one of the four priority noncommunicable diseases (NCDs), also known as chronic diseases, targeted for urgent action by world leaders.

Individuals with diabetes are at a greater risk of developing cardiovascular diseases such as heart attack and stroke if the disease is left undiagnosed or poorly controlled.

On a global level, the World Health Organisation estimates that approximately 422 million people were living with diabetes in 2014, while in 1980 it was 108 million. On the other hand, the International Diabetes Federation (IDF) predicts that by 2040, this number will rise to 642 million.

"The global prevalence of diabetes has nearly doubled since 1980, rising from 4.7% to 8.5% in the adult

population [...] this reflects an increase in associated risk factors such as being overweight or obese," the 2016 World Report on Diabetes noted.

The report also found that over the past decade, diabetes cases have risen more rapidly in low and middle-income countries than in high-income ones.

According to the IDF Diabetes Atlas, diabetes and its complications are major causes of early death in most countries with cardiovascular disease, and accounts for 50% or more of deaths due to diabetes in some populations.

"Approximately 5 million people aged between 20 and 79 years died from diabetes in 2015, equivalent to one death every six seconds," IDF notes, adding that this number accounts for 14.5% of global all-cause mortality among persons in this age group.

The highest number of deaths due to diabetes was recorded in China, India, USA, and Russia.

Huge economic burden

Another alarming sign of diabetes prevalence is its severe economic impact.

The WHO claims that diabetes imposes a large economic burden on the global healthcare system, and generally, on the global economy.

"This burden can be measured through direct medical costs, indirect

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costs associated with productivity loss, premature mortality and the negative impact of diabetes on nations' gross domestic product (GDP)," the WHO says, adding that losses in GDP worldwide from 2011 to 2030, including both the direct and indirect costs of diabetes, will total €1.61 trillion.

For Professor Miriam Cnop, who is chair of the European Association for the Study of Diabetes-EU Committee, in order to control the costs of diabetes, research should focus on the further development of improved prevention, diagnosis and treatment methods.

"This will lead to less patient suffering, a lower rate of mortality, reduced costs for hospitalisation and decreased indirect costs (e.g. loss of productivity because of disability, sick leave, and early retirement)," she told EurActiv.com, adding that the current funding levels must be topped up and that the research should be better coordinated across Europe and the rest of the world.

In addition, she stressed that research should be taken out of its silo and be fully integrated into any national or European plan or strategy that aims at tackling diabetes.

"More diabetes research is urgently needed to make the necessary leap forward and prevent future generations from having to cope with this often lethal disease," the professor emphasised.

"Think big"

Nikolai Pushkarev, a policy coordinator at the European Public Health Alliance, told EurActiv that diabetes is a big topic and therefore policy makers need to "think big" to address it.

"It is crucial that governments can, and do experiment with policies to generate evidence on what works best [...] over-reliance on self-regulation has clearly not delivered," he stressed, adding that minimising the exposure of

children to unhealthy food marketing could be a significant step as well as reducing intake of processed and red meats.

According to the EPHA expert, the increase of type-2 diabetes in children is a stark indicator that the societies "are not yet on the path towards sustainability and well-being".

What's happening in Europe?

The Health at a Glance: Europe 2016 report published on 23 November by the European Commission and the Organisation for Economic Cooperation and Development (OECD), found that Europe was paying a heavy price for chronic diseases.

The report estimated that the premature deaths of 550,000 working-age persons across the EU from chronic diseases, including heart attacks, strokes, diabetes and cancer, cost bloc economies €115 billion or 0.8% of GDP, annually.

"This figure does not include the additional loss in terms of lower employment rates and productivity of people living with chronic health problems," the report noted.

The OECD and the European Commission stressed that better public health and prevention policies, as well as more effective health care, could save hundreds of thousands of lives and billions of euros each year in Europe.

European Commissioner for Health and Food Safety Vytenis Andriukaitis pointed out that in the EU, many people die every year from potentially avoidable diseases linked to risk factors such as smoking or obesity.

"The report also highlights the need to continue our efforts in making sure that healthcare becomes more accessible," the Commissioner pointed out.

Diabetes in the EU

In 2014, 7% of adults across the EU

reported having diabetes. Its prevalence ranged from less than 5% in Lithuania, Denmark, Latvia, Romania, Sweden, and Austria, to over 9% in Greece, Portugal, and France.

The report also noted that individuals with the lowest level of education were more than twice as likely to report having diabetes than those with the highest level on average in the EU.

"This may partly be due to the fact that a higher proportion of low-educated people are in older population groups and the risk of diabetes increases with age, but people with lower levels of education often have poorer nutrition and are more likely to be obese, which are important risk factors for diabetes," the report read.

As far as the economic burden of diabetes is concerned, health expenditure in member states allocated to prevent and treat diabetes and its complications was estimated to be approximately €100 billion in 2013.

The report also highlighted the fact that diabetes sufferers had a lower likelihood of employment and, if employed, take more days of sick leave, and generally earn less.

"The growing direct and indirect costs related to diabetes reinforce the need for effective preventive actions and the provision of quality care to effectively manage diabetes and its complications," the executive stated.

Malta to focus on obesity

In an interview with EurActiv last week (9 December), Malta's Health Minister, Chris Fearne, said that his country, which takes over the rotating presidency of the Council of the EU on 1 January 2017, would focus on tackling childhood obesity.

"The implications of high-level obesity are enormous, like diabetes and cardiovascular diseases," Fearne

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noted, adding that 10% of the health budget goes to the direct consequences of obesity and about 17% preventable deaths are related to obesity.

The Maltese politician recognised that the rise of diabetes was of particular concern, and noted obesity was directly connected with non-communicable diseases.

“At least 50% of type-2 diabetes is related to obesity,” he said. “At least 60% of cardiovascular diseases are related to obesity and in addition, 19% of patients who suffer from mental illnesses are directly linked to obesity. So, this is probably the biggest health threat our and the next generation are facing.”

INTERVIEW

Andriukaitis: E-health can empower patients to manage diabetes

The right eHealth tools will help healthcare systems adjust to the alarming rise of diabetes and patients to effectively monitor the development of their disease, European Commissioner for Health and Food Safety Vytenis Andriukaitis said in an interview with EurActiv.com.

Vytenis Andriukaitis spoke with Sarantis Michalopoulos.

What has the Commission already done and what is it planning to do regarding diabetes? Do you think that an overall approach is needed?

The rising rate of diabetes clearly calls for extra efforts to promote good health and prevent chronic diseases such as diabetes. Experience has shown that simple changes in lifestyle can be effective in preventing or delaying type 2 diabetes. These include maintaining a normal weight, regular physical exercise, and a healthy diet. The Commission is keen to support member states in tackling the risk factors in a holistic manner.

Can you cite specific examples of EU action in this area?

Yes. In 2008, one in four children aged six to nine were overweight or obese. By 2010 this figure rose to one in three children. This worrying trend led, in 2013, to EU countries jointly

developing a European action plan targeting childhood obesity. The action plan puts forward initiatives to support a healthy start in life, promote healthier environments – especially in schools and preschools – restrict marketing and advertising for children, encourage physical activity and increase research.

In addition, the Commission has made substantial progress in supporting member states on food reformulation. My aim here is to create conditions for products low in salt, sugar or fat to be available in any supermarket, anywhere, at affordable prices. This is important to give citizens a real chance to make healthy decisions. For this to happen, companies need to introduce innovative, healthier products and compete in a fair marketplace. This is why we have supported the member states in agreeing to voluntary targets to reduce salt, saturated fat, and, more recently, added sugars.

A monitoring system to make sure such products are brought to a supermarket near you has been devised. I call on all member states to have national reformulation plans by the end of 2017.

Moreover, the CHRODIS Joint Action launched in 2014 is addressing chronic diseases and promoting healthy ageing across the life cycle. It aims to help EU countries and regions evaluate and exchange good practices in tackling chronic diseases. A special focus is given to health promotion and disease prevention, multi-morbidity (people with more than one long-term condition) and diabetes. I will be closing this programme next year and intend to continue using the health programme to support the promotion of good health, as well as prevention and management of chronic diseases such as diabetes.

So, what is your message for EU member states?

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Unless we start raising a generation where healthy food and physical activity are ingrained in habit from a young age, we will raise a generation of children who are 'fat for life', and health systems that are struggling to cope. By focusing on promotion and prevention now, countries can reduce rates of chronic diseases and the associated costs to health systems in the future. My message to all member states is to work together, learn from each other and develop common evidence-based strategies to curb the rising rates of obesity. We need to work across national borders and across policies (for example, health, education, research, transport, agriculture, etc.) to make a difference.

My deepest wish is to see a radical shift from the treatment of diseases towards promotion of good health. We have solid evidence that this works, and we must work together to put this evidence in practice.

What are the perspectives in eHealth innovation? Can eHealth completely transform the management of chronic conditions and help diabetes patients to live longer and healthier lives?

I am convinced that the right eHealth tools offer safe and efficient care and can help adapt our healthcare systems



to the rising rates of diabetes and other chronic diseases. New eHealth solutions can enable diabetic patients to monitor their own blood glucose levels, transmitting the information electronically to their healthcare specialist. I believe that eHealth has the potential to make European health systems more accessible and sustainable and to empower patients to manage their own health. So I will make it my personal priority to continue this work with my colleagues in the Commission, our stakeholders and member states, to maximise the potential of eHealth and bring it to fruition.

The Commission points out that health promotion, prevention, and early detection are essential for an effective approach to the issue. Do you think that more should be

done in this regard?

We need to radically shift our attention from the treatment of diseases towards the promotion of good health. We need to focus much more on promotion, on keeping healthy people in good health for as long as possible. As policy-makers, one of our biggest challenges is to tackle the increasing demand for healthcare, which is mainly caused by the growing burden of chronic diseases. And yet, we only spend an average of 3% of our healthcare budgets on health promotion and disease prevention strategies.

This is not enough. The more health systems invest in prevention now, the less they will pay for treatment in the future.

E-health should not exacerbate existing inequalities, NGO warns

Efforts to digitalise healthcare for chronic disease patients – including those suffering from diabetes – are helpful, according to the European Public Health Alliance (EPHA). But the move towards digitalisation should not exacerbate existing health inequalities, it warns.

The EPHA, a network of non-profit health organisations, said e-solutions could help diabetes patients feel more in control of their disease – as long as all those involved have the necessary e-skills.

Faced with alarming increases in diabetes and other chronic diseases cases, the EU and its member states are trying to find innovation-driven solutions and help healthcare systems and patients enter the digital era.

Europeans can expect to live almost 7 years more today than in 1990, but severe inequalities exist across the EU, according to a recent report by the European Commission.

The report emphasised the need for more accessible and quality healthcare systems, urging member states to make efforts to reduce financial barriers to healthcare and strengthen access to primary care.

“Around 3.6% of the population in 2014 reported some unmet needs for medical care due to cost, traveling distance, and waiting time,” the Commission noted.

The same report estimated that the premature deaths of 550,000 working-age persons across Europe from chronic diseases, including heart



The pharma industry claims that the digital revolution in healthcare helps gather “real world data” which can complement clinical trials.[Shutterstock]

attacks, strokes, diabetes and cancer, cost EU economies €115 billion or 0.8% of GDP, annually.

7% of adults across the EU reported having diabetes in 2014, while member state expenditures for diabetes treatment and prevention was estimated to be approximately €100 billion in 2013.

Turning to technology

M-health, e-health and several new mobile apps have emerged in the market and are changing approaches to healthcare.

The European Commission has prioritised eHealth solutions in order to make ailing healthcare systems more sustainable.

In a recent interview with EurActiv, European Commissioner for Health and Food Safety Vytenis Andriukaitis said it was his “personal priority” to maximise the potential of eHealth, arguing it could help healthcare systems adapt to rising rates of diabetes and other chronic diseases.

“New eHealth solutions can enable diabetic patients to monitor their own blood glucose levels, transmitting the

information electronically to their healthcare specialist [...] I believe that eHealth has the potential to make European health systems more accessible and sustainable and to empower patients to manage their own health,” the Commissioner said.

In May, Malta, which takes over the rotating presidency of the Council of the EU on 1 January 2017, will sponsor an “eHealth” week that will focus on innovation and big data.

“Traditionally, people turn to the doctor but this is gradually changing with the e-health apps. These apps need to be accredited, though, there are so many of them in the market and we need to make sure that they are validated. It’s becoming easier for people to take care of their health and I will repeat it, this is very important,” Maltese Health Minister Chris Fearne told EurActiv.

Regarding the collection of big data, the Maltese minister pointed out that it had become a major industry for the pharma sector, and the way diseases are treated. However, patients’ rights should also be considered, he added.

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A relief for diabetics

The EPHA is supportive of the deployment of innovative e- and mHealth solutions and better integration of such technologies into health systems provided that their use generates benefits for all end users, including patients and consumers, health professionals and health system managers.

Sascha Marshang, policy manager at the EPHA, told EurActiv that the move towards eHealth should not exacerbate existing health inequalities, due to different levels of health literacy, physical or mental disabilities, or because individuals are unable to afford or access new technology.

“An indisputable benefit is that eHealth can improve access to healthcare for people living in remote areas,” Marshang noted.

Regarding the management of diabetes, the EPHA officer said it requires discipline and commitment, and therefore such e-solutions could make diabetes patients feel more in control of their disease, which is a form of empowerment.

As long as routine tasks need to be accomplished in a timely manner, eHealth solutions could help diabetes patients self-manage important aspects of their condition, from measuring blood glucose levels to tracking diets, medication, weight, and blood pressure.

“Data storage applications allow diabetics to collect and enter data using smartphones, tablets or computers,” Marshang stated, noting that the latest innovation is wearables equipped with sensors and wireless connectivity can assist with monitoring, connect patients

with healthcare providers, and even deliver medication into the body.

“Apps allow their users to create, track and achieve goals; others generate automatic readings and send reminders to test their blood sugar levels,” Marshang noted.

Examples include smart skin patches which measure blood glucose in sweat and release insulin to correct high levels, contact lenses measuring blood glucose in tears, and footwear identifying areas of the feet that do not receive sufficient blood supply.

Not a ‘panacea’, need for e-skills

However, the technology could never “completely” transform the lives of patients living with chronic conditions, he explained, describing them as an enabler but not a panacea.

“Similarly to medicines, if devices are used incorrectly, or if wrong data are entered – whether deliberately or by accident – better health outcomes cannot be achieved. Moreover, technologies are not foolproof: they can be defective and their quality differs,” Marshang said.

For the EPHA, eHealth’s potential lies primarily in involving patients more in their own health by collecting condition-specific data, monitoring health status and becoming more ambitious in setting personal health goals.

But this does not mean that it can or should replace face-to-face contact between patients and health professionals.

Marshang also pointed out that the exchange of health information generated by both patients and healthcare professionals was likely to alter the way in which they communicate

with each other. This would require the development of eSkills on both sides, “including professional training on remote monitoring, working with data and providing guidance to more ‘informed’ patients, and teaching patients how to effectively use apps and devices, and to distinguish between different sources of online health information”.

“Real world data”

The pharma industry claims that the digital revolution in healthcare helps gather “real world data” which can complement clinical trials.

“The digital revolution is already underway – large volumes of data are collected through special lenses, applications (some of which approved by regulators),” the European Federation of Pharmaceutical Industries and Associations (EFPIA) told EurActiv.

The European Medicines Agency (EMA) was also driving the discussion on how to use real world evidence in a regulated environment, it said.

“There is certainly need to join forces across sectors to set tools and algorithms that will help make decisions based on new and mixed sources of evidence,” an EFPIA official said.

Asked whether the EU’s push would also be affordable, the representative replied, “as far as it helps to optimise research, better track outcomes and support outcomes-based models, and not to add additional layers of requirements, then the digital ‘push’ could lead to more sustainability and affordability for health services”.

“Much relies, though, on the political will,” the source added.

E-health and the 'fine line' of big data

The introduction of digital technology in healthcare systems might be viewed by health stakeholders in a positive light. However, policymakers are yet to address issues related to data collection and use that are considered crucial in the management of chronic conditions like diabetes.

For the European Commission, the digitalisation of healthcare systems will make them sustainable in the long term and help offer better services.

But issues such as the collection of patients' data, its ownership, and processing have taken center stage in the EU debate.

Multilevel benefits

The European Health Parliament (EHP), a platform of top 55 young professionals focusing on EU healthcare issues, believes that the collection of big data will have an overall positive impact on the quality of care to patients, while making life easier for healthcare practitioners and government authorities.

In the Big Data Healthcare report, the EHP stressed that by sharing personal health information with any physician in the EU, patients will be able to receive appropriate treatment across Europe and avoid unnecessary medical fees and administrative burdens.

"They would possess a centralised, up-to-date and easily accessible health 'database', while retaining ownership and ensuring appropriate use of their data," the report reads.

Regarding healthcare practitioners' benefits, the report suggests that they will have a comprehensive view of the



Diabetes researchers have always collected, stored, and shared data under extremely well-monitored and ethical conditions. [Intel Free Press/Flickr]

patient's medical background, enabling them to offer the most appropriate treatment.

As far as the member states are concerned, the EHP claims that it would be able to develop a single electronic health platform that would result in a better balance of costs and benefits in healthcare budgets through the improvement of treatment and avoidance of duplicate medical tests.

Not like Google, Facebook

According to Denis Horgan, Executive Director of the European Alliance for Personalised Medicine (EAPM), these information streams are growing all the time, but there are issues with gathering, storing and disseminating the intelligence, as well as obvious ethical issues regarding the privacy of individuals.

"The vastly improved data sharing, under robust rules to protect the donors, is necessary to keep science on the move and the EAPM is very wary of legislators shutting the door to cross-border and regional partners wishing to exchange information," he told EurActiv.com.

Referring to diabetes researchers, he explained that they have always collected, stored, and shared data under extremely well-monitored and ethical conditions.

"I remind legislators that this is very

different from companies such as Google and Facebook using personal data to target advertising and insurance firms doing the same to formulate personal claims policies," he emphasised.

Horgan said diabetes patients are generally keen to share their own data under certain conditions as they believe this leads to empowerment, in the sense that it can assist in finding cures and treatments for their own conditions as well as for other patients that will follow.

"On top of this, information technology stakeholders have been quick to get in on the act, not only through so-called smart clothing but through data collection and interpretation via smartphones, watches, and super computers which can support diabetes patients," Horgan added, saying Apple and Intel are prime examples of this trend.

For the EAPM, data sharing opens up "new avenues" and opportunities that will allow the medical community to better treat the millions of potential diabetes patients across the EU's 28 member states.

"EAPM and its stakeholders from the diabetes community are in the vanguard of this journey down the new health super-highway but the wheels will fall off if data sharing is not allowed to be a prime driver," the health expert said, admitting that the General Data

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Protection Regulation Europe found ways to ensure that the rules were not catch-all and that medical data could still be gathered, stored and shared.

“But the simple fact is that not enough of this vital information is getting to where it needs to be and the European Commission, Parliament and indeed Council needs to address this issue by actively encouraging co-operation among member states, while still protecting the diverse citizens that it represents,” Horgan said.

The “fine line”

Contacted by EurActiv.com, the European Public Health Alliance, a network of non-profit health organisations, noted that whether or not big data was a concern depends on the scope and origin of the data.

Sascha Marshang, policy manager at the EPHA, remarked that if the data in question was health data that individuals have given their informed consent to share, this should be less problematic

than making use of data extracted from all possible sources, including social media or other non-health related online profiles which could reveal information about an individual’s physical or mental health status.

“While the notion of tailored treatments based on precise personal health data is attractive, health systems need to be careful not to overstep the fine line between what patients perceive to be strictly personal data vs. other data they consider to be shareable – in the context of Big Data, discussions about data protection, ePrivacy and security will no doubt flare up again,” Marshang emphasised.

Big data is only useful if health systems are able to filter and analyse it in order to generate better health outcomes, he added, saying this is a task that already over-stretched health professionals cannot be expected to undertake on their own.

“eHealth innovation, although potentially cost-effective, thus comes with a price tag attached: infrastructure needs to be in place and resources need

to be mobilised to effectively integrate it into health systems,” Marshang said.

European diabetes registry

For Professor Miriam Cnop, who is chair of the European Association for the Study of Diabetes-EU Committee, data collection and in particular the creation of a European diabetes registry would significantly stimulate diabetes research and bring science closer to a cure for this very complex disease.

“Unfortunately Sweden is currently the only country with a high qualitative national diabetes register,” Cnop stressed, underlining that a European registry is still far away due to a lack of harmonisation of data formats which leads to “many incompatibilities and hence lost opportunities for research”.

According to the health expert, the EU should play a leading role in stimulating member states to better coordinate their data collection and work towards a uniform method.

INTERVIEW

Diabetes expert: Urgent need for education 'at every level'

There is an urgent need to enhance education on diabetes, healthy lifestyles and eating habits "at every level", Stella de Sabata, head of the International Diabetes Federation's Europe region, told EurActiv.com.



De Sabata: "It may sound obvious, but only people with diabetes can really understand what it is to live with it every day." [IDF Europe]

Stella de Sabata is the head of the European region of the International Diabetes Federation.

She has been involved in non-communicable disease prevention and control (cancer and diabetes) at the international level for over 15 years, with both the United Nations (International Atomic Energy Agency and International Agency for Research on Cancer/WHO) and umbrella NGOs (Union for International Cancer Control).

De Sabata spoke with EurActiv's Sarantis Michalopoulos.

What are the main barriers for a person with diabetes in managing their disease in everyday life? How can patients be better empowered and educated?

Barriers appear on several levels, from the personal all the way to health systems. Diabetes is a 24/7 condition: to properly manage it, people with diabetes need, on a daily basis, to take medicines, check their blood sugar level several times a day, inject insulin (if insulin dependent), adjust their lifestyle to the disease. This requires a daily commitment, and perseverance to avoid severe complications and even premature death. This is not an easy task, as shown in levels of adherence to therapy which are generally still too low.

Furthermore, there are countries in the European region where, even with the best intentions to adhere to therapy, living with diabetes can be a serious financial burden for people who do not benefit from universal health coverage systems and must cover themselves for part or all of the cost of their medical treatment.

There is certainly a great need for education at every level. People with diabetes must be supported to self-manage their condition on a daily basis and adhere to the appropriate treatment, healthcare professionals must be trained to deliver adequate care and support to patients, policy-makers must be kept up to date about the challenges faced by people with diabetes and the financial and human burden which diabetes represents for their country, so that they adopt appropriate measures. On this last point, the IDF Europe works with national and European parliamentarians and policy-makers through our IMPACT Diabetes initiative.

Education is, however, not only about medical treatment. The cultural, social and legal environment must be reshaped to facilitate education in general on healthy living. IDF Europe calls, for example, for clear and user-friendly food labelling, for a ban on advertising of sugar-sweetened beverages and high sugar foods to children and adolescents, but also for better urban planning conducive to a more physically active

lifestyle. Education is also crucial to prevent discrimination towards people living with diabetes.

What are the effects of diabetes on the sufferer's family members? Do you believe that the proper level of awareness is present in societies?

The first months after a diagnosis are very difficult – shock, confusion, fear, apprehension, even guilt. In the long run, if proper education and access to care are there, people with diabetes realise that their condition does not have to limit their potential for a life lived to the full.

We are all concerned: for example, when a chronic disease such as diabetes hits a family, the role of the carer is crucial and in most cases, this still falls on the female family members, usually the mother.

Most of the time, they will be the ones adjusting the lifestyle of the family, including eating habits, to fit the requirements of the family member(s) with the disease. They will also be the ones looking after the therapeutic and psychological aspects of a child with type 1 diabetes. With 60 million people with diabetes in the European region (32m in the EU) and 32m more at risk of developing it in the coming years, diabetes is a major health issue and an economic threat to the continent.

Unfortunately, diabetes is still not recognised as a major economic and human threat by policy-makers and society. €145 billion was spent on the direct cost of treating diabetes in Europe in 2015. If indirect costs are added, you can triple this number. Nevertheless, this alarming information does not seem to reach the general public, nor is it sufficiently taken into account by policy-makers. On a larger scale, non-communicable diseases (NCDs) including diabetes dominate the global burden of death and disability in the

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world but attract less than 2% of all global health funding.

Definitely, the level of awareness is too low. Raising it is one of the tasks of IDF Europe and its 70 members in 47 European countries.

Adopting a healthy lifestyle could significantly help a person with diabetes avoid a fast progression to complications. How can this healthy lifestyle be presented in an appealing way?

Adopting a healthy lifestyle is the best way to prevent the vast majority of new cases of type 2 diabetes (up to 70%), and to prevent complications in all people with diabetes.

For people with diabetes, healthier eating habits and increased physical activity also mean better control of their diabetes and lesser or delayed complications, so it should be appealing as such. But let's face it, it is not that easy and the social environment generally does not help.

Most of us live in cities nowadays and we need urban planning that favours safe and accessible environments for physical activity, such as green areas, large sidewalks, bicycle paths, etc. Healthy food and drink should be the most affordable option, but this is very often not the case.

Education starts in the family and at school and both should be empowered to instil positive behaviour early on. All of this requires political will, strong regulations and incentives to support and encourage healthier behaviour.

Are you satisfied with the policies adopted at EU and member state level to prevent diabetes?

In the past years, there have been several actions from the European Union in areas such as the CHRODIS Joint Action, the European Platform on Diet, Physical Activity and Health, and discussions around food reformulation.

Last year, 405 Members of the European Parliament signed a Written Declaration on Diabetes, calling on the European Commission and the European Council to prioritise diabetes as a major European health, social and economic concern and to develop an EU strategy for diabetes prevention, diagnosis, and control.

But we are still to hear back from the Commission and Council.

Much could be achieved through harnessing political will at the EU level. Let's take sugar consumption: over the past fifty years, the global per capita sugar consumption has increased by over 50%. The World Health Organisation recommends a reduction in sugar intake throughout the course of life to less than 10% of the total energy intake per day for adults and children, with additional benefits for an intake of less than 5%.

However, in Europe, sugar intake in adults ranges from about 7- 8% of total energy intake in countries such as Hungary and Norway, to 16-17% in Spain and the United Kingdom. Worryingly, sugar intake is much higher among children, ranging from about 12% in Denmark, Slovenia, and Sweden to nearly 25% in Portugal.

Sugar intake can be reduced by limiting the consumption of foods and drinks containing high amounts of sugars (e.g. sugar-sweetened beverages, sugary snacks and sweets) and eating fresh fruits and raw vegetables as snacks instead of sugary ones.

It has been proven that taxing sugary drinks can lower consumption and reduce obesity, type 2 diabetes and tooth decay. The balance between protecting internal market interests and promoting public health, though, is proving difficult to achieve, with, for example, effective national fiscal policies being challenged on grounds of internal market concerns.

Progress on such matters is a priority.

EHealth takes centre stage in the EU's

policy-making. How could the introduction of technology in the health sector help people with diabetes better manage their disease?

Many people with diabetes now use mHealth solutions to manage their condition on a daily basis. They log their glycaemia and eating habits, they discuss their condition, exchange ideas and experiences on a forum and check medical or peer blogs for information.

It may sound obvious but only people with diabetes can really understand what it is to live with it every day. They often go through similar periods and transitions in their 'diabetes life', which typically include diagnosis, hospitalisation, first child and first encounter with complications.

It is often during these times that they are most likely to reach out for help and search for new or better solutions. And mHealth tools can be of great support – but apps and other solutions must be adapted to the needs and requirements of people with diabetes.

Unfortunately, this is rarely the case and most apps are used for 2-3 months and soon become obsolete. Privacy and data protection are of course very sensitive issues and of the utmost importance.

The connected world is an area which IDF Europe is watching closely, and we will release a statement early in 2017.

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