

Improving access to medical technologies for diabetes care in Europe



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Access to quality healthcare and medical technologies has risen to the top of the international health agenda. In this regard, diabetes is a particular challenge as good management relies on continuous access to both medicines and medical devices. In its latest study, IDF Europe found that hundreds of thousands of people living with diabetes in Europe do not have access to the treatment they need, putting their health at risk. More particularly, the study identified several issues in terms of access to medical technologies used in diabetes treatment, ranging from lack of information to supply and affordability issues.

The information gap

Collecting information on access to medical technologies for diabetes treatment remains a clear challenge. Publicly available information and research on access to pharmaceuticals is extensive. On the contrary, information on access to portable medical

devices such as those used by people with diabetes is very limited: with few public databases or registers, few available reports and information scattered across a wide range of stakeholders. This directly impacts stakeholders' understanding of the situation - making it harder to identify bottlenecks and advocate for change. Improving people with diabetes' access to the technologies they need to treat their condition cannot happen without a clear assessment and understanding of where we stand now. **We therefore call on the actors of the medical technology field to share more information on the availability, accessibility and affordability of medical technologies.**

The availability gap

While some European countries, are already discussing the latest technologies in diabetes treatment (such as Continuous Glucose Monitoring or the artificial pancreas), others still struggle to make existing technology available to people with diabetes: for example, re-usable insulin pens were only introduced on the Albanian market very recently while the actual presence of insulin pumps on several markets both within and outside the EU could not be confirmed. The causes behind this gap are many, ranging from marketing strategies to registration policies and prescription guidelines. It is public and private stakeholders' shared responsibility to work together to address this issue. **Closing the availability gap should be as high on the agenda as inventing new products.**

The education gap

As new technologies are becoming available and part of diabetes care is being transferred to actors including primary care professionals or families, the need for education is becoming more apparent. Access to available technologies and their potential in improving diabetes self-management are hindered by the lack of training or education of healthcare professionals, people with diabetes and their relatives. Gaps and inequalities in access to education for people with diabetes and their families remain a challenge throughout the Region. In a number of Eastern European countries, the transfer of certain responsibilities to General Practitioners in diabetes care has not come with associated training or resources. The lack of adequate training on insulin pump therapy was directly identified as a barrier to the spread of this technology in the UK and Denmark **Access to structured education on medical technologies for all the stakeholders involved in diabetes care is essential for proper diabetes management.**

Patching supply

Even occasional disruptions in supply add to the burden of caring for diabetes, especially for healthcare professionals. Such disruptions affect both medicines and medical devices in at least half of the countries in the Region. The causes of such disruptions vary and involve all the actors of the supply chain, from regulators and manufacturers to suppliers and payers. **Only improved cooperation between these actors can help ensure uninterrupted supply of diabetes products.**

The spending paradigm

The cost of diabetes treatment requires public support to allow people to obtain the products they need to treat their condition. However, in times of financial hardship, cost containment has become a priority for governments which can no longer offer the health coverage they used to. Throughout the Region, newer medical technologies are the firsts to be affected by this situation. If carefully carried out, cost containment does not have to result in making people with diabetes pay more to access the medical technologies they need, which may create affordability issues. Other strategies to control public spending exist. Unfortunately, the capacity to conduct the required assessments is uneven and tends to be much less developed for medical devices than for pharmaceuticals.

This has implications for all actors in the health sector, starting with the industry. In the current environment, **price control is unavoidable and essential to ensure that medical products are affordable to both people with diabetes and health systems.** The current innovation and production models need to be adapted to this reality. In addition, to ensure limited health budgets are spent wisely, **there is a need for reliable information on the comparative value of devices for the different groups to be produced.** This “value” assessment should not only include economic factors but also quality-of-life gains in the long term. Each person with diabetes would then be offered the affordable solution that is the most appropriate for their condition, while making public spending more strategic.

Inadequate access to medicines and medical technologies has dire consequences for people with diabetes and health care systems, which are faced with spiralling costs. Poorly managed diabetes leads to serious and costly health complications -including blindness, stroke, kidney failure and amputations. With adequate treatment, people with diabetes can manage their condition properly and lead long, healthy and productive lives.

Urgent coordinated action from both public and private stakeholders is needed to reverse Europe’s diabetes epidemic and ensure access to medicines and medical technologies for all people living with diabetes in the region.

- Elodie Besnier, Researcher for the IDF Europe study on Access to Quality Medicines and Medical Devices for Diabetes Care in Europe

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Elodie Besnier joined IDF Europe in March 2013 as Research Officer for the study on access to quality medicines and medical devices for diabetes care in Europe. The first of its kind in the field of diabetes, this study highlights

disparities in access to quality medicines and medical devices for diabetes care in the 47 countries of the IDF Europe Region. Elodie holds a Master's degree in International Affairs with a focus on Global Health from the Institut d'Etudes Politiques (Institute of Political Studies) of Paris. She has worked for several NGOs and organizations in the global health sector before joining IDF Europe.

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