

INTRODUCTION

This policy brief outlines and discusses the situation regarding insulin supply 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.

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.

The health system in Kosovo has not created sufficient infrastructure to provide the crucial components for the treatment of diabetes that have been deemed necessary by the St. Vincent Declaration and the WHO, such as: education, continuous care of diabetic patients, adequate treatment of complications, statistical data, and so forth.

One of the main problems faced by diabetics is the lack of a consistent supply of medicines from the essential list, including insulin. So far, the Ministry of Health (MOH) has on its essential list only glibenclamide and metformin preparations for peroral therapy, and human insulin. Pressure from the Association of Endocrinologists and SHKDAK has caused the MOH to move towards the provision of an insulin analog for 30% of patients, in particular for those with type 1 diabetes.

KEY FINDINGS

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

1. The number of insulin takers in Kosovo seems to be roughly proportional to the resident population in each region. For instance, based on a study of diabetic patients visiting the main family medical centers, Prishtina had the highest number of patients taking insulin, with 1,892 patients or 24.3%. The region with the second highest number of diabetic patients taking insulin was Prizren, with 1,654 patients or 21.2%. The proportion of insulin takers in the rest of the

regions were as follows: Peja (14.6%), Mitrovica (12.1%), Gjakova (10.7%), Gjilan (8.7%), and Ferizaj (8.3%).

2. The number of people with diabetes was clearly larger in older age categories. The majority of people with diabetes were age 50 and older, grouped by age as follows: 50-59 (18%), 60-69 (30%), and 70-79 (20%). Younger age categories, from 0 years up to 49 years, constituted a total of 11% of the patients who visited the medical centers. Not only was the number of diabetic patients higher in older generations, but also the proportion of those

patients who were given insulin. For example, patients age 50 and above who were diagnosed with diabetes were given combined insulin more than 90% of the time, while patients who were younger than 50 were given insulin somewhere between 43% and 87% of the time, depending on the age group.

3. The number of female diabetic patients who visited the main family medical centers was quite high (57.6%) compared to the number of male patients (42.4%). This is due to a higher proportion of females among people with diabetes.

4. The total number of diabetic patients who visited the main family medical centers (QKMF) included in this study was 7,796. Among them, 6,317, or 81%, were given combined insulin, 979 (13%) were given fast insulin, and 396 (5%) were given slow insulin. The average number of combined insulin units given to patients was 47 international units (IU).

5. The average number of units given to patients for the other two types of insulin was much lower: 22 IU of fast insulin and 24 IU of slow insulin. Nevertheless, the standard deviation of the distribution of the daily dosage of insulin was higher for fast insulin than for combined insulin or slow insulin.

In addition, the distribution of the daily dosage of insulin given to patients was skewed to the right for all three types of insulin, but it was much more skewed to the right for fast insulin. This shows that doctors are not reluctant to prescribe higher doses when it comes to fast insulin, but when it comes to the other types, doctors tend to prescribe dosages that are closer to the average. Whether the peculiarity of the distribution of the dosage of fast insulin compared to the other types of insulin is consistent with medical best practices is subject to further study and the evaluation of professionals in this field.

POLICY RECOMMENDATIONS

Successful management of diabetic patients in a country depends on the provision of adequate doses of insulin to the patients who depend on insulin.

The Ministry of Health has achieved success recently regarding insulin therapy by supplying sufficient amounts of insulin during the whole year and, more recently, also supplying analog insulin. This practice should be continued and used as a model to be reflected in other aspects of the management of the disease.

The appropriateness of current practices surrounding insulin use cannot be determined with the facts in this policy brief. This should be investigated further to determine whether the usage fits the needs of diabetic patients and improves the outcomes indicating disease control.



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