Basic information

2011/2911(RSP) RSP - Resolutions on topical subjects	Procedure completed
Resolution on addressing the EU diabetes epidemic **Subject** 4.20.01 Medicine, diseases	

Key players

European Commission	Commission DG	Commissioner
	Health and Food Safety	DALLI John

Key events

Date	Event	Reference	Summary
13/03/2012	Debate in Parliament		
14/03/2012	Decision by Parliament	T7-0082/2012	Summary
14/03/2012	Results of vote in Parliament		
14/03/2012	End of procedure in Parliament		

Technical information

Procedure reference	2011/2911(RSP)
Procedure type	RSP - Resolutions on topical subjects
Procedure subtype	Resolution on statement
Legal basis	Rules of Procedure EP 136-p2
Stage reached in procedure	Procedure completed

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Motion for a resolution		B7-0145/2012	07/03/2012	
Motion for a resolution		B7-0146/2012	07/03/2012	
Motion for a resolution		B7-0147/2012	07/03/2012	
Motion for a resolution		B7-0148/2012	07/03/2012	

Text adopted by Parliament, single reading		T7-0082/2012	14/03/2012	Summary

European Commission

Document type	Reference	Date	Summary
Commission response to text adopted in plenary	SP(2012)387	18/07/2012	

Resolution on addressing the EU diabetes epidemic

2011/2911(RSP) - 14/03/2012 - Text adopted by Parliament, single reading

The European Parliament adopted by a resolution on addressing the EU diabetes epidemic.

The resolution was tabled by the S&D, ALDE, EPP, ECR and GUE/NGL groups.

It notes that diabetes is estimated to affect more than 32 million EU citizens, representing nearly 10°% of the total EU population, and that the number of people living with diabetes in Europe is expected to increase by 16.6°% by 2030, as a result of the obesity epidemic, the ageing of the European population and other factors yet to be determined. There is a **lack of funding and infrastructure** to coordinate diabetes research in the EU, and there is currently **no European strategy for addressing diabetes**.

Members take note of Parliament's resolution of 15 September 2011 on the EU position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases, which focuses on diabetes as one of the four major non-communicable diseases. They welcome the Council Conclusions of 7 December 2010, entitled 'Innovative approaches for chronic diseases in public health and healthcare systems' and its call on the Member States and the Commission to initiate a reflection process aiming to identify options to optimise the response to the challenges of chronic diseases.

The resolution calls on the Commission to:

- develop and implement a targeted EU Diabetes Strategy, in the form of an EU Council Recommendation on diabetes prevention, diagnosis, management, education and research;
- -support Member States by promoting the exchange of best practice with regard to good national diabetes programmes;
- monitor progress as regards the Member States' implementation of national diabetes programmes, and to present the results on a regular basis in the form of a Commission report;
- draw up common, standardised criteria and methods for data collection on diabetes, and coordinate, collect, register, monitor and manage comprehensive epidemiological data on diabetes, and economic data on the direct and indirect costs of diabetes prevention and management;
- **improve the coordination of European diabetes research** by fostering collaboration between research disciplines and creating general, shared infrastructures to facilitate European diabetes research efforts, including in the fields of risk-factor identification and prevention;
- ensure continued support for diabetes funding under the current and future EU Framework Programmes for Research, while considering Type 1 and Type 2 diabetes as distinct diseases;
- ensure with Member States, proper and adequate follow-up to the outcomes of the UN Summit on Non-Communicable Diseases of September 2011.

Parliament notes that that **Type 2 diabetes is a preventable disease** and for which risk factors – such as poor and unbalanced diet, obesity, lack of physical activity and alcohol consumption – have been clearly identified and complications can be addressed through the promotion of a healthy lifestyle and early diagnosis. However, it is frequently diagnosed too late, and up to 50% of all people with diabetes are currently unaware of their condition. Members also note that only 16 out of 27 Member States have a national framework or programme in place to tackle diabetes, and **no clear criteria exist** as to what constitutes a good programme or what the best-practice countries are and there are considerable differences and inequalities in the quality of diabetes treatment within the EU.

They call on Member States to:

- develop, implement and monitor national diabetes programmes aimed at health promotion, risk-factor reduction and the prediction, prevention, early diagnosis and treatment of diabetes, targeting both the population at large and high-risk groups in particular, and designed to reduce inequalities and optimise healthcare resources;
- promote Type 2 diabetes and obesity prevention and healthy lifestyle strategies, including exercise and diet approaches;

- align food-related policies with the objectives of promoting a healthy diet, allowing consumers to make informed and healthy choices, and early diagnosis as key fields of action in their national diabetes programmes;
- develop diabetes management programmes based on best practices and evidence-based treatment guidelines;
- ensure continued patient access in primary and secondary care to high-quality interdisciplinary teams, diabetes treatments and technologies, including e-health technologies, and to support patients in obtaining and sustaining the skills and understanding needed to enable competent life-long self-management.

Lastly, Parliament recalls the importance for the EU and the Member States, with a view to achieving NCD-related objectives and addressing public health, social and economic challenges, of further integrating prevention and risk-factor reduction into all relevant legislative and policy fields, and in particular into their environmental, food and consumer policies.