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Letter

From the Chair



Dear EURADIA Partners and Allies,

Funding of research is fundamental to any long-term strategy for health and there is no exception for diabetes. For this reason we maintain our support for the Innovative Medicines Initiative (IMI), as part of the FP7 programme, following our involvement in drawing up the metabolism track of the *Strategic Research Agenda* (focused on diabetes because of the impact of this disease). We agree with the European Council that swift agreement should be reached on this important issue and call for diabetes to be among the first tracks to be considered for funding. EURADIA has prepared a Position Paper targeting members of the European Parliament, and inviting their support for rapid approval and implementation of the IMI.

EURADIA has joined forces with three members, FEND, IDF-Europe, and PCDE, in organising two diabetes sessions at the 2007 European Health Forum in Bad Gastein. It is quite unusual for this Forum to include sessions with a specific disease focus in its main programme and I believe this reflects the great strength of the "diabetes family" when it speaks with a common voice. In keeping with our mission, EURADIA took responsibility for a session on research in diabetes. I very much hope that as many representatives from our membership as possible will attend the Forum and thereby ensure that diabetes is as prominent as it should be at all levels of participation in this major European health event.

EURADIA will, as usual, have a stand at the EASD Annual Meeting in Amsterdam and we look forward to your visit!



Philippe Halban
Chair EURADIA

Portuguese Presidency

Report from Health Strategies in Europe, Lisbon, 12-13 July 2007

An examination of the framework for health strategy development in Europe was the theme the open the round table. Participants then divided to address how to "coordinate disease specific strategies within an overarching strategic framework. How to address disease specific strategies, gender issues and other socio-economic determinants in the framework to improve equity and reduce health inequalities".

The **diabetes workshop** consisted of presentations on The Diabetes Epidemic and the EU Policy Context; Type 2 diabetes prevention strategies; Reorganizing health care for improved diabetes management; Educating people with diabetes and the role of the multidisciplinary team, followed by discussion.

Feedback from Diabetes Working Group

The workshop on Diabetes Mellitus aimed to contribute to the development of an overarching strategic framework for health gains in Europe in general and the EU in particular. Building on EU policy statements and recommendations on Diabetes adopted over the last 2 years and identifying ways to secure implementation. Programmes for national control (disease management), population-based registries and screening, in order to foster disease (including Diabetes) control and help reduce inequalities in health are likely to be included. A strategic framework will help identify best practice and ensure solidarity among Member States (MS) and international organisations.

EU Strategy for Diabetes and Chronic Disease

While there have been a number of key EU (and now global) policy developments, which send a strong political statement on the willingness to act, these commitments must now be translated into tangible EU policy action. While respecting competence of MS in service delivery, the EU has a significant role to play in taking action on Diabetes and other chronic diseases.

An EU strategy on Diabetes and other chronic diseases would where necessary drive change and create a framework for exchange and cooperation between MS. Make different policy sectors e.g. health, research, food, transport more coherent and create a platform to involve stakeholders, including patient and civil society organisations. Each chronic disease requires specific focus within the framework although an overarching framework has value. EU Council

Recommendations are one way for the EU to contribute to health gains, this has been a message from diabetes NGOs and by MEPs. Improving the lives of citizens and patients is the main objective of the EU health Strategy and should be central. A patient-centred approach is essential for improving the lives of people living with Diabetes.

Several recommendations proposed by this working group could be implemented immediately in MS. Local demonstration sites, using existing models and tools could provide evidence that better prevention and management of conditions such as Diabetes can be achieved. Involvement of NGOs in developing health strategies should be increased and improved to ensure that EU citizens understand and support the strategy.

Summary of the aims of an EU strategy:

- Highlight gaps in health status, healthcare delivery and performance. Create networks to share experience and best practice. Aid development and implementation of national diabetes plans, disease prevention, screening and control, as well as providing necessary resources.
- Collect, register, monitor, manage and share data on Diabetes and other chronic diseases, through databases or registries, which should be accessible to the EU population.
- Improve transparency and clarity of food labeling for products in the EU.
- Support development and implementation of awareness and primary prevention and screening programmes at population level and for high-risk groups. Support development and implementation of programmes for secondary complications.
- Stimulate health service research, a holistic approach is required for empowerment through therapeutic patient education. Provide comprehensive and accredited training of healthcare professionals.

Follow up contact and further information:

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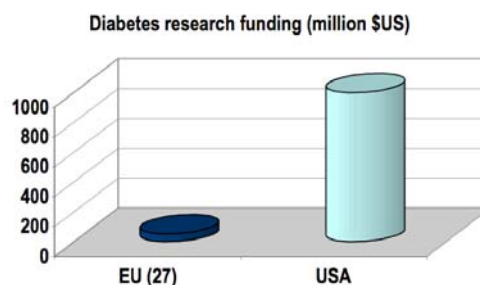
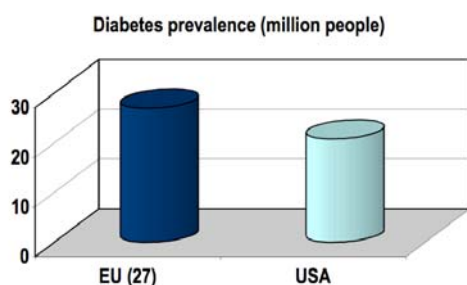
Text is edited version of the original report from the Steering Committee (José-Manuel Boavida, Michael Hall, Eberhard Standl, Robert J.Heine, Jean-Philippe Assal, Anne Felton, Rafael Bengoa, Louise Fox, Peter Key).

Diabetes research fact sheet: update July 2007

Diabetes is a major epidemic. 27 million Europeans (EU 27) have the disease - a figure expected to double by 2025. Up to half of these people are not even aware of their condition. It is estimated that the indirect costs (costs of lost production) may be as much as five times those of the **direct costs, which already represent more than 7% of total health expenditures**. Diabetes is highly ranked among the leading single causes of death, but it should be kept in mind that the actual number of deaths for which diabetes was a contributing factor (including cardiovascular disease) is several times larger.

Diabetes research in Europe is under-funded compared to the USA. Support for diabetes research from the European Commission significantly increased during the 6th Framework Programme (FP6), but still represents only 3.9% of the National Institutes of Health (NIH) diabetes research spending over the same period.

	EU (27)	USA	World
Prevalence	27 million <i>(2003 - IDF Diabetes Atlas)</i>	20,8 million 6,2 million undiagnosed <i>(2005 - NIDDK)</i>	194 million <i>(2003 - IDF Diabetes Atlas)</i>
Mortality	>92000 ^{1,3} 5 th leading cause - female 10 th leading cause - male <i>(2001 - Eurostat)</i>	>72815 ² 6 th leading cause <i>(2004 - CDC)</i>	2,9 million ³ 5 th leading cause <i>(2000 - Diabetes Care)</i>
Direct costs	€50 billion ³ <i>(2005 - IDF/FEND)</i>	\$92 billion ³ <i>(2002 - NIDDK)</i>	
Research funding	€39 million ⁴ (EC) <i>(2006 - EC)</i>	\$1 billion ² (NIH) <i>(2006 - NIH)</i>	



Diabetes prevalence compared with research funding in the European Union (27) and the USA

⁽¹⁾ EU 25 (except Cyprus) between 1999 and 2001 (most recent figures), ⁽²⁾ Preliminary data for 2004, ⁽³⁾ Values per year, ⁽⁴⁾ Average per year - €197 million invested in diabetes (and obesity) research programmes between 2002 and 2006 (FP6)

CDC: Centers for Disease Control, EC: European Commission, FEND: Federation of European Nurses in Diabetes, IDF: International Diabetes Federation, NIDDK: National Institute of Diabetes and Digestive and Kidney Diseases, NIH: National Institutes of Health

Sources:

- <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimdeaths04/preliminarydeaths04.htm>
- The Burden of Mortality Attributable to Diabetes. Realistic estimates for the year 2000. *Diabetes Care* 28:2130-2135, 2005
- http://ec.europa.eu/comm/health/ph_information/dissemiation/diseases/diabetes_en.htm; <http://www.eatlas.idf.org/>
- <http://diabetes.niddk.nih.gov/dm/pubs/statistics/index.htm#14>; <http://www.nih.gov/news/fundingresearchareas.htm>
- http://www.fend.org/news_assets/DiabetesReport.pdf; http://www.fend.org/news_assets/diabetes_eu_policypaper.pdf
- <http://cordis.europa.eu/lifescihealth/major/cardio.htm>

Diabetes Research and Innovative Medicines Initiative

EURADIA strongly supports the European Council view that swift agreement should be reached on the IMI (1). EURADIA has been supporting this **opportunity for diabetes research** since participating in drawing up the metabolic pathway of the IMI *Strategic Research Agenda* (2).

The focus of IMI is on understanding disease mechanisms and disease markers to provide opportunities to create new and better treatment for diabetes and its devastating consequences. EURADIA has been proactive and vocal in campaigning for increased research funding in this area and better coordination of such research for some time (3).

The IMI *Strategic Research Agenda* states: "diabetes is associated with a number of other metabolic abnormalities, such as obesity, dyslipidaemia and metabolic syndrome. In addition the prevalence of diabetes is expanding in an exponential manner from the current 150 million to approximately 250 million in the next 15 years. This disease and its complications cause not only human suffering, but it 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." (2).

Research funding and coordination should be proportional to measurable effects of the disease. IMI is an essential part of the funding and coordination process in Europe. EURADIA is ideally placed to play a role in the IMI metabolic disease track due to its specialised but broad partnership.

Chairman of EURADIA Prof Halban comments in an article published in *Diabetologia* "if we want our strident alarm calls to be seen as constructive criticism rather than complaints, we must be alert to new opportunities and support them if appropriate." (4)

The budget for the metabolic disease (diabetes) track is 37.7 million euro annually, around the same magnitude of funding as for diabetes research in FP6. The funding for IMI will be shared between the Commission and the pharmaceutical industry (that will

match Commission funds by providing resources such as laboratory facilities, materials, staff).

The *Strategic Research Agenda* clearly states the five major research priorities in diabetes:

- Develop more predictable *in vitro*, *in vivo* and *in silico* pre clinical models for diabetes and its complications
- Identify and validate novel targets in diabetes by discovery research in the pathophysiology of the disease and its complications
- Identify and validate biomarkers for beta-cell function and loss, for treating both insulin resistance and diabetic complications
- Characterise subpopulations and patient groups using genomics and biomarkers for focused therapeutic and preventive studies
- Develop quality-of-life and patient-reported outcome metrics to measure the impact of novel treatments on daily activities, and the overall benefits of novel therapy

EURADIA and its Partners cover the spectra of diabetes research from academic researchers, health professionals and clinicians who translate the result of research to the patients, the pharmaceutical industry, and importantly the patients with diabetes themselves. This broad but inclusive partnership means that diabetes has a 'ready to go' set up at European level to assist with the implementation of the IMI.

EURADIA will continue to closely follow and take part in the ongoing discussion on the IMI and will assist in its implementation.

References

1. European Council urges forward movement on JTIs, EIT and Galileo (2007-06-25) <http://cordis.europa.eu/era/news.htm>
2. <http://www.imi-europe.org>
3. Halban PA et al Diabetes research investment in the European Union. (2006) *Nature Medicine* 12:70-72
4. Halban PA (2007) The innovative medicines initiative (IMI): a shot in the arm for European diabetes research? *Diabetologia* 50:1791-1794

EURADIA Partner Profiles

International Diabetes Federation-Europe (IDF-E): www.idf.org

International Diabetes Federation-Europe (IDF-E) shares with EURADIA common goals and missions: to improve the life of people living with diabetes; to increase awareness of diabetes at all levels; to prevent diabetes and its complications. IDF-E is focussed mainly on care and the representation of interests both from the *individual* perspectives of self-care and networking *external* perspective addressing partners in the Diabetes field.



IDF-E is one of seven regional branches representation for geographic (not Diabetes organisations (July 2007) with both professional and lay affiliations and 15 Europe-based industries as corporate partners. Sub-regions (Nordic, Central-Europe and Eastern Europe) define and respect regional as well as overall interests. The board comprises nine people living with diabetes and medical/scientific members, and has a regional office in Brussels. A General Assembly (Together We Are Stronger) is the annual highlight event. IDF-E is mainly concerned with:

of IDF-global with responsibility and political) Europe, an alliance of 64 national

- EU Affairs (e.g. since 2004 a European Parliament Diabetes Working Group together with MEPs interested in diabetes) dealing with diabetes-related issues and similar activities with other international bodies such as the Inter-Parliamentary Assembly, the European Commission, the Council of Europe. Interest is focussed on EC funded projects, EU Public Health Action Programme (2007-2013), EU Platform on Diet, Physical Activity and Health, European Medicines Evaluation Agency (EMA) and others.
- Advocacy on social and discrimination issues effecting people living with diabetes
- Improvement of structure and performance of newly associated member organisations.
- Cooperation with other diabetes organisations: e.g. EASD, FEND, EMA, Hypertension Stakeholder Group.

Achievements of IDF-E have been the St. Vincent Declaration (1989), the Otocec Declaration (2003), the European Parliament Declaration (2006), "The Policy Puzzle: Towards Benchmarking in EU 25" (2006), events (with IDF-global) for World Diabetes Day each 14 November. IDF-E publishes an electronic Newsletter (3-6 times/year).

Merck Sharp & Dohme

Merck & Co., Inc, known in many countries as Merck Sharp & Dohme (MSD), is a global, research-driven pharmaceutical company dedicated to putting patients first. MSD's ongoing goal is to develop best-in-class, targeted and differentiated diabetes and related co-morbidities products that are valued highly by patients, payers and physicians alike. The company devotes extensive efforts to increase access to medicines through far-reaching programs that not only donate Merck medicines but help deliver them to the people who need them.

Over the years, MSD has partnered with a number of organisations to support initiatives and programmes considered pertinent to developing research and understanding within the diabetes field, including EURADIA, the European Foundation for the Study of Diabetes and the International Diabetes Federation.

Insights into the fundamental disease mechanisms of diabetes continue to evolve and MSD researchers have applied the latest understanding of the disease pathophysiology to develop a new class of oral medications (DPP-4 inhibitors) that enhance the body's own ability to lower glycaemia when it is elevated. It is the first new class of oral diabetic medications introduced since 1999.

EU News

In spring of 2006 it was agreed that the EU Presidency work programmes should run for 18-months. The first of these is the 'troika' of Germany, Portugal and Slovenia.

The 18-month research strategy. The three Presidencies attach great importance to research activities, which are a key element to ensure EU competitiveness. Priority will therefore be given to ensure a timely start and the successful implementation of the 7th Framework Programme for Research and Technological Development as well as the launch of the activities of the European Research Council.

The Presidencies will pay due attention to work linked directly or indirectly to the FP, such as analysis of the results achieved by the implementation of FP6, analysis of the progress of FP7 with regard to its first year of implementation and preparatory work on the midterm review of the work of the European Research Council. Programmes to be undertaken by some Member States with Community support under Article 169 of the Treaty as well as envisaged Commission proposals for Joint Technology Initiatives will be examined. Particular focus will be given to promoting innovative environmental, pharmaceutical, bio- and nano- and medical technologies as an important stimulus for innovation and employment.

The 18-month health strategy. A range of Community activities are aimed at improving the level of health for all EU citizens. Prevention, promotion, innovation and access to healthcare are key to the strategy. At the same time the new European Health Strategy is being developed by the European Commission, intended to be adopted in 2007. Information about the Health Strategy can be found: http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm.

Also addressed will be issues such as mental health, alcohol, injury prevention, healthcare associated infections, and healthy diets and physical activity, in particular for children and adolescents. Planning for pandemic disease and HIV/AIDS remain high on the agenda. Concerning access to healthcare, inequalities affecting migrants and gender inequalities will be addressed.

4 April 2007: Launch of Green Paper European Research Area: New Perspectives. The ERA concept includes internal market for research, effective coordination, an initiative implemented and funded at European level. The ERA must ensure adequate flow

of researchers, accessible world-class infrastructures, excellent institutions, knowledge sharing also with the public, good coordination of research programmes, opening ERA to the world. Commissioner Potocnik says he wants "simply to create the right environment for the ERA to flourish."

The Green Paper "outlines what is needed to introduce a 'fifth freedom' within the EU - that of the 'movement of knowledge'" to complement the four freedoms enshrined in the Treaty. **A public consultation on the ERA is open until 31 August 2007, EURADIA encourages its members to submit contributions:** http://ec.europa.eu/research/era/index_en.html

1 July 2007: Portuguese Presidency: Science and Technology in Europe. Major debate on science and technology policy in Europe is being encouraged with a series of events for which stakeholder involvement is critical.

The Lisbon Strategy is being given new impetus by the Presidency that 'defined collective targets in science and technology', but the main responsibility for implementation rests at national level. The European political process should 'stimulate and widen the social base of support in each Member State'.

Portuguese Presidency Priorities

- Increase investment in research and development. More human resources in science and technology.

- A renewed political agenda (below)

- **European Policy on Publishing and Scientific & Technical Information:** Based on work by the Commission *Scientific information in the digital era: access, dissemination and preservation*, the Presidency will encourage a debate with stakeholders on a European policy for publishing and scientific and technical information such as digital scientific libraries.

- **A European endeavour on Nanosciences and Nanotechnologies:** This area will be highlighted while the Commission is preparing its mid-term report on European strategy for Nanoscience and Nanotechnology.

- **Reform and modernisation of Universities**

- **A new impetus to basic research, in the frontier of knowledge**

Information: http://www.eu2007.pt/UE/vEN/Politic/Competitividade/ciencia_tecnologia.htm

DG Research has restructured its outlets – it now offers a new magazine, called "research*eu". A hard copy subscription can be ordered online: <https://webgate.ec.europa.eu/publications/surveys/DG/RTD/>

rtd-adr_de.html?qd_115=DE

and the latest version downloaded from:
http://ec.europa.eu/research/research-eu/index_en.html

Framework 7: A new FP7 service for coordination of research activities. The objective is to 'help structure the European Research Area'. Reducing fragmentation of the ERA that results from coexisting national and regional public research programmes by favouring joint calls and programmes. Information: <http://cordis.europa.eu/fp7/coordination/>

11 July 2007: European Parliament ITRE Committee calls for renaming of EIT. The European Parliament's Industry, Research and Energy Committee (ITRE) has stated that the proposed European Institute of Technology (EIT) should be renamed to include 'innovation', reflecting its primary focus. The ITRE committee adopted a first-reading report on 9 July, following an agreement by the Competitiveness Council in June on a 'general approach' to a draft regulation to establish the EIT. On funding for EIT, MEPs agreed with the Commission that €308.7 million should come from the Community budget, which is subject to an agreement by the budgetary authority (Parliament and Council). They also proposed a number of additional sources for funds, including unspent funds that would otherwise be returned to Member States, or loans and contributions from the European Investment Bank. However, MEPs expressed concern over the Commission's suggestion of financing the EIT partly through instruments such as the Framework Programme for Research, the Competitiveness and Innovation Programme, or the Lifelong Learning Programme. They stressed that funding of Knowledge and Innovation committees should not jeopardise funding of research projects. Information: http://ec.europa.eu/education/policies/educ/eit/index_en.html.

Pharmaceutical Forum. The EU is committed to ensuring a high level of public health and innovation in the field of pharmaceuticals. In the context of medicines and treatments the key objectives are:

- Information to patients on pharmaceuticals
- Pricing policy
- Relative effectiveness

This needs to be balanced by supporting the competitiveness of the pharmaceutical industry to ensure that Europe continues to benefit from new medicines. The Pharmaceutical Forum provides overall political oversight for the process. The main

role of the Forum is to provide strategic direction to the different work streams of the new strategy. It is also designed to provide a political mandate and momentum for the process and a platform for discussion on competitiveness and related public health issues. The Forum is chaired jointly by Vice-President Verheugen (DG-Enterprise) and Commissioner Kyriakou (DG-SANCO).

4 May 2007: Public consultation on information to patients: responses (including EURADIA) on: http://ec.europa.eu/health/ph_overview/other_policies/pharmaceutical/results_consultation_en.html

EU funded projects in diabetes and related fields (profiled in CORDIS)

24 July 2007: EU project publishes bioethics guidelines for nutrigenomics research. Information: <http://www.nugo.org/everyone>

26 June 2007: Plant technology platform sets out research agenda. In the next 20 years, Europeans can expect to see plants with health properties to fight diabetes and heart disease; tastier plants with optimised nutritional content; cheaper drugs thanks to plant-based production of pharmaceuticals; and plants which break down easily into biofuels. Information: <http://www.epsoweb.org/Catalog/TP/index.htm>

13 April 2007: Researchers identify gene linked to obesity. Scientists have identified a gene that is linked to obesity. People with two copies of a particular version of the FTO gene are 70% more likely to be obese than people with no copies. Information: http://cordis.europa.eu/search/index.cfm?fuseaction=news.simpledocument&N_RCN=27494

8 March 2007: Exclusion from clinical trials harming women's health. Women are still under-represented in clinical trials in Europe, and a growing body of evidence shows that this is having a detrimental effect upon their healthcare. Information: http://cordis.europa.eu/fetch?CALLER=EN_NEWS&ACTION=D&SESSION=&RCN=27270

12 February 2007: Scientists find gene causing type 2 diabetes. An international team of scientists has identified the gene for type 2 diabetes. Information: http://cordis.europa.eu/search/index.cfm?fuseaction=news.simpledocument&N_RCN=27115

European Health Forum Gastein 2007: Diabetes Matters

The entire European diabetes community (EURADIA, FEND, IDF-Europe, PCD-Europe) has collaborated on an inspiring programme "Diabetes Matters" to be presented at the **European Forum Bad Gastein 3-7 October 2007** to help face chronic disease issues using diabetes as the model.

There will be informed world-class expertise and open discussion in the areas of modern research, cost-effectiveness, models of care delivery, the life experience of children and adults with diabetes and how the European Union and its member states can deal competently with the issues presented by chronic disease.

The programme for the Forum can be found at: <http://www.ehfg.org> (Diabetes Matters: session F6 day 2 and 3).

Research conferences and events

2007

September

14-15 **Federation of European Nurses in Diabetes (FEND)**. Amsterdam, Netherlands. <http://www.fend.org>

16-17 **Primary Care Diabetes Europe (PCDE)**. Amsterdam, Netherlands. <http://www.pcdeurope.org>

16-19 **World conference on research integrity**. Lisbon, Portugal. <http://www.esf.org/activities/esf-conferences/details/confdetail242/conference-information.html>

17-19 **European Congress on Biotechnology**. Barcelona, Spain. <http://www.ecb13.eu/>

19-21 **Open Access: From Practice to Impact: Consequences on Knowledge**. Padova, Italy. <http://www.aepic.it/conf/index.php?cf=10>

17-21 **European Association for the Study of Diabetes (EASD)**. Amsterdam, The Netherlands. secretariat@easd.org. <http://www.easd.org>

23-27 **Disseminating research results - pilot training course**. Prague, Czech Republic. <http://www.cinefogo.org/learning-dialogue/transaact>

25-26 **Bioforum 2007**. Milan, Italy. <http://www.bioforum.it/english/english.htm>

26-27 **European Food Information Resource Network. EuroFIR Congress**. Granada, Spain <http://www.eurofir.net/granada>

October

3-6 **European Health Forum Gastein**, Bad Gastein, Austria. <http://www.ehfg.org>

4-5 **ScanBalt Forum 2007. Science innovation and bio-entrepreneurship**. Gothenburg, Sweden. <http://www.scanbalt.org/forum2007>

8-9 **The role and dynamics of corporate R&D** Seville, Spain. <http://iri.jrc.es/concord-2007>

10 **5th Annual World Congress on the Insulin Resistance Syndrome**. Boston MA, USA. <http://www.insulinresistance.us>

12-14 **Advances in stem cell research** Stockholm, Sweden. <http://www.eurostemcell.org/>

17-20 **Wonca Europe 2007**. Paris, France. <http://www.woncaeurope2007.org>

22-24 **International congress on food and nutrition**. Istanbul, Turkey. <http://www.tubitak.foodcongress.org>

November

14-18 **Immunology of Diabetes Society and American Diabetes Association Research Symposium**, Miami, Florida. Details Shirley Ash. Email: sash@diabetes.org

22-23 **The Endothelium: flow, dysfunction and regeneration**. Padova, Italy. Email: endothelium@euroconventions.it

2008

14-17 May **European Congress on Obesity (ECO)**. Details <http://www.eco2008.org/index.htm>

7-11 September **EASD Meeting**. Rome, Italy. <http://www.easd.org/>

23-26 October. **World Congress on Controversies in Obesity, Diabetes and Hypertension**, Athens, Greece. Details <http://www.codhy.com>