1. **Background and relevance of the topic**

The workshop titled “Diabetes, Metabolism and Obesity – *driving actions for healthier lives*” in the World Health Summit 2017 was chaired by Ricardo Baptista Leite, Member of Parliament Portugal, and Gilles Litman, Head of Global Integrated Care in Sanofi. The panelists comprised of the following:

1. The patient’s perspective: Lauren Quinn, IDF Europe
2. The researcher’s perspective: Jochen Spranger, Charité - Universitätsmedizin Berlin
3. The health policy perspective: Stephanie Gerlach, diabetesDE - German Diabetes Aid
4. The civil society perspective: Johanna Ralston, World Obesity Federation

In this workshop, different stakeholders offered their perspectives towards managing the global diabetes burden, with a focus on developing better policies and outcomes. More than 400 million people around the world are living with diabetes, and by the year 2040 this number will only increase to over 600 million. In Europe alone, there are 60 million people today suffering from diabetes, and roughly 156 billion dollars (in 2015 figures) spent on this illness. 1 out of 2 people with diabetes are also not on target, especially in developing countries such as Mexico, and this can be described as a pandemic that is only going to become more widespread in the future. Thus there is a need to involve multiple stakeholders in decreasing the burden of diabesity (diabetes + obesity), as well as in empowering patients to take control over their lives.

2. **Problem Statement**

The workshop revolved around two major themes. **One**, how can we envisage a shift in diabetes management from compliance and adherence to medical interventions, to focusing on the emotions of the patients, in a way that empowers them to take active control of their lives? **Two**, how can we situate diabetes in the larger working of the healthcare industry and policy?

The latter point was particularly made by Ricardo Baptista Leite, who argued that the Industrial Revolution of the 19th century led to an industrialization of the healthcare industry as well, where the focus of health care shifted to higher efficiency and profitability. This has led to a redefinition of the incentives of the healthcare industry, i.e. the more sick people there are, more money is to be made. In order to better address the global problem of diabetes and obesity, perhaps we need to examine how the incentives of this industry can be changed, for instance in a way that healthier people translate to better financial outcomes for hospitals. For instance, this could mean incentivizing measures of better public health instead of targets such as the number of surgeries performed, or the number of days a patient stays at the hospital. This also implies a shift towards a community value-based healthcare model, where hospitals work in tandem with the food and beverage industries in order to promote public wellbeing. Leite gave an example of the primary health care system in Portugal, where data shows that that spending more and more money on the health care system only has a plateauing effect on health outcomes. What is thus required is a positive virtuous cycle of improved health, improved care, reduced cost and waste.

3. **Issues discussed/Analysis of ideas**

Gilles Litman discussed the work done by Sanofi to enable diabetes patients to take better control of their lives with especial focus on emotions such as stress and loneliness. This “renaissance of health care” as he described it, consists of a combination of devices, drugs, data and digital services that can transform
diabetes management, and allows people to monitor their health regularly. However there are some political challenges to this, such as the need for governments to incentivize health care providers and the broader challenge of integrating health data into the health care system. In summary, Sanofi has the main commitment of empowering people to manage their own health, by improving the drug experience with the help of data, devices and services. In this regard, the organization cooperates with technology partners to harness complementary capabilities, such as Onduo, Sanofi’s joint venture with Verily (formerly Google Life Sciences).

Lauren Quinn offered a patient’s perspective of living with diabetes, by outlining the work done by IDF Europe, a youth advocate network, which is a part of the International Diabetes Federation, Europe. The network performs three broad tasks: advocacy, unity and support, particularly in terms of providing information on diet, exercise and alcohol consumption, which can be difficult to get from health professionals. They also hold international webinars once a month on a variety of topics such as mental health, patient rights and transitional care. Currently, they are building an online platform with opportunities for mentoring, networking and educational support. The overarching goal thus is to empower people living with diabetes in a way that helps them lead better lives.

4. Policy Implications/Research Recommendations

Joachim Spranger offered a researcher’s perspective by outlining the increased hurdles present in clinical research today, particularly in developed countries. While the goal to protect the patient’s interest is important, there is also a need to reduce regulatory complexity in order to enhance clinical research. He also outlined the problem of lack of qualified researchers, especially when experimental research appears more lucrative than its clinical counterpart. There is a need thus to incentivize scientists to perform clinical trials in diabetes, as well as develop optimal prevention strategies and individualized treatment options, in particular utilizing the developments in the field of stem cell research. On the whole, there is a need for a better infrastructure which prioritizes speed of delivery, by ensuring better drugs are made available faster to diabetics.

The policy implications of diabetes were outlined by Johanna Ralston, who presented the civil society’s perspective on the issue of obesity, and Stephanie Gerlach who discussed Germany’s action plan to target diabetes. Ralston began by describing how childhood obesity has increased tenfold in the past 4 decades, with the result that we’re now seeing adult levels of hypertension in young children. As far as epigenetic causes to obesity go, maternal nutrition plays a significant role in childhood obesity. 85% of teens who are overweight also continue to be obese as adults. The global cost of obesity is thus said to hit 1.2 trillion dollars by 2025, which does not even include the cost of economic losses.

A lot of official reports on tackling obesity, according to Ralston, consist of many carefully worded recommendations such as “Global strategy on diet”, “improving physical activity” and so on. In this regard, it is pertinent to note the ‘evolution of language’ with regard to obesity, and the focus from monitoring weight levels and education to a life course approach and a multi-stakeholder based perspective. She also highlighted the World Health Organization’s report on “Ending Childhood Obesity”, which addresses the broad ecosystem of this issue, with concrete recommendations on physical activity, marketing of products to children, health education and the need for more research on the subject.

Ralston in particular brought to attention the modern obesogenic environment and the role of preventive measures such as restricting junk food promotion, imposing taxes on sugary drinks and implementing
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nutrition based “traffic light signals” on food labels. This is particularly relevant in developing countries such as Africa which has historically had an underweight and malnourished population, but are now facing the problems of obesity and chronic disease. Treatment based measures include modifying behavior, as well as pharmacological-surgical interventions. However, she was careful to note that one must not vilify all food manufacturing as the problem, as targeting the “Big Food” or “Big Soda” players in the lines of the “Big Tobacco” industry may have negative repercussions.

Stephanie Gerlach offered a health policy perspective by outlining the National diabetes Plan in Germany and ideas such as the “diabetes taxi”. According to Gerlach, around 2 million people in the country have undetected diabetes, a statistic which needs to be reduced. In cooperation with major brands such as Lidl, a popular food discounter, recipes of healthy food items are being created and distributed via brochures and flyers. This offers immense communication leverage: through 3200 Lidl stores, around 25 million households are reached.

During the audience discussion, a question was raised as to why the existing health insurance system does not reimburse visits to nutritionists and other preventive measures in general. Doctors can often be reluctant to share nutritional advice with patients. On the whole, a focus on preventive measures can help significantly reconfigure modern society’s obesogenic nature. Funding, or the lack of it, was also a significant point of contention. In countries like Kenya, where 1 in 17 people are obese, funding can be described as the “fifth risk factor”. In order to better tackle this issue, one needs to look beyond traditional donor funding and more integrated means such as adjacent financing.

5. Session Outcome/Abstract

The workshop offered a holistic approach towards understanding diabetes and concurrent problems of obesity, by involving different stakeholders in the discussion. One common thread in all the discussions was the effective use of technology in health, in terms of providing a way to monitor health levels, as well as offering individualized guidance on diet and exercise, as well as in forging a sense of community. The role of apps in controlling diabetes thus cannot be underestimated, and m-health will be a significant theme in health policy going forward.

Regulatory hurdles in clinical research, particularly in early trials of novel drugs or those drugs used in other indications remains a significant barrier to scientific research. There is also a need to get clinical research to the purview of academia, and not just within the domain of the pharmaceutical industry.

The role of financial incentives in community based health care as well as the need for funding across research disciplines was also identified as a key challenge going forward. In developing a holistic approach towards health, one needs to address the issues of lack of trust among the multiple stakeholders and the role of political will in impacting health outcomes. Thus there is a need to focus on evidence based, data driven and decision oriented health outcomes in order to have a significant impact on the global diabesity epidemic.