

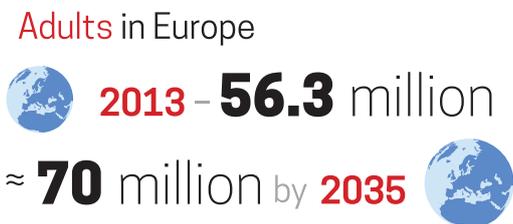
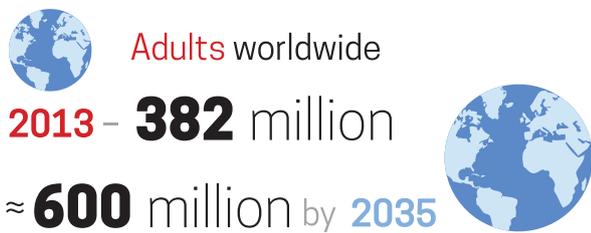
# Diabetes in Europe policy puzzle: the state we are in

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The European Coalition for Diabetes (IDF Europe, FEND, PCDE and EURADIA) has once again joined forces to publish this fourth edition of the *Policy Puzzle* at a time when Europe is still faced with the growing epidemic of diabetes, despite considerable and increasing political awareness of the health risks of diabetes and the realisation that the disease is largely preventable. By presenting a review of the situation in Europe and how diabetes has evolved over the last 3 years, this fourth edition aims to monitor the evolution of the current epidemic and report on the national policies and practices that exist across 47 European countries. As well as providing evidence to policy makers and key stakeholders in diabetes about the epidemic and related policy frameworks, this comprehensive audit will provide evidence to improve the implementation of policies.

## Background

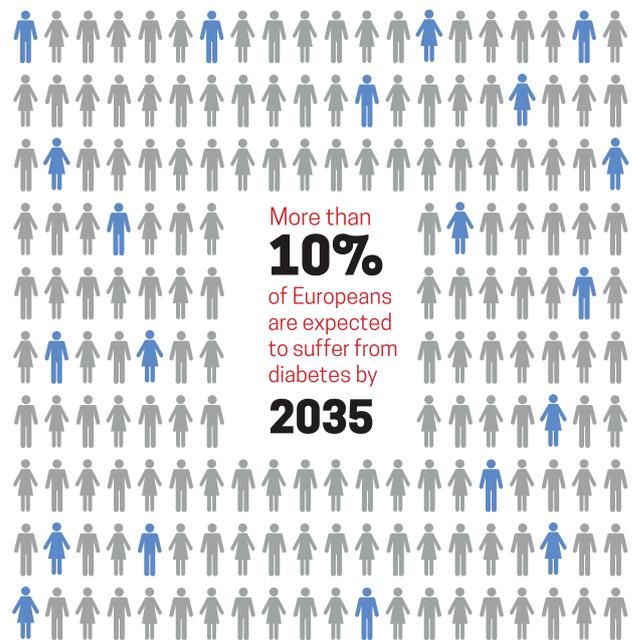
There is no doubt about the extent of diabetes as a global public health concern. The 2013 *IDF Diabetes Atlas* estimates that 382 million adults worldwide have diabetes, a figure that is projected to increase to some 600 million by 2035. In Europe, there are 56.3 million adults living with diabetes and this is projected to reach nearly 70 million by 2035 – more than 10% of the total population of the wider European region.



Efforts have been made to raise awareness of diabetes, both at the international level, with the UN Resolution of 2011 and follow-up in July 2014, and at the European level, with the European Parliament Resolution in 2012 and the EU Summit on non-communicable diseases (NCDs) in 2014. Yet while commitment exists, it has

not been fully translated into action, begging the question: what further actions can be taken to curb the burgeoning burden of diabetes?

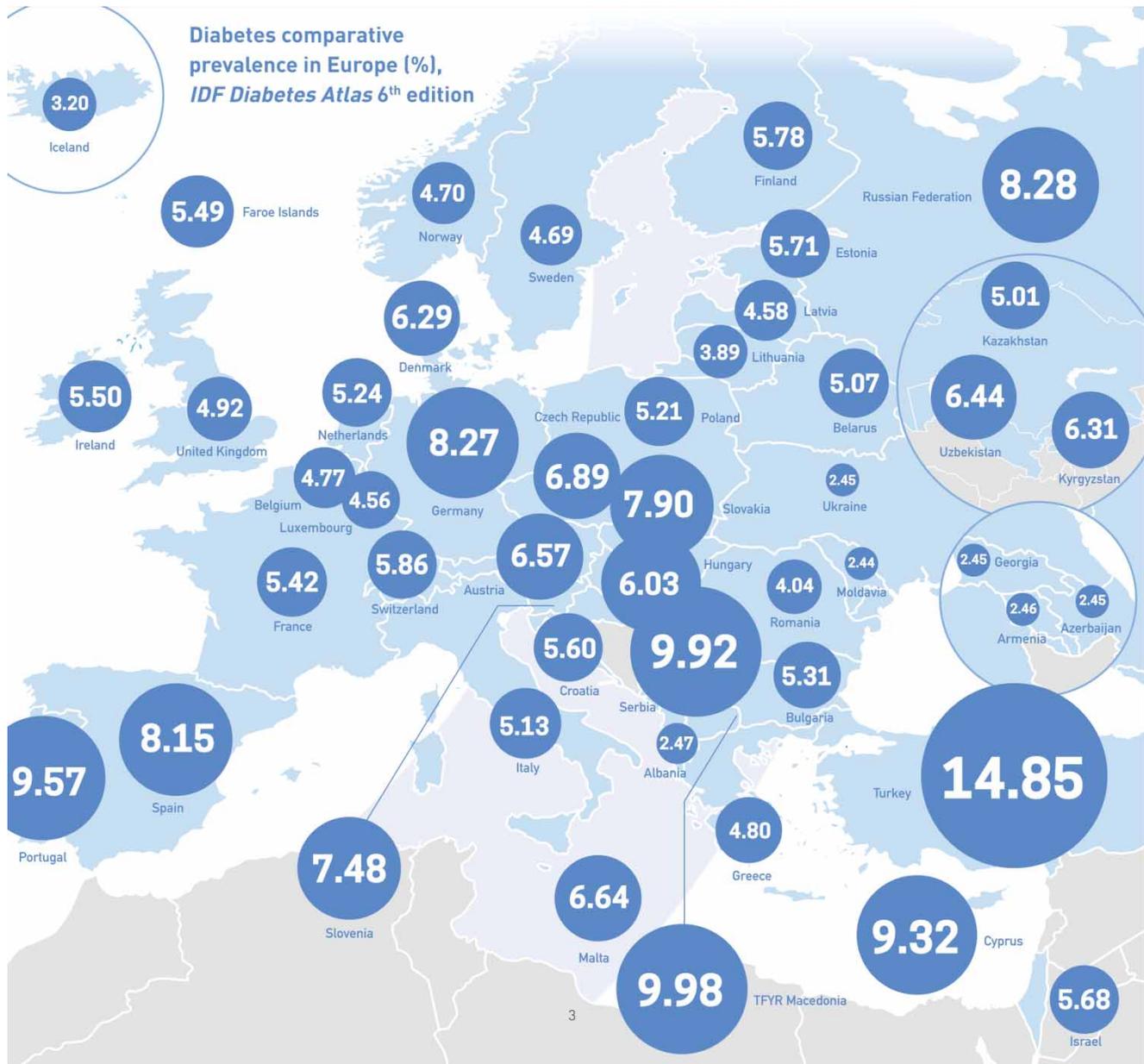
## People with diabetes



## Key findings and the way forward

### Epidemiology and information systems

An estimated 8.5% of the adult population in Europe has diabetes. National rates of prevalence rank from 2.4% in the Republic of Moldova to almost 15% in Turkey (see Figure 1).



**Figure 1** Diabetes comparative prevalence in Europe (%), *IDF Diabetes Atlas* sixth edition.

Although the growth of the diabetes burden in Europe is undisputed, the scarcity of comparable data makes it difficult to quantify this increase at both national and European levels. In this field, national diabetes registers play a key role in monitoring the status of the epidemic, as well as ensuring good-quality care. Although there has been an absolute increase in the number of countries with some kind of diabetes register – from 23 in 2011 to 30 in 2014 (out of 47 countries) – more than 83% were considered by stakeholders to be incomplete. Results were even poorer in terms of data for specific populations – such as pregnant women: only seven countries reported collecting data on this topic within their registries.

More than **83%** of diabetes registers were considered **incomplete**



⇒ **Given the key role of robust, comprehensive data to inform policies and measure their impact, it is essential to sustain and increase efforts to collect, monitor and analyse key data on the diabetes epidemic throughout the region, according to shared European criteria.**

#### Policy

##### National plans

The large majority of European countries have taken steps to address these challenges at policy level.

Currently, 30 countries out of 47 are implementing a national plan addressing diabetes specifically or within a plan for NCDs. Another 10 have announced such plans for the near future. The remaining seven have either joined an international initiative on diabetes; have adopted a national resolution; or cover diabetes in their national health plans. An increasing number of countries are moving towards plans for NCDs rather than plans addressing diabetes alone. However, European countries still have to implement fully a comprehensive, multi-sectoral approach to diabetes, including factors from outside the health sector within their diabetes policies. Despite marginal improvements, monitoring and evaluation remain a major weakness of most of these plans, with information on cost and cost analyses being conspicuous by their absence.

**30** countries have **national plans** covering diabetes  
 **10** countries will have such a **plan in the future**

**Monitoring and evaluation** remain a **major weakness** in most of these plans

⇒ **Efforts should be sustained towards a dedicated national strategy for diabetes with adequate implementation and result-monitoring systems in place. Sufficient nationwide resources and multi-stakeholder involvement at all stages and levels are essential to build a successful response to diabetes at the national level.**

### Prevention

This survey has revealed that primary prevention is increasingly seen as a key priority for policy makers in Europe. Instruments for diabetes prevention are almost universally present throughout the continent: primary prevention policies and campaigns targeting obesity and overweight, promoting healthy eating, physical activity, smoking cessation or tackling harmful use of alcohol are reported in more than 95% of European countries.

Nonetheless, gaps remain in terms of the scope, inclusiveness, implementation, and monitoring and evaluation of policies and plans. These shortcomings will have to be addressed in order to ensure a coherent response to the challenges created by diabetes and to ensure comprehensive implementation of the international and European declarations to which European countries have committed.

**95%** of European countries

**target** obesity, smoking



and harmful use of alcohol, and **promote** a healthy diet and **physical activity**

**Prevention** remains **poorly funded**

Only **9** countries **reported budgets** for prevention policies and campaigns

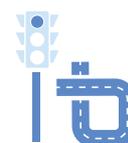
⇒ **Despite noticeable progress, gaps remain in the scope, inclusiveness, implementation, and monitoring and evaluation of prevention policies and plans. These gaps will have to be addressed in order to ensure a comprehensive response to the challenges created by diabetes.**

### Care provision

#### Guidelines

All 47 countries covered in this edition of the *Policy Puzzle* have some form of guidelines on diabetes. Most use a combination of national and international guidelines to disseminate best practices among healthcare professionals and people with diabetes. Type 2 diabetes care is the most widely covered topic; approximately one-third of the countries surveyed have guidelines covering all areas relevant to diabetes prevention, care and management. However, while guidelines exist, their implementation and monitoring is severely lacking across the region, so much so that many stakeholders were not always aware of the existence or level of implementation of guidelines in their country.

All **47** countries have some form of **diabetes guidelines**



**Implementation** and **monitoring** are severely **lacking**. Stakeholders are **not always aware of the existence of guidelines**

⇒ **Systems should be in place to monitor the implementation of guidelines. This would create a culture of responsibility and accountability, leading to better and more equitable care for all people with diabetes.**

### Diabetes and pregnancy

Data on diabetes in pregnancy were difficult to access, and the purpose of their collection and use appeared to be unclear. Among the 32 countries where this information was provided and confirmed, more than 38%

reported *not* routinely collecting any data on diabetes and pregnancy; fewer than 22% routinely collected both prevalence and outcome data on diabetes and pregnancy.

Further to the call in the previous edition of the *Policy Puzzle* for interventions targeting pregnant women, it was encouraging to note that the majority of countries routinely conduct diabetes screening among pregnant women. Of the 42 countries where conclusive information was collected on this topic, more than 70% recommend and/or routinely offer systematic screening of all pregnant women. The remaining 30% prefer a targeted approach and recommend offering diabetes screening only to pregnant women with high risk factors or, in some cases, symptoms of diabetes. However, barriers to access and variations in availability and implementation of guidelines need to be addressed urgently.

Among **32** countries who provided this information, **38%** do not collect data on **diabetes and pregnancy**



⇒ **Improved data collection on diabetes and pregnancy will help national health policy makers to understand the extent of the problem and take steps towards early detection and treatment. Barriers to accessing diabetes screening and variations in availability and implementation of guidelines need to be addressed urgently.**

### Eye care

Almost 75% of countries reported providing or recommending screening at least once a year for all people with diabetes while about 20% offer screening every 2 years. However, although the majority of countries reported that eye screening and treatment are offered, huge differences persist in terms of equal access within countries and across the region. Almost two-thirds of the countries that reported recommending regular screening and providing treatment services reported some variations in these areas.

**75%** of countries provide or recommend **yearly eye screening** for people with diabetes but **huge access inequalities remain**



⇒ **The availability and accessibility of eye screening and treatment services can be improved by ensuring that publicly supported healthcare services for diabetes-related eye diseases function adequately and are distributed equitably across countries.**

### Renal care

While screening options for kidney complications are widely available throughout Europe, the availability and accessibility of the various related treatment options constitute a major concern. Overall, 19 countries – more than one-third of the countries in the region – reportedly make available all of the screening and treatment options surveyed. However, treatment options, such as renal dialysis at home and kidney transplantation, were only reported to be available in around half of countries surveyed.

**Renal dialysis at home and kidney transplantation services are not available in around 50%** of the countries



⇒ **In order to prevent or delay the need for expensive treatments, access to frequent routine screening needs to be improved and economical treatment options made available.**

### Structured education

More than two-thirds of the countries in Europe recommend diabetes education for all newly diagnosed people. Evidently, efforts are being made to ensure that some level of education is provided for people with diabetes. Despite this, and the recommendations on education from the last edition, our findings imply that there continues to be a lack of continuity in education throughout a person's lifespan, as well as a lack of general education available to family members of people with diabetes. Nearly 75% of countries in the region do not recommend continuous universal education to people with diabetes. The same proportion of countries does not provide relevant education to family members. Furthermore, our survey highlighted general implementation issues regarding the actual provision of diabetes education. These include cost, lack of time and lack of adequate training.

Nearly **75%** of countries do not recommend **continuous education** to all people with diabetes



⇒ **The availability of and equal access to continuous good-quality diabetes education for people with diabetes and their family members is of the utmost importance. Trained, dedicated healthcare professionals evenly distributed within countries should provide diabetes education according to national standards of quality at an affordable rate for all people with diabetes and their family members.**

### Diabetes specialist nursing

Nurses work in diabetes throughout Europe, but their status, role, training and level of involvement in care differ greatly. More than half of the countries (29) stated that nurses working in diabetes care acquire their skills and knowledge while employed in a facility offering diabetes care. Only 19 countries – fewer than half of those surveyed – indicated that diabetes nursing is recognised as a speciality.

The link between status and role is quite apparent: in around two-thirds of the countries in which diabetes specialist nursing is a recognised speciality, nurses also play a central role in overall diabetes management for all people with the disease. However, it is also apparent that some countries have nurses who are specialised in various aspects of diabetes management despite a lack of official status. Encouragingly, regardless of status, in more than 80% of countries, nurses play an important role in providing education for self-management.

Only **19** countries  indicated that **diabetes nursing is recognised as a speciality**

⇒ **The professional status of diabetes specialist nurses should be acknowledged and postgraduate academic accredited training provided to enable nurses to play a greater role in diabetes care, education and research – balancing responsibilities between different health-care professionals to improve the distribution of care provision across the health sector (primary, secondary and community).**

### Call for action

Despite the progress recorded here, the commitments made by individual governments and national health providers need urgent and adequate implementation if Europe is to challenge and confront the growing burden of diseases successfully. Our findings illustrate clearly a growing awareness of the need for action but the often-quoted inability to fund change is hindering progress.

This fourth edition of the *Policy Puzzle* shows that Europe is making progress, but it is simply too slow and too limited to stem the tide of diabetes. Publicly stated commitments by countries must be realised through positive action, without further delay.

### Acknowledgements

Printed with permission from the European Coalition for Diabetes. The fourth edition of the *Policy Puzzle* was originally published online November 2014 by the European Coalition for Diabetes (i.e. EURADIA, FEND, IDF Europe and PCDE).