

Diabetes and UHC: Country Case Studies

The report [Better Understanding the Context of Diabetes and Universal Health Coverage: Country case studies](#), from the Addressing the Challenge and Constraints of Insulin Sources and Supply (ACCISS) Study, presents the findings for country surveys looking at diabetes and UHC in eight countries representing different geographic regions and income groups.

In the lower income countries, availability of essential diabetes services is not assured, particularly for insulin supplies, glucose control and even for insulin itself. The existence of national noncommunicable disease (NCD) or diabetes programmes and inclusion in the essential service package or essential medicines list does not guarantee availability of diabetes services, especially at the primary healthcare level. Likewise, theoretical cost coverage by health insurance systems does not guarantee effective service provision with minimal out-of-pocket payments. Insulin supplies and blood glucose self-monitoring devices are often, in practice, poorly covered by health insurance systems. Health providers in lower-income countries tend to limit service for costly supplies or impose substantial user charges. Thailand has successfully provided essential diabetes care services free of charge, fully funded by health insurance schemes, without any restrictions.

Organisations and projects involved in this report

Health Action International worked with ACCISS Study partner [University of Geneva Faculty of Medicine](#), Division of Tropical and Humanitarian Medicine, to prepare this report on diabetes and UHC. The Division has a specific focus on diabetes research and implementation projects globally. In 2023, with funding from the Swiss Agency for Development and Cooperation, the Division of Tropical and Humanitarian Medicine launched the [NCD Policy Lab](#) with the aim of bridging the knowledge and implementation gap between science and policy with a specific focus on insulin and diabetes. The [P4H Network](#) (the global network for social health protection and health financing) was also contributed to this report.

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