

DIABETES IN EUROPE

TOWARDS A EUROPEAN FRAMEWORK
for Diabetes Prevention and Care

**EU Workshop Proceedings,
Dublin, 8 April 2004**



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Introduction to Proceedings by John Bowis, MEP

Dear reader,

In today's Europe, approximately 60 million people live with diabetes, of whom more than 50% are unaware of their condition. In light of the growing trend towards sedentary lifestyles and unhealthy diets, a better health policy framework across Europe is now an imperative. The objective: to reduce the medical, social and economic burdens of diabetes and its complications.

On 8 April, 2004, the International Diabetes Federation - European Region and the Diabetes Federation Ireland convened an EU Workshop in Dublin entitled, "Towards a European Framework for Diabetes Prevention and Care". The Workshop brought together national and EU policy makers, politicians, and key opinion leaders in the fields of diabetes and disease prevention to discuss the rationale for a European Framework on diabetes prevention, diagnosis and control.

All participants agreed that the fast rise in diabetes prevalence in Europe should be recognized as a European public health priority. It is necessary to move beyond awareness raising. Diabetes, as a major risk factor of other related diseases, should be a fundamental component of future EU public health policy. It is essential that the EU political institutions, member state governments, and other public health stakeholders take the necessary and appropriate actions to improve the European health care environment for those living with diabetes.

In the European Parliament, Mary Banotti, MEP and I co-chair a working group to raise awareness and address specific issues related to diabetes at European level. Some of these issues were raised in this workshop as well — such as the role of education, the direct, indirect and intangible costs of the disease, and cost-effective ways to reduce the burden of Diabetes in the EU. This Workshop has demonstrated that there is a strong political will to act and that the time is ripe now to go further.

Diabetes is a preventable disease. If properly controlled health care costs to the EU member states could be significantly reduced. Currently, however, only nine of

the 25 member states have introduced national government plans or guidelines on prevention and treatment of diabetes. Not only is there a wide discrepancy in the scope and legal status of these varying types of guidelines among the different member states, but there are also different levels of diagnosis and treatment standards and thus variable public health outcomes. Diabetes should henceforth be combated in a much more coordinated and effective manner. We need to ensure the best possible care for diabetes patients, irrespective of where they live in Europe. We need to act on European level.

The European Union has a vital role to play to encourage and facilitate the sharing of European best practices in prevention, diagnosis and control of diabetes. As an MEP, a former national health minister, and as a person living and working with diabetes, I do hope that the serious implications that this disease has on the lives of EU citizens can in future be better addressed. And, if we work together, I am confident that we can minimize the threat and impact of diabetes and, perhaps one day, we may even be able to significantly reduce the numbers of sufferers of diabetes in Europe.

John Bowis, MEP

Proceedings and key conclusions of the EU Workshop held in Dublin, Ireland April 7-8, 2004

Organised by the International Diabetes Federation-European Region, the Diabetes Federation of Ireland and with the support of Aventis.

Introduction

The rapid increase in diabetes in Europe is a major public health issue. Diabetes is the fourth leading cause of death in Europe, as well as being a risk factor for other diseases, notably cardiovascular diseases. It is also a leading cause of kidney failure and neuropathy and people with diabetes are more likely to have a heart attack or stroke.

The enlarging European Union provides a timely opportunity to examine the scale of the diabetes problem. Over 60 million people live with diabetes in the new Europe, many of these people unaware of their condition. It emphasises the need to place diabetes as a priority disease in national health policy and at a European level. This is especially so given that the cost of diabetes complications accounts for 5-10% of total healthcare spending in several countries including Belgium, France, Germany, Italy, the Netherlands, Spain, Sweden and the UK.

This report covers in detail the proceedings of the EU Workshop held in Dublin, Ireland April 7-8, 2004 entitled 'Towards a European Framework for Diabetes Prevention and Care'. The Workshop brought together national and EU policy makers, diabetes organisations, politicians and leaders in the fields of diabetes and disease prevention.

The Workshop discussed the need for a European framework on diabetes prevention, diagnosis and control. It also provided a valuable opportunity to address the key issues for an EU health policy, given the EU Health Council meeting on 1-2 June 2004.

The report of this Workshop shows that an emerging consensus exists in relation to diabetes, one that can be brought to future holders of the EU Presidency in the months ahead, and to the European Commission and Parliament.

While the EU does not legislate directly on health care delivery, it has a crucial role on health prevention and promoting the sharing of best practices. This was shown recently when the EU adopted a Council Recommendation on Cancer Screening, encouraging Member States to use certain European-wide recognised standards for each type of cancer in testing and screening.

Likewise with diabetes, a European Framework can build upon patient and professional associations' plans and encourage Member State Governments to take further action. There is the danger that if diabetes is not addressed as a top EU public health priority, the number of people living with the condition will reach uncontrollable proportions.

The Dublin Workshop, supported by Aventis, agreed a valuable set of key conclusions, set out at the end of this report. The aim is that this initiative can be further developed and be led by the International Diabetes Federation- European Region, Member States, and the European Commission, along with the full participation of the many organisations which represent the diabetes family in Europe.

Opening address by the Minister for Health and Children for Ireland, Mr Micheal Martin

Firstly, I welcome the opportunity to address this Workshop and I wish to acknowledge the good work that has been done by the Diabetes Federation of Ireland, the International Diabetes Federation, and by Aventis in organizing today's event. I commend you on this partnership and worthwhile initiative.

I am delighted to welcome representatives from over fifteen EU Member States to participate in this important workshop on the development of a European Framework for the prevention and care of Diabetes.

To those of you who have travelled long distances to be here I would like to extend a traditional Irish welcome of 'Cead Mile Failte' - a hundred thousand welcomes - to the smoke free capital of Europe.

I hope that this workshop will help lead to a more co-ordinated approach to Diabetes prevention and care at a European level.

Diabetes

As this audience is only too well aware:

Diabetes is a chronic disease, and it is estimated that 6-7% of the population may suffer from Diabetes. The prevalence of type 2 Diabetes is increasing due to a number of factors including ageing population and lifestyle factors (such as low physical activity, obesity and diet). Studies estimate that type 2 Diabetes may be present for on average 7 years prior to diagnosis.

Diabetes results in a high cost to the health service — mainly associated with the treatment of preventable complications. The fast increase in the prevalence of Diabetes across Europe needs to be tackled at the European level. Of the 60 million people in the Europe of 25 countries living with Diabetes, over 50 per cent of those are unaware of their condition. The Irish Government is committed to working to try and find healthcare solutions for diseases such as Diabetes, and will work together with the European Commission, the European Parliament and other Member States, to encourage future European Health Presidencies to bring forward this work in the context of the EU Public Health Programme, and future Presidency programmes.

Speaking of the European Parliament, I am particularly pleased to welcome to Dublin, Mr. John Bowis MEP, who was the Rapporteur for the European Centre for Disease Control, and who took such a constructive approach throughout all the relevant discussions, thereby facilitating the early establishment of this important Centre.

I also acknowledge the involvement of the World Health Organisation in this workshop, and also welcome Dr Isuf Kalo to Dublin. In the planning and preparation for the Irish EU Health Presidency, we have been working very closely with the WHO throughout our overall Presidency Programme.

Need for A Strategic Approach

For many years, the development of health services throughout Europe was guided by the requirement to increase the volume and range of services to

meet changing disease patterns, increasing public demand, improvements in diagnostic and therapeutic technologies, and the need to widen access to these services by improving regional and local self-sufficiency.

During the past 10 years, another strand of health planning has developed. We have seen the identification and targeting for action of specific diseases, which are prevalent across the entire health service. These diseases require the development of comprehensive, integrated programmes of prevention, cure, care and rehabilitation. They constitute significant public health problems with high mortality rates and serious levels of illness and disability. Furthermore, in many cases, there exist identifiable effective interventions, and sound, evidence-based strategies could have a potential to significantly improve both the health of individuals and, in a broader sense, population health.

Cardiovascular disease and cancer were seen as appropriate subjects for particular attention in this regard.

So for example, as part of our EU Presidency on the health side, Ireland held a Conference Promoting Heart Health A European Consensus, in Cork in February of this year, and during this expert meeting cardiologists and policy advisors from all 25 EU countries reached agreement on the best approaches for promoting heart health and tackling heart disease across Europe. This outcome will mean that the EU could potentially reduce the number of people dying from heart disease by 60% and implementation of this agreement will also improve the overall health of the population, reducing death and disability from the other major diseases in Europe such as Diabetes, stroke, and cancer.

Obesity

At national level, this disease specific approach was also evidenced recently, when I recently launched a National Taskforce on Obesity. Ireland currently has the fourth highest prevalence of overweight and obesity among men in the EU, and the seventh highest prevalence among women. The obesity taskforce was established in order to halt and reverse this trend, and members of the taskforce are committed to producing, by the end of the year, a realistic, achievable and measurable strategy. As obesity is directly associated with a number of

serious diseases including Diabetes, heart disease, many forms of cancer and high blood pressure, the implementation of this strategy should impact positively upon the health of the population. As part of our EU Presidency, I have invited United States Health Secretary Tommy Thompson, to Ireland in May to address EU Health Ministers on the issue of obesity, particularly obesity in children.

Need for Action at European Level

In recent times, it has been suggested that a number of other disease entities could be considered in a similar light. Diabetes is a concrete example of one of these types of conditions, and needs to be recognised as a priority for action at European level. We need to raise the awareness of Diabetes as a serious public health challenge facing the entire European Union, particularly as it is a major risk factor of other related diseases. Progress made in cancer and cardiovascular strategies to date at both national and international level, demonstrate the merit of addressing conditions like Diabetes in a co-ordinated, strategic and comprehensive way, given that it can have wide-ranging and serious complications.

Complications

Among the range of complications which may arise in patients suffering from Diabetes are:

Diabetic patients are at greater risk of coronary artery disease and its consequences. In relation to another major complication, that of End Stage Renal Disease requiring dialysis and possible transplantation, the evidence suggests that Diabetes is a leading cause of this condition in western countries. The incidence of this condition and, therefore, the numbers requiring kidney dialysis in the future are expected to rise significantly as a result of the growing prevalence of Diabetes. In Ireland, I have established a group to undertake a national review of renal services. The aim is to achieve an improvement in services for the large number of Diabetics who require this treatment. Another area of frequent complication is that of retinal disease leading to blindness. The evidence of the value of screening for this condition is quite strong and currently the Department is supporting a pilot screening project on this topic, and we await the evaluation of the outcome of this pilot.

Health Promotion

At national level, the implementation of the health promotion aspects of the Cardiovascular Health Strategy, coupled with the implementation of the national Health Promotion Strategy 2000 to 2005, are of direct benefit to Diabetics. The population approach being adopted through the implementation of these strategies addressing healthy eating, increase exercise in the population, especially among children and obesity should, in the long term, reduce the numbers developing Diabetes.

Working with the Diabetes Federation of Ireland

I would like to pay tribute to fellow Oireachtas Member, Senator Mary Henry, President of the Diabetes Federation of Ireland, a tireless campaigner on very many health issues, including diabetes. I would like to mention also Dr Tony O'Sullivan, Chairman of the Diabetes Federation of Ireland, and President-Elect of the International Diabetes Federation, European Region, who has done so much to highlight the case of diabetes in Ireland. The work of Federations such as this is invaluable when a person is first diagnosed as suffering from Diabetes in providing structured information and support to the individual.

The Department works in partnership with the Diabetes Federation of Ireland on the development of its promotional materials. Other related aspects include:

A national media campaign 'Ireland needs a Change of Heart' which includes an all-island physical activity campaign, 'get a life, get active' and the recent physical activity campaign Let it Go.

The national healthy eating initiatives

At regional level a broad range of service developments and initiatives in the areas of smoking cessation, nutrition, physical activity and dissemination of good practice. These services work in co-operation with the Diabetes Federation of Ireland. I wish Kieran O'Leary, Manager of the Diabetes Federation of Ireland, well in his role of bringing this work forward at national level. The Department supports the employment of a Diabetic Nurse

Specialist by the Diabetes Federation of Ireland who has enhanced national awareness of diabetes, development of detailed direction for early detection and prevention of diabetes and many health promotion initiatives.

Future Developments

I would like now to briefly mention the work being done in Europe on the development of a new European Constitution. I personally believe that the European Union should be given a broader mandate as regards public health issues. The fact that so much has been accomplished at EU level on public health is a tribute to all concerned given the very narrow existing Treaty base. EU Health Ministers may wish to consider what future competences might be given to the EU in the public health area.

At national level, I would like to give some indication in the context of the Health Service Reform Programme, currently underway, how we would see certain service elements of this programme enhancing the care of Diabetic patients and also of course in hopefully reducing the incidence of this condition within the population.

Organisational Reform

Development of an integrated system with co-ordination between the various pillars of the Health Services Executive in the planning and delivery of services for people with Diabetes will maximise efficiency, equity and accountability for quality standards and optimal outcomes in the service. One of the difficulties identified in developing services for people with Diabetes is the lack of comprehensive information regarding the identification of people with the condition, and the difficulty in documenting the processes and outcomes of care. This applies equally throughout the health services where the necessity for adequate information systems, which limits capacity for prioritisation, planning, evidence based decision making, efficient service delivery and audit and quality assurance mechanisms is recognised. It is essential that there is the ability to identify priorities in development of Diabetes services (as for all health care) and for demonstrating performance and value for money.

The development of health information is a key element. The implementation of the National Health Information Strategy, currently before the

government, will provide the strategic framework and the operational capability to develop the type of information required to inform policy and service delivery to Diabetes patients.

Strengthening Primary Care

People with Diabetes may receive care in primary, secondary or tertiary level care settings. The majority of care could be provided in a primary care setting with the appropriate structures and supports, including public health nurses, practice nurses, dieticians, chiroprodists, and specialist support.

The primary care strategy “Primary Care: A New Direction” intends to develop a model of care that will provide an appropriate structure to enable the shift in care from secondary specialist care to primary generalist care and deliver the full range of health, personal and social services appropriate to this setting.

The National Steering Committee of the Primary Care Strategy recently produced a framework for quality assurance in primary care. These guidelines have recommended that Diabetes be chosen as the specific initial focus for the development of quality indicators in primary care.

Reform of the Acute Hospital System

The reform of the acute hospital system is designed to improve access for public patients through increasing capacity and improving performance through evidence based funding methods, improved accountability and stronger incentives for efficiency.

It is essential that people with Diabetes are included in initiatives to enhance capacity and admission and discharge planning, and initiatives to improve organisation and management of specialist services for Diabetes, (including integration with primary care services, more efficient operation of outpatient departments and availability of diagnostic facilities to GPs).

Developing Human Resources

Again at national level, as part of integrated work force planning, the requirements

for staffing of Diabetes services should be aligned with the strategic planning of the services themselves in each area based on best evidence and needs of the population. This should include the promotion and development of interdisciplinary working between professions.

An example of such staff planning is seen with Clinical Nurse Specialists in Diabetes care. Currently, those in post are working in the hospital services. It is suggested that the development of these posts should entail integrated working across primary and secondary care providing a link between both services. They have an integral part to play in service delivery, chronic disease management (education, self management and prevention of complications) and health promotion (prevention and screening). Such an approach should also apply to other professions allied to medicine e.g. chiropodists, nutritionists who have a vital role to play in Diabetes services.

Chronic disease management protocols to promote integrated care planning and support self-management of chronic disease. This approach aims to support and facilitate patients with chronic illnesses such as Diabetes to participate in regular interactions with health care providers. This will assist them in becoming the ultimate managers of their own health.

I recognise that more work needs to be done on diabetes prevention and cure at both the national, and the international level. Here in Ireland, after detailed consideration of this issue, and having had a series of meetings with the Diabetes Federation of Ireland to consider their strategy document Diabetes Care: Securing the Future, I asked the Chief Medical Officer to chair a Working Group consisting of the Department, service providers and the Diabetes Federation of Ireland.

The Working Group will examine:

- The current and predicted epidemiology of Diabetes
- Health promotion and preventive initiatives including screening
- Current service provision including the need to achieve better integration of care using current resources and facilities and the expansion of shared care programmes

- Future needs in terms of service provision and staffing.
- The Group hopes to have its analysis and recommendations with me by the summer for consideration.

Conclusion

In paying tribute to leading campaigners in this field, I would like to pay particular tribute to Wim Wientjens, current President of the International Diabetes Federation of Europe, who has applied his leadership in raising awareness about Diabetes in Europe.

I would like to conclude by thanking the organizers, who with the valuable assistance of Aventis, have highlighted the potential for EU policies to promote Diabetes prevention and care, with the aim of making a positive contribution to the everyday lives of millions of Europeans.

I hope that there will be a lively discussion and debate during this workshop today, and I thank you for your initiative and contribution in this important area.

SESSION ONE - The potential for EU policies to promote diabetes prevention and care

This session examined the scope for EU health action and the need to address diabetes in EU public health policy. It looked at how diabetes is currently approached at European level and how EU policy can promote health priorities and plans. Dr Jim Kiely, chief medical officer at the Department of Health and Children, Ireland, chaired this session.

Senator Mary Henry, President of the Diabetes Federation of Ireland

The basic opportunities for people to exercise by walking have diminished significantly in recent years, Irish Senator, Dr Mary Henry, President of the Diabetes Federation of Ireland told the Workshop. To tackle obesity and the risk of diabetes, she called for town and city planners to allow more places for people to walk, cycle and generally exercise.

“Obesity in children is a major concern. The vast majority of children are now driven to school”, she said. Exercise was not just about getting children to go out and play games. There were other opportunities to encourage children and teenagers to exercise, for example by going out dancing, she said. Dr Henry said that we had Americanised ourselves a lot in our habits and she pointed to the results of a recent All-Ireland nutrition study which, worryingly, showed growing levels of obesity.

She called for proper screening programmes for diabetes which she described as inexpensive and simple. If a person in a family was found to have diabetes, the possibility of a genetic link could be examined and so other family members could benefit from this, she pointed out. Overall, diabetes needed to be viewed as a Europe-wide condition, she argued.

In Ireland, Dr Henry said there was a need for more endocrinologists and diabetic nurses as well as chiropodists and podiatrists. Interventions, often simple ones, were required to help people with diabetes, for example, those who had minor problems with their feet. If such measures were not taken, patients ended up with feet ulcers and required hospitalisation, at high cost to the health service and they suffered in their quality of life, she said.

Mr John Bowis, Member of the European Parliament (MEP)

Many famous people have lived with diabetes, Mr John Bowis, Member of the European Parliament, told the Workshop. He gave several examples: actor Mary Tyler-Moore, comedian Jack Benny, actor James Cagney, singer Johnny Cash, jazz-singer Ella Fitzgerald and broadcaster Larry King. He said that when researching the subject, he had come across two politicians who were known to have had diabetes, these were the former Soviet Union leader Nikita Khrushchev and Chilean military leader Augusto Pinochet... neither perhaps the role models one would choose!”

As a former Health Minister and an MEP, Mr Bowis he said he had a good understanding of the disease and the needs ahead. He also explained that he had diabetes: “I live with diabetes. I say to people that it is somewhere between my head and my feet. But I am lucky. I simply require three tablets a day and specially made shoes”.

Mr Bowis explained how his diabetes had been found by chance, after he had developed cellulites. One day, a friend, who was a second-hand car dealer, pointed out that perhaps his blood-sugar level was off and suggested that he get screened. It was only then that he was diagnosed with diabetes.

He told the Workshop of the need for more health education, for both the public and politicians, on the size of the problem. “We require more specialists and more research too”.

Mr Bowis said that today more children were developing both types of diabetes. The cost to the British health service was over 577 million euro a year. These facts made “patients gasp and must encourage politicians to act”, he added.

He said that the positive aspects of the situation were that Type 2 diabetes could be delayed or prevented in many cases; more people were being helped to cope with the condition; there were better medicines and care and “there has been an empowerment of people to manage their own condition better”. He said that the political route was the “road of enlightenment” showing politicians “the best way to act and most importantly, the cost of not acting”.

He pointed out that the European Parliament had an enhanced health action programme and there was an open door to examining ways to progress health issues. While the budget was small, the budget for research was substantial. He agreed that diabetes should be a named disease in the health plan.

Mr Bowis told how recently at the Parliament free screening for diabetes was offered to MEPs, through blood and eye tests. In all, 200 MEPs came forward for eye tests and 700 had blood tests. The scheme was led by European Commission President, Romano Prodi and the EU Commissioner for Health and Consumer Protection, David Byrne.

The result was that around 8.5% showed abnormal levels and needed more advice: “Given that statistic, who says politicians are not representative of the public”, Mr Bowis said humorously. The MEP programme had also prompted others to come forward for testing, which was very encouraging, he said.

However, Mr Bowis accepted that there was much work still to be done to tackle the growing problem of diabetes. “We have a long road to go. There have been a number of weaknesses in our collective resolve to react fast”, he added.

Dr Isuf Kalo, Regional Advisor, Quality of Health Systems, WHO Regional Office for Europe

The World Health Organisation Europe vision is “thinking big in diabetes”, said Dr Isuf Kalo, Regional Advisor, Quality of Health Systems, WHO Regional Office for Europe. It had been suggested that WHO Europe had lost interest in diabetes care, but this would be a wrong perception, he insisted.

In his address to the Workshop he said that the WHO was still very much interested in diabetes - but in a different way and with a new holistic vision, complementary to the work of others in this area. This new vision included reshaping and reorienting health systems to address challenges; reforming health care provision; health financing and coverage; establishing and monitoring standards of appropriate care; improving cost-effectiveness; putting patients in the centre better enabling and empowering people with diabetes and other chronic diseases; and developing accountability to the patients and public.

“We are thinking big in diabetes in a complementary way to your work. The WHO vision comes from the experience of the past decade and from requests and views from countries affected”, he explained.

There were lessons learned from the St Vincent Declaration of 1989 (SVD), Dr Kalo added. These were that partnership is achievable and crucial. “The problems can not be solved only by people in white coats. It is a problem for us all - nurses, doctors, families and industry. Partnership is possible and indeed it is crucial”, he said.

Dr Kalo pointed to the strength of the IDF in terms of diabetes education and creating a common basis for data. It had improved some outcomes and had created task forces in a number of countries. The work since the SVD had helped create general awareness, clinical guidelines, motivation and enthusiasm, a common language, and national and local programmes.

However, there were limitations and failures too. Few or just partial targets had been achieved; there were isolated or small successes; a lack of standards and models for audit and the system was operating top-down rather than bottom-up.

The challenge ahead was to tie in with and help change health systems to deal with diabetes better, Dr Kalo said. This meant reducing the overuse and misuse of certain services or interventions, “doing less things but better”, referred to the evidence-based medicine and health technology assessment and by developing patient safety and patient complaints systems.

“This new vision is a more holistic one”, Dr Kalo said pointing to the fact that prevention of Type 2 diabetes was also linked to tackling smoking, alcohol misuse, unhealthy diet and lack of exercise. This meant developing common programmes with other disease or conditions on the same risk factors as those for diabetes.

He noted that most countries did not have patient’s rights legislation despite the fact that healthcare providers had to be accountable to the public and to patients.

Dr Kalo also argued that one of the biggest health institutions was the home. It provided thousands of interventions each day for people with diabetes and other conditions, at no cost. “We need to support this if we want better diabetes care. Diabetes care cannot fly alone as a bird. It needs to keep harmony with the health system folk”.

Question and answers

During a short question and answer period, following Session One, John Bowis, MEP told the Workshop that Treaty changes were needed to give the EU greater competency over public health issues. He hoped that the earlier comment made by Irish Health Minister Micheal Martin that the EU be given a broader mandate on public health issues was not just a personal view but that this was Mr Martin’s view as Health Minister too.

Mr Bowis emphasised that Treaty changes only occurred if Member Governments agreed to them - it was not the role of the European Parliament to secure such changes, although it could influence matters.

“The technique is to find ways of expanding the health competency of the EU, without offending Member States’ running of their health services”, he said. “They are terrified of open-ended cheques and the cost of expanding services”.

Professor Joseph Azzopardi, Ministry of Health, the Elderly and Community Care, Malta, said that changes took months and indeed years. A problem was making politicians interested in long-term issues and long term planning, the results of which would usually not be seen until after one or two legislative assemblies.

Anne-Marie-Felton, Chairman, Federation of European Nurses in Diabetes (FEND), said that there were common generic issues for all diseases and so it would be helpful to link diabetes to other conditions and diseases.

The Chairman of the Diabetes Federation of Ireland, Dr Tony O’ Sullivan, President-elect of the International Diabetes Federation (Europe Region) said that any time one thought about changes in the health care system, tensions would arise. There were always potential tensions between competing conditions.

“There is a lot to be gained by highlighting the similarities and links, for example the diabetes link to cardiovascular disease”, he pointed out. “We need to work together and co-operate on short and long term plans”.

Dr Isuf Kato, Regional Advisor, Quality of Health Systems, WHO Regional Office for Europe, agreed and said that people needed to be more aware of diabetes in terms of policy approaches and that it was not correct to try and take away from other illnesses. “You build policy on evidence and need, that is the lesson”, he said.

SESSION TWO - European challenges and Member State perspectives

This session examined the burden of disease and disease management options. How do Member States address diabetes through national health programmes? What common prevention strategies can minimise the burden of disease and reduce Government healthcare costs. It was chaired by Dr Tony O’ Sullivan, President-elect IDF Europe.

Dr Michel Varroud-Vial, diabetologist and National Association for Coordination of Diabetes Care Networks (ANCRED), France, and Dr Cecile Anglade, Department of Chronic Diseases, Ministry of Health, France

More cases of diabetes will be seen with the ageing population, said Dr Michel Varroud-Vial, National Association for Coordination of Diabetes Care Networks (ANCRED) and Centre Hospitalier Sud-Francilien, France. The prevalence of Type 2 diabetes in France was 3% in 2000. The average cost of reimbursement per Type 2 diabetic patient in his country was 3,914 euro, he explained, and it increases with the presence of complications.

Ninety-five percent of French people with diabetes are under the care of General Practitioners, and 68 Care Networks are currently established in order to improve this management in primary care. A lot of progress had been made in the assessment and monitoring of people with the condition. France is the first country in Europe for the prescription of oral hypoglycaemic agents, but the last for insulin and diet, he said. "The most important complication is cardiovascular so it is important to work with the cardiac specialists", Dr Varroud-Vial added.

Dr Cecile Anglade, Department of Chronic Diseases, Ministry of Health, France told the Workshop that a National Plan for 2002-2005 to deal with diabetes was in place in her country. The priorities of the plan are:

- primary prevention of diabetes,
- opportunistic screening in selected populations and population screening in high-risk communities,
- improving the delivery and quality of healthcare (standardising the measurement of HbA1c; public health programme for home insulin treatment and monitoring of older people and development of health networks in primary care),
- development of patient therapeutic education,
- assessment of patients' health status and outcomes with the ENTRED study (2001-2004).

Now, in accordance with the bill of public health policy, the aims are to increase the rate of physicians' adherence to clinical practice guidelines and to decrease

complications due to diabetes, for example, by reducing lower-extremity amputations and improved detection of diabetic retinopathy. Two new experimental actions are about to be initiated to reduce lower-extremity amputations and to improve detection of diabetic retinopathy in France.

Professor Geremia B Bolli, Prof of Internal Medicine, University of Perugia, Italy

Excess glucose was “a poison” for the body and diabetes was a disease of the whole body, as it affected all organs, Professor Geremia B Bolli, Prof of Internal Medicine, University of Perugia, Italy told the Workshop.

But the good news was that with Type 1, keeping glyco-immunoglobulin levels below 7% could prevent the onset and progression - but this message still had to go out to all physicians and clinics, he said. Prof Bolli recommended that insulin injections should be “promoted and liberalised”. In the case of children, some paediatricians tried to limit the number of injections to spare pain, he said. “This is not the best way. An injection of insulin is an injection of health”.

In relation to Type 2 diabetes, Prof Bolli said that to decrease the cost of diabetes tomorrow, money had to be spent today. Greater awareness needed to be raised. He also advised that diabetologists be taught to be more aggressive in treatment.

Professor John Nolan, consultant endocrinologist, St James's Hospital, Ireland

Fifty countries endorsed the St Vincent Declaration, 1989 and the measures to reduce diabetes complications by one third but the report of the Irish St Vincent Group more than ten years later found no progress since the Declaration, said Professor John Nolan, consultant endocrinologist, St James's Hospital, Ireland. Surveys showed that many patients were still sub-optimally treated and were at risk of complications.

Prof Nolan emphasised the need for more screening given that many people were unaware they had diabetes, perhaps until they suffered a heart attack. In Ireland, there were around 300,000 people with diagnosed or

undiagnosed diabetes, he said. Potentially 10% of the whole EU population will develop diabetes and this would be a big problem for Governments unless it was tackled.

“The evidence is there. There can not be a better opportunity for preventive medicine”, he argued. In the case of Ireland, there were significant manpower deficits, in terms of diabetologists, diabetic nurse specialists, nutritionists, podiatrists and social workers-psychologists. Current manpower in all of these disciplines needs to treble at least, to meet international standards.

Prof Nolan gave a stark warning to the Workshop. He said that trials had shown that all people with diabetes should be offered or considered for tight glycaemic control; all hospital patients should have a near-normal glucose, and multiple risk factor intervention worked best. “This evidence legally binds us to act. We will be before the courts in the future if we do not act with such evidence”, he predicted.

Prof Nolan also said that drug treatment for diabetes was not expensive, especially when it was used wisely. Most of the costs of diabetes were related to hospitalisation.

The choices for Governments were “damage limitation” - just dealing with the complications of diabetes, or to be proactive and positive and control the problem through upfront investment, he said. This will call for a constructive political initiative, he added, beyond the term of a single administration.

Jorma Huttunen, CEO, Finnish Diabetes Association

The Workshop heard about the development of a 10-year prevention programme in Finland (DEHKO 2000-2010) where the Finnish Diabetes Association was an initiator, coordinator and actor. Jorma Huttunen, CEO, Finnish Diabetes Association said that while the plan was not officially Government policy, or approved by any official body, it did emerge from a valuable consensus meeting. He explained how it was developed in co-operation by diabetes experts, health care providers and people with diabetes.

Finland had a population of 5.2 million people. There were 160,000 people with Type 2 diabetes and 40,000 with Type 1. The FDA had a good position in society and had expertise in the delivery of care and education, he added.

Mr Huttunen said that a key issue was cooperation and in this regard a strategic partner in the Finnish programme was the Finnish Heart Association. The plan, he said, had a three pronged approach: population study (preventing obesity and promoting physical activity and good nutrition); high-risk strategy (monitoring at-risk sectors) and early diagnosis (intensive lifestyle management).

He explained how the programme was funded through quite a mix of sectors: the Finnish Diabetes Association, the Department of Health, the Finnish Slot Machine Association, the pharmaceutical industry, hospitals and districts, the food industry and the National Public Health Institute. "It was a response to the main health policy documents and programmes. The economic burden of Type 2 diabetes is now understood in Finland", he added.

Prof Doutora Manuela Carvalheiro, President of the Portuguese Diabetes Society

A lack of funding has been a problem in providing diabetes programmes, said Prof Doutora Manuela Carvalheiro, President of the Portuguese Diabetes Society. She outlined how in 1992, a programme for diabetes control in primary care was developed in Portugal. A National Health Programme for Diabetes Control (NHPDC) was put in place in 1995 and upgraded three years later. The programme was redefined last year and a Commission was set up to monitor progress and seek evidence of the benefits of interventions.

Among the innovations was the provision of a diabetic booklet to improve diabetic patient education and a special identification in the national health care card, Prof Carvalheiro said. Those documents also allowed the patient to obtain strips for self monitoring at a low price and the devices for insulin injection free of charge. However the main proposal of the booklet (to improve diabetic education) didn't get a satisfactory result.

Among the achievements to date had been: the engagement of health authorities in the problems of diabetes; the establishment of a national protocol; more health providers had become interested in diabetes and a network of outpatient clinic had been set up at primary care units.

Prof Carvalheiro told the Workshop that the tasks ahead included: diabetes

prevention programmes, epidemiology studies, having nutritionists/dieticians, psychologists and podiatrists in all out-patient clinics and developing self-management and systematic screening.

She added that in Portugal, pressure needed to be applied to ensure 100% reimbursement of the cost of self-test strips for several groups such as children, adolescents and pregnant women. Also, adequate reimbursement for pump infusers, insulin analogs and new oral medications was needed, she said.

Professor Krzysztof Strojek, MD, Polish Diabetes Association

The experience of Poland was very different to other countries which were in the EU, but probably similar to the accession States, Professor Krzysztof Strojek, MD, Polish Diabetes Association said. While there was no exact data on diabetes in Poland, the rate was believed to be around 4-6% of the population, with Type 2 diabetes the most common form.

One problem was that cardiology had not acknowledged the role of diabetes in the cardiology patient. This was compounded by the fact there was an insufficient number of cardiologists. However, now cardio-diabetology had developed as a sub-specialty, he said.

One of the problems for Poland was the low budget for health care. Prof Strojek said that with 60% of the existing budget going on the reimbursement of drugs, little was left for prevention. The cost of statins was not reimbursed which was a major problem, he added. While there was an increase in the efforts to reduce blood-glucose levels, more structures for lifestyle changes through diet and exercise were also needed.

“We do not have a budget for wide prevention programmes. However, we will do something to implement most known programmes and frameworks applied in other countries”, he said. The priorities were to educate doctors with guidelines, improve quality of life and prevent complications for patients with diabetes, he said.

Anne-Marie Felton, Chairman, Federation of European Nurses in Diabetes (FEND)

Ms Anne-Marie Felton outlined the aims and objectives of the Federation of

European Nurses in Diabetes (FEND), which was established in 1995 as a pan-European specialist nursing organisation in diabetes. FEND has recognised from the outset the pandemic of diabetes and its individual and societal costs, as well as the significant role that the profession of nursing, particularly specialist nurses, can contribute to diabetes care, education and research. In the very best sense FEND is highly political and seeks to collaborate and cooperate with relevant European health institutions and non-governmental organisations to more effectively manage and prevent diabetes. The pharmaceutical industry is equal partner in this important mission and is a member of the broader diabetes team and this needs to be acknowledged. Aventis is a significant sponsor of FEND.

She said that FEND had established a European training programme for nurses in diabetes in partnership with a number of European universities and accredited under the European Credit Transfer system. This programme has enabled nurses from diverse health care systems in Europe to undertake this unique academic pan-European programme which will further enable specialist nurses to contribute positively in the battle against diabetes.

“With all of us collaborating and living down professional jealousies, others will be served. We must avoid talking shops”, she told the Workshop. “If you look across the map of Europe with regard to the public response to the diabetes pandemic, we continue to fail”.

Mrs Felton said that everyone, potentially, could develop diabetes and that this should also persuade people to collaborate better in and between nations. “For all frameworks, it is critical that the influence and response of nurses be there”, she added. Training and competency was also crucial to all work with diabetics, she said.

SESSION THREE - Building towards a European Framework

Round Table Discussion, chaired by Mr John Bowis, Member of the European Parliament

Opening the general discussion, Mr John Bowis, MEP said that the aims contained in the Saint Vincent Declaration did not somehow end up being fully realised for the benefit of current and future people living with diabetes.

What needed to be decided were the components of a good future plan and how these were monitored and enforced.

Among the questions were, he said, how a European Declaration, White Paper or framework, could guide and support national plans? Who should be involved and who were the players in such projects? Apart from health and social services, there were other Departments to get on-side such as Finance, Education, Employment, Transport and bodies increasingly being set up at arms length from Governments such as food standards bodies, he added.

“How do we make sure we have adequate statistics as background to all this, because just looking through the papers presented today, you see that statistics vary quite considerably from country to country”, Mr Bowis noted. How information was best communicated to patients on diet, exercise, alcohol use and side effects was also important, as well as how research was best encouraged and which areas should be emphasised for this research, he said.

IDF European Region President-elect, Dr Tony O’ Sullivan said that a key issue was how to interact with the institutions of the European Union in order to persuade and encourage them to act and to take diabetes to the level of priority that the Irish Health Minister had spoken about earlier. Dr O’ Sullivan said that EU Directives did not always have the impact they were supposed to on the ground.

“Our chances of getting the European Parliament or institutions to come up with a Diabetes Directive are pretty slim. But the EU has a lot of power beyond simply producing just a law”, he insisted. He said that the EU could be very influential, by providing information to Governments that were seeking to improve their own position. The way ahead, he suggested, was for a group which was representative of the European diabetes family, to produce a document that outlined basic ideas and standards in care. “This document could then be used, I think, quite persuasively by the EU institutions”, he said.

In his contribution to the round table debate, Dr Richard Firth, consultant endocrinologist, Mater Hospital, Ireland said that one of the “brick walls” was getting Government to recognise the size of the diabetes problem, given that

doctors were targeting long-term complications. “But the future is here and we are now experiencing the major economic and health problem of this century, which is the cardiovascular complications of diabetes”, Dr Firth said.

He noted studies that showed that up to 60% of admissions to coronary care units had either diabetes or impaired glucose tolerance. Given that this was a very expensive disease, he called on Governments to act now before they had to react to a crisis later. He said that the European Community must drive the strategy centrally and that through screening, an impact could be seen even within 4-5 years.

Prof John Nolan, consultant endocrinologist, St James’s Hospital, Ireland said that the quality measurements for diabetes were known and did not need to be revisited. He pointed to the serious resource management issue and the need to integrate care for patients, for which he said there was currently no money provided.

Anne-Marie Felton, chairman of the Federation of European Nurses in Diabetes (FEND) agreed and said that reliable statistics were there and there was a need for a central push from the EU. She called for the establishment of a framework for the active implementation of diabetes care. She also pointed to the developments in EU patient mobility laws which could see patients travelling to other EU Member States to secure diabetes medication and care which they may not be entitled to in their own country.

Prof Doutora Manuela Carvalheiro, President, Portuguese Diabetes Society said that to get a clear picture, it was important to ensure that the 10 EU accession States provided figures on how they were dealing with diabetes.

Anna Clarke, Health Promotion Officer, Diabetes Federation of Ireland said that she supported the idea of putting a document together reflecting the position in Europe, then a move could be made to secure a Declaration to cover the targets set out.

Peggy Maguire, Director General of the European Institute of Women’s Health, Ireland said that declarations from meetings were good starting point. But she also argued for a push for a European Council recommendation on diabetes. “More also has to be done at a national level too”, she added.

Dr Isuf Kalo, Regional Advisor, Quality of Health Systems, WHO Regional Office for Europe said there was a significant gap in understanding between Health Ministers on the one hand, and the professionals on the other. Doctors believed that politicians did not understand the size of the diabetes problem, while the Health Ministers took the view that doctors were too narrow-minded and did not understand the other health priorities.

While both were right in their own way, he said that to achieve progress, doctors and other healthcare professionals had to be more professional and evidence-based in their approach. “It is quite important that what you are saying is true and can be sustained by the facts”, he said. “This includes stating clearly what has occurred since the St Vincent Declaration. Show where the deficiencies are and prove the benefits of intervention”.

Professor Joseph Azzopardi, Ministry of Health, the Elderly and Community Care, Malta, urged greater use of the media to make the public aware of the diabetes problem.

Pascal Onraed, Managing Director, European Region International Diabetes Federation European Region, drew attention to the way the Irish Presidency of the EU had “linked diabetes to cardiovascular health and complications which was an excellent first step”. This should be put at the top of the agenda of the next Dutch Presidency, he said. He also stressed the need to work together and that the EU should produce an EU Council Recommendation.

International Diabetes Federation (European Region) President Dr Wim Wientjens told the round table discussion that everyone at the meeting was emphasising how patients must be offered good glycaemic control because of the complications. However, he warned that various Governments were taking the approach that if patients failed to control their blood-glucose levels properly, after a period of say one year, they would no longer be reimbursed the cost of insulin treatment.

In Portugal with diabetic cards, he said that if these showed that a patient was not managing their condition properly, the number of test strips provided might be reduced. He warned that by stressing too much the need for patients to meet certain targets in relation to good glycaemic control, Governments

might use these targets to end or cut back on reimbursement or entitlements. "From the patient's view we must be very aware of this", he advised.

Dr Carol Brendel, Scientific Officer, European Research Area in Diabetes (EURADIA), European Association for the Study of Diabetes (EASD) said that national Governments should be asked to put more funds into research. "Charities must not be the only ones who fund research", she said.

She agreed that the European Commission could be very helpful. There was a need for Euro-wide epidemiological research as it was difficult to compare countries with each other. Keeping industry as a key partner in promoting clinical trials was also important, she said, adding that a register of trials would be helpful. This would mean an end to duplication of clinical trials, sharing information on trials so that if a trial failed, this information could be public quickly.

Dr Johan Wens, Research Officer, Primary Care Diabetes Europe, Brussels pointed out that local small research initiatives did well. However, it was difficult to secure funding for small projects. "A lot of money is possible for research but this money is for big projects. It is very difficult to finance small ones," he said. He also pointed out that it was difficult to get original local research published due to the low budgets. Dr Wens suggested that the EU help promote more small research projects, especially in relation to the health beliefs of diabetes patients.

Chris J Delicata, Vice-President of the Maltese Diabetes Association said that an action plan should be produced and sent to all local MEPs in each country to educate them politically. This point was taken up further by Anne-Marie Felton, chairman of the Federation of European Nurses in Diabetes, who reminded those present that the European Parliament elections were coming up in June.

Wrapping-up the round table discussion, John Bowis, MEP said that the European Parliament elections were an opportunity to encourage awareness. "If you get awareness, you will get support and if you get support then you will get action", he told the Workshop.

Mr Bowis also said that the European Commission would be holding a round table discussion on diabetes on November 12, 2004 and that the outcome of the Dublin Workshop should be fed into that meeting.

The round table discussion also heard that the Dutch Presidency intended to continue the kind of workshop meeting organised in Dublin.

Dr Tony O' Sullivan, IDF President-elect, said this was important, as was the need to plan ahead to influence the British Government so that diabetes was a priority condition, high on the agenda for the British EU Presidency during the second half of 2005.

Finally, Dr O' Sullivan thanked all those who participated in the workshop and the Aventis team for their major support for the meeting.

AGREED CONCLUSIONS OF THE WORKSHOP

The five agreed conclusions of the workshop, as outlined by Dr Tony O' Sullivan, President-Elect of the International Diabetes Federation (Europe Region) and Chairman of the Diabetes Federation of Ireland, were:

1. Collaboration and cooperation is valued. A coordinated approach from all of the different viewpoints in tackling diabetes in Europe is required. Any differences must be put aside in the interests of working in collaboration.
2. Influencing national Governments is important. Because there is a wide diversity throughout Europe in the standards applied regarding diabetes care and prevention, there is a need for a central drive that should come from the European Commission, the European Parliament and the Council of Ministers.
3. To achieve this influence, the publication of a widely-supported and broad framework document is needed. The document must be evidence-based, grounded on knowledge on what is happening in various countries and based on an acceptable standard of quality of life. Data collection is required to achieve this. The document will be an important influencing tool for raising diabetes as a major health priority for action in the EU.
4. The EU can support Member States by many other methods apart from the issuing of Directives, which at times can be difficult and challenging for Member States. These other supports would include:

- a) funding and directing research; setting research agendas; examining how research is funded and how such funding is accessed by smaller groups,
 - b) by supporting access and equity as an important underlying principle in diabetes prevention and care,
 - c) ensuring professional quality improvement and accountability,
 - d) standardising the methods of gathering data from EU Member States to ensure that data collection, research and epidemiology from different countries is comparable,
 - e) promoting prevention and screening, and population health by lifestyle change and in public health education. There is a need to empower people with diabetes and people generally to protect their health.
5. The efforts proposed at the Dublin Workshop should tie in with existing activities and other organisations in Europe. The International Diabetes Federation (Europe Region) is the lead organisation for this work. This is so, given the existence of International Diabetes Federation Task Groups already working with the EU, and on national diabetes plans, the close links that have been established with the European Parliament and the existence of the International Diabetes Federation body established to look at diabetes in the accession countries (DEPAC).

Next steps will include:

- Dissemination of the Dublin Workshop meeting report among participants and key decision-makers across Europe
- An early meeting with the EU Commission to establish the way forward
- Efforts to establish diabetes as a health priority during future presidencies
- The drafting of a framework document for the next meeting
- Meeting in the Hague, Netherlands, Oct/Nov 2004

This report of the Dublin Workshop proceedings was compiled by Irish medical journalist, Fergal Bowers of irishhealth.com and the MedMedia Group, Ireland.

Biographies of Speakers:

Professor Geremia B. Bolli

Prof. Geremia Bolli graduated from the Perugia University School of Medicine in 1972. After training in Cardiology and Internal Medicine at the Pisa and Perugia University Schools of Medicine, respectively, Prof. Bolli trained in Endocrinology at Mayo Clinic between 1982-83 under the guidance of Dr. John E. Gerich. After he went back to University of Perugia where he currently is Professor of Medicine.

Prof. Bolli has served in scientific societies (Honorary Secretary and Vice-President of the European Society for Clinical Investigation, Associate and Deputy-in-Chief Editor for Diabetologia), he is currently member of several societies, including the European Association for the Study of Diabetes and American Diabetes Association. Prof. Bolli has been awarded with the Morgagni Prize, University of Padova, 1985; the BCL Award, British Association of Clinical Biochemists, Glasgow, 1986; Camillo Golgi Prize, European Association for the Study of Diabetes, Lisbon, 1989; Mary Jane Kugel Award, Juvenile Diabetes Foundation International, New York, 1999; Novartis Award in Diabetes for Long-standing Achievement, Philadelphia, 2001; and the Paulescu Prize, International Diabetes Federation, Paris, 2003.

Prof. Bolli's interest in research has initially been methodology and clinical significance of measurement of glycosylated haemoglobin, and later physiology of glucose counterregulation to hypoglycaemia and pathophysiology of hypoglycaemia in Type 1 and Type 2 diabetes mellitus. At the same time, he has studied pharmacokinetics and pharmacodynamics of insulin preparations, including rapid- and long-acting insulin analogues, and set up models of intensive insulin therapy for treatment of Type 1 and Type 2 diabetes mellitus. The present interest of Prof. Bolli is long-term optimization of glycaemic control in Type 1 and Type 2 diabetes mellitus. In Type 1, Prof. Bolli is currently developing strategies to near-normalize blood glucose along with identification, treatment and prevention of hypoglycaemia and hypoglycaemia unawareness. In Type 2 diabetes, Prof. Bolli is engaged with use of insulin in an early phase of disease.

John Bowis, Member of the European Parliament

JOHN BOWIS MEP represents London in the European Parliament, where he is his party's Spokesman on Health, Environment and Consumer Protection policies. He also serves on the Development Committee, where he is the EPP/ED Group's Spokesman on Human Rights. He is also a member of the Joint Parliamentary Assembly of the EU and countries of Africa, Caribbean and Pacific (ACP) and Vice President of the Parliament's Delegation for Central Asia and Mongolia. He has been Rapporteur for the Parliament on Food Safety, Professional Qualifications, Health & Poverty in Development Policy and, most recently, on the new European Centre for Disease Prevention and Control.

He was for ten years a Member of the British Parliament, where he served from 1993-96 as health Minister and then 1996-97 as Transport Minister. He worked from 1997-9 with the WHO on global campaigns for Mental health and for Epilepsy, and continues his interest in these and all health issues in the European Parliament. He lives with Type 2 Diabetes.

Manuela Carvalheiro, M.D., PhD

Manuela Carvalheiro is currently Director of the Department of Endocrinology Diabetes and Metabolism of the Hospitais da Universidade de Coimbra; and Professor, of Endocrinology, Metabolism and Nutrition, Coimbra Medical School, University of Coimbra;

Current positions: President of the Portuguese Diabetes Society and member of the Board of the Portuguese Medical Association (Middle Region); Member of the Board of the Mediterranean Group for the study of diabetes (MGSD), Member of Diabetes Pregnancy Study Group of the EASD (DPSG).

Former Positions: Vice-President of the Portuguese Diabetes Society, General Secretary of the Portuguese Society of Endocrinology, member of the board of the Portuguese Society of Diabetes, Vice-President of the Portuguese Society for the Study of Obesity and Collegium of Endocrinology of the National Medical Association, representative member of the Central Committee of the International Society of Endocrinology, and of the European Federation of Endocrinology.

Fields of interest: Diabetes and pregnancy; Human B-cells secretion, Insulin resistance and insulin deficient states; Obesity; Pituitary Tumors; Neuroendocrinology.

Anne-Marie Felton, Federation of European Nurses in Diabetes

Anne-Marie Felton has been a diabetes specialist nurse for over 20 years.

- *Co-founder and Chair of FEND (Federation of European Nurses in Diabetes).*
- *In 1999 appointed Vice President Diabetes UK and is a member of the Diabetes UK Advisory Council since 2002.*
- *Currently works within the voluntary sector pro bono and serves as a Trustee of the Novo Nordisk Foundation UK, Beta Cell Trust and the Diabetes Foundation.*
- *Honorary consultant at Queen Mary's hospital Roehampton.*
- *Member of the Editorial Board of Practical Diabetes International and the Review Board of the International Diabetes Monitor.*
- *Invited presenter at a number international conferences and has a particular interest in Therapeutic Patient Education and is co-author of the WHO TPE report.*
- *Member of the DESG working group Basic Curriculum for Health Professionals on Diabetes Therapeutic Education.*
- *Member of the University of Surrey Roehampton / Chelsea Westminster Hospital teaching faculty for the MSc in diabetes programme.*
- *Board Member of IDF Diabetes Education Consultative Section (IDF DECS).*

Senator Mary E. Henry, MD, D.Sc. (hc)U.U.

Elected to Seanad Eireann in 1993 and re-elected in 1997 and 2002, as an independent to represent Dublin University. Senator Henry is married to John McEntagart and has three children.

She graduated from Trinity College with a B.A. in English and a M.B. in medicine proceeding to take her M.D. in 1968. She is deeply committed to improving health care, especially for women, and to encouraging women doctors to continue their professional careers.

She was conferred with an Honorary Doctorate of Science by the University of Ulster in 1999 for her work in encouraging women to become involved in public and political life. She feels that civic society in Northern Ireland has, to a great extent, been held together by the women.

Senator Henry is involved in overseas development and represented the Irish Government at the launch of the Malaria Consortium in the House of Lords in February 2004. She is a member of the Parliamentarians Network of the World Bank and actively involved in their work on HIV/AIDS and reproductive health.

Current positions include:

Member of Seanad Eireann (Dublin University Panel). Chair of Trinity Association and Trust. Member of the Trinity Foundation. Member of the Board of Peamount Hospital. Member of the Board of the Rotunda Hospital. Member of the Irish Affairs Committee of the Medical Defence Union. Trustee, Trinity College Dublin Association and Trust. Member, Royal Irish Academy of Medicine. Member, European Parliamentary Network on HIV/AIDS. Governor, Adelaide Hospital Society, Dublin. Patron, Irish Raynaud's and Scleroderma Society. President, Cherish. Patron, Irish Penal Reform Trust. Member, European Committee of the International medical Parliamentarians. Organisation. Patron, Dalkey School Project for Multi-denominational Education. Chair, All Party Ad hoc Committee of the Oireachtas on UNFPA.

Professor Isuf Kalo, Regional Advisor, Quality of Health Systems, WHO Regional Office for Europe

After receiving his medical degree from the University of Tirana, Albania, Professor Isuf Kalo specialized and obtained his professorship in endocrinology, studying in China, France and Switzerland.

Originally a consultant to WHO on diabetes care and an active partner in the WHO multi-centric study on diabetes treatment as well as the St Vincent Declaration Action Programme for diabetes, he has been with WHO for 11 years and is currently Regional Adviser of the Quality of Health Systems Programme at the WHO Regional Office for Europe.

Under his guidance, the WHO approach to quality has developed as a holistic concept embracing aspects and perspectives such as accreditation, licensing, standardization, patient empowerment, health technology assessment etc., and WHO Member States are encouraged to enhance the focus and priority given to quality issues at both clinical and health system level.

Professor John Nolan

John Nolan is Associate Professor, joint appointment at the Departments of Biochemistry and Clinical Medicine at Trinity College, Dublin and Consultant Endocrinologist at St James's Hospital Dublin.

He is a clinical investigator in the field of diabetes and insulin resistance. He founded and runs the Metabolic Research Unit at St James's Hospital (Trinity College, Dublin). His research is focused on the pathogenesis of insulin resistance, obesity and type 2 diabetes. He is a member of the American Diabetes Association, the European Association for the Study of Diabetes, European Foundation for the Study of Diabetes and the Endocrine Society, and is a steering member of the European Group for the study of Insulin Resistance as well as past-President of the EU Chapter of the American College of Nutrition.

Professor Krzysztof Strojek

Professor Krzysztof Strojek graduated from Medical University of Silesia in Zabrze in 1983. Specialist of Internal Medicine and Diabetology. Ph.D. since 1991, Professor since 2002. All his professional life was connected with Zabrze.

Head of Diabetological Unit in Department of Internal Diseases, Diabetology and Nephrology in Zabrze. He is also the Head of Regional Out-Patient Clinic for Diabetics.

Scientific interests are connected with diabetology. He is mainly interested in pathogenesis and genetics of the late complications and optimal therapy in diabetes.

Author of over than 70 scientific publications and above hundred of abstracts presented during scientific meetings.

Member of Board in Polish Diabetological Association. Member of Council in European Association for the Study of Diabetes in 2000-2003 and Vice President of Hypertension in Diabetes EASD Study Group in 1999-2002.

Dr. Michael Varroud-Vial

Dr. Michael Varroud-Vial, Hospital of Sud-Francilien - Diabetes Service, is a Private Diabetologist and hospital doctor. He is also the President of the National Association for Coordination of Diabetes Care Networks (ANCRED), France and the Coordinator of the REVEDIAB, a network for the diabetes care of two French departments in Ile-de-France.

His areas of interest include:

- Care of patients with type 2 diabetes in primary care by generalists*
- Improving the care of diabetic foot and decreasing the number of amputation*
- Developing the education of diabetic patients in outpatient care*

ABOUT THE PARTNERS

International Diabetes Federation European Region



The International Diabetes Federation (IDF) is the only global advocate for people with diabetes and their healthcare providers. IDF is a non-governmental organization in official relations with the World Health Organization and the Pan American Health Organization. Its mission is to work with its member associations to enhance the lives of people with diabetes. The development of the seven Regions of the IDF (Africa, Eastern Mediterranean and Middle East, Europe, North America, South and Central America, South East Asia and Western Pacific) has always been seen as vital to the dynamic growth of the Federation. Each region comprises an executive board made up of a President who chairs the board, a President Elect and eight other members.

The current board of IDF European Region comprises health professionals, persons with diabetes and parents of children with diabetes. The European Region has 53 member associations from countries around Europe. The IDF Europe Head Office is based in Brussels and plays a very active role as it is perfectly aware that Europe is not immune to the diabetes epidemic and is facing a dramatic increase of the disease. More than 60 million adults live with diabetes in the enlarged European Union.

Diabetes Federation of Ireland



Since 1967 the Diabetes Federation of Ireland (DFI) has been dedicated to helping people with diabetes. Through its network of support branches throughout the country, people who have an interest in diabetes are dedicated to sourcing and sharing information on diabetes and related matters. The aims of the Federation are:

- To represent people with diabetes
- To help and provide information for people with diabetes, their families and the community
- To create awareness and to foster programmes for the early detection and prevention of diabetes
- To support and encourage advances in diabetes care and research
- To raise funds which will make the achievement of these aims possible.

The activities of the Federation include dissemination of non-judgmental advice and information through meetings, a quarterly magazine and by request. The organisation provides support through telephone communications and meetings. It raises awareness of diabetes by running campaigns and actively lobbies on behalf of persons with diabetes in areas where they are being discriminated against. All the above activities are possible only through the close collaboration of all people concerned with diabetes, whether their interest is tied to their work or living with the condition.

Aventis



Aventis is one of the world's leading pharmaceutical companies. Aventis is dedicated to treating and preventing disease by discovering and developing innovative prescription drugs and human vaccines. In 2002, Aventis generated sales of €17.6 billion, invested €3.1 billion in research and development and employed approximately 71,000 people in its core business. Aventis corporate headquarters are in Strasbourg, France. For more information, please visit: www.aventis.com.

EU WORKSHOP PROGRAMME

Thursday, 8 April

8:30 – 9:30 Welcome Coffee

9:30 – 9:45 Keynote opening address by Mr. Micheál Martin T.D.,
Minister for Health and Children, Ireland

9:45 – 10:30 **Session 1. Potential for EU Policies to Promote
Diabetes Prevention and Care**

The scope for EU health action and the need to address diabetes in EU public health policy. How is diabetes currently approached at European level and how EU policy can promote health priorities and plans.

Chair: Jim Kiely, Chief Medical Officer, Department of Health and Children, Ireland

Speakers:

- John Bowis, Member of the European Parliament
- Dr Isuf Kalo, Regional Advisor, Quality of Health Systems, WHO Regional Office for Europe
- Senator Mary Henry, President of Diabetes Federation of Ireland

10:30 – 11:45 **Session 2. European Challenges and Member
State Perspectives**

Burden of disease and disease management options. How do member states address diabetes through national health programmes? What common prevention strategies can minimize the burden of disease and reduce government healthcare costs?

Chair : Tony O'Sullivan, Chairman of Diabetes Federation of Ireland and President-Elect, IDF Europe

Speakers:

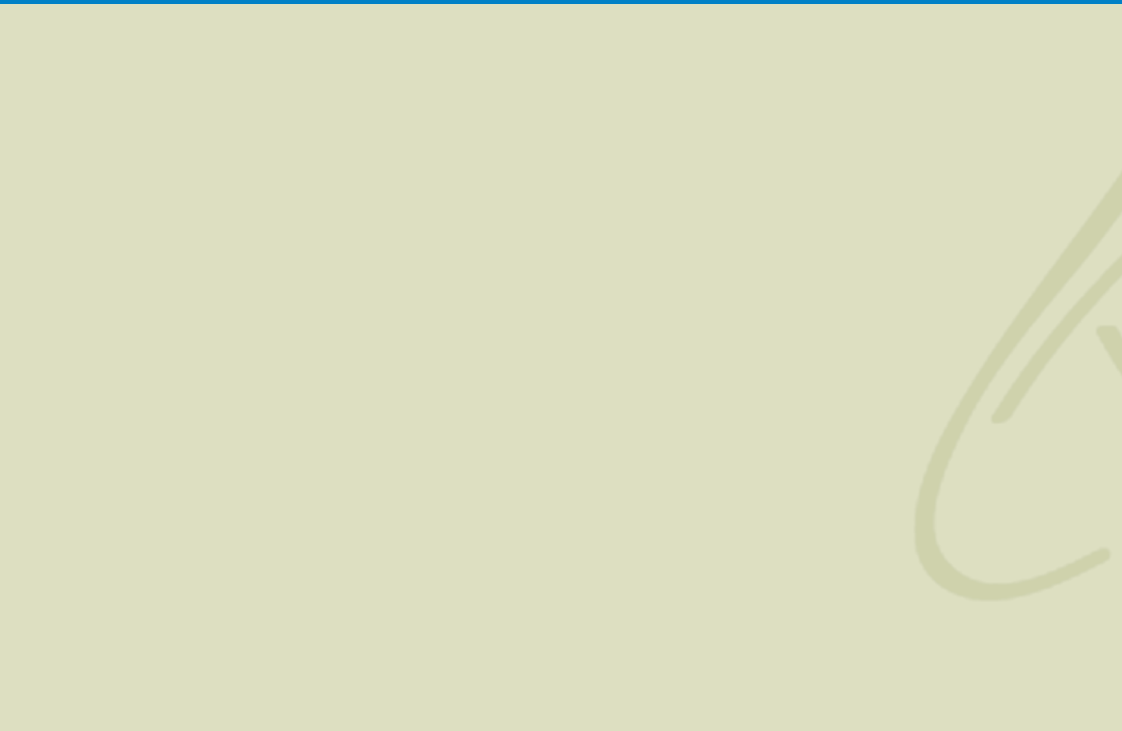
- Professor Geremia B Bolli, M.D.
- Professor John Nolan, Consultant Endocrinologist, St. James's Hospital, Ireland
- Jorma Huttunen, CEO, Finnish Diabetes Association
- Dr. Cécile Anglade, Department of Chronic Diseases, Ministry of Health, France
- Dr. Michel Varroud-Vial, National Association for Coordination of Diabetes Care Networks (ANCREDE), France
- Prof.a Doutora Manuela Carvalheiro, President of the Portuguese Diabetes Society
- Professor Krzysztof Strojek, M.D., Polish Diabetes Association
- Anne-Marie Felton, Chairman, Federation of European Nurses in Diabetes (FEND)

11:45 – 12:00 Coffee break

12:00 – 13:00 **Session 3. Round Table discussion chaired by John Bowis, Member of the European Parliament – Building Towards a European Framework**

13:00 – 13:10 **Conclusions by Tony O'Sullivan, Chairman of Diabetes Federation Ireland and President-Elect, IDF Europe**

This workshop has been made possible
with the support of Aventis



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