

INTRODUCTION

This policy brief provides information about the availability and utilization of services for diabetes treatment in Kosovo. The brief provides some key facts regarding the current state of affairs and some ideas for how to deal with such situations in the future.

Patients with diabetes are treated at all three levels of care. These include primary care centers, regional hospitals, and university clinical centers for tertiary care. A large portion of service provision takes place in the private sector. The system of care is characterized by poor diagnostic ability, as well as inadequate supplies of medication and testing equipment.

Services for diabetic patients are generally available. Blood pressure measurement, daily glucose monitoring, eye screening, renal function measurement (urea, creatinin), foot examination, and neurological checks are some of the tests that are performed periodically in order to maintain control of the disease. However, this general availability does not mean that all diabetic patients are receiving systematic monitoring.

The aim of this policy brief is to assess the availability of basic services and medications for the diagnosis and treatment of patients with diabetes and to suggest policy measures that can improve the current situation.

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.



KEY FINDINGS

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

1. Almost all diabetic patients have undergone blood tests and glycemic level measurements during the course of treatment of the disease, and they have received these tests quite often. The measurement of glycemic levels occurs the most frequently: almost every day on average.

2. Most patients have received services such as urine tests (88%), regular visits to the doctor (81%), blood fat tests (79%), advanced health advice on diet (68%), and education about treatment of the disease.

3. Less than half of diabetic patients have received services such as examinations of the feet (17%), treatment of retinopathy with advanced laser methods (12%), and nephropathy in oxygen chambers (4%).

4. Most patients began receiving treatment for their diabetes around 2005 or 2006 on average, while more advanced services such as laser treatment of retinopathy and nephropathy in oxygen chambers became available later: around 2009 and 2008, respectively.

5. This study confirms, as expected, that the most common treatments diabetic patients receive are the standard therapies, such as anti diabetic tablets (77.5% of patients), insulin (59%), diet modification (53.2%), and increased physical activity (50.6%).

6. Among patients who receive therapy, those who take insulin are the most consistent in their regimen, with 98.3% taking it on a daily basis. Those who receive tablet therapy also are quite consistent; 89.9% of them take their tablets regularly.

7. 93.8% of diabetic patients receiving tablet therapy get their tablets in private drugstores (pharmacies).

8. Blood glucose meters (equipment for measuring glucose levels in the blood) have not reached the entire population of diabetics (78.2%). 74.1% of patients who have glucose meters bought their meter themselves, while 21% reported receiving it as a giveaway from others. Only 4.2% of patients received a meter as a donation from various organizations and donors.



DISCUSSION AND RECOMMENDATIONS

The findings above reflect the current situation, illustrating the lack of supplies, inadequate provision of the full spectrum of services, lack of knowledge and awareness among patients, and the unregulated (by special policies) status of diabetes patients in the country.

Some additional clarifications regarding the findings are stated below. First, even though most patients (78.2%) have blood glucose meters, this percentage might be considered low by many health professionals, and improvements must be made in the future. These meters are essential for regular monitoring of the disease by patients, which is a key factor affecting adjustments to their daily medication intake.

Second, although the data from the survey show good insulin utilization, other research shows that the insulinization of patients with diabetes is not performed at satisfactory levels, and in fact is the lowest in the region. Cost is not the reason for

this situation because insulin is on the essential drugs list, and its distribution is quite regular in the whole region of Kosovo.

The primary reasons are the unwillingness of patients to undergo insulin therapy due to lack of education, as well as some prejudices that exist in the population, and the hesitation of doctors to prescribe insulin. Finally, blood glucose meters—and other necessary tools for self-monitoring—have costs and unfortunately are not included on the essential drugs list.

Thus, an unsatisfactory percentage of patients with diabetes have blood glucose meters, which makes it more difficult for the doctor to assess the status of the patient and to continually monitor his condition.



There are several important directions that policy discussions should take to address the issues of access to and utilization of services and treatment by diabetic patients. They are listed below. Most of these could be part of a national plan for diabetes. The National Association of Diabetes in Kosovo has advocated for such a plan for the past few years.

- 1.** Further work is needed to inform the population about the importance of diabetes therapy in preventing complications, particularly the benefits of insulin therapy. Also, it is very important for patients to get information regarding diet and physical activity using all means of communication, including printed and electronic media.
- 2.** Undoubtedly, an essential element of the treatment of diabetic patients is regular monitoring, especially the daily measurement of

glucose levels by the patient himself at specific intervals during the day.

- 3.** Inclusion of a complete set of services in the basic package of care is necessary to address issues of treatment access and utilization at the policy level. This would have an undisputed impact on increasing the availability and improving the quality of services for the treatment of diabetic patients. National programs in other countries have implemented this successfully and it has had a positive impact on the management of patients with diabetes.
- 4.** Development of the professional capacities of health care providers is another key element that will improve the overall provision of services to diabetic patients.



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