

POLICY BRIEF 1

DIAGNOSIS AND THE GRAVITY OF DIABETES IN KOSOVO



INTRODUCTION

This policy brief outlines and discusses the situation regarding the diagnosis, rate of complications, and gravity of disease for diabetic patients in Kosovo. The brief provides some key facts concerning the current state of affairs and some ideas for how to deal with such issues in the future.

Data from the National Institute of Public Health of Kosovo show that, for the period 2005-2007, health care institutions had 80,514 visits from patients with diabetes. The prevalence of diabetes for the year 2005 was estimated at 14.7 per 1,000 inhabitants; for the year 2006, 16.2; while for the year 2007, it was estimated at 17.6 per 1,000 inhabitants. The highest incidence was among women, while the most affected age group was 50-60 years. Over 75% of patients were diagnosed at primary health facilities.

Late diagnosis and lack of education of diabetic patients, coupled with a lack of resources for continuous disease monitoring and control, results in serious complications. There are several examples that illustrate these problems in the country. Hemoglobin A1c (HbA1C) testing, microalbumin urine testing, and Doppler screening of peripheral vasa for complications are available only in the private sector except in rare cases.

In public institutions, there is a chronic shortage of essential medicines that are used for the treatment of diabetes, including insulin and oral anti-diabetics. At the same time, there is little capacity and organization for treating the disease among different levels of care, despite serious progress in primary and tertiary care. In addition, diabetes is a disease with high comorbidity; additional medications (e.g., anti-lipemic agents, antihypertensive drugs, etc.) are required for comprehensive treatment of patients, and these should also be on the essential list. There have been problems in this domain as well.

The main aim of the KOSANA Project is improvement of the health and social security of the population of Kosovo through support of active participation by civil society in the development and implementation of a health insurance system in the country.

The KOSANA Project empowers the CSO-s representing citizens and patients to create advocacy positions based on facts, information, and the needs of the people. This process requires a long-term effort and commitment by organizations that represent citizens' interests.



Kosovo remains the only country in Europe that has not established health insurance. This increases the difficulty of creating advanced health protections for diabetic patients. Based on the existing criteria, treatments for type 1 diabetes are exempt from copayments, while treatment for type 2 diabetes is exempt only in cases with complications and in other cases is subject to copayments.

There has been some progress in advocacy efforts calling for improvement. These efforts have been led by health professionals. For example, pressure by the Association of Endocrinologists and SHKDAK has caused the

Ministry of Health to move toward the provision of an insulin analogue for 30% of patients, particularly those with type 1 diabetes.

The current situation, in which health financing reform has been re-initiated and gained ground, provides an opportunity to address the problems of late diagnosis, high levels of complication rates, and other factors affecting patients with diabetes. This policy brief aims to stimulate discussion and help the process of health care reform by providing relevant information and ideas for how to move forward in the care of diabetic patients.

KEY FINDINGS FROM SITUATIONAL ASSESSMENT

Several interesting facts were revealed by a survey performed in 2013 with the support of the KOSANA Project and are listed below.

1. The diagnosis of diabetes has accelerated since the end of the 1990s. According to survey data, most of the diabetic patients interviewed were diagnosed during or after the year 2000.
2. There was a marked increase in diabetic incidence during the year 2000 compared to previous years, most likely due to challenges and transitions experienced by citizens after the war.
3. 44.8% of diabetic patients were diagnosed due to clinical symptoms. 29.6% of patients were diagnosed during routine visits to medical facilities, while 24.6% of people were diagnosed by chance.
4. Measurement of glucose levels is performed routinely in diabetic patients. All of the patients under study reported regular measurement of glucose levels. Glucose levels among diabetic patients ranged from an average low glucose level of 8.3 (mmol/l) to an average high of 16.2 (mmol/l).

5. HbA1C levels were reportedly measured in only 38% of the patients. Lower HbA1C levels among the study population averaged 8.5 (%), while higher HbA1C levels averaged 11.8 (%).

6. Among the total cohort of patients (395) under investigation, the following health complications due to diabetes have arisen: sight problems (58.7%), increased fat levels in the blood (42.8%), increased blood pressure (61.5%), heart problems (36.2%), kidney or urination problems (36.2%), numbness in the feet (71.9%), and other health problems reported by patients (15.2%).

7. Patients that have been diagnosed over the past 10 years (223 patients) have developed complications due to diabetes as follows: sight problems (23.8%), increased fat levels in the blood (18.7%), increased blood pressure (28.1%), heart problems (15.7%), kidney or urination problems (15.9%), numbness in the feet (31.4%), and other health problems (6.3%).

8. Almost 40% of people with diabetes have been hospitalized as a result of diabetes within the last 5 years. Patients who have been hospitalized in the last 5 years were admitted an average of 3.21 times. The main reason for hospitalization was reported to be elevated blood sugar levels; 54.8% of hospitalized diabetic patients were admitted for this reason. Other reasons included the fluctuation of blood sugar levels (12.7%), numbness of legs (3.2%), and, more rarely, other causes. The average hospital length of stay was 12 days per hospitalization.

9. 7.6% of people with diabetes in Kosovo have reported serious restrictions in their daily lives due to diabetes. These restrictions include: inability to perform hard labour, immobility/loss of feet, loss of eyesight, driving restrictions, inability to work, and problems with reproductive/sexual activity. Over 50% have reported difficulties with dietary restrictions and mild symptoms imposed by the disease.



DISCUSSION AND RECOMMENDATIONS

The changes over the last two decades in Kosovo's political, economic, and social circumstances seem to have influenced the health of the population. This is reflected in the higher incidence of diabetes among Kosovo's population, which is confirmed by survey results. Kosovars have gone through a prolonged period of stress due to conditions created before, during, and after the war. Changes in lifestyle and eating habits are among the factors leading to the increase in the number of diabetics.

While these factors are difficult to control, early diagnosis is helpful in minimizing the negative effects of diabetes. The facts indicate that late diagnosis of the disease is the norm. Late detection is known to accelerate diabetes complications and hence worsen the health of people suffering with the condition. On top of the negative effects on the quality of life of diabetics, complicated patients require more care. This puts a burden on the health financing system due

to increased costs for the additional care that is needed.

Several findings point to a lack of appropriate monitoring and control of the disease, including high levels of sugar in the blood and low rates of HbA1C screening. This is also confirmed by high levels of complications among the diabetic population. Scientific data show that the complication rate depends on proper management of glucose levels. Even more than late detection, complications make diabetes a disease with very high direct and indirect costs. Frequent hospitalizations indicate a high rate of diabetic complications in our country. This may reflect the fact that Kosovo has the lowest rate of insulinization of diabetic patients in Europe (only 22 IU per capita).

There are several important directions that policy discussions should take and they are listed below.

- 1.** Early screening, especially among endangered groups, education and information regarding healthy foods, and organization of an action plan for primary prevention are among the measures the Ministry of Health and other relevant institutions must undertake in the medium-term plan. These should be covered by special programs that the Ministry can pursue in partnership with institutions such as the National Institute of Public Health, primary care institutions, and professional and patient associations that deal with such issues. This is not a package that must be processed through a national insurance fund; but they could be part of such initiatives.
- 2.** Monitoring and control of the disease should be addressed with several measures: continual medical education of medical staff, education of patients, application of protocols with emphasis on diagnosis of complications at an early stage, organization among all levels of care, and intro-

duction of a basic package of care that includes the full set of services and medications that are needed for monitoring and control of diabetes without major financial constraints (in the form of cost sharing).

- 3.** A national plan for diabetes could organize efforts to deal with late diagnosis, monitoring and control of the disease, and high levels of complications. Primary prevention, screening of endangered groups, public awareness, education, and information could constitute the basis of such a plan.
- 4.** A national plan for diabetes must be based on robust data. Continuous outcomes research and a database of diabetic patients are some of the concrete measures that would ensure such a basis. Such measures would also enable better organization and implementation of objectives set forth in the national plan and improve the situation overall.



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