

## **Written statement from IDF Europe to provisional agenda item 8: Progress Report on European regional action framework for behavioural and cultural insights for equitable health, 2022-2027**

74th session of the WHO Regional Committee for Europe: Copenhagen, 29-31 October 2024

IDF Europe commends the advancements made since the adoption of the resolution EUR/RC72/R1, *European Regional Action Framework for Behavioural and Cultural Insights for Health, 2022-2027*, as detailed in the progress report.

Non-communicable diseases (NCDs) represent a major public health challenge in Europe, with their prevalence steadily rising. The number of people living with diabetes (PwD), in particular, is forecast to rise to 67 million people by 2030, up from 61 million in 2021<sup>1</sup>. Some 95% of PwD live with Type 2 Diabetes (T2D), a condition which is caused by a combination of unmodifiable risk factors such as genetics, physiology and the environment, as well as modifiable behavioural risk factors such as diet and physical activity.

As highlighted in the progress report, individual behaviours account for a significant proportion of individual health outcomes, making them one of the most influential determinants of health. This is especially prevalent in the case of diabetes. For example, a study in the UK showed that individuals of south-Asian descent are 2-6 times more likely to develop T2D. A study of their attitudes, beliefs and behaviours regarding their eating practices in the risk and management of T2D concluded that stigma, lack of awareness, gender and food norms, and culturally inappropriate healthcare advice prevented the adoption of healthy eating behaviours<sup>2</sup>. Such insights are crucial for designing and implementing effective policies, services and communication surrounding the prevention and management of T2D.

Diabetes self-management education and support (DSMES) services are essential for empowering PwD to manage their condition and prevent complications. The Danish DSMES intervention, Culturally Sensitive Tools and Methods (CUSTOM), which co-created culturally sensitive services for immigrant populations, showed effective results in improving short- and longer-term physical and mental health. Clinical outcomes as well as self-rated health, well-being and self-management activities such as diet and physical activity were all improved<sup>3</sup>. The CUSTOM intervention shows how Behavioural and Cultural Insights (BCI) can inform and provide effective services for otherwise underserved populations living with T2D.

<sup>1</sup> <https://diabetesatlas.org/>

<sup>2</sup> [Cultural factors influencing the eating behaviours of type 2 diabetes in the British South-Asian population: a scoping review of the literature | Published in Journal of Global Health Reports](#)

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/36326989/>

IDF Europe welcomes WHO Europe and Member States' commitment to incorporating BCI into health policy development. We also commend WHO Europe for the extensive list of resources developed through the BCI Flagship initiative.

Much more still needs to be done though to ensure that NCD-related behaviour risk factors are addressed adequately. We urge member states to invest in, and use BCI approaches, as part of a comprehensive and transversal approach, to inform NCD and, more specifically, diabetes prevention and management plans. This approach can help to create more sustainable, equitable, and person-centred prevention and management policies, services and communication and ultimately lead to healthier lives for people across Europe.

IDF Europe is committed to working closely together with its member associations and other stakeholders in supporting the realisation of BCI approaches to diabetes prevention and management across the European Region.