Country Evidence from IFSBH Members

Access to Catheters and Continence Management Products in Europe

The International Federation for Spina Bifida and Hydrocephalus (IFSBH) is the global organisation representing people with Spina Bifida and Hydrocephalus (SBH) and their families. IFSBH brings together Member Associations across regions of the world and works to improve the quality of life of people with SBH through advocacy, research, awareness raising, community building and the promotion of human rights.

This document brings together practical country evidence collected from IFSBH Member Associations on access to catheters and other continence management products in Europe. It was initially developed to inform IFSBH's engagement in European policy discussions on Assistive Technologies, including the work led by the European Disability Forum (EDF) in the context of the Irish Presidency of the Council of the European Union.

Contributions from IFSBH members from **Belgium**, **Bulgaria, Ireland, Lithuania, Poland, Scotland, Slovakia** and **Spain** illustrate how these barriers can affect people's health, independence, education, employment and participation in everyday life. They also show that access to an appropriate continence management product depends not only on whether a product is available, but on whether people can obtain the product that meets their individual needs, in sufficient quantity and at an affordable cost.

This evidence complements the **IFSBH Position Statement on "Access to Catheters and Continence Management Products as Essential Assistive Technology"**[1], which sets out the case for recognising catheters and other continence management products as essential assistive technologies and ensuring their inclusion in European discussions on Assistive Technologies.

The findings also build on the growing recognition of continence management within international and European policy and clinical discussions, and are further supported by the recent collaboration[2][3] between the EAU, ESPU, ERN eUROGEN, ERN ITHACA, ERN ERKNet, and IFSBH, and align with the European Association of Urology's *Urge to Act* campaign[4], which calls for greater attention to bladder health and equitable access to continence care.

Together, these country experiences provide a practical evidence base for continued advocacy for equitable access to appropriate continence management products across Europe. While the situations differ between countries, a common message emerges: access to catheters and continence management products is essential to health, autonomy, dignity and full participation in society.

Belgium (Flanders): Gaps in reimbursement create barriers to continuity of care

In Flanders Region of Belgium, people who realise self-catheterisation are entitled to reimbursement for up to five catheters per day. Three categories of catheters are covered: dry catheters; lubricated catheters; and more advanced catheters.

The first two categories are fully reimbursed, while users of more advanced catheters pay a maximum co-payment of €1 per catheter. The reimbursement is granted for five years, after which a new medical application is required.

A separate reimbursement scheme exists for people who are catheterised by a nurse (e.g. at home or at school). In this case, the catheters are supplied through the nursing service, **but users must pay for the nursing intervention,** approximately €4.50 per catheterisation.

Key barrier

- The **two reimbursement schemes cannot currently be combined.** This creates practical difficulties for people with SBH who require different support arrangements throughout the day.

Real-life example

A child who self-catheterises with the support of their parents at home but requires assistance from a nurse at school cannot benefit from both reimbursement schemes simultaneously. This gap limits continuity of care across different settings and creates financial and administrative burdens for families.

Why this matters

This example demonstrates that access to catheterisation depends not only on product availability, but also on reimbursement systems that enable continuity of care across home, school and community settings.

Bulgaria: Limited reimbursement, administrative barriers and significant out-of-pocket costs

Although Bulgaria introduced reimbursement for clean intermittent catheterisation (CIC) in 2021, access to catheters remains highly restricted.

The National Health Insurance Fund (NHIF) reimburses catheter costs up to **€36 per month**, but only for products included on the NHIF reimbursement list and supplied by contracted companies. Due to the low reimbursement ceiling, several suppliers withdrew from the system in 2026, **significantly reducing the number of reimbursed catheter brands available.**

Reimbursement is available only for people diagnosed with spina bifida (ICD-10 Q05) and bladder exstrophy. **Patients with milder forms of spina bifida or other medical conditions requiring temporary or lifelong clean intermittent catheterisation are not eligible for reimbursement and must pay the full cost themselves.**

The current reimbursement level is clearly insufficient to meet patients' medical needs. While it may cover around **100 non-lubricated catheters per month**, it covers only around **15 hydrophilic catheters**, forcing most patients to purchase additional products themselves. Depending on their condition and daily needs, families typically spend around **€200 per month** out of pocket, while those requiring exclusively hydrophilic catheters may face costs of **€400–500 per month**. Other daily essential continence management products, including lubricating gel and bowel irrigation products, are **not reimbursed**.

Patients also face **significant administrative barriers**. The reimbursement procedure is complex and not understood by many healthcare professionals, and access is limited to pharmacies working with contracted suppliers. As a result, some patients, particularly those living in smaller towns or rural areas, must travel to larger cities every month to obtain reimbursed catheters.

Choice is also limited. Since fewer suppliers now participate in the reimbursement system, patients have access to a reduced range of products and often cannot choose the catheter that best suits their medical needs or lifestyle. **Women are particularly affected**, as shorter catheters that are easier to carry and use discreetly outside the home are more expensive and are not realistically affordable within the current reimbursement limit. Consequently, many women either pay the additional cost themselves or use standard-length catheters that are less practical for daily life.

Supply shortages have also affected access. During recent shortages of commonly used reimbursed catheter sizes, some patients were forced to buy more expensive catheters themselves, while others had to use catheter sizes different from those prescribed, creating potential health risks.

Key barriers

- Insufficient reimbursement that does not reflect medical needs.
- Limited product choice and supplier withdrawal.
- High out-of-pocket costs.
- Administrative complexity and unequal geographical access.
- Supply shortages.
- Gender-related inequalities in access to appropriate catheter types.

Real-life examples

A young man with spina bifida can use only hydrophilic catheters because of limited hand function and the anatomy of his urethra. As reimbursement covers only a small fraction of the actual cost, his family spends approximately **€500 per month** on catheters. To afford this essential medical product, they regularly organise fundraising campaigns, collect donations and seek charitable support, highlighting the financial hardship created by the current reimbursement system.

Another common example concerns **children attending school.** Hydrophilic catheters are quicker, easier and more hygienic to use outside the home, so many families combine reimbursed non-lubricated catheters for use at home with hydrophilic catheters purchased out of pocket for use at school. When families cannot afford the additional cost, some **children temporarily stop attending school because they cannot catheterise independently in school conditions**, while others rely on a parent travelling to the school several times each day to provide assistance. This affects not only the child's education and independence but also the parent's ability to work.

Why this matters

These examples illustrate that catheters are essential assistive products that enable health, autonomy, education, employment and independent living. Inadequate reimbursement and restricted access directly undermine the inclusion and participation of people with spina bifida.

Ireland: Availability of continence products, but significant barriers to appropriate and equitable access

Catheters and continence management products are available in Ireland through the **Health Service Executive (HSE)**, pharmacies, hospitals and community health services. Access is generally based on clinical assessment and eligibility, with financial support available through several schemes, including the **Medical Card, Drug Payment Scheme and Long-Term Illness Scheme**. Products are provided on prescription and, following assessment by a healthcare professional such as a urology nurse or public health nurse, the most suitable product should be identified.

However, the experience reported by the Irish SBH community shows that **formal availability does not always translate into timely, appropriate or equitable access**. People can face lengthy waits for assessment, complex pathways between healthcare professionals and services, restrictions linked to HSE-approved product lists and procurement arrangements, and differences in services depending on where they live. When the appropriate product is not available through the public system, or when quantities are insufficient, individuals and families may have to purchase products privately.

These barriers are particularly significant for people with SBH, for whom catheterisation and bowel management are often **essential daily activities required to maintain health, dignity, autonomy and participation in education, employment and community life**.

Key barriers

- Long waiting periods for continence assessments and reviews can delay access to the appropriate product.
- IF Member report that responsibility for continence management can be unclear among healthcare professionals, making it difficult for individuals and families to navigate the system.
- Although individuals may choose products following assessment, choice can be restricted by HSE-approved product lists, procurement contracts and pharmacy stock. A product that better meets an individual's medical needs, comfort or lifestyle may therefore need to be purchased privately.
- Families may have to pay privately when the required product is not on the approved list, when additional quantities are needed, or when there are delays in public supply. Members report that these costs can reach **tens to hundreds of euros per month**, creating financial hardship.
- Access to specialist continence services and products is not consistent across Ireland, with people living in areas outside specialist centres potentially facing greater difficulties.
- Members report cases where inappropriate catheter sizes have contributed to **recurrent urinary tract infections and other complications**, despite these risks being potentially preventable through appropriate assessment and product provision.
- Many people do not receive adequate information or practical training on the correct use of continence products, increasing the risk of infections and other preventable complications.
- The absence of a nationally standardised framework and consistent training for bowel washout contributes to uneven access to services and professional support across Ireland.

Real-life examples

Irish members report that people with SBH can experience **recurrent bacterial and urinary tract infections and other complications when unsuitable continence products are provided**, as well as loss of autonomy and increased dependence on family members.

One example concerns **bowel washout and the lack of appropriate support**. A person reported that the procedure needs to be performed every other day with support from their mother because they cannot do it independently, while hoping to undergo surgery in order to regain independence. Another member reported contacting the HSE for assistance when family members were unavailable, but being told that training would be required and that support was only available during standard Monday–Friday, 9–5 hours. These situations can leave individuals dependent on family members for essential daily continence management.

The Irish contribution also highlights the wider financial impact of inadequate access. A 2025 Irish study on hygiene poverty found that 21% of people living with a disability or chronic condition struggle to afford essential hygiene products. For people who depend on continence products every day, delays, restricted choice or the need to purchase products privately can therefore create a significant and ongoing financial burden.

Why this matters

The Irish experience demonstrates that **access to continence products cannot be measured simply by whether products are available within the healthcare system**. Effective access requires the right product, in the right quantity and at the right time, together with appropriate assessment, training and ongoing professional support.

Catheters and other continence management products therefore have a clear **Assistive Technology function**: they enable people to manage essential bodily functions, prevent avoidable health complications, maintain dignity and independence, and participate in education, employment and community life.

The Irish example highlights the need for European Assistive Technology discussions to consider not only product availability and reimbursement, but also individual choice, affordability, procurement, continuity of care, professional training and equitable access across regions.

Lithuania: Good reimbursement for catheters, but barriers remain for delivery and access to advanced continence management products

In Lithuania, catheters prescribed for people with SBH are generally accessible through the national healthcare system and are **fully reimbursed**.

However, practical barriers remain. Patients are responsible for collecting their catheter supplies from the pharmacy themselves. Although home delivery is available, the **delivery costs** are not reimbursed and must be paid out of pocket, creating an additional burden for individuals with reduced mobility or those living in rural areas, far from pharmacies.

Access to more advanced continence management technologies remains particularly challenging. Products such as the Peristeen® bowel irrigation system, which can significantly improve continence, independence and quality of life, are currently **not available** through the Lithuanian healthcare system.

Key barriers

- Home delivery of catheters is available but delivery costs are not reimbursed.
- Advanced continence management products, such as the Peristeen irrigation system, are not reimbursed.
- Lack of a national distributor prevents access to Peristeen products.
- A circular policy barrier exists whereby reimbursement is not granted because the product is unavailable on the Lithuanian market, while distributors are unwilling to market the product because reimbursement is unavailable.

Real-life example

People who would benefit from the Peristeen® irrigation system are currently unable to access it through the healthcare system. Instead, some patients purchase the Peristeen® irrigation system privately through online platforms such as eBay at **considerable personal expense.** The national SBH association is currently working with a pharmacy in neighbouring Latvia to establish access to the product for Lithuanian patients, with the hope that this will eventually enable reimbursement through the Lithuanian Health Ministry.

Why this matters

This example illustrates that access to assistive technologies extends beyond basic reimbursement for catheters. Equitable access also requires the availability, distribution and reimbursement of advanced continence management products that support independence, dignity and quality of life. Policy and market barriers that prevent innovative products from reaching patients can significantly limit autonomy and participation, despite an otherwise well-functioning reimbursement system for standard catheterisation products.

Poland: Reimbursement limits and patient choice

In **Poland**, catheters and continence management products are formally available through the National Health Fund (NFZ) reimbursement system, providing a nationwide framework for access. However, **formal reimbursement does not always translate into access to the product that best meets an individual's needs**. Access is shaped by eligibility criteria, quantity and price limits, patient co-payments, product availability and the range of products included within the reimbursement framework.

The system provides reimbursement for intermittent urinary catheters, with eligible children under 18 able to receive certain catheters with **0% patient co-payment**, while eligible adults generally face a **10% co-payment**. However, reimbursement is subject to defined price limits, meaning that patients may have to pay the difference when a preferred product costs more than the reimbursed amount. This can particularly affect people who require specific products to meet their individual clinical needs.

Choice is therefore **available but constrained by the reimbursement framework**. Patients may choose among reimbursed products, but products outside the reimbursement system, or products exceeding the applicable price limit, require additional private payment. Some continence management products, such as transanal irrigation systems (eg Peristeen®**), are not reimbursed and must be purchased entirely out of pocket**.

The system also creates **different levels of financial support between children and adults**. The transition to adulthood can therefore result in increased patient contributions, adding a potential financial barrier at a key stage of independent living. Practical access can also vary depending on local suppliers and availability in different regions.

Key barriers

- Reimbursement limits that may not reflect the cost of the most appropriate product.
- Restricted product choice within the reimbursement framework.
- Out-of-pocket costs for products above the reimbursement limit or outside the reimbursed system.
- Different co-payment rules for children and adults, creating potential barriers during transition to adult care.
- Regional differences in practical availability depending on local suppliers.
- Lack of reimbursement for some essential continence management products, including transanal irrigation systems.

Real-life examples

People with SBH who require intermittent catheterisation may have to choose a less suitable product because their preferred catheter exceeds the NFZ reimbursement limit or is not readily available from local suppliers. Those who require additional or non-reimbursed continence products must pay the full cost themselves, which can create a significant financial burden when products are needed on a daily basis.

The transition from childhood to adulthood can also affect access: **children under 18 may benefit from 0% co-payment for certain intermittent catheters, whereas adults generally face a 10% co-payment**, in addition to any difference between the product price and the reimbursement limit. This change can increase costs at a time when young people are also transitioning towards greater independence.

Why this matters

The Polish example shows that **having a national reimbursement system does not necessarily guarantee access to appropriate assistive products**. Reimbursement ceilings, co-payments, product lists and eligibility rules can determine whether people can obtain the product that meets their individual needs. It also illustrates how changes in eligibility and funding between childhood and adulthood can create additional barriers to independent living and participation.

Scotland: Good access to catheters, but ongoing challenges with continence products and regional inequalities

In Scotland, catheters are generally **free of charge through the National Health Service (NHS)** on prescription. In paediatric services, specialist nurses typically work with patients and families to identify the catheter that best meets the individual's needs, and there is generally flexibility in the choice of catheter brands and products.

However, significant challenges remain regarding **continence management products**. Provision is often limited to **4 continence products per day**, which is often insufficient for people with Spina Bifida. In addition, a standardised "one-size-fits-all" policy and approach is sometimes applied, despite the fact that children with spina bifida, scoliosis and other complex needs may require different products to ensure comfort, dignity and effective continence management.

Key barriers

- Restrictive provision of continence products (limited to four per day).
- Standardised products do not always meet the individual needs of people with complex conditions such as spina bifida.
- Financial burden on families purchasing more suitable products.
- Regional differences in access to specialist continence services.
- Periodic shortages of paediatric catheter sizes due to limited production runs.

Real-life example

Families frequently purchase more appropriate continence products themselves because the products supplied through the NHS do not adequately meet their child's needs. This creates **additional financial pressure** despite healthcare being publicly funded. Access to specialist support also varies depending on where families live, with those living near specialist centres generally receiving better support.

Why this matters

This example demonstrates that publicly funded healthcare alone does not guarantee equitable access to appropriate continence management products. Appropriate product choice, sufficient quantities and consistent availability are essential to support dignity, independence and participation.

Slovakia – Full public coverage following successful advocacy

In Slovakia, catheters and other continence management products are **fully covered through the national health insurance system** when prescribed by a medical specialist, primarily a urologist. The specialist determines the type and quantity required according to the person's health needs, and the full cost is covered by public health insurance. The member reports that users can choose the product that best meets their needs and that there are no significant differences in access between children and adults, women and men, or different regions.

The current system was established following several years of **advocacy and dialogue** with the Ministry of Health and health insurance companies. Approximately 15 years ago, representatives of the SBH community engaged with these stakeholders to highlight catheterisation as an essential preventive measure to avoid serious health complications. Following agreement to fully reimburse catheters and other urological supplies, the member reports that problems with prescription and provision were largely resolved.

Key features / remaining condition

- Full coverage of prescribed catheters and continence management products through national health insurance.
- Type and quantity determined according to individual medical needs.
- Users can choose products that meet their needs.
- No reported out-of-pocket costs or significant geographical or gender-related differences.
- Access requires **annual reassessment** by a medical specialist, primarily a urologist.

Good practice

Slovakia provides an example of how recognising catheterisation as an essential preventive intervention and securing full public reimbursement through dialogue with health authorities and insurers can support reliable access. The experience also demonstrates the value of advocacy by the SBH community in shaping national provision systems.

Why this matters

The Slovakian experience shows that effective public coverage of continence management products is achievable when these products are recognised as essential to preventing health complications and maintaining independence, rather than being treated simply as an optional or secondary health expense. It also provides a concrete example of how engagement between patient organisations, health authorities and insurers can lead to sustainable improvements in access.

Spain: Good public coverage, but regional differences and limited choice of products remain

In Spain, catheters and continence management products are generally accessible through the **National Health System (SNS)**. Products are prescribed by urology specialists and dispensed through hospitals, pharmacies and other authorised providers. Basic catheter models are generally provided free of charge, while adults may be required to make a small co-payment depending on their income and disability status.

Overall, the Spanish system provides good financial access to essential catheterisation products. However, **the range of products available through the public healthcare system is often limited**, meaning that users who require higher-quality or more suitable catheters frequently need to purchase them privately. Availability and dispensing arrangements also vary between Spain's autonomous regions, leading to differences in access across the country.

Key barriers

- Limited choice of catheter types and brands within the public healthcare system.
- Higher-quality or more appropriate products often require private purchase.
- Regional differences in availability and dispensing systems.
- Occasional shortages and supply delays affecting access to catheter products.
- **People without access to the public healthcare system**, particularly recently arrived migrants awaiting regularisation, face significant difficulties obtaining essential continence products.

Real-life example

Families who are not yet eligible for the public healthcare system, particularly recently arrived migrants, often cannot afford to purchase catheters and continence products themselves. This can have a direct impact on their health, autonomy and independence. More broadly, when the catheter best suited to an individual's medical or lifestyle needs is not available through the public system, users may need to **purchase alternative products privately**, creating an additional financial burden for some families.

Why this matters

The Spanish experience demonstrates that universal public coverage is an important foundation for access to catheterisation products. However, equitable access also depends on ensuring that people can obtain **the catheter that best meets their individual needs**, regardless of where they live or their socioeconomic or administrative status. Product choice, continuity of supply and equal access across regions of a country are essential for supporting health, independence and participation in daily life.

Supporting evidence of inequalities in access across Europe

Recent evidence from the collaboration between the EAU–ESPU Pediatric Urology Guidelines Panel and the International Federation for Spina Bifida and Hydrocephalus (IFSBH) further demonstrates the unequal access to catheterisation products across Europe The study by *'t Hoen, L. et al. (2026). Assessing Patient-Centered Urological Care for Spina Bifida: A Collaboration Between the EAU–ESPU Pediatric Urology Guidelines Panel and the International Federation for Spina Bifida and Hydrocephalus (IFSBH),* highlights substantial differences in how catheterisation products are financed and provided across countries.

Country examples illustrate the impact of these differences. Respondents in **Bulgaria (and Türkiye) were considerably more likely to pay for catheters themselves**, whereas respondents in Germany, Italy, the Netherlands and Denmark more frequently benefited from health insurance or hospital coverage.

The study also emphasises that **access to appropriate catheterisation materials is a prerequisite for independent living and social participation (eg., in education and employment)**. Most respondents performed clean intermittent catheterisation independently at school or work, demonstrating that adequate catheter provision is fundamental to autonomy, inclusion and equal participation in society.

References:

[1] **International Federation for Spina Bifida and Hydrocephalus (IFSBH).** (2026). *Ensuring Catheters and Other Continence Products Are Included in Ireland's Presidency Assistive Technologies Agenda*. IFSBH Position Paper.

[2] **Abrahamson, K., et al.** *EAU–ESPU–ERN eUROGEN–ERN ITHACA–ERN ERKNet–IFSBH Guidelines on Spinal Dysraphism in Children and Adolescents*. Clinical Guideline. EAU Guidelines Office, Arnhem, the Netherlands, 2024. https://eurogen-ern.eu/wp-content/uploads/2025/02/Joint-Guidelines-on-spinal-dysraphism-final.pdf

[3] **'t Hoen, L., Radmayr, C., Gnech, M., Bezuidenhout, C., van Uitert, A., Castagnetti, M., … & Roozen, S.** (2026). *Assessing Patient-Centered Urological Care for Spina Bifida: A Collaboration Between the European Association of Urology–European Society for Pediatric Urology (EAU–ESPU) Pediatric Urology Guidelines Panel and the International Federation for Spina Bifida and Hydrocephalus (IFSBH). Neurourology and Urodynamics*. https://doi.org/10.1002/nau.70386

[4] **European Association of Urology (EAU) Policy Office.** *Continence Health*. Available at: https://uroweb.org/offices/eau-policy-office/continence-health