



**International  
Diabetes Federation  
Europe**



# **IDF EUROPE WEBINAR**

**Leveraging Lessons from  
the COVID-19 Pandemic –  
The Need for an  
Inclusivity Shift**



## INTRODUCTION

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# OUR WORLD IS AN UNEQUAL ONE AND OUR HEALTH SYSTEMS ARE NO EXCEPTION

## *The Need for an Inclusivity Shift*

The results of the COVID-19 survey, conducted by IDF Europe between August and October of 2020, highlighted the huge inequalities that exist among and within countries across Europe in terms of access to care and the psychological and economic impact the disease had on people living with diabetes.

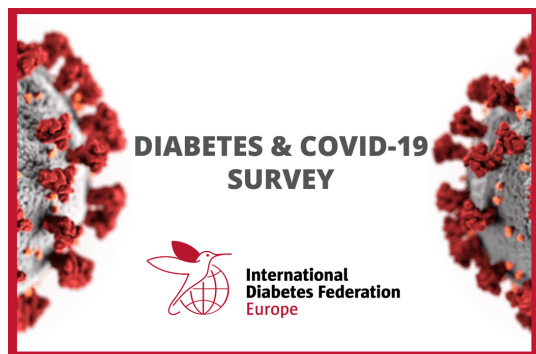
On April 22, IDF Europe held a webinar with high-level experts to debate the role of INCLUSIVITY in overcoming pandemics, including the diabetes one, and better preparing our healthcare systems. The webinar aimed to promote the need for more inclusivity for improved access to healthcare, better health outcomes, and a reduction in inequalities within and between European countries.

## OPENING REMARKS

After a brief introduction, Bastian Hauck, the webinar's moderator, gave the floor to Dr. Niti Pall, IDF Europe Chair. In her opening remarks, Dr. Pall underlined the fact that recent studies have demonstrated that people living with diabetes (PwD) have a high risk of morbidity and mortality from COVID-19. The IDF Europe COVID-19 & Diabetes survey showed that during the pandemic, access to diabetes care, medicines and supplies was disrupted across most European countries and people from disadvantaged groups (such as the elderly, people from ethnic minorities and migrants) paid the highest toll. However, Dr. Pall pointed out that there is something to learn from COVID-19: pandemics can only be overcome through a shift towards INCLUSIVITY.

## PRESENTATION OF THE RESULTS OF THE COVID-19 & DIABETES SURVEY

Ms. Sabine Dupont, Senior Policy Consultant at IDF Europe, presented the results of the COVID-19 & Diabetes Survey.



The survey aimed to understand the experiences of people living with diabetes during the pandemic, to explore how the restrictions put in place affected their ability to manage their care and mental health, to identify gaps in healthcare provision and to understand what best practices were put in place that can be leveraged going forward.

Ms. Dupont explained that the pandemic hit with more or less severity in different countries. This means that different responses were implemented by governments, leading to varied experiences for PwD across Europe. The survey was disseminated through IDF Europe Member Associations, which also helped with the translations. Ultimately, it was available in 22 languages. The final analysis is based on responses from 3,480 people across 32 European countries. IDF Europe is producing individual country profiles from 15 countries that received a high number of responses in order to provide more detailed country-level analysis.

The main findings of the survey were as follows:

#### **HEALTHCARE SYSTEMS ADAPTED QUICKLY TO THE PANDEMIC, BUT DIABETES CARE WAS DISRUPTED ACROSS ALL COUNTRIES**

35% of respondents said that they did not experience any disruptions, but for about a quarter of people, appointments were rescheduled, and about 20% of respondents attended a virtual consultation in place of a face-to-face one. There were huge differences in the delays in rescheduling appointments. Overall, 35% of people had to wait more than two months to attend their appointment after it was initially rescheduled.

#### **THERE WAS A RAPID SHIFT TOWARDS DIGITALISATION AND VIRTUALISATION OF CARE**

One third of respondents across Europe attended virtual diabetes-related consultations. Remote care was generally well received - less than 20% of respondents said that the virtual consultations were not helpful, but 60% found them either helpful or very helpful. Respondents in France, Spain, and Greece, in particular were very appreciative of this mode of consultation.

### **LOW-TECH SOLUTIONS REMAINED PREVALENT DURING THE CRISIS, REFLECTING CURRENT LEVELS OF DIGITALISATION/VIRTUALISATION**

65% of people who had remote consultations attended them by phone and 25% attended them by email and/or Whatsapp messaging. About a quarter of the people who attended these virtual consultations were actually very enthusiastic about them and said that they would like to attend as many as possible in the future. Conversely, about a third of respondents expressed a lot of reluctance to attend virtual consultations in the future.

### **THERE WAS A SHARP RISE IN USE OF SOCIAL MEDIA DURING THE PANDEMIC, PERHAPS LINKED TO ABSENCE OF GUIDANCE**

There was very little guidance provided to PwD during the pandemic. People felt lost trying to understand how best to protect themselves, whether or not they were at risk, and how to manage their diabetes. Healthcare systems were not able to respond rapidly enough to their queries. There was a sharp increase in the use of digital tools such as social media and websites, to gain information and/or peer support. Only about a quarter of respondents did not use any form of digital tools to support their care.

### **PWD'S ABILITY TO MANAGE THEIR DIABETES WAS DISRUPTED ACROSS MOST COUNTRIES**

During COVID-19 times, one in 10 people were not able to manage their diabetes very effectively. Other indicators showed that 31% of respondents gained weight, 57% were less active, 30% reported higher variability in blood glucose levels, and the number of hyperglycemic and hypoglycemic events increased. The pandemic and its consequences also took a strong toll on PwD's mental health - more than 50% of respondents said that they experienced low mood more often than usual and 43% said that they were much more anxious or extremely anxious during the pandemic.

### **CATCHING COVID-19 AND DEVELOPING A SEVERE FORM OF THE DISEASE WERE THE MAIN WORRIES**

Developing a severe form of COVID-19 and catching COVID-19 were the most frequently reported concerns, ahead of not being able to access medications or supplies. The data also shows that many people stockpiled during the pandemic.

**PWD'S ABILITY TO ACCESS MEDICINES VARIED WIDELY ACROSS EUROPE**

A majority of PwD indicated that they did not experience any difficulty in accessing medicines, but the number of PwD who did experience difficulties rose significantly during the pandemic. More than 10% of respondents reported that it was very difficult for them to access medicines, with great variations between countries. To a large extent, inequalities in access to healthcare during the pandemic reflected inequalities that existed prior to COVID-19. The survey results also painted a similar picture in relation to access to diabetes supplies and technologies.

**FEAR OF CONTAMINATION WAS THE SINGLE MOST COMMON BARRIER TO ACCESSING MEDICINES AND CARE**

This was the case almost everywhere in Europe.

Based on the survey results, IDF Europe developed some recommendations to improve the resilience of healthcare systems and ultimately the quality of life for people living with diabetes.

- **The first recommendation is that there is an urgent need to reduce the burden of diabetes through better prevention of Type 2 diabetes and diabetes-related complications.** An obvious strategy is to focus on prevention rather than on management. This can be achieved through a number of different methods — raising awareness of diabetes in order to tackle stigma and discrimination; creating health enabling environments, addressing the social and economic determinants of health; acting early with more appropriate screening campaigns. Doing this right will mean not only seeing an improvement in PwD's quality of life, but also alleviation of the financial burden that the condition poses on people and healthcare systems. Freeing up resources will also help strengthen these systems. Ultimately, it will help the population to be better prepared for any future health crises.
- **The second recommendation is to accelerate the pace of innovation and digitalisation.** COVID-19 highlighted not only the opportunities offered by innovation and digitalisation, but also their feasibility.



Healthcare systems were able to adapt fast, so there is no reason that this should not continue into the future. What we need is to conduct further research into the good practices that have been put in place and to promote the exchange of those practices across European countries. We need to ensure that healthcare systems continue to be digitalised and to build robust data networks. For diabetes, this means creating stronger national diabetes registries that can make a big difference and become a critical component of European initiatives such as the European Health Data Space. In doing so, it is critical to take into account the outcome measures that matter most to people living with diabetes and integrate them in any future frameworks. When we talk about digitalisation and innovation, we also need to address access to digital tools. This means improving the digital and data literacy of everybody so that inequalities do not worsen.

- **The third recommendation is to engage more with European citizens and diabetes associations.** What became apparent during the pandemic was that PwD are experts in managing their care. They have to be, because diabetes is a condition that requires 24/7 management. Acknowledging this means that we must ensure that they are equal partners in their care. This would lead to better health outcomes, fewer complications, and earlier diagnosis of complications. Ms. Dupont also stressed the necessity for PwD to be involved in defining the programmes and research areas that will tackle their unmet needs. There was a void in guidance and support during the pandemic, which was largely filled by national diabetes associations and other civil society organisations. Their expertise and their contributions were invaluable to healthcare systems. We need to ensure that, moving forward, there is a proper and structured framework for collaboration, which works not only in times of crisis but also on an ongoing basis to ensure more effective care.

Ms. Dupont concluded by stating that the survey clearly demonstrated that there were unacceptable inequalities in access to care and medicines in Europe. More needs to be done to ensure adequate and affordable access for everyone. First of all, we need to foster closer collaboration between all stakeholders to discuss every aspect of the problem - financial, political, digital, and socio-cultural.

Secondly, we need people to be educated and empowered to make their own choices. Finally, we need to take into account the social determinants of health. We know that access to health is a much broader issue than simply the healthcare system itself, and in rebuilding our societies post COVID-19, we need to make sure that we do not just rebuild, but that we rebuild fairer.

To download Ms. Dupont's full presentation, click [here](#).

To download the report of IDF Europe's Diabetes & COVID-19 survey "Living in COVID Times: Experiences from People living with Diabetes", click [here](#).

After this introduction, our moderator, Bastian Hauck, asked the expert guest speakers how the findings of the survey resonated with them. [Professor João Manuel Valente Nabais](#), IDF Vice-President, stressed the importance of mental health. [Professor Peter Goldblatt](#) from the Institute of Health Equity at University College London, noted that the experience of PwD recorded in the survey was very similar to other chronic non-communicable diseases and reflects the inequalities that existed prior to COVID-19 and the ways in which they were exacerbated by the pandemic. [Professor Sudhesh Kumar](#), Dean of the Warwick Medical School at the University of Warwick, pointed out that not everyone uses the internet and is comfortable with online surveys. In the UK, about 5% of the population does not have access to the internet at all and about 10% do not use it effectively. This means that there is a group of people who did not get the chance to be included in the survey and we have not heard their voices yet. [Mrs. Garance Wattez-Richard](#), CEO of AXA Emerging Customers, explained that digital and financial inclusion are not a means to an end, but are the keys to health inclusion - if governments and the private and public sectors do not get together to finance and invest in financial and digital inclusion, we will not be able to guarantee access to care for the most vulnerable populations.

## **PANEL DISCUSSION: LEVERAGING THE LESSONS FROM THE COVID-19 PANDEMIC - THE NEED FOR AN INCLUSIVITY SHIFT**

Building on the Diabetes & COVID-19 survey results, the guest speakers then explored why health inequalities need to be addressed in order to improve diabetes prevention, management, and, ultimately, the quality of life of people living with diabetes and other chronic conditions.



**Prof. Nabais** commented on the importance of digital literacy and the need for PwD to build a relationship with their healthcare team that is based on empathy. During the pandemic, people were using basic telemedicine (for instance, phone consultations), but we need to evolve to systems where telemedicine is properly implemented and healthcare professionals are trained to understand people's needs. An example of this comes from Portugal: during the first lockdown APDP, Associação Protectora dos Diabéticos de Portugal, created a dedicated phone line to answer questions about COVID-19 and diabetes management and to check on fragile people who lived in rural areas. This is part of the "leave no one behind" paradigm - the belief that diabetes organisations and peer support groups need to proactively engage with those that do not have access to care and education.

**Prof. Goldblatt** explained that there are two kinds of health inequities: the ones that were more or less directly created by COVID-19 and the ones that have always been there, but that the pandemic has highlighted. Three mechanisms were present during the COVID-19 pandemic. The first element, which reflects pre-existing inequalities, is that people with comorbidities, such as diabetes, have been much more vulnerable to the effects of COVID-19. The second element concerns the containment measures, which affected people's mental health and their willingness to attend medical facilities to have screening and the treatments they needed. The third element is the way in which the first two interacted. Health systems were under pressure during the pandemic and PwD were not able to receive adequate care. This led to more socio-economic disadvantages and the inability of many people to pursue a healthy lifestyle. Prof. Goldblatt added that the way to come out of the crisis is not through austerity and reducing health services, but rather by looking at the 17 Sustainable Development Goals, 11 of which are somehow linked to inequalities in social conditions and health.







**Prof. Kumar** stated that technology can offer tremendous opportunities to improve the well-being of PwD. Inclusivity is fundamental as we design our health services. Such services need to be designed together with PwD, after having listened to their diverse range of needs and opinions. Inclusivity rests on such co-creation and working with the people that you are trying to help.

**Mrs. Wattez-Richard** talked about financial inclusivity and the positive correlation between what the public sector and civil society need and what private insurers like AXA can do to help. She explained how a **new payment mechanism**, created specifically for Uganda, could be implemented, not only across emerging markets, but also in mature ones, with a more specific focus on specific conditions, such as diabetes. It is a perfect example of integrated care across a country, which also enables donors and governments to raise money to help vulnerable people because the funds are directly available on individual e-wallets.



## **CLOSING REMARKS**

In her closing remarks, Dr. Pall highlighted that “people living with diabetes are the cornerstone to getting things right”. The Diabetes & COVID-19 survey showed that they are the ones who really take ownership of their care and healthcare professionals should be trained to listen to what they truly need.