

Policy Dialogue on Universal Health Care & Access to Medicines

Strategies for Improving Access and Value

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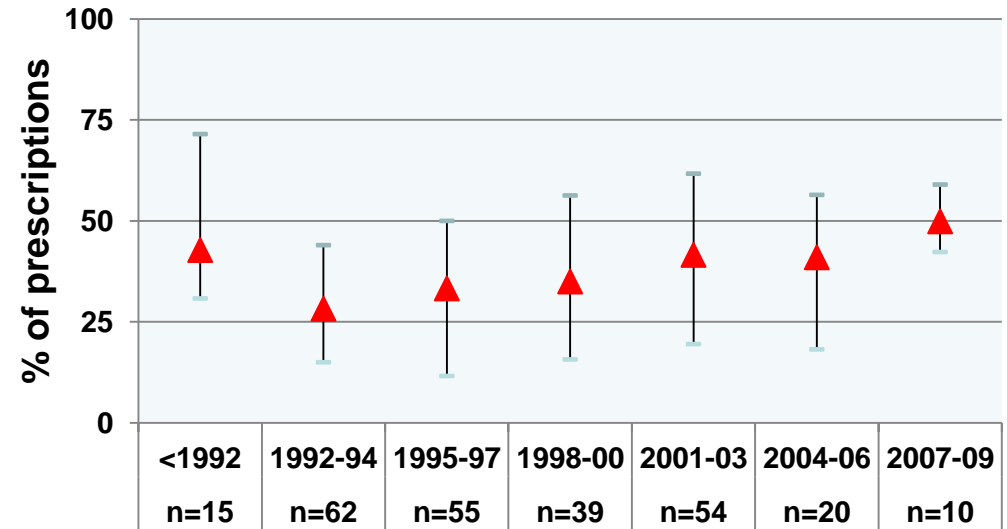
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Medicines Contribute Substantially to System Inefficiency

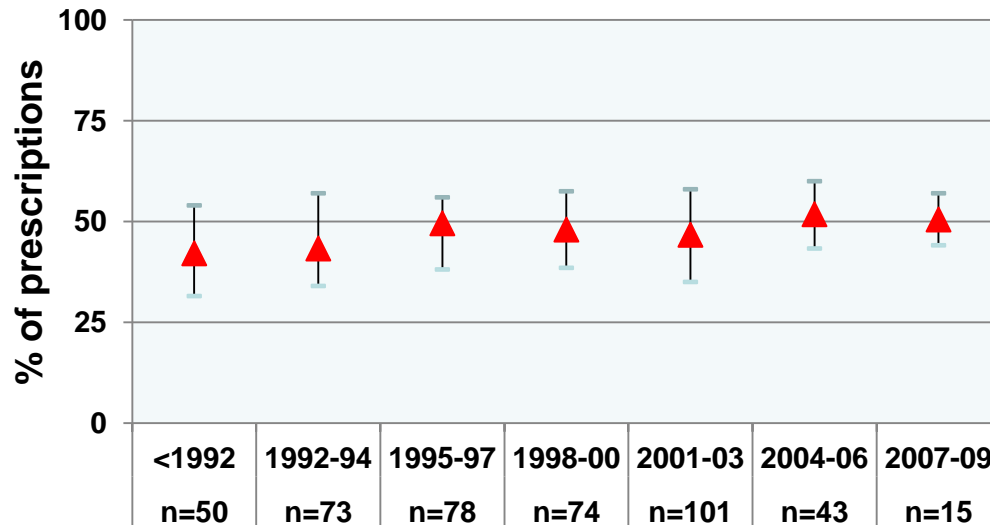
Source of inefficiency	Common reasons for inefficiency
1. Medicines: underuse of generics and higher than necessary prices for medicines	Inadequate controls on supply-chain agents, prescribers and dispensers; lower perceived efficacy/safety of generic medicines; historical prescribing patterns and inefficient procurement/distribution systems; taxes and duties on medicines; excessive mark-ups.
2. Medicines: use of substandard and counterfeit medicines	Inadequate pharmaceutical regulatory structures/mechanisms; weak procurement systems.
3. Medicines: inappropriate and ineffective use	Inappropriate prescriber incentives and unethical promotion practices; consumer demand/expectations; limited knowledge about therapeutic effects; inadequate regulatory frameworks.

Inappropriate Medicines Use Remains a Problem

Guideline-based prescribing



Antibiotic prescribing



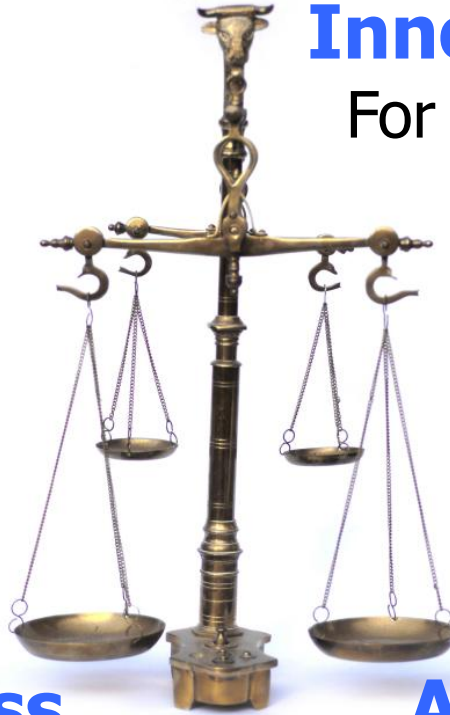
Difficult Balance to Strike

Keeping Costs Affordable

For households & health system

Sustaining Generic & Innovator Companies

For high-quality generic & novel products



Improving Equitable Access

Particularly for the poor & near-poor

Encouraging Appropriate Use

Necessary, safe, effective, properly taken

Strategic Approaches

- Pharmaceutical systems dashboard
 - Pooled data across organizations & systems
 - Key supply and demand side indicators
- LGU innovation fund
 - Proposals for system improvements
 - Required M&E framework
- Research targeting tiers D/E
 - PHIC enrollment and utilization over time
 - Current patterns of care and unmet need
 - System gaps to meet priority needs

Some Priority Research Topics: Supply Side Structures and Systems

- Decentralization
 - Procurement processes and capabilities
 - Reasons for variation in procurement prices
 - Impacts of procurement pooling, price information, other innovations
- Market dynamics
 - Price changes over time
 - Response to policy initiatives

Some Priority Research Topics: Demand Side Barriers to Value

- Provider behavior
 - Processes of care and prescribing at LGUs
 - Determinants of practice
 - Potential “savings” from appropriate practice
 - Impact of targeted QI
- Community practices
 - Patterns of care seeking, use, expenditures
 - Unmet need for medicines
 - Impact of insurance on previously uninsured

Who Owns UHC and Medicines?

- Everyone in this dialogue and more!
- Participants in the dialogue need a vision
- Distributed network should span:
 - Geographic and administrative levels
 - Government departments
 - Industry and supply system partners
 - Consumer and community organizations
 - Academic institutions
 - Provider organizations
- Is it possible to articulate a mission, strategy, and work plan and obtain core funding?

Keeping Costs Affordable

- Routine medicine expenditure monitoring by therapeutic area
- Health technology assessment and budget impact analysis
- Assessment of household medicines expenditure burden
- Cost-containment policies to reduce waste and unnecessary use

Improving Equitable Access

- Socioeconomic and geographic disease and utilization profiles
- Assessments of household care seeking and barriers to care
- Expanding provider networks
- Policies targeting improved access for vulnerable populations



Sustaining Generic & Innovator Companies

- Product quality monitoring
- Prequalification of suppliers, products
- Price, quality, volume, supply negotiations
- Innovative risk sharing agreements
- Policies to promote fair competition

Encouraging Appropriate Use

- Standard treatment guidelines
- Tiered formularies and preferred medicines lists
- Provider performance assessments
- Patient care management
- Policies to encourage clinically appropriate and cost-effective use