

Key background information: country health system

About the data

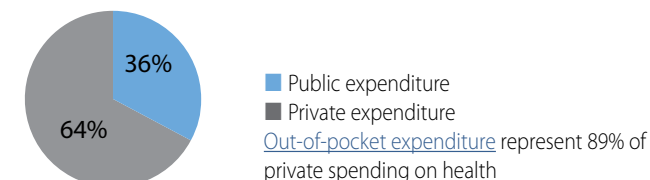
We were unable to collect a large number of responses in this country. Thus, the information presented below is based mainly on a review of the literature.

"A study conducted in 2005 (...) in Yerevan found that 68.6% of insulin-dependent diabetes patients had experienced interruptions in insulin administration due to insulin shortage in polyclinics or diabetic clinics because of lack of financing."⁶

Healthcare expenditure profile (2011)²

Total health expenditure per capita: **USD 141.5**

Proportion of government expenditure on health: **5.8%**



Health system overview

- The government guarantees a basic package of services free of charge or at subsidised rates to all citizens, and additional benefits to specific groups (including people with diabetes).^{3,6} The creation of a State [Insurance System](#) has been announced⁴ but its future implementation remains undefined.
- Medicines provided through public facilities and included in the list of essential medicines are procured centrally via [tender](#), and managed by a specialised government agency. Other medicines or devices are provided by private actors, according to the Ministry of Health's regulations.⁵ However, as of 2010, national legislation was not fully compliant with international standards of good practice.⁵
- A [quality issues reporting system](#) is in place.⁵

Key diabetes data

Diabetes prevalence (2011)¹

IDF Atlas	National Data
9.0% of 20-79 year-olds	Healthcare professionals estimate: 2.15% of the adult population

Diabetes care procedure

- Prescriptions are provided at the primary healthcare level, mostly by endocrinologists and, to a lesser extent, by GPs or family doctors.⁶
- Healthcare professionals appear function as the principal point of information and advice for diabetes care.⁶
- Diabetes medicines are dispensed mainly at public primary healthcare facilities – by pharmacists or nurses. Medical devices tend to be dispensed at private pharmacies.⁶

Availability

Presence of products at national level

- All surveyed categories of medicine are present in Armenia⁸ but only human insulin, metformin, glibenclamide and gliclazide are contained in the list of essential medicines.⁹ Some other medicines may be present through private actors or imported from the Armenian diaspora.⁶
- Blood glucose monitoring devices, insulin pens and insulin syringes seem to be present in the country.⁶

Guidelines and specific prescription criteria

- The development of guidelines for the treatment of diabetes is part of a National Strategy on Diabetes adopted in 2011.⁶
- The quantity of oral medication per prescription is limited, so two monthly visits to a doctor are required to top-up medication.⁶
- Some policy-makers and doctors have expressed their concerns over state procurement allegedly giving priority to lower-priced products over higher-quality ones.⁶ This information could not be confirmed by other sources.

Use

- Syringes are the most common insulin injection device.⁶
- Pattern of use for other diabetes products could not be assessed for this country.

Accessibility

Access to treatment

- Physical access to, and coverage of, primary care facilities – which provide care and certain medications – has improved.^{1,6} However, most endocrinologists remain concentrated in the capital city.⁶

Stock and shortages

- Overall, the supply of publicly procured medicines has improved.^{1,6} Insulin coverage appears to be universal,^{1,6} although occasional shortages are reported due to inaccurate forecasting of future needs.⁶ The supply of oral medication remains underfunded, provoking recurring shortages: in 2012, as little as 30% of the country's needs were covered by State supply.⁶
- For publicly procured medicines, people often have to switch from one type or brand of medication to another.⁶
- Information on stocks in the private sector was unavailable.

Affordability

- In general, the affordability of healthcare and treatment remains an issue in Armenia^{3,10} and people requiring treatment for their diabetes are no exception.⁶
 - According to a 2012 survey, people with diabetes spend between USD 26 and USD 128 per month for their medication.⁶
 - These expenditures relate to medical devices and medications that are not covered by the State. However, expenditures also occur when there are shortages of medicines in the public sector and individuals are forced to purchase privately.^{3,6}
- There is currently no control over the pricing of diabetes products (including mark-ups by distributors)^{3,4} but this situation may change with ongoing legislative reform.⁴
- While Armenia has one of the lowest GDP in the European region,¹⁰ it seems that the prices of many medicines in the country are similar to those found in OECD countries.³

Financial coverage

The list of medicines covered by the State is based on the list of essential medicines.

Certain groups (people with a disability, children under seven, elderly people. . .) or people with certain health conditions (including diabetes) are entitled to free or subsidised medicines.⁴

Insulin and Anti-diabetes medication	Human insulin and the oral agents on the list of essential medicines are free ^{4,6} Other medicines are not covered – 100% of expense paid for by the person with diabetes ⁶
Medication for hypoglycaemia	Unknown
Syringes, pens and related supplies	Not covered – 100% of expense paid for by the person with diabetes Free provisions are occasionally made by certain health facilities or through international or private donations ⁶
Pumps and related supplies	Not covered – 100% of expense paid for by the person with diabetes ¹
Blood glucose test strips and meters	Not covered – 100% of expense paid for by the person with diabetes Children may occasionally receive these products for free through international or private donations ^{1,6}
Ketone test strips	Unknown
<i>Please note that the information provided above only present a summary of the reimbursement system and may not apply to individual cases.</i>	

Looking ahead

The implementation of the National Strategy on Diabetes was scheduled to start in 2012.⁶

National legislation on pharmaceuticals is being revised.⁴

References

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