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(Information)

COUNCIL

Council conclusions on promotion of healthy lifestyles and prevention of Type 2 diabetes

(2006/C 147/01)

THE COUNCIL OF THE EUROPEAN UNION

1. NOTES that the citizens of the European Union attach great importance to the highest possible levels of human health and consider it to be an essential prerequisite to a high quality of life;
2. NOTES further that EU action needs to address major causes of death and premature death and major causes of reduced quality of life for the citizens of the European Union.
3. RECALLS THAT:
- Article 152 of the EC Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. Community action in the field of public health shall respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
 - On 29 June 2000, the Council adopted a Resolution on action on health determinants ⁽¹⁾;
 - On 14 December 2000, the Council adopted a Resolution on Health and Nutrition ⁽²⁾;
 - On 2 December 2002, the Council adopted Conclusions on Obesity ⁽³⁾;
4. RECALLS ALSO THAT:
- On 2 December 2003, the Council adopted Conclusions on Healthy Lifestyles ⁽⁴⁾.
 - On 2 June 2004, the Council took note of information from the Irish Presidency on the potential for a European strategy for diabetes ⁽⁵⁾;
 - On 15 March 2005, the European Commission launched the EU Platform on Diet, Physical Activity and Health;
 - On 8 December 2005, the European Commission adopted a Green Paper on Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases, which addresses the determinants underlying the onset of Type 2 diabetes;
 - On 3 April 2006, the European Parliament adopted a Written Declaration on diabetes ⁽⁶⁾.
5. NOTES the conclusions of the Austrian Presidency Conference 'Prevention of Type 2 Diabetes' held on 15-16 February 2006 in Vienna, Austria, with the participation of experts from Member States, acceding States and candidate countries, including health professionals and representatives of diabetes associations and patient groups, that are reflected in the Annex.
6. EMPHASISES that diabetes is one of the major causes of death and premature death as well as of reduced quality of life for the citizens of the European Union.

⁽¹⁾ OJ C 218 of 31.7.2000, p 8.⁽²⁾ OJ C 20 of 23.1.2001, p. 1.⁽³⁾ OJ C 11 of 17.1.2003, p. 3.⁽⁴⁾ OJ C 22 of 27.1.2004, p. 1.⁽⁵⁾ Doc. 9808/04740153⁽⁶⁾ Written declaration 1/2006

7. STATES that health determinants have an impact on diabetes and that, apart from family history and increasing age, the main risk factors of Type 2 diabetes are excess body weight, a sedentary lifestyle, tobacco use and/or high blood pressure, which can be influenced by taking action in respect of the underlying factors. Other contributory factors include gestational diabetes (diabetes during pregnancy), impaired glucose tolerance or impaired fasting glycaemia.
8. RECOGNISES that Type 2 diabetes and its complications (cardiovascular, renal, ocular and foot-related) are frequently diagnosed too late and the complications are frequently detected only at the time of diagnosis.
9. STATES that preventive measures, early detection and diagnosis and effective management of the disease can result in reduced mortality from diabetes and increasing life expectancy and quality of life of European populations.
10. IS CONCERNED by the negative consequences for health, and the incidence of diabetes in particular, of the increase in overweight and obesity among the population of all ages in the European Union, especially among children and young people. The impact of Type 2 diabetes on women in their early reproductive years is of particular concern.
11. STATES that urgent targeted action on diabetes and the underlying health determinants is needed to address the growing incidence and prevalence of disease as well as the rise in the direct and indirect costs thereof.
12. RECOGNISES that it is possible to prevent or delay the onset of Type 2 diabetes and to reduce associated complications by addressing the underlying health determinants, particularly poor diet and physical inactivity, even in early childhood.
13. RECOGNISES that preventing diabetes has a direct positive benefit on other non-communicable diseases, e.g. cardiovascular diseases, which are also major health risks for the citizens of the European Union, and on burdens for health systems and economies.
14. ACKNOWLEDGES the need for diabetes monitoring and surveillance, including the exchange of information on diabetes mortality, morbidity and risk factor data, and for a greater understanding of lifestyles, knowledge, attitudes and behaviours in populations across the EU.
15. ACKNOWLEDGES that further research in Europe on the health determinants for combating the risk factors for diabetes could make a positive contribution to addressing the disease in the future.
16. RECOGNISES that, in order to address and reduce suffering from diabetes, a long-term approach incorporating actions aimed at the healthy population as well as at individuals at high risk or living with diabetes is necessary.
17. ACKNOWLEDGES that health promotion requires an integrated approach and needs to be comprehensive, transparent, multi-sectoral, multidisciplinary, participatory and based on the best available research and evidence. In particular, disease prevention needs to target people throughout the life cycle, especially those who are most at risk of diabetes, taking account of social, cultural, gender-related and age differences. Efforts should be made to address appropriate evaluation, including monitoring and surveillance of actions and programmes.
18. WELCOMES that the Commission has set up the Platform for Action on Diet, Physical Activity and Health.
19. ACKNOWLEDGES the important role that civil society can play in preventing diabetes and its consequences.
20. INVITES the Member States to consider, within the context of the adoption or review of national public health strategies and their efforts to focus on health determinants and promotion of healthy lifestyles, and with regard to available resources:
 - Collection, registration, monitoring and reporting at national level of comprehensive diabetes epidemiological and economic data as well as data on the underlying factors;
 - Development and implementation of framework plans, as appropriate, addressing diabetes and/or its determinants, of evidence-based disease prevention, screening and management founded on best practices and comprising an evaluation system with measurable targets to track health outcomes and cost-effectiveness, taking into account Member States' organisation and delivery of their respective health services, ethical, legal, cultural and other relevant issues and available resources;
 - Development of evidence-based, sustainable and cost-effective public awareness and primary prevention measures that are accessible and affordable to meet the needs of those most at risk of developing diabetes as well as the population as a whole;
 - Development of affordable and accessible secondary prevention measures based on national evidence-based guidelines and aimed at detecting and preventing the development of diabetes complications;

- Adoption of a holistic, multi-sectoral, multidisciplinary management approach to people with diabetes including an emphasis on prevention, involving primary, secondary and community care, social services and education services;
 - Further development of comprehensive diabetes training for healthcare professionals.
21. INVITES the European Commission to support, as appropriate, Member States in their efforts to prevent diabetes, and to promote a healthy lifestyle by:
- Identifying diabetes as a public health challenge in Europe and encouraging networking and the exchange of information between Member States with a view to promoting best practices, to enhancing the co-ordination of health promotion and prevention policies and programmes for the whole population and high-risk groups and to reducing inequalities and optimising healthcare resources;
 - Facilitating and supporting European diabetes research in basic and clinical science and ensuring the wide dissemination of the results of this research across Europe;
 - Examining and strengthening the comparability of diabetes epidemiological evidence by considering the establishment of standardised outputs for monitoring, surveillance and reporting of diabetes mortality, morbidity and risk factor data across Member States;
- Reporting on Member States' actions in order to emphasise health determinants, promote healthy lifestyles, national diabetes plans and prevention measures, on the basis of information provided by Member States, assessing the extent to which the proposed measures are working effectively, and considering the need for further action;
 - Continuing the work on the development of a comprehensive approach to health determinants at European level, including a coherent and comprehensive nutrition and physical activity policy, and addressing the impact on public health of the promotion, marketing and presentation, in particular to children, of energy dense foods and sugar-sweetened drinks;
 - Building on the work of the EU Platform for Action on Diet, Physical Activity and Health and encouraging the development and implementation of national diabetes prevention programmes and measures;
 - Taking the health determinants and risk factors of diabetes into account across EU policies.
22. INVITES the Commission to continue to cooperate with the relevant international and inter-governmental organisations, in particular the World Health Organisation and the OECD, to ensure effective coordination of activities.
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ANNEX

Summary of the conclusions of the Austrian Presidency conference 'Prevention of Type 2 diabetes' held on 15-16 February 2006 in Vienna, Austria

Each of the working groups agreed on a set of recommendations described in this chapter. There are various overlaps between the results of the groups which have not been removed as they underline the importance of specific recommendations. In our concluding remarks we would like to highlight some aspects again as they do not only refer to a specific topic, but have a wider scope:

1. It is important to differentiate between different types of prevention of diabetes and its complications according to the target groups and the objectives of the intervention:
 - Prevention of Type 2 diabetes at general population level, focusing on the promotion of healthy lifestyles and on the creation of environments that make healthy choices easy and socially preferred;
 - Identification of individuals at high risk of developing Type 2 diabetes and implementation of evidence-based measures in order to prevent or delay the onset of diabetes;
 - Early detection of as yet undiagnosed Type 2 diabetes in order to ensure timely, professional care and self-care to control and to reduce/prevent complications;
 - Provision of comprehensive, high quality, multidisciplinary, multifactorial and multisectoral diabetes care programmes in order to reduce/prevent complications in persons with diagnosed Type 2 diabetes and ensure good quality of life, equal opportunities and access to care for people with diabetes. With regard to reducing diabetes morbidity and mortality these aspects are equally important and need to be addressed simultaneously and systematically.
 2. Socio-economically disadvantaged groups, persons with lower education and minority groups, including women in their reproductive years, need particular attention, acknowledging the fact that they are more often affected by Type 2 diabetes and with regard to bridging inequalities in health.
 3. The combined impact of diabetes and its complications on the individual patient, health services and the economy needs to be recognised and addressed. The EU and the member states need to raise public and professional awareness of the negative effects of Type 2 diabetes. Targeted and systematic awareness programmes need to be developed.
 4. There is a need for an EU strategy including an EU Council Recommendation on diabetes prevention, early detection and management and a permanent EU forum for the exchange and dissemination of best practice by networking.
 5. In order to have a sound basis for policy planning and evaluation, the occurrence of Type 2 diabetes and its risk factors as well as the immediate and long term outcomes of improved programmes of care need to be systematically monitored and reported both in the member states and at EU level using a valid methodology and comparative data.
 6. Standards of prevention and care need to be developed at EU level to be reflected by national guidelines. Patient care needs to be monitored according to these guidelines.
 7. The timely implementation of the national diabetes plans should be a priority. These plans should include prevention and early detection programmes. Special focus should be given to lifestyle interventions since they have shown to be effective and, if broadly implemented, can have a health impact on future generations.
 8. There is a need to develop new techniques for client centred education and empowerment as well as for appropriate training of health care professionals. The effectiveness of educational programmes should be subjected to research.
 9. Effective diabetes prevention requires multidisciplinary cooperation. The collaboration between general practitioners, diabetologists, diabetes specialist nurses, nutrition experts, exercise experts and other health care providers needs to be improved.
 10. There is also a need for multisectoral cooperation as the creation of healthy environments requires action in different policy fields. Both at national and at EU level, relevant policies outside the health sector should be systematically assessed for their health consequences, with a particular view to their consequences for preventive efforts.
 11. Additional research on diabetes is required both in the member states and at EU level. The EU and the member states should facilitate and support research in basic, clinical and social sciences and humanities on all aspects of prevention of diabetes and its complications with increased funding. The results of EU funded research should be made easily accessible to the public, relevant health professionals and the national authorities of the member states.
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