

INTRODUCTION

This policy brief outlines and discusses the situation regarding health costs and affordability among 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.

Patients with diabetes are treated at all three levels of care: primary, regional hospitals (secondary), and tertiary care centers. Patients do not have to pay for the required tests (e.g., blood tests, oral glucose tolerance test) and treatments if they use public care facilities. Co-payments for the tests are only few Euros. These are official payments. Patients have to pay if they receive treatment and services in a private facility.

The costs of public medical services and the needed tests are not that high in general; in fact, they are quite low compared with other countries. Still, the costs can be a burden for people with low income. Co-payment is a small part of the cost. Most of the costs are out-of-pocket payments for medication or for treatment that is obtained in the private sector.

In private institutions, patients have to pay the full amount for the services they receive. A diabetic patient spends about 50 to 100 Euros per month for treatment and monitoring, although most of the services provided in the public sector are free. Medication, in particular, can be expensive.

It is evident that many patients have difficulty paying their doctors, paying for needed tests, and managing the rest of their out-of-pocket payments. The costs for medication are high if we take into account that this condition is chronic and income levels in the country are quite low.

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.



People can suffer because of this. If patients do not have enough money, they usually find a way (borrow, ask for help at clinics, etc.), but there are those who remain untreated and are left on their own. This, of course, impacts the health of the population for the worse. Kosovo remains the only country in Europe that has not established

health insurance. This exacerbates the problem of creating advanced financial protections for patients struggling to manage their diabetes. The new health insurance scheme provides an opportunity to address this situation.

KEY FINDINGS

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

- 1.** 34.7% of diabetic patients and their families paid cash for health services, and another 25.8% said that this was somewhat true. Additionally, 36.2% of patients reported that their health costs were paid by someone else, such as a family member or a relative from abroad.
- 2.** The costs of visits to each kind of health professional varied. Visits to health specialists were reported to have the highest average cost per visit, approximately 61.6 Euros.
- 3.** Health service costs also varied. Diabetic patients reported that their highest cost per year was the treatment of retinopathy with advanced laser methods (4,274 Euros annually). Very high

health service costs were also reported for services such as nephropathy in oxygen chambers, diabetic foot examination, and the measurement of blood sugar levels, with average costs of 710 Euros, 156 Euros, and 139 Euros respectively. It is worth mentioning that the high cost for measuring glycemic levels is not due to a high cost per service, but rather due to the large number of services received, which average 231 tests per year among those who receive this health service.

- 4.** The findings from this survey support previous evidence that pills are the most frequently used therapy, with 77% of patients having used medication. The average monthly cost for this therapy is approximately 29 Euros. Insulin does not seem to be a big part of the cost, with patients reporting an average monthly cost of only about 3.31 Euros, but this



is due to the fact that insulin is mostly free in public hospitals. What seems to constitute the highest monthly cost per treatment type is the diet. Patients who are on special diets to control their glucose levels have reported an average monthly cost of around 43 Euros.

5. The annual health costs per diabetic patient were reported to be 830 Euros on average.

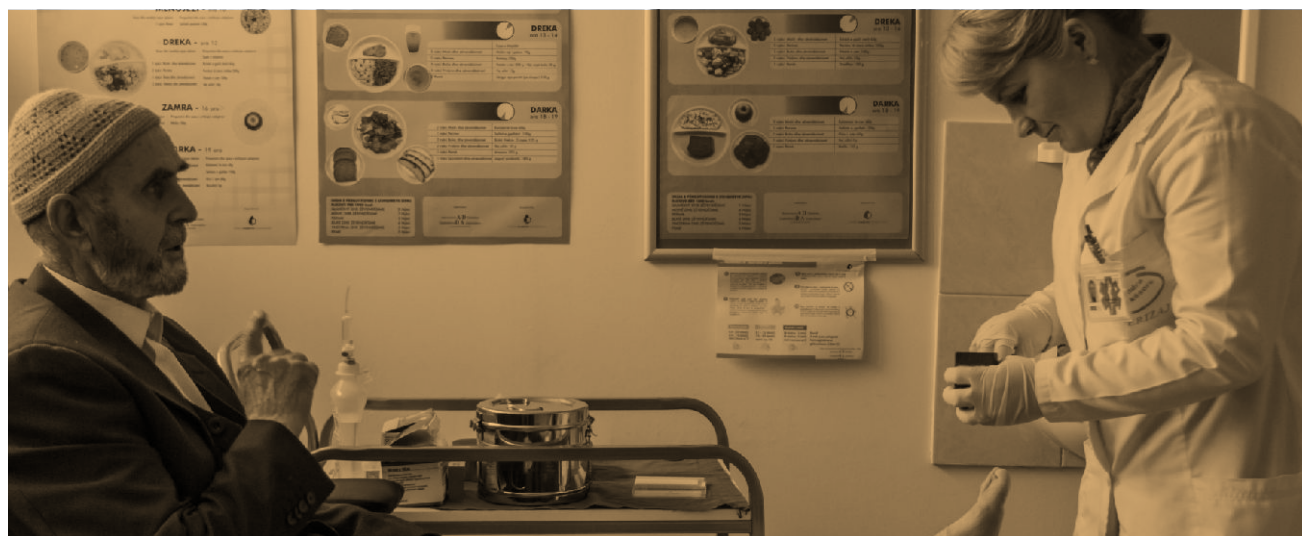
6. Most patients (51.4%) thought that expenses for health services were not affordable in their household budgets, and about 28.6% of them could hardly afford them. Only 20% of patients declared that their health service costs were affordable or somewhat affordable.



DISCUSSION AND RECOMMENDATIONS

These data show that patients in general pay for services and treatment for their diabetes out of their pockets, even though the cost is supposed to be covered by the state: namely the essential drugs list and health institutions. Patients are forced to find solutions by buying services and medical supplies in the private system. The results suggest that the annual costs for a diabetic

patient seem to be quite high for the Kosovo living standard, and especially for those under insulin therapy. These patients spend considerable amounts of money (more than patients with type 2 diabetes), most likely due to the treatment of complications and the use of additional medications that are not supplied by the state regularly and sufficiently.



These research data clearly demonstrate the difficulties diabetic patients face coping with the economic implications of their disease. This situation is surely manifested in the health condition of these patients and their inability to keep the complications of the disease under control. As a consequence, infirmity increases among diabetic patients, which is in turn reflected in society and public health in general. This happens due to the inability of the state to ensure the supply of medicine and other health services for these patients.

This situation demands that, in the next basic care package, the necessary treatments and services should be covered completely for patients with diabetes. This would eliminate the expenses that diabetic patients are charged. This would be ensured through planning for a sufficient supply of services at every level of care, including adequate and timely supply of the therapeutic preparations that are necessary to keep glucose levels and other complications under control.

There are several issues that would have to be tackled to undertake such an effort, and they are listed below.

- 1.** Routine medical checks or on an as-needed basis (to family doctors or other specialists) for people with diabetes should be covered by health insurance and included in the basic package of services for diabetes mellitus.
- 2.** It is apparent that diabetic patients spend considerable amounts of their financial means on the treatment of complications. Since the state does not cover these health services, and since public institutions do not possess trained staff and adequate medical supplies for the treatment of these complications, diabetic patients should either be covered to receive these services in private institutions or the capacity for public institutions to provide these services should be increased.

3. The service package should favor provision of consultative and educative services, as these will improve outcomes and save money.

4. Supplies of essential medication for people with diabetes should substantially improve. Public institutions should be supplied with adequate medical devices. Test tapes for monitoring glucose levels need to be given for free.

5. The basic package of services for diabetic patients must be standard and fair, offering the best chance to successfully manage the disease and to prevent possible complications for these patients.

6. To improve the situation regarding the health condition of diabetic patients, it is necessary to first have favorable health policies for this category of patients: namely a national program for diabetes (like in other countries), through which treatments and services for diabetes would be controlled.



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