

Address by Zsuzsanna Jakab, WHO Regional Director for Europe
Delivering for Diabetes in Europe. Plenary Meeting of the European Parliament's EU
Diabetes Working Group, held under the auspices of the Belgian Presidency of the EU

Brussels, Belgium

8 December 2010

SLIDE 1

The slide features a white background with a blue border. The main title, "Delivering for Diabetes in Europe", is centered in a large, bold, brown font. Below the title, the speaker's name "Ms Zsuzsanna Jakab" is written in a smaller, bold, black font, followed by her title "World Health Organization (WHO) Regional Director for Europe" in a regular black font. At the bottom of the slide, there is a blue horizontal bar. On the left side of this bar is the WHO logo and the text "World Health Organization" and "Regional Office for Europe". On the right side of the bar, the text "Delivering for Diabetes in Europe" and "8 December 2010" is displayed.

Ladies and Gentlemen,

Diabetes is killer. It causes blindness, kidney failure, loss of limbs, and loss of life. It causes preventable suffering, loss to the economy and hardship to affected households. We know what is causing the rise in diabetes, and we are challenged to deliver on the promise to act.

SLIDE 2

Burden of diabetes in Europe

- **Prevalence**
 - About **52 million** cases
 - In adults (aged 20–79 years)
 - **8.4% of men**
 - **7.8% of women**
- **Mortality: 634 000** deaths (11% of all deaths in those aged 20–79 years)

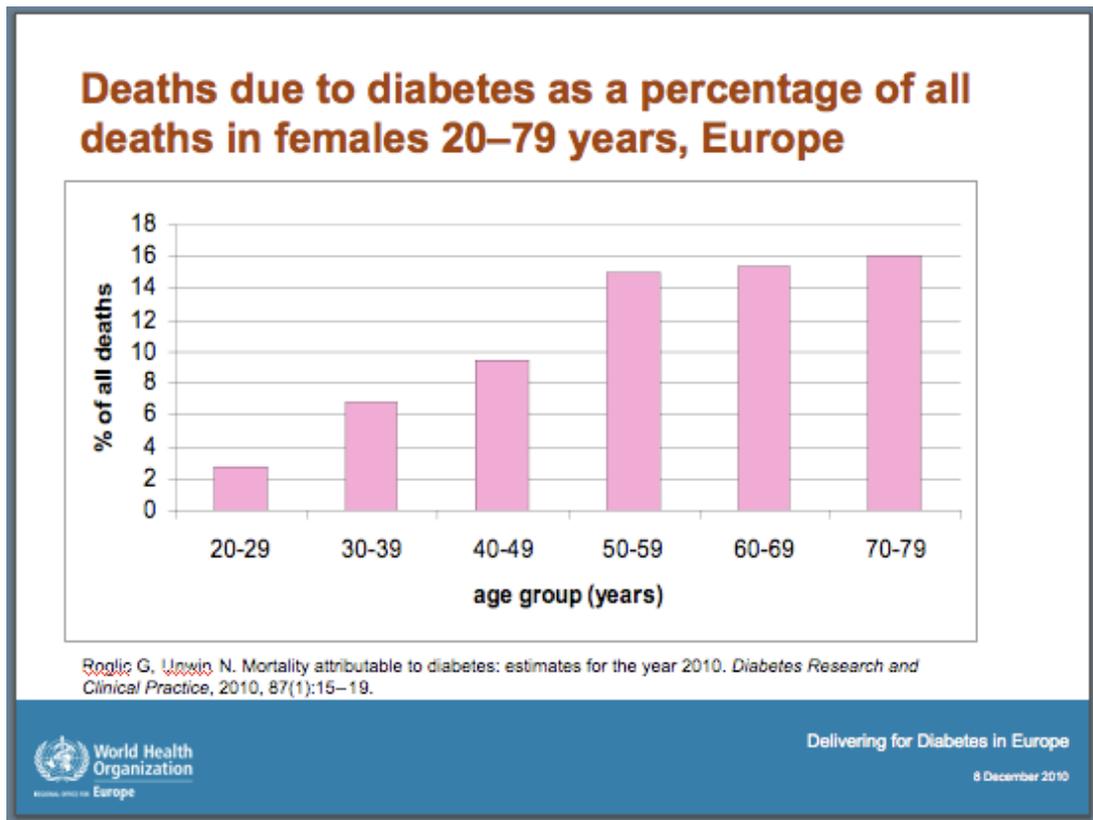
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I will start with a quick review of the burden.

The International Diabetes Federation estimates that around 52 million people are living with diabetes in the European Region, or about 8.4% of men and 7.8% of women aged 20–79 years. Every year well over half a million people die of diabetes in our Region: around 11% of deaths in this age group.

SLIDE 3



Diabetes is also a significant cause of premature death in middle-aged women. About 1 in 7 deaths in the group ages 50–59 years is due to diabetes.

SLIDE 4

Top 10 countries in diabetes prevalence, Europe

Cyprus	14.3%
Germany	12.7%
Switzerland	12.1%
Austria	12.0%
Liechtenstein	11.7%
France	11.3%
Slovenia	10.9%
Monaco	10.7%
Bulgaria	10.4%
Croatia	10.2%

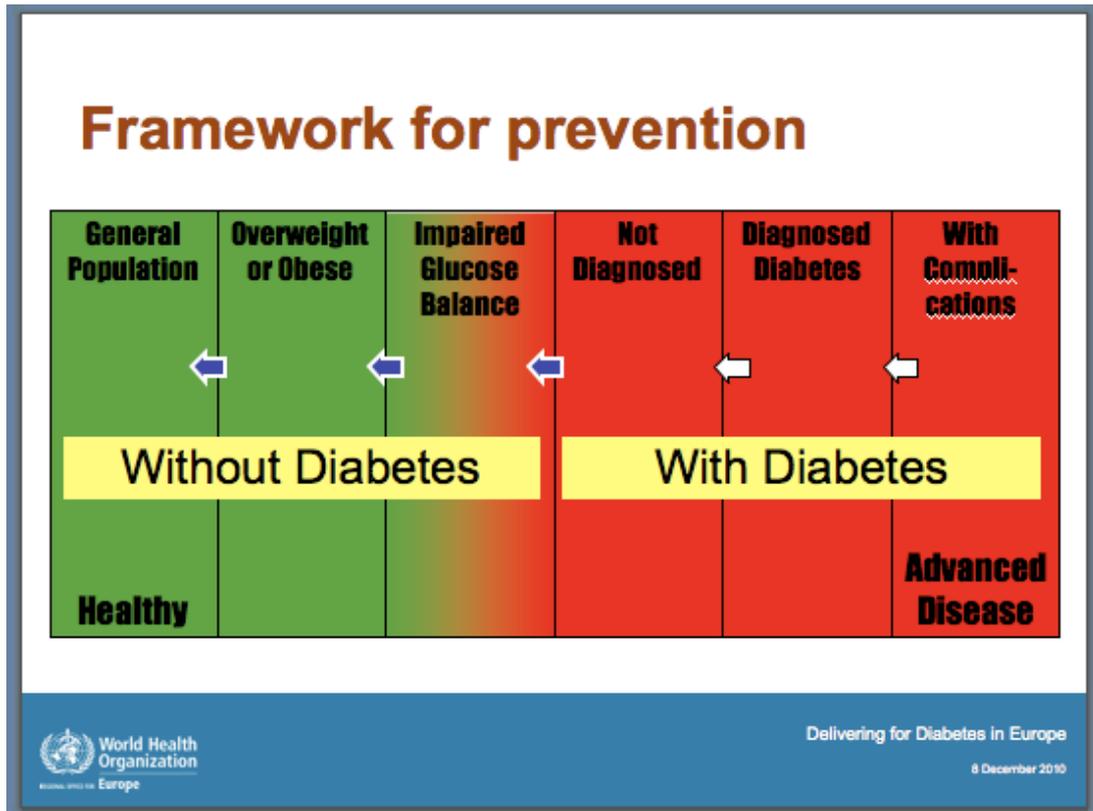
Source: data from *IDF diabetes atlas* (Brussels, International Diabetes Federation, 2009) (<http://www.diabetesatlas.org/>).

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And the WHO European Region may not be home to the highest rates of diabetes in the world, but with prevalence rates of 10–14%, we can see that our Member States have not only a huge burden of diabetes but also health systems that are in danger of being overwhelmed by this disease and its complications.

SLIDE 5

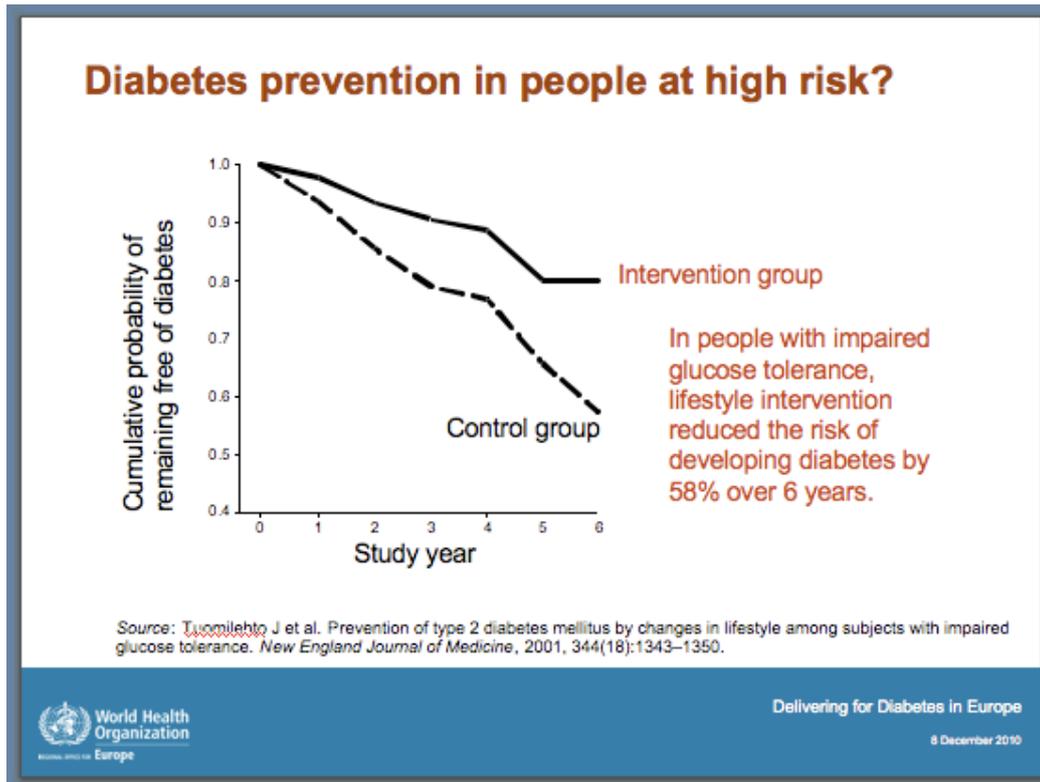


So what can we do about it? There is a lot of promising evidence, but, frankly, here is a key message that I would like to give: the only sure way to control the diabetes epidemic is to stop people getting diabetes.

Here I would like to lay a framework for prevention. Diabetes is seen as a continuum, ranging from people who are healthy, with normal weight, through those with overweight and impaired glucose metabolism, to people with diabetes who may or may not be detected, and who may or may not suffer from complications.

Preventing diabetes generally is movement from the right to the left (blue arrows) on the slide. In people with diabetes, we seek to improve control and to reduce complications. In people without diabetes, we seek to reduce the risk of progression to diabetes.

SLIDE 6

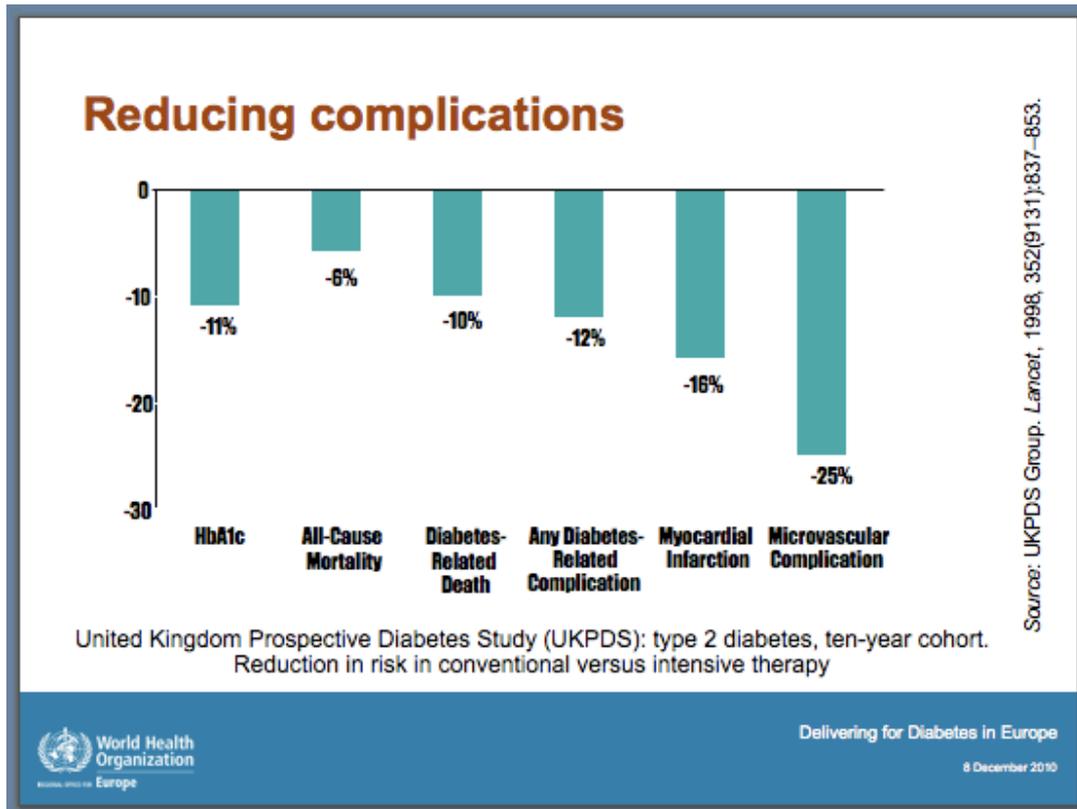


There is evidence that prevention can work. Most of the evidence on diabetes prevention comes from studies in high risk groups: overweight people with already some disturbance of glucose metabolism, but no diabetes yet. This slide summarizes the key finding of one such study that was done in Finland and is still being evaluated.

The key finding of the study is this: people at high risk of diabetes who were given a behavioural intervention to improve diet and physical activity, reduced their risk of diabetes by 58% over six years, when compared to a control group. This number is very impressive and, even if only a fraction could be achieved at population level, then the benefits to Europe could be truly great.

This finding gives us great hope, but we must also realize that replicating this at the national level would be very costly and time consuming.

SLIDE 7



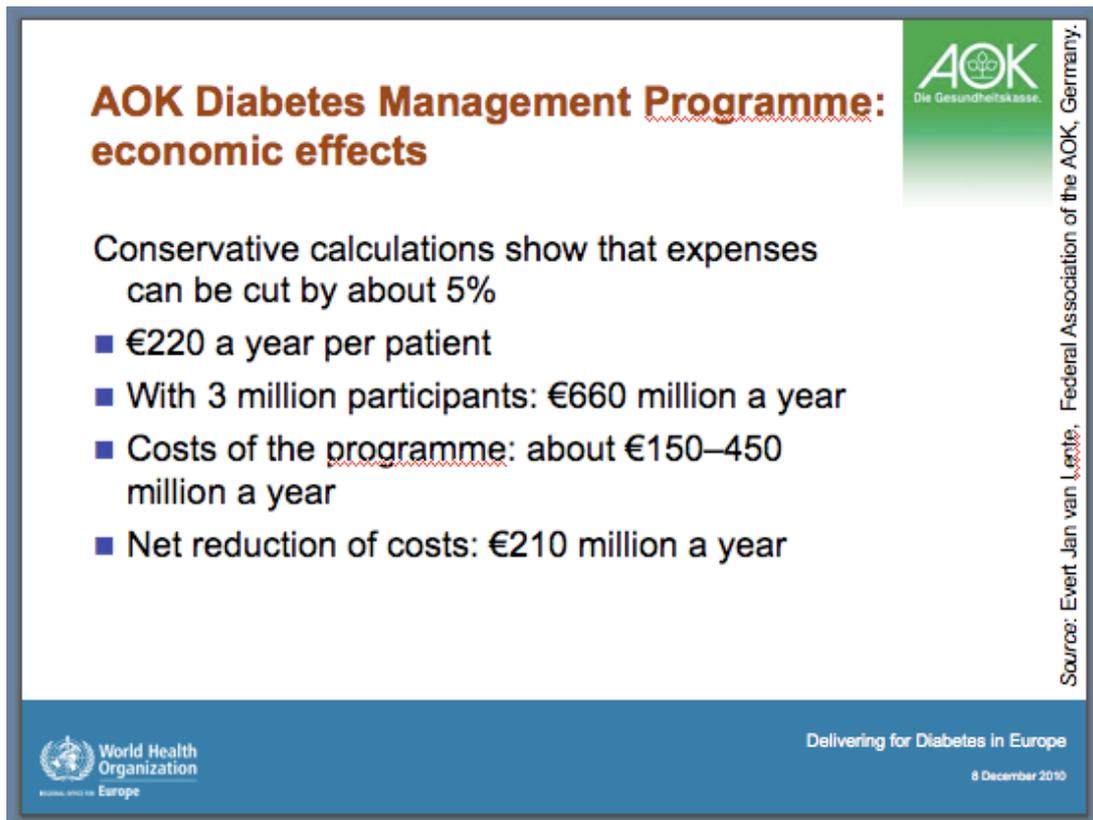
We also have evidence from Europe that we can reduce the complications of diabetes. This slide summarizes the findings of the classical prospective diabetes study done in the United Kingdom. It demonstrated conclusively that intensive therapy to closely control the levels of blood glucose and blood pressure in people with diabetes led to significant reductions in mortality, myocardial infarction and the microvascular complications of diabetes.

We can draw practical lessons from experiences such as this.

- The control of complications is possible in diabetes.
- We cannot distinguish between control of diabetes and control of cardiovascular diseases; integrated approaches are needed.
- The resulting benefits are only seen if high-quality care is available and accessible.

We must therefore view these findings with great caution. Quality care for diabetes is still not the rule in Europe, and we still have great inequities in access to quality treatment and in outcomes. And there is very little evidence on interventions that have been implemented to reduce inequities in the determinants, consequences and outcomes of diabetes.

SLIDE 8



**AOK Diabetes Management Programme:
economic effects**

Conservative calculations show that expenses can be cut by about 5%

- €220 a year per patient
- With 3 million participants: €660 million a year
- Costs of the programme: about €150–450 million a year
- Net reduction of costs: €210 million a year

AOK
Die Gesundheitskasse.

Source: Evert Jan van Lente, Federal Association of the AOK, Germany.

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Where concerted efforts have been tried, there are impressive results. This slide summarizes the economic effects that accrue when a proper, evidence-based diabetes management programme is implemented. Here is a summary of the savings to the health insurer AOK in Germany from implementing a targeted secondary prevention programme in primary care. Many diabetes and cardiovascular benefits were reported but, as an incentive to policy-makers, here are the savings in financial terms.

AOK calculated that the programme led to a net saving per patient of €220 per year or a total of €210 million annually, given the number of people in the programme. The challenge in delivering for diabetes is to convert experiences such as this into properly implemented and scaled-up programmes that are equitably provided to all who need them in Europe.

SLIDE 9

Risk factors for diabetes

- Age
- Gender (males)
- Gestational diabetes
- Family history
- **Overweight/obesity**
- **Behaviour:**
 - unhealthy diet
 - lack of physical activity
- **Socioeconomic disadvantage**

Potentially modifiable

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But it would be short-sighted of us to think that secondary prevention is the answer. The surge in diabetes will continue unless there is a concerted, whole-of-society effort to prevent it.

Studies of the diabetes epidemic suggest that non-modifiable risk factors – such as ageing of the population and longer survival – explain only about 20% of the increase in prevalence. The increasing prevalence is mostly due to increased risk, and many modifiable risk factors increase the risk of diabetes: overweight and obesity, unhealthy diet and physical inactivity, and socioeconomic disadvantage.

The insight here is that these risk factors are closely connected to the risks for other noncommunicable diseases (NCDs). Population prevention of diabetes must be integrated into population approaches to prevent NCDs as a group.

SLIDE 10



The image shows the cover of a WHO European Region strategy document. The cover features a dark blue background with five stylized, colorful human figures (pink, blue, green, purple, and red) arranged in a circle, holding hands. Below the figures, the text reads: "Gaining Health The European Strategy for the Prevention and Control of Noncommunicable Diseases". The WHO logo and "EUROPE" are also visible.

Strategy

Mandate for the WHO European Region

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In Europe, there is a good understanding of the wider societal approaches to addressing the NCD epidemic. We have strong collective experience with the use of price as an incentive or disincentive for behaviour, the control of advertising of unhealthy goods the reduction of salt through food product reformulation and the planning of urban environments to facilitate the use of active transport, among others. Healthy choices are easier when the policy environment nudges us in that direction or when the environment makes them the automatic choices. In actions such as these must lie the future strategy for effective control of diabetes and the other NCDs.

This approach was enshrined in the integrated European strategy on NCDs that was adopted by the WHO Regional Committee for Europe in 2006. In line with the 2008–2013 Action Plan for the Global Action Plan for the Prevention and Control of Noncommunicable Diseases, we at the WHO Regional Office for Europe have now started to work on a European **action plan**, which will be submitted to the Regional Committee in 2011.

Health in all policies (HiAP)

- A coordinated (joined-up) approach to government policies, where health and health equity are considered core values in government vision and strategies
- HiAP applies to the international level, as well as to all levels of government in countries
- Health most often is not an explicit value or goal in most other sectors' policies, so aiming for common, consistent, health enhancing goals is essential
- HiAP is becoming increasingly imperative in the light of accumulating knowledge on the determinants of health (and the root causes of ill health) and a number of pressing global challenges: climate change, economic crisis, the ageing of the population, urbanization, chronic diseases, growing inequalities, migration trends

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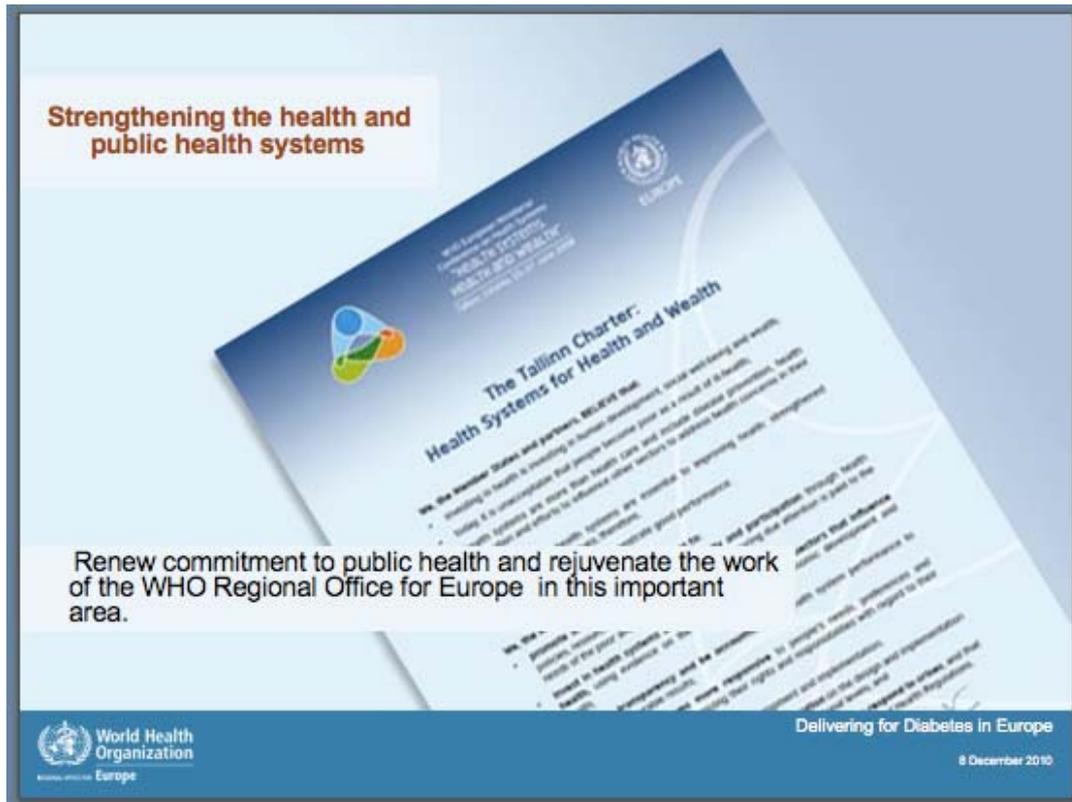
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A key to success is to establish effective intersectoral action to address the root causes of NCDs in all sectors of policy. In Europe, we have coined the phrase “health in all policies” (HiAP) as the banner under which we address health across the whole of society.

A successful HiAP approach has certain features. It requires a coordinated (**joined-up**) approach to **government policies, where health and health equity are considered core values** in government vision and strategies. It should be seen to apply to policy-making at the **international level, as well as all levels of government** in countries.

We need to recognize that health most often is not an explicit value or goal in most other sectors' policies, so **aiming for common, consistent, health-enhancing goals is essential**. Finally, HiAP is becoming increasingly imperative in the light of **accumulating knowledge on the determinants of health (and the root causes of ill health) and a number of pressing global challenges, which include the NCD epidemic**.

SLIDE 12



We know that another key to success is to have health systems that are able to provide integrated prevention, control and management of NCDs and to address the needs of disadvantaged populations. The Tallinn Charter: “Health Systems for Health and Wealth” recognizes that health systems are much more than health care. It also lays the foundation for renewing Europe’s commitment to public health, which is the “science and art of preventing disease, prolonging life and promoting health through the organized efforts of society”. Public health is therefore a combination of knowledge and action and an organized societal effort. It is a function and responsibility of the whole society. This is a good time to strengthen public health and ensure that essential public health functions are carried out in whatever organizational forms suit local conditions.

Unfortunately, today in many countries, public health has become institutionally weak and should be strengthened. Thus, as part of the development of the Health 2020 policy, we shall be working on a public health strategy: essential functions, capacity to grow stronger in Europe and a strong emphasis on prevention.

In the context of NCDs, and of diabetes, we must also focus on patients. Living as they do with chronic conditions, they are the real experts on their disease and the health system should empower them to cope and manage for themselves as well as possible.



Health 2020

- **Participatory process**
- **European study on social determinants**
- **Commitment to public health as a key function in society**
- **Link public health, the health care system and primary health care**
- **Critical development sector**
- **Model for Member States**

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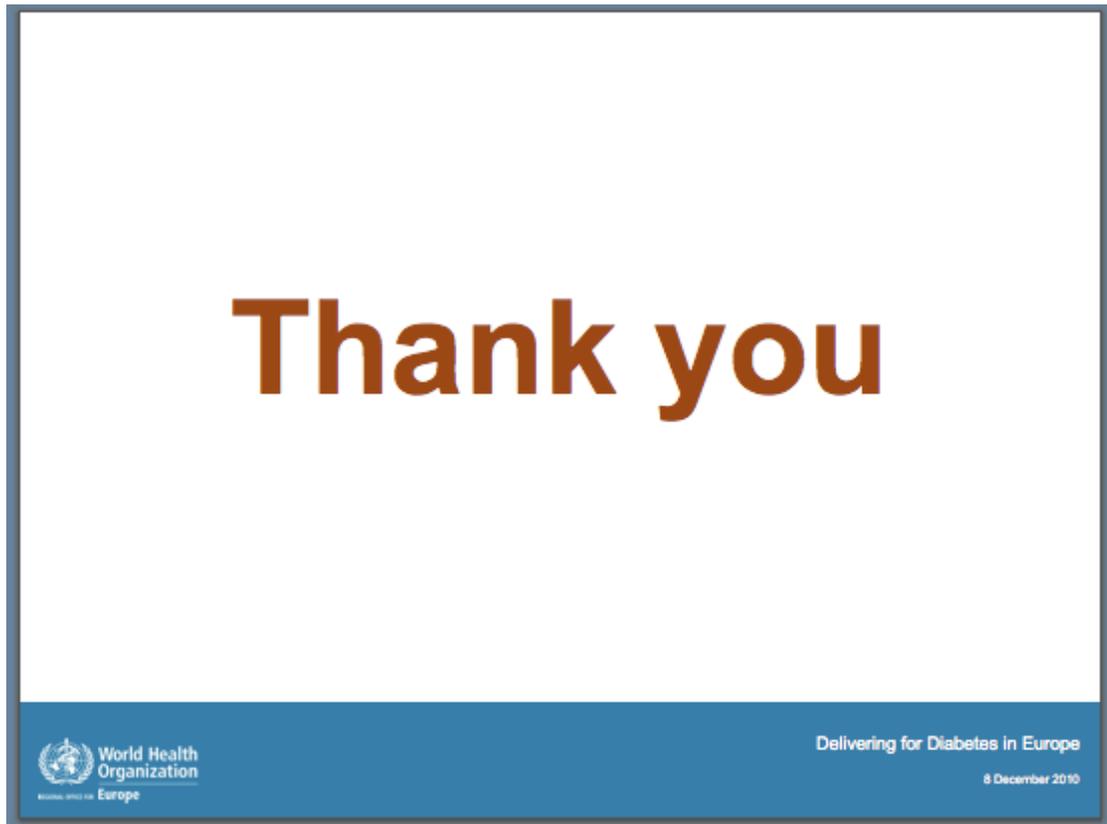
And, finally, if we are to address the epidemic of NCDs, if we need to find ways of addressing the social determinants of health, if we are to strengthen our public health capacity, to reach out from our comfort zone and engage in meaningful policy discourse with other sectors, we need a driver, the force of a united vision, a unifying message.

We are developing such a grand vision of health, to drive the work of WHO and Member States, and collaboration with our partners. We believe that a strong European health policy, mandated by the Member States, can be a strong catalyst for success in the fight against the NCD epidemic.

This policy, Health 2020, will:

- be developed through a participatory process with Member States, sectors and partners;
- be informed and underpinned by a European study on social determinants;
- integrate policy areas and renew the Regional Office's commitment to public health;
- position health as a critical development sector, and make links with other sectors to promote health as a governmental responsibility under the ministry of health; and
- be an inspiration to Member States to develop, renew and update their national health policies and strategies.

SLIDE 14



I thank you for your attention and I wish you every success in making this conference another step in fostering a whole-of-society, pan-European effort to prevent and control NCDs, particularly diabetes.