



**COUNCIL OF  
THE EUROPEAN UNION**

**Strasbourg, 14 March 2012**

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**NOTE**

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from: General Secretariat of the Council  
to: Delegations  
Subject : Summary of the European Parliament Plenary meeting on 13 March 2012  
**Addressing the EU diabetes epidemic - Council and Commission statements**

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Mr Wammen, on behalf of the Council, delivered the speech set out in [Annex I](#).

Mr Piebalgs, on behalf of the Commission, delivered the speech set out in [Annex II](#).

For the political groups, all speakers expressed their support for the resolution. They commented as follows:

- Mr Busuttil (EPP, MT) was satisfied that diabetes, a disease affecting 32 million EU citizens (50 % of whom were not aware that they had it), was finally being discussed by the plenary. He considered it a duty to work together to find an effective solution and called on the Commission to present a strategy on diabetes and to urge the Member States to prepare national strategies.
- Ms Schaldemose (S&D, DK) focused on type 2 diabetes, which was preventable, and called for its causes such as obesity to be tackled, and for citizens to be encouraged to live healthily. She also urged Member States to draft national action plans. To make progress, she saw a need to adopt standards for other diseases as well.
- Ms Ludford (ALDE, UK) considered that an exclusively horizontal approach as mentioned by the Commission tended to ignore type 1 diabetes and called for the development of a specific diabetes strategy in the form of a regulation. She also mentioned that 10 % of overall health costs related to the treatment of diabetes.

- Ms Brepoels (Greens/EFA, BE) focused on the issue of prevention and the importance of cooperation, in particular between national authorities. She supported the resolution, but regretted that it did not tackle other non-communicable diseases.
- Ms Matias (GUE/NGL, PT) referred to diabetes as a global epidemic. She thought that the lack of an EU strategy in the area was only part of the problem and saw an opportunity to work further on early diagnosis, coordination and investment in research.

All Members acknowledged the importance of the topic. Most highlighted the issue of prevention and awareness-raising (Ms Morkūnaitė-Mikulėnienė (EPP, LT), Ms Mazej Kukovič (EPP, SI), Ms Záborská (EPP, SK), Ms Merkies (S&D, NL), Mr Buşoi (ALDE, RO), Mr Paška (EFD, SK), Mr Papanikolaou (EPP, EL)), as well as the necessity of promoting healthy lifestyles, including eating habits and physical activity (Ms Mazej Kukovič, Mr Perello Rodriguez (S&D, ES), Mr Buşoi, Mr Paška, Mr Mikolášik (EPP, SK)). Members also discussed health costs (Ms Morkūnaitė-Mikulėnienė (EPP, LT), Mr Mikolášik), the national strategies for diabetes (Ms Morkūnaitė-Mikulėnienė, Mr Mikolášik), individual responsibilities for lifestyle reflected in health insurance (Ms Záborská), research and improvement of its coordination (Mr Perello Rodriguez), a need for improvements in the quality of life of citizens (Mr Perello Rodriguez), free movement of medical devices and access to information through technologies (Ms Merkies), diabetes in the context of the Horizon 2020 programme (Mr Buşoi), child diabetes (type 1) linked to discriminatory treatment, ignorance and prejudices (Mr Papanikolaou), and a tax on unhealthy products (Mr Paška).

Mr Piebalgs considered that early and effective diagnosis, awareness-raising and the issues mentioned by Mr Papanikolaou were crucial factors for type 1 diabetes, which could be addressed in the context of the reflection process on chronic diseases; the appropriate training of doctors was also vital. On type 2 and pressures to have dedicated strategies for each of the non-communicable diseases, he believed that the Commission's strategy on nutrition, overweight and obesity-related issues was relevant in the context of supporting national strategies in these areas.

Mr Wammen reiterated the necessity to focus on diabetes and other chronic diseases and thanked Members for their recognition of the efforts of the Danish Presidency in this area. He underlined that it was vital to continue to debate the issue and concluded by assuring Members that the Presidency would do the utmost to keep it on the European agenda.

The resolution on addressing the EU diabetes epidemic was adopted on 14 March 2012.

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**Speech of Mr Wammen on addressing the EU diabetes epidemic, Plenary session of the European Parliament, 13 March 2012**

Mr President, honourable Members of the European Parliament, Commissioner, I am grateful to this Parliament for taking the initiative in organising this debate and in drawing attention to this important issue.

I wish today to thank in particular the co-chairs, Ms Schaldemose, Baroness Ludford, Mr Busuttill and Ms Matias for their leadership and, of course, the members of Parliament's working group on diabetes, which sponsored the motion for a resolution before you. They continue to work tirelessly to raise the profile of the effects of diabetes on the health of citizens across the European Union.

Throughout Europe, chronic diseases in general impose an enormous challenge to patients and their relatives and society at large. This calls for a new and coordinated approach and increased cooperation. The biggest challenge in this context arises from the fact that we live longer and do not live healthily enough. This means that ever more Europeans develop diabetes and other chronic diseases.

The implications are obvious: mounting pressure on our health sector and a situation where fewer young people are entering the labour market to pay for rising public costs.

Diabetes is one of the four most common chronic diseases. At present around 30 million people in the European Union are diagnosed with diabetes. This figure is expected to rise to around 40 million by around 2030. Around 10% of the EU Member States' health care budget is spent on the direct treatment of diabetes. This amounts to about EUR 80 billion, which does not even include the cost of treating associated illnesses or complications.

At present, diabetes can be neither reversed nor cured. Current therapies do not prevent the progression of the disease. Equally they cannot eliminate the threat of long-term complications. The growing burden of diabetes must therefore be addressed through prevention, early detection, effective management, education and research.

Prevention can be very effective. According to the World Health Organisation, Type 2 diabetes – which represents between 85 and 95% of diabetes cases – can be prevented by basic changes in lifestyle, including healthy diet and regular physical activity.

What can be done within the EU to face up to this challenge? Health issues are first and foremost a matter for Member States. The European Union has only limited competence in this area, but that clearly does not mean that we are inactive. In December 2010 the Council launched a reflection process on the issue of chronic diseases. It invited Member States and the Commission to identify options to optimise the response to chronic diseases and spur cooperation among Member States. This process is carried out in close cooperation with the relevant stakeholders and will result in a reflection paper. Work is ongoing and is being managed at senior level within the appropriate Council bodies. It is expected to be finalised next year.

The Danish Presidency is fully supportive of this process and will use its time in office to advance it as much as possible. In fact, chronic disease is one of the main priorities of the Danish Presidency in the field of health. It will be on the agenda of the informal meeting of health ministers in Horsens in Denmark this April, where the question of patient empowerment will be in focus. Patient empowerment is also the topic of a conference organised under the Danish Presidency, which will take place on 11 and 12 April in Copenhagen.

I am also pleased to announce that the European Diabetes Leadership Forum will take place on 25 and 26 April this year. A wide range of stakeholders, including politicians, government officials, health NGOs, healthcare professionals and business organisations, will be represented at that forum, and the Danish Presidency is proud to support it. The Presidency is convinced that these events will not only bring together experts across a range of fields, they will also support the reflection process on chronic diseases underway in the Council.

Considerable efforts are underway to address the challenges of chronic diseases, including diabetes. The work in the Council is one of many strands of work which are contributing to these efforts – but more could and should be done. Our discussion this afternoon, and the resolution which you will vote on tomorrow, will help increase awareness of this challenge to our collective health.

I therefore look forward to hearing your views on this issue and to reporting back to the Council.

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**Speech of Mr Piebalgs on addressing the EU diabetes epidemic, Plenary session of the European Parliament, 13 March 2012**

Mr President, I would like to thank the Parliament for its commitment to improving the lives of people with diabetes. The European Commission shares your concern. Diabetes translates to great suffering for over 32 million Europeans and their families.

The European Commission believes we need to attack the root causes of diabetes further. As such, the European Commission fully endorses your call to Member States to develop strategies on diet and exercise to prevent Type 2 diabetes, as expressed in your resolution.

We know that not all diabetes is preventable, but when it comes to Type 2 diabetes, we do know what the main causes are: being overweight, obesity and a lack of physical activity. The rate of obesity has more than doubled over the past 20 years. More than half of adult Europeans are overweight or obese. One in four European children aged six to nine are already overweight and, as such, at greater risk of developing Type 2 diabetes. This is why the focus of Commission action to address diabetes is to tackle its main causes: being overweight, obesity and the lack of physical activity.

It was in this spirit that, back in 2007, the Commission developed a strategy on nutrition and physical activity to support national efforts to prevent obesity. The strategy works first by fostering an exchange of experiences amongst Member States, encouraging joint approaches and coordinated actions. This includes joint food reformulation approaches, for example for key nutrients such as salt.

Second, it mobilises partners across society to take action, through the EU Platform for Action on Diet, Physical Activity and Health, which, very importantly, also includes diabetes organisations.

In this framework, the Commission encourages action by food producers, media and advertisers on food reformulation and commercial communication standards.

Third, it mobilises other policies towards this cause. I will give you some examples. Through the EU research policy, the Commission has co-funded research on diabetes and obesity, worth EUR 340 million in the sixth and seventh framework programmes for research. Since 2007, over EUR 207 million has been devoted to diabetes and obesity research.

We further support research and innovation to address diet-related diseases more generally, with the Joint Programming Initiative ‘A Healthy Diet for a Healthy Life’. As such, we welcome your resolution’s call for coordination of diabetes research across the European Union.

Through the EU agriculture policy, the Commission brings fruits and vegetables to millions of school children every year via the School Fruit Scheme. Through the EU education policy, the Commission is also supporting physical activity with initiatives such as the EU guidelines for physical activity. Finally – and it is important to mention this – in the field of audiovisual media services, the Commission seeks to reduce the pressure of food marketing and advertising on children.

In addition, the Commission has also financed action through the Health programme to support Member States’ responses to diabetes prevention and care and to improve European capacity for monitoring the diabetes epidemic. Special attention is given to juvenile diabetes and factors related to childhood.

The Commission is persuaded that the EU framework programme for research and also the Health programme contribute to research breakthroughs in the prevention and treatment of diabetes and in better understanding the interaction of diabetes with other diseases.

Your resolution further calls on the Commission and the Member States to ensure adequate follow up of the UN Summit on Non-Communicable Diseases. In this regard, I would like to inform you that the Commission has already launched a reflection process, together with Member States and stakeholders, to identify areas for added-value action at EU level.

I trust you will recognise the Commission's commitment to addressing the diabetes epidemic and to supporting Member States in their efforts to prevent and manage diabetes. The Commission will carefully study your resolution and how to accommodate your request for further action.

The Commission agrees with the European Parliament about the need to do more on diabetes, for example: to prevent diabetes, in particular amongst children and adolescents; to support patients, and enable them to live a fulfilling life; and to offer the best available diagnosis and treatment options to people affected, to minimise complications and the risk of associated diseases.

This being said, as you know, the Commission believes that it can provide most added value by focusing work on the challenges and causes common to many chronic diseases such as obesity, rather than focusing on the individual diseases one by one.

By addressing obesity, we address diabetes and many other chronic diseases at the same time. This is why the European Commission favours a horizontal holistic approach instead of specific strategies for individual diseases. It is in this spirit that the Commission takes note of the fact that the resolution calls on the Commission to develop and implement a dedicated EU Diabetes Strategy and to monitor Member State action in this area.

Finally, let me assure you that by addressing the risk factors, developing the evidence base and by supporting Member States, the Commission can and will continue to play its full role in addressing diabetes.

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