



Declarations and EU Health Council Conclusions – a ray of hope?

The recognition that diabetes has become a major health care challenge for Europe was formalised in 1989. This seminal pronouncement, became known as the *St Vincent Declaration*. It ensured that the governments, patient organisations and professional societies from countries across the EU were committed to tackling the growing diabetes epidemic. There were high hopes for the action which was expected to follow. Despite the broad stakeholder support for the St Vincent Declaration objectives, this much awaited action has not been fully realised and the diabetes epidemic in Europe continues to impact on the daily lives of individuals, their families and healthcare professionals, placing an increasing burden on national healthcare systems. Yet, despite the growing prevalence, only 11 out of 25 EU Member States have developed and put in place a national framework or plan for diabetes.

In 2004, in response to the loss of momentum in the later years of the Declaration, the International Diabetes Federation European Region (IDF-Europe) and the Federation of European Nurses in Diabetes (FEND), with their members and member associations, joined forces to call for concrete EU policy for action on diabetes. Specifically, IDF-Europe and FEND have been calling upon the European Commission to develop a proposal for an EU Council Recommendation on Diabetes – a non-binding, yet powerful EU legislative instrument. As a result of a targeted advocacy campaign, rolled out over the last two years, there have been a number of key developments in the area of EU

diabetes policy, the most significant of which are outlined below.

Key developments in EU diabetes policy

- The Irish Presidency of the EU, which ran from January to June 2004, was the first real acknowledgement of the need for EU policy for action on diabetes. In April 2004, an EU workshop entitled ‘Towards a European Framework for Diabetes Prevention and Care’ was organised under the auspices of the Irish Presidency in Dublin. In his opening address, (former) Irish Health Minister, Michéal Martin clearly stated that ‘Diabetes...needs to be recognised as a priority for action at European level’ and that there is an urgent need to ‘raise awareness of diabetes as a serious public health challenge facing the entire European Union’.
- In June 2004, following the Dublin Workshop, EU Health Ministers were informed by the Irish Presidency of the need for a European prevention strategy for diabetes, with the suggestion that such a European strategy ‘could make an important contribution to the reduction of public health expenditures in all 25 EU Member States’.¹
- In 2005, IDF-Europe and FEND carried out an audit of national diabetes policies across the EU, clearly highlighting the stark inequalities between the 25 EU Member States in the provision of high quality diabetes care.² Based on the results of the audit, and with the support of an expert policy working group, IDF-Europe and FEND were able to develop a set of EU policy recommendations on diabetes³ on the ways in which the EU and its



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Member States should be addressing the diabetes epidemic. These recommendations were later presented as a contribution to the Austrian Presidency and are intended to serve as the basis for the Commission’s future work on diabetes.

- In 2006, building on the work of the Irish Presidency, the Austrian Presidency of the EU (January–June 2006) made a welcome decision to highlight type 2 diabetes as one of its two key health priorities and, in February 2006, held a Presidency Conference with national diabetes experts and stakeholders. Significantly, one of the key conclusions of the conference was the broad agreement by participants on the need for an EU diabetes strategy, including an EU Council Recommendation on Diabetes Prevention, Early Detection and Management, and the creation of an EU forum for the exchange of diabetes best practice.⁴
- In April 2006, the European Parliament adopted by absolute majority a Written Declaration on



Diabetes which calls on the Commission and Council to prioritise diabetes by encouraging the development of national diabetes plans and, significantly, by developing an EU diabetes strategy in the form of an EU Council Recommendation on Diabetes Prevention, Diagnosis and Control.⁵ The Declaration received cross-party, cross-national support from MEPs (a total of 422 signatures) and was sent to the Commission and Council as a formal Resolution of the Parliament.

• In June 2006, EU Ministers of Health adopted a set of Health Council Conclusions on the Promotion of Healthy Lifestyles and Prevention of Type 2 Diabetes.⁶ The most significant development in the area of EU diabetes policy to date, the Conclusions clearly state, among others, that Member States should develop and implement national diabetes framework plans, improve the collection and reporting of diabetes epidemiological and economic data, adopt a multi-sectoral, multi-disciplinary approach to managing diabetes and develop comprehensive diabetes training for all healthcare professionals. Furthermore, the Council calls upon the European Commission to prioritise diabetes, to promote best practice through networking and exchange between Member States and to facilitate and support European diabetes research.

So where do we go from here?

While there have been a number of strong EU policy statements on diabetes over the last two years, the challenge now lies in their implementation. The recent Council Conclusions on Diabetes set out a clear work programme for both the EU and its Member States, with clearly defined action points and deliverable measures which are expected to be achieved in the coming months. While IDF-Europe

and FEND will closely monitor the progress made by the European Commission in meeting these commitments, diabetes stakeholders across the EU will also be turning their attention to the successful national implementation of the Council's recommendations.

In the coming months and years ahead, the major challenge for diabetes organisations in Europe will be to sustain the momentum which has built up, maintaining the pressure on the EU's institutions and ensuring that diabetes remains firmly on the EU's health policy agenda. IDF-Europe and FEND will continue to engage with EU policy makers in Brussels, with the aim of securing an EU Council Recommendation on Diabetes and will not only be looking to the upcoming Presidencies of Finland and Germany, but also further ahead to Portugal and Slovenia, to continue the work on diabetes.

There is a need for caution in addressing the challenge of type 1 and type 2 diabetes, by relying almost exclusively on improving the lifestyle of our populations. It is of course very important and we should not underestimate the great value of increasing physical exercise and improving standards of nutrition in combating the obesity epidemic; research confirms the complexity of the underlying causes of diabetes and a too simplistic approach is dangerous. For this reason, our organisations are entirely supportive of the statement on research from Euradia which outlines recommendations for diabetes as a 'unique disease'.⁷

A number of obstacles remain, not least the recent reduction in EU's public health budget for 2007–2013, which has caused the Commission to revise its disease-specific proposals for this period,⁸ but also the continued resistance of Member States to EU intervention in

the area of healthcare. However, in the words of former EU Health Commissioner David Byrne: 'respecting national responsibility does not mean doing nothing at European level,⁹ and we hope that by co-ordinating our efforts and sharing good practice, we can begin to improve the lives of people living with diabetes across Europe.'

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