

ALTERNATIVE SUBMISSION **to the 26th UN Human Rights Council session** **on the UNIVERSAL PERIODIC REVIEW** **of the Republic of MOLDOVA**

The Submitting Stakeholder

1. This report is submitted by the Association of Young People with Diabetes of Moldova, which is a nonprofit organization (under reorganization) which acts to improve the children and young people with diabetes welfare and promotes diabetes health care standards nationwide by: support to live healthy lives in taking responsibility for self-care and advocates the right to qualitative and available diabetes medication, education, devices and services.

The issue to be addressed: Right to health of people with diabetes

2. There are several areas in which Moldova fails to deliver on its human rights obligations in the field of health of people with diabetes. While these issues are not exhaustive, this paper focuses on the following concerns which require urgent action as highlighted by the persons most affected by these rights violations.

Summary - Topic

Background

1. Right to Medication
2. Insulin Injection Devices
3. Test Strips
4. Diabetes Education
5. National Diabetes Register
6. Financing
7. Diabetes Emergency Services
8. Diabetes Pregnancy Services
9. Kidney Failure Treatment

Recommendations for decision makers

Background

3. Provision of diabetes education, medication, strips for blood sugar control and health care providers are all highly important parts of the package of care for diabetes people, according to the international diabetes guidelines¹. As one of the four major non-communicable diseases (NCD), the diabetes epidemic doubles the number of patients each decade: 36.646 - in 2003, 67.000 - in 2012, 83 884 - in 2014. This chronic and incurable disease is responsible for about 400 deaths annually and limits many lives with life-threatening complications for over 84000 patients annually in Moldova.

¹ Global IDF/ISPAD Guideline for Diabetes in Childhood and Adolescence, <http://www.idf.org/global-idfispad-guideline-diabetes-childhood-and-adolescence>; Global Guideline for Type 2 Diabetes 2012, <http://www.idf.org/global-guideline-type-2-diabetes-2012>

1. The right to adequate medication

4. There are no universal access to insulin analogues² for children, young, pregnant women and patients with diabetes complications. Only 9% of insulin-dependent patients have access to insulin analogues, while the state has committed the 70 percent ratio according to the 2011-2015 National Diabetes Program. Only 1350³ patients receive these essential drugs of total about 15.000 patients in 2015 and 14.308 – in 2014⁴.

5. This includes 80% of children with type 1 diabetes (312 of total 390), adults with type 2 diabetes, missing the priority for young adults with type 1 diabetes, including pregnant women (estimated over 3500 persons).

6. Because of poor management, the insulin-analogues crisis happens and the patients are forced to buy them, given that Moldova is the poorest country in Europe⁵. So, the insurance budget for the insulin analogues in the period 2013-2015 was 17.2 million MDL⁶ and in 2016 - 21.2 million MDL⁷. On the one hand it shows an increase of 23.2%, but on the other hand, if superpose with 60.9%⁸ of the MDL depreciation, that indicates a number decrease of the patients provided with insulin analogues.

2. Unavailable insulin injection devices

7. There is no access to serings, pens, pumps, needles, lancets for over 14 thousands diabetes insulin-dependent patients. Only children could receive 200 pen's needles annually⁹.

8. There is no access to insulin pumps. The National Diabetes Program does not provide and the patients are purchasing from neighboring countries. Only 2% of children with diabetes¹⁰ allow this luxury. Thus, there are 120 cases of ketoacidosis or hypoglycemic comas in diabetic children annually.

3. No provision to funding strips for blood sugar control

9. The young people with diabetes¹¹, including, the pregnant women¹² are not provided with glucose test strips. According to the National Diabetes Program, 70% of children with diabetes should to be assured with glucometers and strips. The children with diabetes were provided with glucometers¹³ but with only 25 blood sugar strips¹⁴, while international guidelines recommend at least 3-4 measurements per day in the insulin intensive treatment.

4. Lack of adequate diabetes education

10. In Moldova there are no National Standards on Diabetes Education for health care professionals and patients. According to the same National Diabetes Program,

² A lifesaving mandatory treatment and first-choice drugs in European and US guidelines, especially in type 1 diabetes

³ <http://www.ms.gov.md/?q=stiri/acces-insulina-bolnavii-diabet>

⁴ National Center of Health Management

⁵ According to the Legatum Prosperity Index 2015

⁶ Moldovan national currency

⁷ According to the National Programs Department, Ministry of Health

⁸ 1 USD = 12,3 MDL in 2013, <http://www.cursbnm.md/curs-valutar-15-martie-2013>; 1 USD=19,8 MDL in 2016, <http://www.cursbnm.md/>

⁹ According to Pediatric Endocrinology Department

¹⁰ According to Pediatric Endocrinology Department

¹¹ 18+ year,

¹² Gestational or pre-existing diabetes

¹³ Financed by National Health Insurance Fund, national or local public budget, donations

¹⁴ The equivalent of 25 measurements, available for 5-6 days

80% of patients with diabetes had to be included in the diabetes education trainings. There are no statistical data on trained patients; also the general practitioners do not practice the diabetes education. There is one public primary health care center that practices diabetes education courses¹⁵ and some private ones.

5. Lack of qualitative data, only non-unified quantitative data

11. There are no unified statistical data regarding people living with diabetes in Moldova. Therefore, the public health care program¹⁶ is not based on real needs (qualitative data) in a National Diabetes Register, while the scales of programs and the number of beneficiaries casts doubts on their sufficiency, adequacy and effectiveness. The real number of diabetes and pre-diabetes people is estimated to be 3,7 times bigger, which means that over 309 thousands of people are not receiving any access to necessary health care.

6. No adequate diabetes emergency health care services

12. There are difficulties in accessing diabetes emergency health care. Only three Endocrinology departments are accessible for adults (Balti region, Chisinau region and one for all the country) from five, two others - for public employees and one - for children with diabetes. Only 24 beds are available for over 20.420 patients with diabetes, including 3.733 insulin- dependent, from Chisinau region at the „Sfinta Treime” Municipal Hospital, in medical emergencies.

7. Lack of diabetes pregnancy health care services

13. The number of pregnant women with pre-existing diabetes is increasing, mainly from an increase in type 2 diabetes (over 5.000 per year), but also an increase in insulin-dependent diabetes (over 500 per year). Despite this, the number of averts is high. There are only 50 estimated diabetes delivery per year¹⁷, because of lack of adequate prenatal care infrastructure (center or department) and trained professionals (endocrinologist, obstetrician, neonatologist, registered dietitian, diabetes educator).

14. Approximately 87.5% of pregnancies complicated by diabetes are estimated to be due to gestational diabetes (which may or may not resolve after pregnancy), with 7.5% being due to type 1 diabetes and the remaining 5% being due to type 2 diabetes¹⁸.

15. The pregnant women are not included as criteria for provision on insulin cartridges and insulin analogue¹⁹, even if the insulin analogues serve as first-choice drug for blood sugar control during pregnancy. Also the insulin pumps are not assured for them.

8. Unavailable access to kidney failure treatment for diabetes people

16. Unacceptable long waiting lists, the lack of transparent criteria and financing, the corruption are the main causes of poor access to kidney failure treatment (dialysis, kidney transplant) for diabetes people. The diabetes life

¹⁵ Botanica Family Doctors center FDC, <http://amt-botanica.ms.md/>

¹⁶ 2011-2015 Diabetes National Program, Government Decision no. 549/21.07/2011, <http://www.ms.gov.md/files/7301-MoldDiab%25202011-2015%252020.10.pdf>

¹⁷ According to Ministry of Health's 2001-2005 data

¹⁸ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3385360/>

¹⁹ Ministry of Health Order no.750/26.06.2013

expectancy²⁰ in Moldova is lower. For diabetes type 1 is estimated 30-40 years less²¹, and 20 years lower in diabetes type 2, compared with the European diabetes life expectancy average - 10 years shorter in type 2 and reduced by 20 years in type 1 diabetes²².

17. Eight Hemodialysis²³ departments from Moldova provides services to only 59.8% of patients (718²⁴). Estimates, only 3-5% of dialysis patients have diabetes, while clinical estimates show that 10-40% (30% of patients with type 1 diabetes²⁵ and 10-40% of diabetes type 2²⁶ develop kidney failure)²⁷ of the dialysis needs refers to diabetes mellitus. Geographically the dialysis centers are not homogeneous localized and is concentrated in the capital city: 5 - in Chisinau, 1 - Balti, 1 - Cahul, 1- Comrat. Also, only two centers operates under public-private partnership.

18. There are 80 functional hemodialysis machines in the country hospitals, while it takes 200. Over 1200 people need dialysis²⁸. The deaths number related to diabetes vital complications exceeds 370 cases annually and a quarter refers to type 1 diabetes. The diabetes type 1 deaths doubled in 2014 (31- in 2012, 64 - in 2013, 124 - in 2014).

19. The number of patients with kidney failure from the waiting list and the criteria to access this service are not transparent. Lack of funding has created confusion in access to this quality procedure. Until 2015 patients were differentiated according to the category of service: erythropoietin²⁹ including (twice expensive) and without this³⁰. In 2016 a hemodialysis session costs 1,600 MDL³¹. At least 95% of juvenile onset diabetes (over hundred deaths annually) had no access to dialysis, especially, in 2008-2015.

20. Even if the peritoneal dialysis is an alternative treatment for patients with diabetes, it is not applied in Moldova. In Moldova there are estimated 500 patients who need kidney transplant, but only 41 are included in the waiting list³². No diabetes patient didn't benefit of kidney transplant in Moldova, at the same time there is good practice in Romania in this area.

Recommendations for decision makers

21. Draft and approve the 2016-2020 National Diabetes Program according to patients' real needs, clear objectives and indicators, effective financial resource planning as set out in Romania³³. Creation of the National Diabetes Register;

22. Approve the National Diabetes Education Standards for health care professionals and patients;

²⁰ According to the Disease Staging criteria

²¹ Estimating by the Moldova Association of Diabetes Young People DIA <https://diabetmd.wordpress.com/>

²² <http://www.diabetes.co.uk/diabetes-life-expectancy.html>, The Diabetes UK Report, Diabetes in the UK 2010: Key Statistics on Diabetes

²³ Artificial kidney

²⁴ Provided data from the Ministry of Health (2014)

²⁵ Juvenile onset

²⁶ Adult onset

²⁷ <http://www.kidney.org/atoz/content/diabetes>

²⁸ <http://unimedia.info/stiri/in-cinci-spitale-raionale-din-r--moldova-vor-fi-deschise-centre-moderne-de-dializa-74732.html>

²⁹ Vital drug in kidney failure is injected when this protein hormone produced by the kidneys to stimulate production of red blood cells missing.

³⁰ According to unified tariffs catalog for medical services

³¹ <http://www.e-sanatate.md/News/2228/doi-agenti-economici-si-au-manifestat-interesul-de-a-investi-in-serviciul-de-hemodializa>

³² According to the expert committee in Transplantology, http://www.publika.md/sunt-in-lista-de-asteptare--cate-transplanturi-de-ficat-planifica-sa-efectueze-medicii-moldoveni-in-2015_2211591.html

³³ <http://www.cnas.ro/page/programul-national-de-diabet-zaharat.html>

23. Increase the insulin analogues access to real 70 percent ratio for children, young, pregnant women and long-term complicated diabetes;
24. Increase the access to the blood sugar strips for children, young, pregnant women and long-term complicated diabetes people;
25. New National Diabetes Program's aim regarding the insulin pumps providing to diabetes children, young people, pregnant women, including through the public-private partnership projects (ie. Rent pump during pregnancy and supplies ensuring);
26. Transfer the Global Diabetes Guidelines provisions into National Diabetes Clinical Guidelines and update every two years;
27. Transparency and equity (clear criteria) to managing the dialysis and kidney transplantation waiting list, including for people with diabetes;
28. Homogeneous location of the dialysis centres;
29. Apply the peritoneal dialysis and home haemodialysis as alternatives to centre dialysis, in order to streamline the flow of old patients and give the access to new.