Letter

From the Chair

Dear Members and Allies,

There is now a United Nations resolution for diabetes, the result of an extraordinary campaign by the International Diabetes Federation, giving diabetes the same global attention as infectious epidemics. Congratulations are fully deserved for the success of the campaign, which was led by a EURADIA member and supported by all other members of the Alliance.

Increasing the resources available for diabetes research in Europe, and their allocation, remains the priority for EURADIA. With FP7 underway we can estimate that €42.5 million is planned for diabetes and obesity in the first two calls. Our aim is to continue to focus attention on the diabetes epidemic in Europe and the need for research resources to reflect the seriousness of this disease - and the impact it will have on future generations if it is not addressed now.

Consistently low priority for diabetes research has many negative consequences, one of which is the delay in new treatments being made available to citizens of Europe. This results in researchers – and industry – seeking a better environment for funding and innovation outside Europe. This is at a time when we in Europe need their expertise and contribution the most. One way this ‘brain drain’ is being addressed is through the strategic research agenda of the Innovative Medicines Initiative (IMI), which states that “diabetes and its complications cause not only human suffering, but is also a major economic burden for society. There is a huge unmet medical need for pharmaceutical therapies for the prevention, treatment and cure of diabetes”. EURADIA remains committed to working with the IMI and is following its progress through the European institutions; we will keep you updated on its progress during 2007 along with other developments in European diabetes research funding.

Philippe Halban
Chair EURADIA
Increasing resources for diabetes research in Europe

The urgent need for European diabetes research was highlighted in 2006

The Austrian Presidency of the EU highlighted type 2 diabetes as one of its health priorities, with an EU Conference on Prevention of Type 2 Diabetes, February 2006.
http://www.evotion.at/diabetes/

A Written Declaration of the European Parliament on Diabetes, adopted April 2006 by absolute majority.


EURADIA and its Partners aim to build upon these milestones during 2007

EURADIA key messages – January 2007

Commitment to basic and clinical research must be integral to development of EU diabetes policy. Currently around 30 million people suffer from diabetes in the EU– expected to rise to around 50 million by 2025.

All stakeholders in the diabetes research community should have a voice in European policy development - funding for research should be in proportion to measurable affects of the disease. Diabetes is ranked among the leading causes of blindness, renal failure, lower limb amputation, and cardiovascular disease (70-80% of people with diabetes die from cardiovascular disease).

Changing demographics of Europe are central to allocation of resources for diabetes research: diabetes has a direct effect on the European economy. Estimates of annual direct cost of diabetes care in Europe are currently €50 billion (2006). Our estimate of the annual budget for diabetes research in the EU is currently around €100 million (for 30 million people with diabetes) - and in the US around $1 billion (for 16 million people with diabetes).

Diabetes research must embrace the diversity of people with diabetes and stakeholders must challenge assumptions based upon gender, race, ethnicity or age.
European Union Seventh Framework Programme

Approval process for the Seventh Framework Programme (FP7)

The process of approval of the programme and budget took almost a year after MEP Jerzy Buzek presented the draft report on FP7 to the European Parliament’s Industry, Research and Energy (ITRE) committee. The Scientific Council of the ERC then met to set out funding strategy and operating arrangements. What followed was almost a year of discussion and agreement on the specific programmes (cooperation, ideas, people and capacities) and on the budget. Finally in December 2006 there was a call for proposals from organisations and individuals to establish database of FP7 experts. On 18 December the Council finally adopted FP7 and the first FP7 calls for proposals were published on 22 December.

EURADIA participation in the FP7 process

EURADIA has been focussing on FP7 since March 2005 when suggestions for themes for the first calls were invited from EURADIA Partner organisations. Some of the suggestions inspired the Health Advisory Board and the Health Programme Committee set up by the European Commission and were passed to the Major Diseases Unit of Directorate General for Research. Hence, of the nine topics published on 22 December 2006 four are the result of the efforts of EURADIA.

EURADIA intends to continue to be proactive in the collection of suggestions for future calls in diabetes research, as well as providing feedback to the commission on FP7 development in general.

Budget for diabetes and obesity (calls 1 and 2)

The total budget for the section specific to diabetes and obesity is planned to be €42.5 million for calls 1 and 2; however, there are other sections in the document Cooperation - Health 2007 that are of a more generic nature, but may be of interest to researchers in the field of diabetes:

- Biotechnology, generic tools and technologies for human health
- Translating research for human health
- Optimising the delivery of health care to European citizens
- Other actions across the health theme “Coordination and support actions across the theme” and “Responding to EU policy needs”

Details about calls specific to diabetes and obesity can be found on page 6, relevant documents can be found on: http://cordis.europa.eu/fp7/home_en.html
EURADIA: following the process of FP7 to final adoption

During the approval process of FP7 EURADIA has followed the process of approval and amendments up to the final adoption on 18 December. EURADIA kept up constant pressure ‘with recommendations for identification of diabetes as a unique disease’, by sending an ‘Official Statement’ to several political stakeholders and civil servants: health-related attachés and counsellors from the 25 Permanent Representations to the European Union; the cabinets of Commissioners Potocnik and Kyprianou; the Directors-General, the Directors, the Heads of Unit and a number of relevant experts such as policy and project officers within DG-RTD, DG-SANCO and DG-JRC; Members of the European Parliament Environment, Public Health and Food Safety Parliamentary Committee (ENVI) and the President and Vice-Presidents of the Health and Consumer Intergroup. More than 250 key opinion leaders received an email with our position paper. The statement is also available on the EURADIA website (www.euradia.org).

The Alliance voiced its concern that increasingly nutrition and obesity were mentioned in common programmes with diabetes, thereby diluting the budget truly dedicated to diabetes, and claimed that support for type 1 diabetes research suffered in particular when diabetes and obesity were pooled together since the causes and development of type 1 diabetes were different from type 2 diabetes.

Progress of the Innovative Medicines Initiative

The innovative Medicines Initiative (IMI) is a Joint Technology Initiative (JTI), which arose from work of the European Technology Platforms that provide a framework, led by industry, to define research, and development action plans on strategically important issues for Europe’s future competitiveness. They provide a focus for research funding in areas of industrial relevance, by mobilising public authorities at national and regional levels. In fostering effective public-private partnerships, technology platforms have the potential to contribute significantly to the Lisbon strategy and to the development of a European Research Area of knowledge for growth.

The IMI is a pan-European public and private collaboration between patient organisations, universities, hospitals, regulatory bodies and biopharmaceutical and healthcare companies. The object is to support faster discovery and development of better medicines in Europe. Funding for the academic research will come from the FP7 ‘Health’, budget.

In September 2006 the IMI Strategic Research Agenda (SRA) was published, and diabetes is one of the five disease areas. EURADIA was heavily involved in drawing up the document. The SRA focuses on: predicting safety, predicting efficacy, bridging gaps in knowledge management, and bridging gaps in education and training.

IMI is considered to be one of the more mature JTIs and is in the late preparation phase for presentation to Council and Parliament in Spring 2007. There may be a decision during the German Presidency, or later in 2007. EURADIA remains very keen to make use of its unique position in diabetes research for the IMI.

Websites with information on IMI:
http://www.IMI-europe.org
http://www.efpia.org/
News from the EU: health as a priority in FP7

On 18 December 2006, the Council adopted decisions establishing the Seventh Framework Programme of the European Community (EC) for research and technological development for the period 2007 to 2013, and the FP7 for nuclear research activities (Euratom) for 2007 to 2011.

FP7 is made up of four main blocks of activities forming four specific programmes plus a fifth on nuclear research. The specific programme on ‘Cooperation’ supports all types of research activities carried out by different research bodies in trans-national cooperation and aims to gain or consolidate leadership in key scientific and technology areas.

Health is a major theme of the Cooperation programme, with a total budget of € 6 billion over the duration of FP7.

The objective of health research under FP7 is to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, while addressing global health issues such as anti-microbial resistance, HIV/AIDS, malaria, tuberculosis and emerging pandemics.

In terms of the approach, emphasis is placed on:

• Translational research (translation of basic discoveries into clinical applications);
• Development and validation of new therapies;
• Communication of research results;
• Development of methods of health promotion and disease prevention, diagnostic tools and technologies, as well as sustainable and efficient health-care systems (child health and the health of the ageing population).

Activities ⇔ 3 Pillars

• Biotechnology, generic tools and technologies for human health;
• Translating research for human health;
• Optimising the delivery of health care to European citizens.

Funding Schemes

• Small or medium scale focused research projects (max EU contribution €3 million);
• Large-scale integrating project (min EU contribution €6 million; max. EU contribution: €12 million);
• Small or medium scale focused research project (max. EU contribution: €3 million, unless specified in work programme);
• Projects targeted at SME’s and International Cooperation (max contribution €3 million);
• Coordination (or networking) actions: at least 3 independent Member state/Associated state legal entities;
• Support actions: at least 1 legal entity;
• ERA NET plus (for Cancer topic).

The funding thresholds will be applied as eligibility criteria and the proposals, which do not respect these limits, will be considered ineligible.
News from the EU: FP7 topics in diabetes and obesity

For Diabetes, the focus will be on aetiologies of the different types of diabetes, and their related prevention and treatment. For Obesity, the focus will be on multidisciplinary approaches including genetics, life style and epidemiology. For both, special attention will be given to juvenile diseases and factors operating in childhood.

Topics for first call- Deadline 19 April 2007
- Early processes in the pathogenesis of type 1 diabetes and strategies for early prevention
- Combined forms of diabetes in children

Funding scheme: Collaborative Projects (Small or medium-scale focused research with maximum EC contribution of €6,000,000 / project)
- Insulin resistance as a key factor in the development of diabetes and metabolic syndrome
- Pathophysiological mechanisms related to excess fat

Funding scheme: Collaborative Projects (Small or medium-scale focused research)
- A road-map for diabetes research

Topics for Second Call- Deadline 18 September 2007
- Nutritional signals and the development of new diabetes/obesity therapeutic agents
- Markers and treatment for diabetic neuropathy complications
- Gene and phenotypical differentiation of type 2 subjects and monogenic subjects
- Use of beta cell imaging in diabetes mellitus

Funding scheme: Collaborative Projects (Small or medium-scale focused research with maximum EC contribution of €6,000,000 / project)

Contact: Nathalie Vercruysse, Medical and Public Health Research
Tel. 32-2-296-6561 - nathalie.vercruysse@ec.europa.eu

Note: Small or medium scale focused research project (max. EU contribution: €3 million, unless specified in work programme).

It is essential to go to the original call text for information about funding for individual projects. http://cordis.europa.eu/fp7/dc/index.cfm?fuseaction=UserSite.FP7CallsPage

Pharmaceutical forum: patient information

After the Health Council in November, the European Commission presented a progress report of the Pharmaceutical Forum to the Competitiveness Council on 4 December. Participants included EU health ministers, MEPs, as well as representatives of the pharmaceutical industry and professional health organisations. Three key issues were dealt with: information for patients, assessment of the effectiveness of medicines and the price/refunding of products. However, only the working group on information to patients has set out a specific plan for 2007. The group hopes to develop an information model on diabetes at EU level by using the public health portal. It will complete its definition of the principles of quality information and will develop tools to improve general access to information. The working group on effectiveness will reflect on models to improve methodology and data on effectiveness of medicines at EU level. The working group on prices and reimbursement will study the possibility of creating a control mechanism for national pharmaceutical budgets (a ‘tool box,’ to include different methodologies and mechanisms reflecting ‘best practices’ within the EU). The next forum is to be held in Brussels on 26 June 2007.
Diabetes funding news

Juvenile Diabetes Research Foundation (JDRF)

JDRF is the leading funder of research into type 1 diabetes worldwide. In Europe 25% of funding for type 1 diabetes research is from the JDRF. For more information about JDRF’s research emphasis areas, grant mechanisms, and to access current requests for applications (applications online) go to the JDRF website (Information for Scientists): http://www.jdrf.org/

EuroBioFund

To maximise available resources and mobilise new potential sources of funding, new strategies are needed and so the European Science Foundation has set up EuroBioFund, with support from the European Commission. Information about this research fund, which is a new way of fostering joint research initiatives through networking and brokerage, can be found on the website of the European Science Foundation. http://www.esf.org/

Further sources of funding for diabetes research can be found on the EURADIA website http://www.euradia.org/

About EURADIA

As a unique alliance of NGOs and pharmaceutical companies, EURADIA’s mission is to improve the lives of people affected by diabetes both now and in the future, through advocacy of diabetes research in Europe at the highest political and societal levels of influence, and by shaping the allocation of resources for diabetes research in Europe through increased awareness.

To date, EURADIA is proud to feature the following non-profit organisations and leading pharmaceutical companies among its members:
EURADIA partner profiles

Primary Care Diabetes Europe: www.pcdeurope.org

PCD Europe started as the St Vincent Declaration (SVD) Primary Care Diabetes Group in 1995 (in 2001 becoming PCD Europe). Membership of PCDE is open to primary care physicians and diabetes nurses. It supports the interests of professionals working in primary diabetes care through a range of effective initiatives. PCD Europe aims to improve the quality of care for people with diabetes within the primary health care setting. PCD Europe adheres to the SVD, its overall aims and 5-year targets. PCD Europe pursues evidence based practice management by the primary health care team. Continuous assessment of the quality of care should be stimulated and incorporated in daily practice, based on intermediate as well as endpoint outcome targets, in relation to the structure and process of care. The SVD goals and 5-year targets have been translated into a Policy Plan. This plan aims to achieve a good quality of care delivery locally for people with diabetes in a stepwise manner using tools developed internationally.

The first issue of Primary Care Diabetes (editor Guy Rutten, publisher Elsevier), the official journal of PCD-Europe, will be published in March 2007. The journal will feature news, opinion and research findings.

Eugene Hughes (Chairman of PCD Europe) presents a preview of Primary Care Diabetes to Ele Ferrannini (President of EASD)

Diabetes diary 2007

17 April 2007: EURADIA Lunch Workshop in the European Parliament (by invitation): Diabetes research in women: Identifying gaps and exploring innovative solutions. Hosted by John Bowis, MEP. Workshop will address gaps in diabetes research in women – continuing the theme initiated during the Austrian Presidency conference ‘Prevention of Type 2 diabetes’.

14-15 September 2007: The Diabetes Image: - Personal - Professional - Political – Societal. 12th Annual Conference of the Federation of European Nurses in Diabetes, Amsterdam, The Netherlands

16-17 September 2007: Type 2 diabetes in evidence based shared care. 9th International Conference of Primary Care Diabetes Europe. Amsterdam, The Netherlands

17-21 September 2007: 43rd Annual Meeting of the European Association for the Study of Diabetes, Amsterdam, The Netherlands

3-6 October 2007: 10th European Health Forum Gastein. Bad Gastein, Austria

November 2007: Annual Meeting of Members of the EURADIA Board, Brussels (Date to be decided)