



Introduction by IDF Europe Chair Elect - Overarching theme & introduction to diabetes challenges and financing in Central and Eastern-European Countries

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IDF Europe World Diabetes Day Symposium

ACCESS TO DIABETES CARE – IF NOT NOW, WHEN?

Innovative financing for sustainable access to quality diabetes care in Central and Eastern Europe - How Far Are We from Universal Health Coverage?

18 November 2021 – 12.00 – 13.15 CET



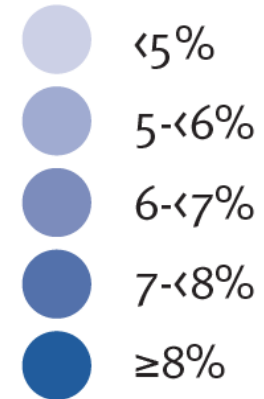
Centenary of insulin overarching theme: Access to care

The theme for World Diabetes Day 2021 is Access to Diabetes Care.

- In Europe, some 61 million adults (10%) live with diabetes, forecast to increase to 66 million by 2030
- People with diabetes require ongoing care and support to manage their condition and avoid complications.
- Equitable access to treatment needs to be guaranteed according to the most up-to-date evidence regarding the benefits of medicines and technologies, including newer alternatives



Prevalence* of diabetes (20–79 years), 2021



Health expenditure

- In 2019, the total diabetes-related health expenditure in the EUR Region is estimated to be USD 161.4 billion.
- The Region has the third largest expenditure on diabetes of all IDF Regions, accounting for 21.2% of the global spend on diabetes.
- As a result of the intensity of diabetes treatment in the Region, diabetes is responsible for a large share of total health expenditure, ranging from 4.2% in Ireland to 23.8% in Turkey.
- For adults aged 20–79 years, diabetes related health expenditure is projected to reach USD 168.5 billion in 2030 and USD 159.6 billion in 2045.
- Regarding mean annual health expenditure per person with diabetes, the largest estimates in the EUR Region are for Switzerland (USD 11,916), Norway (USD 9,061) and Luxembourg (USD 7,978).
- The lowest estimates are for Tajikistan (USD 145), Kyrgyzstan (USD 194) and Ukraine (USD 341).

Country or territory	Adult population (20–79 y), 1,000s	Adults with diabetes (20–79 y), 1,000s	Diabetes prevalence (20–79 y), %	Age-adjusted comparative diabetes prevalence (20–79 y), %	Cost per person with diabetes (20–79 y), USD
Albania ⁱ	2,103.0	241.1	11.5	9.1	676.1
Armenia ⁱ	2,087.5	133.6	6.4	5.6	1,174.3
Azerbaijan ⁱ	7,058.0	397.1	5.6	5.6	482.4
Belarus ⁱ	6,981.8	483.0	6.9	5.6	1,023.5
Bosnia and Herzegovina ⁱ	2,506.8	305.9	12.2	9.1	1,125.2
Bulgaria	5,227.1	519.3	9.9	7.4	1,892.4
Croatia	3,058.7	212.7	7.0	4.8	1,197.5
Czechia	8,058.7	791.4	9.8	7.1	2,177.5
Estonia	960.0	83.9	8.7	6.5	1,826.6
Georgia	2,803.6	190.6	6.8	5.7	877.1
Hungary	7,309.6	661.4	9.1	7.0	1,465.9
Kazakhstan ⁱ	11,949.4	807.7	6.8	6.6	764.2
Kyrgyzstan ⁱ	3,908.1	256.4	6.6	6.6	231.0
Latvia	1,353.3	115.8	8.6	5.9	1,335.0
Liechtenstein ⁱ	27.8	2.5	8.9	6.1	–
Lithuania	1,976.1	186.9	9.5	5.8	1,342.5

Country or territory	Adult population (20–79 y), 1,000s	Adults with diabetes (20–79 y), 1,000s	Diabetes prevalence (20–79 y), %	Age-adjusted comparative diabetes prevalence (20–79 y), %	Cost per person with diabetes (20–79 y), USD
Montenegro ⁱ	454.5	54.7	12.0	9.1	–
North Macedonia	1,571.6	116.1	7.4	6.1	980.5
Poland	28,518.0	2,677.0	9.4	6.8	994.3
Republic of Moldova ⁱ	3,094.6	207.3	6.7	5.6	491.7
Romania	14,231.4	1,199.0	8.4	6.5	930.2
Russian Federation	105,944.9	7,392.1	7.0	5.6	1,739.8
Serbia ⁱ	6,521.1	796.8	12.2	9.1	1,424.4
Slovakia	4,159.0	349.7	8.4	5.8	1,554.2
Slovenia	1,553.5	137.8	8.9	5.8	2,496.1
Tajikistan ⁱ	5,238.9	327.6	6.3	6.6	169.3
Turkmenistan	3,702.9	223.7	6.0	6.7	1,681.1
Ukraine ⁱ	32,683.0	2,325.0	7.1	5.6	625.4
Uzbekistan	21,349.8	1,351.8	6.3	7.0	205.3



Overarching message of the symposium

- **To ensure equitable and sustainable access to quality diabetes care, it is time to rethink how care is financed. The focus of this webinar will be on Central and Eastern Europe, where new financing mechanisms/strategies are still required to ensure that the 2030 Sustainable Development Goals, in particular Targets 3.4 and 3.8 can be achieved.**
- *2030 Agenda for Sustainable Development - Target 3.4 to reduce premature mortality from NCDs by one third by 2030*
- *2030 Agenda for Sustainable Development – Target 3.8: Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all*



<p>Welcome by moderator</p>	<p>Dr Niti Pall, IDF Europe Chair</p>
<p>Introduction by IDF Europe Chair Elect - Overarching theme & introduction to diabetes challenges and financing in Central and Eastern-European Countries</p>	<p>Professor Nebojsa Lalic, IDF Europe Chair Elect</p>
<p>Roll call of Eastern European diabetes associations on World Diabetes Day – Short report</p>	<p>Iryna Vlasenko, IDF Vice-President</p>
<p>Key principles/strategies supporting availability and affordability of core diabetes interventions and services with a focus on:</p> <ul style="list-style-type: none"> • Re-design of healthcare systems incl. strengthening of primary care; health promotion and prevention policies • Patient-centred/integrated care • Expanding availability of medicines/medical devices 	<p>Dr. Adrian Pana, Center for Health Outcomes & Evaluation, Romania</p>
<p>Innovative financing strategies for improved diabetes care & health system strengthening in middle-income countries</p> <ul style="list-style-type: none"> ○ Options, pre-requisites and barriers ○ Success stories 	<p>Andrea Feigl, Health Finance Institute, CEO</p>



<p>Examples of implementation in Eastern Europe/Central Asia:</p> <p>Kazakhstan</p> <p>Review of recent healthcare reforms designed to improve accessibility, equity, efficiency and quality of healthcare services</p> <p>Uzbekistan</p> <p>Review of recent healthcare reforms designed to improve care quality, efficiency and equity in health financing</p>	<p>Dr. Zhanay A. Akanov, Ministry of Health of Kazakhstan</p> <p>Prof. Ismailov, President of the Endocrinological and Diabetes Association of Uzbekistan</p>
<p>Panel discussion & questions from the audience</p>	<p>All</p>
<p>Conclusion and call for action</p>	<p>Professor Nebojsa Lalic, IDF Europe Chair Elect</p>