

## Written statement from IDF Europe to provisional agenda item 8: A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030

Seventy-fifth Regional Committee for Europe: Copenhagen, 28–30 October 2025

The International Diabetes Federation Europe (IDF Europe), representing the voice of people living with diabetes (PwD) and healthcare professionals across the WHO European Region, supports the strategy ‘*A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030*’.

Type 2 diabetes (T2D), once seen almost exclusively in adults, is increasingly being diagnosed in children, adolescents and young adults, driven in part by rising rates of overweight and obesity. This trend reflects the environments in which children are born, grow and learn, shaped by family and community contexts as well as broader social and commercial determinants of health.

Social and commercial determinants, including low income, insecure employment and housing, limited education and marketing of harmful products, are strongly associated with the prevalence of diabetes and profoundly influence outcomes for PwD. Poverty, in particular, is linked to a higher risk of developing diabetes and inequalities in access to prevention, diagnosis and care. Looking at the family context, children born into families affected by diabetes face a higher risk of developing the condition themselves. For example, children of women with gestational diabetes are six times more likely to develop childhood obesity and T2D,<sup>1</sup> underscoring the importance of health-enabling environments and preventive action across generations.

At the same time, many children and adolescents develop another type of diabetes, type 1 diabetes (T1D). The European Region has the highest number of people living with T1D, 15% of whom are aged under 20 years old. While anyone can develop T1D at any age, the most common ages of onset are between 4–6 and 10–14, critical stages in a child’s growth and development.

Diabetes is a complex, life-long condition requiring 24/7 management. This requires early and uninterrupted access to medicines, technologies and multidisciplinary care teams, as well as psychological support for both children and their families and carers. Yet, access to these essential components of care remains highly unequal across the Region. Diagnosing children and adolescents can also be challenging, as symptoms may appear suddenly and be mistaken for other illnesses.<sup>2</sup> Delayed or missed diagnoses can have

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<sup>1</sup> <https://idf.org/europe/media/uploads/sites/2/2024/03/Women-with-Diabetes-A4-Format-2.pdf>

<sup>2</sup> Read more about the preventable tragedy of missed diagnosis in children: [Lyla’s law: a family’s fight for change after a preventable tragedy](#)

life-threatening consequences, including diabetic ketoacidosis. Greater awareness among healthcare professionals and the public, alongside clear diagnostic and referral pathways, is essential to ensure no child's diagnosis is missed or delayed.

Diabetes carries serious risks of complications, including cardiovascular disease, kidney failure and vision loss. Early-onset T2D (diagnosis under the age of 40) often progresses more aggressively than in older adults and leads to longer exposure to high blood glucose, increasing the risk of early complications and reducing quality of life. Complications also extend beyond physical health: stigma, misconceptions and discrimination, particularly for young people can lead to social isolation, anxiety and depression, compounding the daily burden of self-management. Addressing these risks requires coordinated action across prevention, early detection, management and long-term care, including strategies to tackle the psychosocial challenges for children and adolescents living with diabetes.

To ensure that all children and adolescents, including those living with diabetes, can live healthy and full lives, IDF Europe calls for:

- Cross-sectoral collaboration and a health-in-all policies approach to tackle the social determinants of health;
- Strengthened action on the commercial determinants of health, including stricter regulation of the marketing of unhealthy foods and drinks to children;
- Health-promoting schools and community settings that empower children and adolescents to adopt and maintain healthy behaviours throughout their life;
- Equitable access to essential medicines and care, including technologies, multidisciplinary care teams, stigma-free environments, diabetes education and psychological support for children and their families and carers; and
- Improved awareness, screening and diagnostic pathways to ensure early and accurate identification of diabetes in all children and adolescents