European
Diabetes Forum

A CALL TO ACTION

To All Stakeholders in the
European Diabetes Landscape

01
Call to Action

THE EUROPEAN DIABETES FORUM

The European Diabetes Forum has been founded by the European Association for the study of Diabetes (EASD) to bring together multiple stakeholders from across the diabetes landscape in Europe, including related organisations, as well as people with diabetes.

The Forum will make it possible for all voices, nationally and on a European level, to be heard to ensure that policy action can be directed towards better diabetes care.

VISION

Enable healthcare systems to cope with the diabetes pandemic, while achieving the best possible outcomes for people with diabetes.

MISSION

Ensure the translation of research into policy actions towards better diabetes care at a national level.

CALL TO ACTION

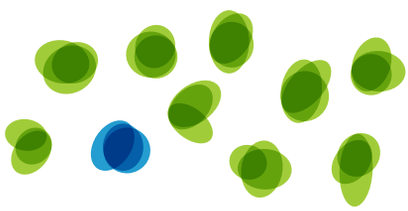
We call out to all stakeholders in the diabetes landscape to unite behind this Call to Action, which outlines the problematic diabetes situation in Europe, the underlying causes, and the direction for solutions.

02
The Problem

A call to action (called the St. Vincent declaration) was launched in 1989. However, 30 years later, the proposed goals are far from being accomplished.

Everybody knows someone with diabetes, and in the future the number of people with diabetes is expected to rise

PRESENT



Nearly **1 out of 10** people in Europe have diabetes, amounting to around 60m people.[1]

UNDIAGNOSED

22 million

It is estimated that there are currently about **22m undiagnosed cases in Europe**.[1]

FUTURE

81 million

By 2045 the number of people with diabetes is expected to increase by 22% to **81m people** in Europe.[1]

EVEN THOUGH

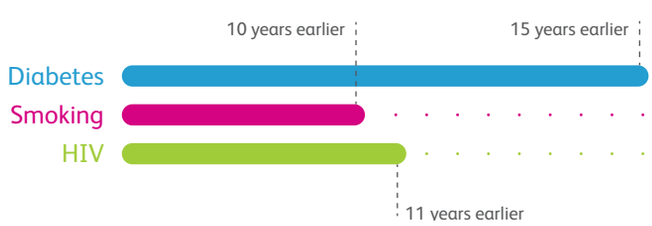
T1 research is ongoing to fulfil the expectation of prevention.

T2 can be prevented or substantially delayed in many people.

Diabetes kills and causes serious suffering, yet its treatment is not sufficiently prioritised by public health authorities.

Diabetes is a 'silent killer'. **Every 6 seconds someone dies from a diabetes related complication**[2], the majority of who die due to a cardiovascular event.[3]

Diabetes causes **blindness, amputation and kidney failure**, (10-20% of people with diabetes die from kidney failure), and contributes to **reduced quality of life** and **loss of working capacity**.[2]



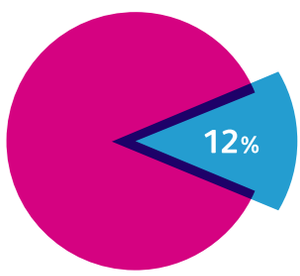
Diabetes is a most deadly disease.[4] A person with diabetes may die up to **15 years earlier**[5], similar to smoking (dying 10 years earlier) and to infection with HIV (~ 11 years earlier).[6/7]

1. IDF Diabetes Atlas Eight Edition, International Diabetes Federation 2017
2. IDF Diabetes atlas. 7th edn, 2015
3. Roger et al. Circulation 2011;123:e18-e209
4. Mortality numbers reported by WHO 2015
5. The Emerging Risk Factors Collaboration. JAMA 2015;314:52
6. May Met al. BMJ. 2011;343:d6016
7. Lohse N et al. Ann Intern Med. 2007;146 (2):87-95
8. WHO Global Report on Diabetes, 2016
9. https://www.dbcf.unisi.it/sites/st13/files/allegati/17-02-2014/diabetes_2010_2030.pdf
10. Diabetes expenditure, burden of disease and management in 5 EU countries, London School of Economics, 2012, http://www.lse.ac.uk/business-and-consultancy/consulting/assets/documents/diabetes-expenditure-burden-of-disease- and-management-in-5-eu-countries.pdf
11. Martin S, et al. Exp Clin Endocrinol Diabetes. 2007;115:495-501.

02
The Problem (continued)

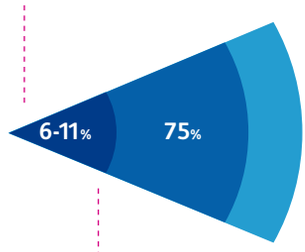
Diabetes is a growing clinical and socio-economic burden

Due to the rise in diabetes prevalence, the **direct** and **indirect costs** for healthcare systems and society are expected to **increase significantly**.[8]



Diabetes is responsible for **12% of total health care expenditure**.[9]

Research has shown that 6-11% of the expenditure on diabetes is related to cost of **diabetes medicines**.[10]



No less than 75% of these costs relate to treating **preventable** diabetes-related cardiovascular and microvascular **complications**.[11]

Healthcare systems are currently poorly designed and equipped to handle this growing pandemic effectively

Worsening long-term cost to healthcare systems due to a short-term focus on outcomes and budgeting.

Inadequate integration between various parts of the healthcare system, including patients, primary care, and secondary care.

Sub-optimal long-term outcomes for people with diabetes.

Mis-alignment between medical resources and the expanding patient population.

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11. Martin S, et al. Exp Clin Endocrinol Diabetes. 2007;115:495-501.

03 Cause

Healthcare systems are currently insufficiently set-up to manage chronic, complex, and growing diseases like diabetes and, as a result, clinical inertia prevails

No focus on hospital cost savings or limiting loss of productivity of people with diabetes.

Limited integrated care approaches between different parts of the healthcare system across Europe.

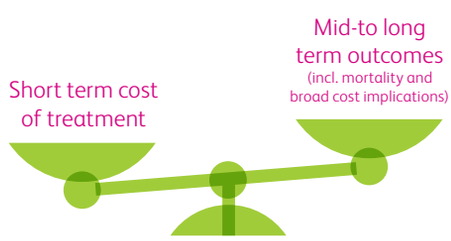
Care pathway complexities + short term focus = poor patient experiences adherence, compliance outcomes.

Short term cycle budgeting deals with treatment expenditure in isolation. A siloed approach limiting opportunities for 'smart spending'.

There is limited alignment on appropriate outcomes for people with diabetes and their relation to the socio-economic burden

There is a **lack of clarity** of what constitutes:

1. appropriate outcomes for people with diabetes, beyond glycaemic control, beyond the short term.
2. the link between improving outcomes and socio-economic direct and indirect cost.



For people with diabetes, a degree of complacency combined with political inertia contributes to a lack of progress

"Lifestyle" disease → **Stigmatisation**

Diabetes is a debilitating and fatal disease, yet it is often seen as just a lifestyle disease, leading to stigmatisation of people with diabetes.

Prevention of diabetes is not a priority, despite the increase in type 2 diabetes, mainly due to obesity.

Limited incorporation of scientific advances and broader evidence into policy and clinical action, thus limiting uptake of innovative treatments and management approaches that could improve outcomes.

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04
Directions for Solutions

Align on the ambition to improve outcomes, by measuring and registering outcomes

Raise awareness of the **diabetes pandemic**.

Raise public and political awareness of the **great potential for improvement in outcomes**.

Facilitate an aligned understanding on the need to **base the future of diabetes management on measurable outcomes**.

Improving Outcomes

Increase the overall focus on **value-based healthcare**.

Set European and national **targets** for improving outcomes, including **mortality**.

Facilitate the introduction of **standard outcome** sets and **registries** across Europe.

Continuously improve and innovate diabetes care, driven by policy action

Focus policy action on **primary prevention** of diabetes.

Improve strategies in **secondary care** to **prevent** diabetes **complications**.

Introduce innovative approaches to improve care and adherence.

Improve & Innovate

Foster the introduction of **innovative approaches** and broader **evidence** for diabetes care into policy, and policy into action.

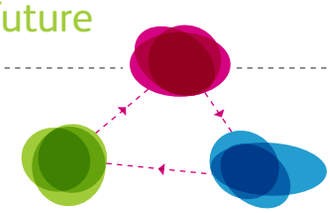
Educate the diabetes landscape on policy themes that impact the management of diabetes.

Guide the relevant funding agencies on the focus and priorities for research.

Constantly improve by **benchmarking** and **quality** improvement methods.

Enlighten the way for integrated care and sustainable financing of diabetes in the future

Address the **limitations of silo management** of diabetes.



Share and implement **best practices** regarding **integrated care solutions to improve diabetes care**.

Address the long-term **socio-economic** consequences for the people living with diabetes and the healthcare system.

Align incentives in the healthcare system to be matched to **longer-term outcomes** for people with diabetes.

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