

ALTERNATIVE SUBMISSION to the 62nd UN Economic, Social and Cultural Rights Committee session on the International Covenant on Economic, Social and Cultural Rights Review of the Republic of MOLDOVA

The Submitting Stakeholder

1. This report is submitted by the DIA Association of Young People living with Diabetes¹, a nonprofit organization which acts to improve the children' and young people' living with diabetes life quality and expectancy by empowering for selfcare and advocates the access to qualitative and available diabetes essential medication, therapeutic education and technologies.

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

2. Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (article 12)

3. There are several areas in which Moldova fails to deliver on its human rights obligations in the field of healthcare for people living 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.

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Summary

Background

1. Access to essential medication (insulin analogues)
2. Access to technologies: insulin injection and self-monitoring devices
3. Diabetes therapeutic education services
4. Diabetes health care management system: National diabetes register; Financing; Diabetic emergencies; Diabetes pregnancy services; Diabetic kidney failure
5. Recommendations for decision makers

Background

4. 80 percent of Moldovan population perceives the right to health the most frequently violated²: corruption, shortage of competent healthcare professionals, especially in rural areas; low access to emergency services in rural areas, poor quality health care services.

5. Provision of therapeutic diabetes education, essential medication (insulin analogues), self-monitoring devices (strips for blood sugar control) and health care

¹ <https://www.facebook.com/AsociatiaTinerilorcuDiabet/>

² Perceptions on Human Rights in the Republic of Moldova Study, OHCHR, Ombudsman Office and Equity Council, 2016, <http://md.one.un.org/content/unct/moldova/en/home/publications/joint-publications/perceptions-of-human-rights-in-the-republic-of-moldova.html>

services/providers are all highly important parts of the basic care package for diabetes people, according to the international diabetes guidelines³. As one of the four major non-communicable diseases, 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 90000 patients annually in Moldova.

1.The access to essential medication (insulin analogues)

6. There are no universal access to insulin analogues⁴ for young people, pregnant women and patients with long-term 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 1350⁵ patients receive these essential drugs of total about 15.000 patients in 2015 and 14.308 - in 2014⁶. Other 91% are assured by human insulin, of which only 20% in accessible cartridge, others - in the vial. In comparison, in Romania the insurance rate with insulin analogues is 80% and 20% of human insulins. This includes 100% of children with type 1 diabetes (390 registered children and ados), adults with type 1 and type 2 diabetes, missing the priority for pregnant women with type 1 or gestational diabetes of total about 5000 registered type 1 diabetes people.

7. The access to insulin analogues is restricted by the provisions of point 17, 21 and 23 of the Regulation on access to insulin analogues approved by the Order of the Ministry of Health no. 610 of 25.07.2016, as well as the provisions of the Ministry of Health no. 01-6 / 146 of 07.02.2017 on the redistribution and rational use of insulin analogues. Similarly, the access to the human insulin cartridge is restricted by the provisions of point 11 of the Regulation on access to medicines for compensated treatment of diabetes mellitus (insulin), approved by the Order of the Ministry of Health no. 750 of 26 June 2013.

In 2017, the insulin analogues procurement are acquired through the UNDP mechanism, and the ex-Ministry of Health has requested amounts on average 24% lower than in 2016⁷.

8. 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 Europe⁸. So, the insurance budget for the insulin analogues in the period 2013-2015 was 17.2 million MDL⁹ and in 2016 - 21.2 million MDL¹⁰. On the one hand it

³ 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>

⁴ A lifesaving mandatory treatment and first-choice drugs in European and US guidelines, especially in type 1 diabetes

⁵ <http://www.ms.gov.md/?q=stiri/acces-insulina-bolnavii-diabet>

⁶ National Center of Health Management, <http://www.cnms.md/en>

⁷ Procurement of medicines for Diabetes treatment), Products specification, p.22,

[file:///C:/Users/User/Downloads/Invitation_to_Bid_-_Diabetes_28022017%20\(3\).pdf](file:///C:/Users/User/Downloads/Invitation_to_Bid_-_Diabetes_28022017%20(3).pdf); <http://www.undp.md/tenders/tnddetails2/1452/>.

⁸ Legatum Prosperity Index 2015

⁹ Moldovan national currency

¹⁰ According to the National Programs Department, Ministry of Health

shows an increase of 23.2%, but on the other hand, if superpose with 30.9%¹¹ of the MDL depreciation, that indicates a number decrease of the patients provided with insulin analogues.

9. According to Equality Council decision on case no. 36/17 of June 19, 2017¹² there is age and gender discrimination in access to insulin analogues for people in puberty and indirect discrimination on the state of health condition in relation to patients within a certain range (according to testimonies). Thus, the Council recommends to the Ministry of Health (currently the Ministry of Health, Labor and Social Protection) to exclude point 23 of the Regulation approved by the Order of the Ministry of Health no. 610 of July, 25 2016 in order to avoid arbitrariness in the process of including patients in the list of beneficiaries for prescribing the insulin analogues treatment. Similarly, to ensure the provisions of point 21 of the same order apply only to motivate the patients periodically to test their glycosylated hemoglobin and will not cause the analogues insulin treatment deprivation.

2. The access to technologies: insulin injection and self-monitoring devices

10. There is no universal coverage to insulin injection and self-monitoring devices: serings, pens, pumps, needles, lancets for over 15 thousands diabetes insulin-dependent patients. Only children are sometimes provided with needles and lancets. There are no access to 0,25 or 0,5 units dosage of insulin pens for 0-12 years old children.

11. There is no access to diabetes technologies: insulin pumps, continuous monitoring system because of missing the delivery for unauthorized medical devices in Moldova. The National Diabetes Program does not provide and the patients are purchasing from neighboring countries. Only 2,5% of children with diabetes¹³ allow this luxury. Thus, there are 120 cases of ketoacidosis or hypoglycemic comas in diabetic children annually.

12. The young people living with diabetes, including, the pregnant women¹⁴ are not provided with glucose test strips, while international guidelines recommend at least 3-4 measurements per day on the insulin intensive treatment. Only children are assured by five test strips during 2017 year, under dubious auction conditions¹⁵

3. Diabetes therapeutic education services

13. In Moldova there are no National Standards on Diabetes Education for health care professionals and patients¹⁶. According to the same National Diabetes Program, 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. The medical education providers does not prepare nurses-educators, dietitians, etc. to be included in these

¹¹ 1 USD = 12,3 MDL in 2013, <http://www.cursbnm.md/curs-valutar-15-martie-2013>; 1 USD=17,8 MDL in 2017, <http://www.cursbnm.md/>

¹² <http://egalitate.md/en/decisions-opinions/>

¹³ According to Pediatric Endocrinology Department

¹⁴ Gestational or pre-existing diabetes

¹⁵ <http://e-sanatate.md/News/6583>

¹⁶ International Diabetes Education Standards for healthcare professionals, IDF, <https://www.idf.org/e-library/education/63-international-standards-for-education-of-diabetes-health-professionals>

services¹⁷. Therefore, the number of people with long-term complications (amputations) increased¹⁸.

4. Diabetes health care management system: National diabetes register; Financing; Diabetic emergencies; Diabetes pregnancy services; Diabetic kidney failure

14. There are no unified data regarding people living with diabetes in Moldova. Therefore, the public health care program¹⁹ 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.

15. 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.

16. 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 year²⁰, because of lack of adequate prenatal care infrastructure (center or department) and trained professionals (endocrinologist, obstetrician, neonatologist, registered dietitian, diabetes educator).

17. 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 expectancy²¹ in Moldova is lower. For diabetes type 1 is estimated 30-40 years less²², 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 diabetes²³.

18. Eight Hemodialysis²⁴ departments from Moldova provides services to only 59.8% of patients (718²⁵). Estimates, only 3-5% of dialysis patients have

¹⁷ Only in 2017 was approved the high level education in Nursing

¹⁸ Report on 2011-2015 National Diabetes Program and management system assessment in the Republic of Moldova, WHO, 2016,

http://www.ms.gov.md/sites/default/files/evaluarea_programului_national_de_profilaxie_si_combatere_a_diabetului_zaharat_2011-2015.pdf

¹⁹ 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>

²⁰ According to Ministry of Health's 2001-2005 data

²¹ According to the Disease Staging criteria

²² Estimating by the Moldova Association of Diabetes Young People DIA <https://diabetmd.wordpress.com/>

²³ <http://www.diabetes.co.uk/diabetes-life-expectancy.html>, The Diabetes UK Report, Diabetes in the UK 2010: Key Statistics on Diabetes

²⁴ Artificial kidney

²⁵ Provided data from the Ministry of Health (2014)

diabetes, while clinical estimates show that 10-40% (30% of patients with type 1 diabetes²⁶ and 10-40% of diabetes type 2²⁷ develop kidney failure)²⁸ 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.

19. There are 80 functional hemodialysis machines in the country hospitals, while it takes 200. Over 1200 people need dialysis²⁹. 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).

20. 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: erythropoietin³⁰ including (twice expensive) and without this³¹. In 2016 a hemodialysis session costs 1,600 MDL³². At least 95% of juvenile onset diabetes (over hundred deaths annually) had no access to dialysis, especially, in 2008-2015.

21. 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 list³³. No diabetes patient didn't benefit of kidney transplant in Moldova, at the same time there is good practice in Romania in this area.

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5. Recommendations for decision makers

22. Approve the 2017-2021 National Diabetes Program according to patients' real needs, clear objective and indicators, effective financial resource planning; Implementation of the National Diabetes Register;

23. Increase the insulin analogues access to real 70 percent ratio, by including in the list of covered by medical insurance, priority for type 1 diabetes, young, pregnant women and long-term complicated;

24. Participation of a representative of patients, as an observer in the Endocrinology Specialty Committee of the Ministry of Health, Labor and Social Protection;

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

²⁶ Juvenile onset

²⁷ Adult onset

²⁸ <http://www.kidney.org/atoz/content/diabetes>

²⁹ <http://unimedia.info/stiri/In-cinci-spitale-raionale-din-r--moldova-vor-fi-deschise-centre-moderne-de-dializa-74732.html>

³⁰ Vital drug in kidney failure is injected when this protein hormone produced by the kidneys to stimulate production of red blood cells missing.

³¹ According to unified tariffs catalog for medical services

³² <http://www.e-sanatate.md/News/2228/doi-agenti-economici-si-au-manifestat-interesul-de-a-investi-in-serviciul-de-hemodializa>

³³ 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

26. Increase the access to the blood sugar strips by including in the list of covered by medical insurance, priority for type 1 diabetes, children, young, pregnant women and long-term complicated;
27. Increase the access to continuous monitoring system and insulin pumps, priority for children, young, pregnant women;
28. Transposing the provisions of the international guidelines for diabetes management into National Clinical Guidelines in: Uncomplicated Diabetes: Type 1 and 2; Pregnancy and gestational diabetes, complicated diabetes (Retinopathy, Nephropathy, Neuropathy).

August, 27, 2017
Chisinau, Republic of Moldova