



**International
Diabetes
Federation**

Addressing the Growing Burden of Diabetes and Obesity: Integrated Strategies for Prevention, Better Health Outcomes and Improved Quality of Life

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Organised with the support
of the EFPIA Obesity Platform

efpia*

European Federation of Pharmaceutical
Industries and Associations

Foreword

The rising prevalence of obesity and diabetes is among the most urgent public health challenges facing the European Union today. These two conditions, closely linked to cardiovascular disease and other non-communicable diseases, continue to rise at an alarming rate. Although political efforts over the past decade to address this public health challenge have become more structured, progress has remained limited, and action has not kept pace with scientific evidence.

The event organised by IDF Europe contributes to a timely and necessary discussion on how to address obesity and diabetes through a comprehensive, integrated strategy. Many people today live with multiple chronic conditions, with obesity and diabetes at the centre of this reality. Addressing obesity and diabetes is not only about individual behaviour change. Prevention is a shared responsibility, and coordinated actions should be implemented to address obesogenic environments, strengthen marketing regulations that actively shape consumption patterns and undermine prevention. Failing to address multimorbidity leads to fragmented care and worse health outcomes. This is why I have placed particular emphasis on prevention to address the social and commercial determinants of health in my Report on

Cardiovascular Strategy and multimorbidity through ambitious implementation of the cardiovascular health checks screening for interlinked diseases such as diabetes and obesity, mentioned in the EU Safe Hearts Plan.

At a time when public health is often sidelined, decisive action is now required. Inaction carries significant long-term health and economic costs. Building resilient health systems and healthier societies requires ambitious choices in regulation, investment, and targeted political action to address to advance prevention and long-term population health, and to address existing barriers to diabetes and obesity care. Prevention, access to care, and a person-centred approach to care must be recognised as fundamental pillars of sustainable healthcare.



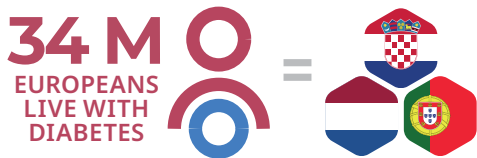
Romana Jerković (S&D, Croatia),
Vice-Chair of the European Parliament Committee
on Public Health and Rapporteur on the Own-Initiative
Report on Cardiovascular Health Strategy

The challenge of obesity and diabetes

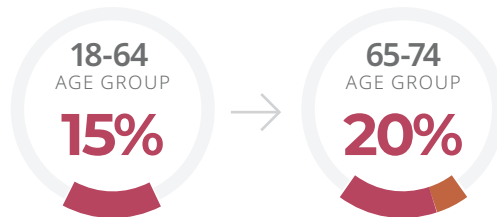


Diabetes and obesity rank among the **leading causes** of preventable and premature **deaths in the European Union**. In 2021 alone, half a million deaths were related to diabetes¹, while **1.2 million** were attributable to obesity in 2019.²

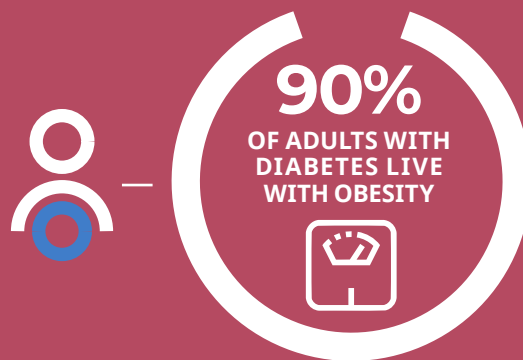
The prevalence of both conditions is on **the rise**. Over 34 million Europeans live with diabetes³ – equivalent to the populations of Croatia, Portugal and the Netherlands combined.



In 2022, obesity rates increased gradually with age, reaching approximately 20% among the 65-74 age category and 15% in the 18-64 age group.⁴



Obesity and diabetes are closely linked: **90% of adults with type 2 diabetes (T2D) also live with obesity and overweight**, and the risk of developing T2D is seven times higher among people living with obesity.⁵



1 IDF Europe Report (2023). Type 2 Diabetes: A Preventable Catastrophe – A Call to Action from IDF Europe (Accessed 09/02/2026). Link: https://idf.org/europe/media/uploads/sites/2/2023/06/IDF-Europe_Type-2-Diabetes.-A-preventable-catastrophe.pdf

2 World Health Organisation (2022). European regional Obesity Report (Accessed 09/02/2026). Link: <https://www.who.int/europe/publications/i/item/9789289057738>

3 IDF-Europe (2025). Diabetes Atlas 11th edition. (Accessed 09/02/2026). Link: <https://diabetesatlas.org/resources/idf-diabetes-atlas-2025/>

4 Organisation for Economic Cooperation and Development (2024): Health at A glance: Europe 2024. State of Health in the EU cycle. (Accessed 09/02/2026). Link: https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en.html

5 International Diabetes Federation & World Obesity Federation (2023). Policy Brief to address obesity and type 2 diabetes. (Accessed 09/02/2027). Link: https://s3-eu-west-1.amazonaws.com/wof-files/IDF-WOF_-_Obesity_and_type_2_diabetes_A_joint_approach_to_halt_the_rise_FINAL.pdf

6 World Health Organisation (2024). Diabetes Facts Sheet (Accessed 09/02/2026). Link: <https://www.who.int/europe/news-room/fact-sheets/item/diabetes?utm>

7 World Obesity Federation (2021). Clinical care for obesity: international survey with reports from 50 countries. (Accessed 09/02/2026). Link: <https://data.worldobesity.org/publications/wof-health-systems-final.pdf>



Detection remains poor, with over **one in three adults with diabetes undiagnosed**⁶ and **fewer than half of people living with obesity having a recorded diagnosis**⁷. Evidence from WHO Europe and the International Diabetes Federation shows that over half of new diabetes cases stem from obesity and sedentary lifestyles. Excess adiposity contributes to insulin resistance and chronic systemic inflammation, which are central mechanisms driving the onset and progression of T2D.

In addition to their significant impact on quality of life, these two chronic conditions impose an immense economic burden. Diabetes, obesity and related complications **cost the EU approximately €240 billion annually** in healthcare and lost productivity.⁸



Importantly, obesity and diabetes are not driven solely by behaviour and environment, including social and commercial determinants of health. A person's susceptibility is also shaped by genetic predisposition, metabolic variation, early-life programming and other non-modifiable risk factors.⁹ **Limited understanding of the complex biological, social and environmental drivers of these conditions often contributes to stigma, which can in turn pose a significant barrier to seeking care.**



From a health-sector perspective, the fragmentation between prevention and clinical care often leads to **missed opportunities**: prevention programmes rarely link seamlessly to diagnostic or treatment pathways, and clinical services often lack upstream prevention components. Instead, **integrating prevention, early detection and long-term management within a unified health framework is essential to break this cycle.**

8 EUDF (2024). Diabetes Community Pledge. (Accessed 09/02/2026). Link: https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/obesity_en

9 Daniel Coral et al. (2023). A phenome-wide comparative analysis of genetic discordance between type 2 diabetes and obesity. (Accessed 09/02/2026). Link: <https://www.nature.com/articles/s42255-022-00731-5>.

Priorities of the Event

EARLY INTERVENTION FOR LIFELONG HEALTH: TACKLING CHILDHOOD OBESITY AND TYPE 2 DIABETES

- Support the development of **integrated strategies for prevention** combined with early intervention to address obesity and type 2 diabetes early in life.
- Support effective use of **data collection** for long-term evaluation of the prevention strategies and longitudinal benchmarking.
- Improve the **diagnosis** of obesity by adjusting the Body Mass Index (BMI) to age and gender in the paediatric population.
- **Implement health checks earlier in life** (a 35-year age baseline is too late) to detect early diabetes and obesity.
- Implement a **multidisciplinary approach to obesity and diabetes treatment**, taking into consideration the micro-macro environment (families, schools, etc), focusing on addressing stigma in children and young people.

TWIN EPIDEMICS, SHARED SOLUTIONS: TOWARDS PERSON-CENTRED, EARLY INTERVENTION AND INTEGRATED CARE PATHWAYS FOR OBESITY AND TYPE 2 DIABETES IN EUROPE

- **Optimise the planning and resource allocation** to implement integrated actions supporting prevention, **early diagnosis through the implementation of health checks, development of integrated care pathways for obesity and diabetes and access to effective treatment.**
- Leverage the opportunities provided by the **EU Safe Hearts Plan and the European Parliament Report on Cardiovascular Strategy** to support Member States with guidance on addressing the interconnectedness of diabetes and obesity with CVD, ensuring that diabetes and obesity care and management are integrated in cardiovascular prevention.

- **Accelerate the translation of evidence and science** on obesity and diabetes prevention and management in clinical practice.
- Leverage the potential of **digital tools and technologies** to improve patient engagement, enhance health literacy and integrate care services.

STIGMA IN OBESITY AND TYPE 2 DIABETES: LIVED EXPERIENCE AND POLICY STRATEGIES TO IMPROVE ACCESS, ADDRESS DISPARITIES, IMPROVE HEALTH OUTCOMES AND QUALITY OF LIFE

- **Increase awareness of obesity and diabetes stigma** shifting perceptions of diabetes and obesity away from blame and toward understanding, support, and timely engagement with care.
- Involve people with lived experience and patient organisation in co-designing policy solutions and improving training for healthcare professionals to initiate weight discussions with respect and dignity.
- Fight stigma around type 2 diabetes (T2D) and obesity to remove barriers at every step of the care pathway and support the implementation of “Safe Hearts Plan” key flagship initiatives that recognise the interconnectedness between obesity, diabetes and CVD prevention, such as the Council Recommendation on **CV Health Checks** and the Council Recommendation on Personalised Treatment, as a shared, preventive, and integrated long-term approach.



About the event

On 29 January, IDF-Europe convened an event in the European Parliament to discuss the urgent need for integrated strategies to address two of the most pressing issues in Europe: obesity and type 2 diabetes (T2D).

This event aimed to shed light on the link between T2D and obesity, particularly in light of the growing attention to cardiometabolic diseases, as highlighted by the European Commission's recent EU Safe Hearts Plan. A clear understanding of the diabetes–obesity link is necessary to support coherent and effective policy action addressing the complexity of these chronic conditions, which are major contributors to cardiovascular disease complications, and to improve the prevention and management of cardiovascular and other chronic conditions.

This policy dialogue was hosted by MEP Romana Jerkovic (S&D, Croatia), Vice-Chair of the Public Committee on Health in the European Parliament and Rapporteur on the Own-Initiative Report on the Cardiovascular Strategy. The event brought together policymakers, people with lived experience, academics, clinicians, healthcare professionals and industry representatives.

SPEAKERS:



MEP Romana Jerković

S&D, Croatia



Linda Kølleskov

T2D advocate, member of the IDF Europe T2gether group, Faroe Islands



Marian Brennan

IDF Europe, Communication and Engagement Manager, Moderator



Christina Holton Moloney

Novo Nordisk representative, EFPIA



Diana Castillo

Obesity advocate and President of the European Coalition for People living with Obesity, ECPO, Italy



Christian Petersen

T2D advocate, Member of IDF Europe Together group, Chairman of My Identity with Type 2 Diabetes (MYIDT2D), Denmark



Prof. Katarzyna Cyranka

Head of Psychodiabetology Unit, Department of Metabolic Diseases, Department of Psychiatry and Psychotherapy, Jagiellonian University Medical College



Prof. João Raposo

IDF Europe Chair Elect, Medical Director at APDP, Diabetes Portugal, President of the Portuguese Society of Diabetology (SPD)



Prof. Carine De Beaufort

OBEDIA-Kids, Centre Hospitalier de Luxembourg, Faculty of Science, Technology and Medicine, University of Luxembourg, Luxembourg



Prof. Bart Van der Schueren

Specialist in Endocrinology, University Hospital Leuven, Belgium, and President of the Belgische Vereniging voor de Studie van Obesitas (BASO)



Maurizio Guidi

Co-Chair, EFPIA Obesity Platform



Natasja Wijling

ECPO Obesity advocate, Co-chair of the Dutch Association for Overweight & Obesity, The Netherlands

WELCOME AND INTRODUCTION



MEP Romana Jerković (S&D, Croatia), the Vice-Chair of the European Public Health Committee, opened the event by welcoming a timely discussion on obesity and diabetes, the two fastest-growing public health crises in the EU. She highlighted the role of integrated policy strategies in preventing common risk factors for obesity, diabetes and cardiovascular disease (CVD), but emphasised that existing barriers to obesity and diabetes care, such as access to insulin pumps and monitoring devices, discrimination and inequalities, and out-of-pocket payments for essential care, require targeted political action.

Her intervention was followed by a powerful testimonial from **Linda Kølleskov**, a T2D advocate and member of the IDF Europe T2gether group, who shared the experience of stigma and shame after being diagnosed with type 2 diabetes in 2020.



“Receiving this diagnosis was extremely hard mentally — much harder than the other conditions I live with. Type 2 diabetes feels so shameful, and you never hear good stories about type 2 diabetes. It took a year before anyone else found out, and even today, it is not something I speak openly about. But today I am standing here, which means that it is no longer a complete secret. And I hope that one day, it will no longer cause a jolt inside me when I say that I have diabetes”

Linda highlighted how living with multiple conditions affects mental health and quality of life, and stressed the need for effective diabetes clinics, access to care, and professional counselling. She also emphasised the role of supportive workplaces, regular physical activity, access to healthy food, addressing stigma, and comprehensive care in improving outcomes for people with diabetes and obesity.

“Stigma does not lower blood sugar. Shame does not heal bodies. But compassion, continuity of care, and access to movement, treatment, and support — those do. And that is not only a personal responsibility, but also a political one”



Professor João Raposo underlined that with current technology and scientific and medical advances, it is possible to detect early, achieve remission, and improve quality of life. However, the most challenging issue in addressing obesity and diabetes effectively is integrating actions, redesigning health systems, and moving away from working in silos.

He also urged further action to improve access to quality care for people with diabetes and obesity, and to devote more attention to quality of life and prevention, noting that the publication of the EU Safe Hearts Plan provides momentum for a shift in how obesity and diabetes are treated and managed.

PRESENTATION: EARLY INTERVENTION FOR LIFE-LONG HEALTH: TACKLING CHILDHOOD OBESITY AND T2D



Professor Carine De Beaufort highlighted the urgent need for early prevention and intervention to address the rising rates of childhood obesity and type 2 diabetes:



She noted that many children are still exposed to low physical activity and unhealthy environments, and that type 2 diabetes is more aggressive in young people, leading to earlier complications and insulin dependence.

Professor De Beaufort stressed the high levels of stigma surrounding childhood obesity and the importance of recognising obesity as a chronic disease, as defined by the WHO. She emphasised the need to adjust Body Mass Index (BMI) for age and gender for accurate paediatric diagnosis and stressed that health checks should be implemented before the 35-year baseline. She recommended early monitoring of complications and a multidisciplinary approach to care, taking into consideration family, schools, and the broader environment.

Challenges in paediatric diabetes pharmacotherapy were also discussed, along with the need for more substantial data collection to guide prevention efforts and policy, and for greater focus on children in EU health initiatives, such as the EU Safe Hearts Plan and the EU Parliament Report on Cardiovascular Strategy.

PRESENTATION: TWIN EPIDEMICS, SHARED SOLUTIONS – TOWARDS PERSON-CENTRED AND BETTER INTEGRATED CARE FOR OBESITY AND T2DIABETES



Professor Bart Van der Schueren provided an overview of obesity and diabetes in the EU, explaining their pathophysiology and the historical use of BMI as a diagnostic tool.

Diabetes was described as a progressive disease characterised by insulin resistance due to excess adiposity. The definition of obesity was also addressed, with the WHO defining it as abnormal or excessive fat accumulation that poses a risk to health and using BMI to distinguish between overweight (25 kg/m²) and obesity (over 30 kg/m²). The shortcomings of using BMI as a diagnostic tool were emphasised, while acknowledging that it remains a standard measure.

The link between obesity and diabetes was highlighted, with weight management critical to preventing over 200 related comorbidities. He noted the current challenges in diagnosis and clinical practices, emphasising that BMI is recorded in only 25% of patient files in Belgium, and over 50% of those with BMI data already have weight-related complications. Pharmacotherapy and other treatments are essential but insufficient on their own, underscoring the need for holistic, multidisciplinary approaches to address obesity. Early intervention to prevent obesity and T2D comorbidities was stressed as a key goal for the EU Cardiovascular Health Plan, as acting only after complications arise is unsustainable.

PANEL DISCUSSION: PREVENTION STRATEGIES, EARLY INTERVENTION AND INTEGRATED CARE PATHWAYS

The panel highlighted the importance of early intervention for obesity and diabetes, emphasising the role of primary care in delivering integrated early diagnosis, management and treatment for obesity and diabetes.



Natasja Wijling shared her experience living with obesity and the long journey to proper diagnosis and care. She described conversations with healthcare professionals as often intrusive and emphasised the importance of initiating earlier, supportive discussions to make a meaningful difference.



Prof. Bart Van der Schueren addressed the role of primary care in promoting earlier, supportive conversations between patients and healthcare professionals regarding obesity and diabetes. He identified stigma as a major barrier to such discussions and highlighted the 5A framework for obesity care—Ask, Assess, Advise, Agree, and Assist—as an evidence-based approach for managing obesity as a chronic disease. Emphasising the importance of obtaining patient consent before discussing weight, he stressed the need for a respectful, non-stigmatising environment and for empowering patients with tools to support effective weight management.



Christian Petersen emphasised that obesity often precedes the development of other conditions, including type 2 diabetes, kidney disease, cancer, and related complications. He highlighted the importance of trust and respect between healthcare professionals and patients in identifying effective management and treatment plans. He also noted the crucial role of patient groups in raising awareness and encouraging people living with diabetes or/and obesity to initiate earlier discussions with their doctors.



Maurizio Guidi emphasised the need for coordinated care across the health system to prevent treatment silos and avoid placing full responsibility on individuals. He argued that it is unacceptable and unethical for individuals with obesity and diabetes to endure multiple treatment failures before accessing optimal care, which would not be tolerated in cancer treatment. Maurizio stressed that delayed diagnosis and therapy—up to 9 years for diagnosis and 6–8 years for treatment escalation—lead to irreversible complications. He noted that while evidence provides guidance on managing these diseases, it is often not applied in clinical practice, resulting in preventable premature deaths. Sustainable, ethical healthcare requires early diagnosis, effective treatment, patient-centred approaches, and better integration of all stakeholders to manage obesity and diabetes effectively.



Prof. João Raposo discussed the use of digital solutions and monitoring strategies to enhance the integration of care services. He identified optimising service integration to improve quality of life and health outcomes as the primary challenge. While primary and hospital services remain essential, their efficiency is currently limited. Technology, including remote monitoring and AI, offers opportunities to reform the health system, improve patient engagement, and enhance health literacy. The focus should be on effectively integrating these digital tools into care pathways to deliver better, more coordinated care.

PRESENTATION: STIGMA IN OBESITY AND TYPE 2 DIABETES: IMPACTS ON HEALTH OUTCOMES AND QUALITY OF LIFE

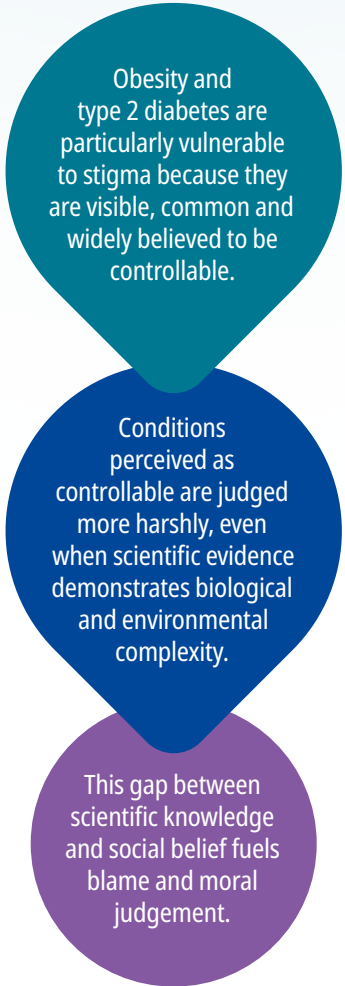


Prof. Katarzyna Cyranka examined the interplay between health and psychology, emphasising that when health conditions are morally judged, self-management becomes both medical and emotional.

She described the psychological burden of diabetes and obesity distress—a condition-specific response to chronic treatment demands—and outlined how stigma operates across multiple levels: public discourse, healthcare interactions, institutions, and internalised beliefs.

Obesity and type 2 diabetes are particularly vulnerable to stigma because of their visibility, prevalence, and the widespread misconception that they are fully controllable, despite the biological and environmental complexity of these conditions. She emphasised that this gap between scientific understanding and social belief fuels blame and moral judgment.

Prof. Cyranka concluded that reducing stigma is not the task of individuals alone. It requires coordinated action across systems. Policy can normalise chronic care, equity, and dignity as standards, helping to shift perceptions of diabetes and obesity away from blame and toward understanding, support, and timely engagement with care. Healthcare systems can prioritise psychological safety alongside biomedical targets. Public communication and media can replace blame with understanding, and people with lived experience should be involved in co-designing strategies and interventions.



PANEL DISCUSSION: LIVED EXPERIENCE AND POLICY STRATEGIES TO IMPROVE ACCESS, ADDRESS DISPARITIES AND TACKLE STIGMA

The discussion focused on the impact of stigma on well-being, disease management and on trust and communication between people and healthcare professionals. The panellists also addressed how the lived experiences of people living with diabetes and obesity can inform policy decisions and help develop strategies to address stigma across sectors.



Diana Castillo shared her experience of coping with social stigma and its impact on mental health and self-esteem. She emphasised the difficulties in accessing appropriate counselling and support due to gaps in obesity care pathways. She also highlighted the critical role of respect in the patient-healthcare professional relationship and the challenges people living with obesity still experience in healthcare settings to receive support. Castillo stressed that obesity is not a personal failing and highlighted the critical role of patient organisations in raising awareness on stigma and providing support to individuals affected by it.



Christina Holton Moloney emphasised that patient experiences underscore the need for personalised care pathways, as no two individuals are the same. Despite advances in the science of obesity and diabetes, these conditions remain widely misunderstood, with risk factors extending beyond lifestyle and environment to include genetics and biology. Holton Moloney highlighted the EU Safe Hearts Plan as a key milestone, recognising the link between obesity, diabetes, and cardiovascular disease. Its flagship health checks initiative can improve early diagnosis and enable integrated care. With Poland and Greece already implementing these health checks, these best-practice examples can be replicated by other Member States. She noted that digital tools are essential for care integration, data collection, and care quality. The need to address the broader impact of obesity, diabetes, and cardiovascular disease on workforce participation and mental health was also highlighted.

CONCLUDING REMARKS:



Prof. João Raposo concluded by stressing the urgency of moving beyond siloed approaches and leveraging existing tools, knowledge, and innovation to prevent these conditions, address stigma, and implement integrated care across the continuum for interconnected conditions such as obesity and diabetes, that are the main drivers of cardiovascular disease in Europe.



MEP Romana Jerković thanked the panellists and participants and concluded that addressing obesity and diabetes requires evidence-based action, person-centred and multidisciplinary approaches, and strong engagement with people with lived experience.





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