





Inventory with available policies and services for the prevention and management of T2D and HTN at a national health system level and at a community health care services level in each country

DigiCare4You aims to improve the early prevention and management of Type 2 Diabetes (T2D) and hypertension (HTN) via a community-based, person-centred solution, integrating both social and healthcare systems, supported by the use of digital tools.

The project is implemented in four European countries: Albania, Bulgaria, Greece, and Spain. At the beginning of the project, consortium partners conducted research to gather an overview of the national health systems of the four countries. This research looked at the available policies and services for the prevention, screening and management of T2D and HTN at the national health system level and at the community health care service level in each country.



ALBANIA

Albania's health system is based on a Soviet-era model, with most care provided by state-owned institutions. Citizens access healthcare through the Health Insurance Institute (HII), funded by compulsory health insurance contributions and taxation.

While primary health care (PHC) services vary by location, all offer essential care including emergency services, maternal and child health, adult and elderly care, mental health care, and health promotion.

Healthcare is not fully free: children, retirees, and people with disabilities have free access, but employed adults must pay a premium to obtain a health insurance card. Inequalities remain, particularly for unemployed or informally employed individuals, although a 2016 policy expanded free primary care to more groups.

With diabetes rates doubling over the past decade and **obesity and HTN** also **on the rise**, the prevention and control of noncommunicable diseases (NCDs) has become a government priority.

Key policies and programmes:

- "Si Je?" ("How are you?") programme (since 2015): free annual check-ups for adults aged 35-70, including screening for T2D and HTN, with follow-up specialist care and public awareness campaigns.
- Albanian Diabetes Association guidelines (2018): evidence-based advice for doctors on screening, diagnosis, prevention and treatment of diabetes and its complications.
- Protocol for managing T2D (2019): detailed clinical guidance for doctors, with specific targets and goals.
- Children's growth monitoring: Annual checks in schools for ages 6-15, carried out by school physicians and nurses to track health and spot early signs of disease.





SPAIN

Spain's National Health System (SNS) offers universal coverage, coordinated nationally but managed by 17 autonomous communities. Funded through taxation, it operates on principles of universality, free access and equity.

Primary care is the foundation of the SNS, with family doctors and nurses serving as gatekeepers to specialist services and leading prevention, treatment and follow-up. Children's healthcare is free and includes paediatric services up to age 15, vaccinations, dental care, and screenings.

Chronic diseases are a growing concern. Childhood obesity is increasing, and diabetes is a significant driver of healthcare costs. While all diabetes-related expenses are covered, prevention and lifestyle interventions remain a focus.

Key policies and programmes:

- NAOS Strategy (2005, reinforced in 2011): promotes healthy eating and physical activity, alongside increased taxation on alcohol and tobacco.
- National Diabetes Plan (2007): is a set of general guidelines for regional prevention, early diagnosis and treatment of diabetes.
- Diabetes Strategy of the NHS (2012): aims to reduce T2D incidence through improved screening, prevention, and management.
- Aragon Region's Comprehensive Diabetes
 Mellitus Care Program (2021): aims to
 coordinate monitoring, therapeutic
 education, and multidisciplinary care in the
 region.
- Children's growth and health checks: conducted at ages 6, 9, 12, and 14, with results stored in electronic health records.

Key policies and programmes:

- National Programme for Prevention of Non-Communicable Diseases (2014–2020): promoted population health and reduced NCD impact through healthy lifestyle initiatives.
- Healthy nutrition education in schools: integrated ageappropriate modules on diet and lifestyle into school curricula.
- Children's growth monitoring: implemented annual health checks for ages 7-18, conducted by school nurses.
- NHIF-healthcare provider framework agreement (2019): set out monitoring and prevention processes for insured citizens, including chronic diseases

BULGARIA

Bulgaria's healthcare system is highly centralised, with the Ministry of Health and the National Health Insurance Fund (NHIF) setting policy and funding priorities. The NHIF is the sole administrator of compulsory social health insurance, contracting both public and private providers. Funding comes from social insurance contributions, taxes, out-of-pocket payments and voluntary insurance.

Primary care is delivered mainly by independent general practitioners (GPs), though a significant share of care is managed in the private sector. Shortages of GPs and nurses limit access, especially in rural areas, prompting the development of strategies to train more healthcare professionals and increase salaries.

Bulgaria has the lowest life expectancy in the EU, largely due to high rates of smoking, alcohol consumption, poor diet and low physical activity. These risk factors have driven a rise in type 2 diabetes among adults. Similar unhealthy lifestyle behaviours are also contributing to one in five Bulgarian children being overweight or obese.









Greece has a **mixed public-private healthcare system**, with the National Health System (ESY), compulsory social insurance (SHI) and a significant private sector. The National Organization for the Provision of Health Services (EOPYY) funds public coverage for the ESY, while the Ministry of Health handles planning and regulation.

The 2010s' economic crisis and austerity measures led to deep cuts in healthcare spending, staffing and resources, exacerbating existing inefficiencies and coordination issues.

Since 2016, reforms have aimed to strengthen PHC through Local Primary Health Units (TOMYs,) which are multidisciplinary teams including family doctors, nurses and social workers, to improve prevention, diagnosis and chronic disease management. However, staffing shortages and the draw of the private sector have slowed progress.

Chronic disease rates remain high: about 65% of adults are overweight or obese, cardiovascular disease is the leading cause of death, and diabetes prevalence continues to rise. Preventive measures for smoking and obesity have been inconsistent.

Key policies and programmes:

- National Action Plan for the Prevention and Treatment of Diabetes Mellitus and its Complications (2012): promotes healthy lifestyles and public awareness of T2D risks.
- Hellenic Society of Hypertension guidelines: adapt European hypertension care standards to the national context.
- Individual Student Health Record (ISHR): compulsory health checks for children at ages 6, 9, 12, and 15, required for school registration.

