



## **IDF EUROPE WEBINAR**

**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**

## INTRODUCTION

*On 18 November 2021, as part of its World Diabetes Day campaign, IDF Europe held a webinar focused on Central and Eastern European (CEE) countries, where new strategies and financing mechanisms are required to ensure that the 2030 Sustainable Development Goals can be achieved, in particular Target 3.4\* and 3.8\*. Experts from the region explored key strategies supporting improved availability and affordability of core diabetes interventions and services including budget prioritisation, re-design of healthcare systems and review of procurement systems as well as health financing mechanisms and innovative approaches to healthcare system financing.*

## OPENING REMARKS

After a round of introductions, **Dr Niti Pall**, IDF Europe Chair and moderator of the webinar, gave the floor to IDF Europe's Chair-elect, **Nebojsa Lalic**. Professor Lalic explained that the prevalence of diabetes in Europe is far from acceptable. More than 60 million European adults live with diabetes. Additionally, access to the treatments required to manage diabetes is far from equitable across the continent. Professor Lalic presented mean annual diabetes healthcare expenditure, which showed stark differences between countries. In Switzerland, for example, expenditure is estimated to stand at US\$11,916 per person living with diabetes, while expenditure is estimated at US\$145 in Tajikistan, US\$194 in Kyrgyzstan and US\$341 in Ukraine. To achieve universal health coverage (UHC) and improve health outcomes for all people living with diabetes (PwD), it is time to rethink how care is financed.



**With 61 million adults in Europe living with diabetes and up to 66 million by 2030, 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.**



Professor Nebojsa Lalic, IDF Europe Chair Elect

## SPEAKERS AND MODERATOR



**ZHANAY A. AKANOV**  
CHIEF EXPERT FOR  
ENDOCRINOLOGY MINISTRY OF  
HEALTH OF KAZAKHSTAN



**ANDREA FEIGL**  
FOUNDER AND CEO OF  
HEALTH FINANCE INSTITUTE



**SAYDIGANIKHODJA ISMAILOV**  
CHAIR OF THE DEPARTMENT  
OF ENDOCRINOLOGY AT THE  
TASHKENT PAEDIATRIC  
MEDICAL INSTITUTE



**NEBOJSA LALIC**  
IDF EUROPE CHAIR ELECT



**NITI PALL**  
CHAIR, IDF EUROPE



**ADRIAN PANA**  
SENIOR CONSULTANT AT  
THE CENTRE OF HEALTH  
OUTCOMES &  
EVALUATION, ROMANIA



**IRYNA VLASENKO**  
IDF VICE PRESIDENT

## PANEL PRESENTATIONS

### DR IRYNA VLASENKO:

Iryna Vlasenko, IDF Vice-President, presented the framework through which CEE countries cooperate and identified some common challenges and needs across IDF Europe's Member Associations (MAs) from the region. Although the European region has the second highest average healthcare costs per PwD, representing 19.6% spent worldwide, the situation in CEE region is strikingly different from country to country. The lower-income-countries, in particular, experience underfunding problems coupled with high levels of waste\* and inefficiency in their healthcare systems.

Other common challenges are the lack of statistics and poor data quality, the absence of national diabetes plans, the lack of access to new technology and medicines (including insulin) coupled with lack of diabetes education.

Despite the many challenges, Dr Vlasenko believes that by working together and improving horizontal communications, everyone can achieve more.

All European MAs have common goals and many of the same problems. Working together, CEE MAs can contribute significantly to a stronger European partnership of diabetes stakeholders.

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*The EEC member states of the Commonwealth of Independent States approved a programme on the prevention and treatment of diabetes for the period 2021-2025 showing the positive impact of the focus on diabetes in the last few years.*  
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## DR ADRIAN PANA:

Adrian Pana, health consultant at the Centre of Health Outcomes & Evaluation in Romania, presented the key principles and strategies supporting availability and affordability of core diabetes interventions and services. Dr Pana explained that as the life expectancy increases, so do the years living with disability and multimorbidity. New diabetes cases are on the rise and there is also a lack of efficient and sustainable prevention programmes coupled with suboptimal involvement of primary care teams in risk assessment, diagnosis and treatment of people at risk or those who already live with the condition.

To overcome these challenges and improve care pathways for all, governments need to commit to re designing health systems. To reduce the burden of diabetes for people and healthcare systems, sustainable investment in health promotion and disease prevention, health-in-all policies approach and intersectoral collaboration as well as health education throughout lifetime must be guaranteed.

*“When we are redesigning our healthcare systems to a more patient centred/integrated care model, we need to objectivise and prioritise diabetes as a major public health problem due to the burden of the disease through its cost and consequences.”*

Dr Pana also called for wider usage of electronic health records and diabetes registries, promotion of collection and analysis of real-world evidence and a move towards interoperability of information for the entire network as pre-requisites for making diabetes care more integrated and person-centred.

## MS ANDREA FEIGL:

Andrea Feigl, CEO and founder of Health Finance Institute (HFI), outlined innovative approaches to healthcare systems financing and the role of private capital to reach various development goals. According to Ms Feigl, mobilising private capital at scale requires blended finance ecosystems where public and philanthropic funds can be leveraged to catalyse private investment.

This investment must result in social, economic and environmental progress. In the context of diabetes care, these innovative strategies can contribute to cost-effective prevention, re-design of primary care services, decreased out-of-pocket expenditure and increased investment in innovative treatments and technologies. Among Eastern European countries, only Russia was found to use

innovative finance in healthcare sector in 2021 in the form of impact bonds. However, the HFI, in partnership with the Danish Red Cross, is currently working on an access programme for vulnerable elderly with Type 2 diabetes (T2D) in Armenia. The partners are looking at the health and economic impact of this programme and whether it could be financed through a larger-scale investment in a form of a social impact bond. If it becomes a 'paid-for-success' model, the ultimate goal is to integrate the programme into a larger-scale insurance system or the national health system.

“*Investment in primary care and prevention has direct implications not just on health but also on the direct and indirect costs faced by healthcare systems, wellbeing, productivity and the economy at large.*”

**PROF ZHANAY AKANOV:**

Zhanay Akanov, Chief Consultative Expert for Endocrinology of the Ministry of Health of Kazakhstan, gave an overview of how diabetes and its many complications have a devastating impact from a personal perspective, but also negatively affect workforce productivity and economic output.

The average economic loss from lost years of life due to disability and mortality in PwD of working age in Kazakhstan was US\$57 million in 2014 and increased to US\$74 million in 2016. In a study of 30,611 people living with Type 1 diabetes (T1D) in 2020 and using such indicators as direct non-medical costs, indirect costs and payments of wages for incapacity, the costs associated with the management of diabetes comorbidities were found

to be very high. The total costs for complications such as hypoglycaemia, ketoacidosis, retinopathy, nephropathy and neuropathy were US\$7.9 million. This cost analysis research will support the development of a National Diabetes Programme for 2022-2024

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*The number of endocrinologists in Kazakhstan is far from being sufficient with an average of 0.4 endocrinologists per 10,000 people, this shows a need to form and train a considerable number of endocrinologists in the near future to improve diabetes care.*

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**PROF SAID ISMAILOV:**

Said Ismailov, Chair of the Department of Endocrinology at the Tashkent Paediatric Medical Institute (Uzbekistan), presented Uzbekistan's draft strategy to reform and finance healthcare in the country by 2025. According to Professor Ismailov, the focus of the healthcare transformation is on optimising approaches to human health, and ensuring the coverage, accessibility and quality of care.

At present, human insulin is free of charge for all adults living with T1D who are registered at the clinic at their place of residence. Analogue insulins are also free of charge for all children living with T1D. People with T2D, however, have to pay for hypoglycaemic drugs and insulin out of pocket.

The accessibility and affordability of new technologies are also quite low. One of the main objectives of the healthcare re-design in Uzbekistan is to increase the accessibility to, and quality of, medical care by leveraging public-private partnerships and medical tourism as well as improving the competitive environment to attract more investments into the healthcare sector.

***“ A goal of reforming the healthcare system to optimise approaches to human health, to ensure coverage and access to quality care has been set by 2025 in Uzbekistan ”***



**CONCLUDING REMARKS:**

*After a short but lively panel discussion and questions from the audience, Prof Lalic closed the webinar with a call for action to improve access to quality diabetes care in Central and Eastern Europe through innovative financing mechanisms. On behalf of IDF Europe, Prof Lalic highlighted the following priorities:*

- Prevention has shown to be effective at reducing the risk, or delaying the onset, of Type 2 diabetes and diabetes-related complications; is cost-effective and should be prioritised in healthcare systems;*
- Healthcare systems should be re-designed, with a focus on investment in primary care;*
- New financing mechanisms should be introduced to decrease out-of-pocket expenses, ensure equitable and affordable access to quality care for PwD and increase investments in innovations;*
- More transparency and improved country competence are required to improve procurement systems and;*
- PwD should be adequately represented in co-designing healthcare systems and should also be involved in Health Technology Assessment processes.*

***We thank all our guest speakers and the audience for their participation.***

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*Lilly*

**NOTES\* :**

**Target 3.4** – Reduce premature mortality from NCDs by one third by 2030.

**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.

**Healthcare waste** - is defined as 'healthcare spending that can be eliminated without reducing the quality of care'.