World Health Organization

Western Pacific Region

Regional Approaches for supporting UHC medicines strategies

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Medicines as a Key Component of Universal Health Coverage

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Asia Pacific Region

Region

- Half of world population
- Extreme diversity in social, economic, geographical, cultural characteristics
- Wide divers health and level of developn also varies widely

Knowledge networks influencing policy for UHC medicines policies

- What are knowledge networks?
- How can they influence policy?
- Example of a pharmaceutical policy knowledge network
- Setting up an Asia Pacific Network on Medicines Pricing/ Reimbursement/ Financing Policies

Knowledge Networks

What are they:

"Knowledge networks" aim to

- *share information* and *create new knowledge*
- *strengthen research & communication capacity* among members, and
- *identify and implement strategies* to **engage decision makers more directly, *linking to appropriate processes in the areas of policy and practice.*"**

(IISD definition 2001)

Who are they :

- networks made up of governmental bodies, research institutes, policy institutes, developmental organizations, NGOs, Civil Society & Corporate institutions

How can knowledge networks influence policy?

By learning from one another, through transferring knowledge, information, experience and ensuring sound communication,

member **assist each other to achieve their goals**

- Key to success: mutual trust; sustained and active collaborations

Pharmaceutical Pricing, Reimbursement Information PPRI network

> 60 institutions

- 27 European Union Member States
- 11 non EU countries (Albania, Croatia, Canada, Iceland, Macedonia, Norway, Switzerland, Serbia, South Africa, South Korea and Turkey).

History:

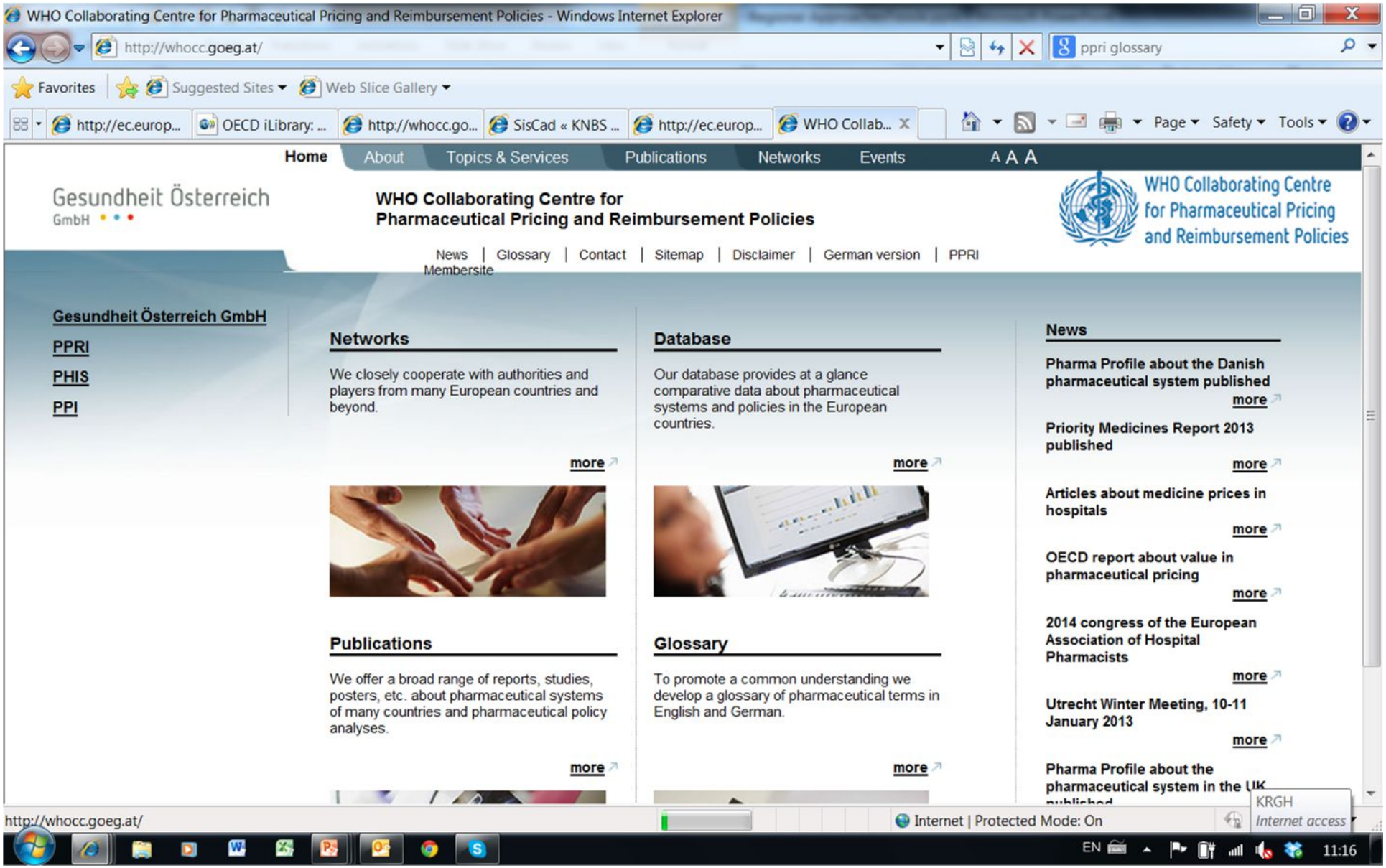
- PPRI research project, co-funded by the EC Directorate-General Public Health and Consumers, (2005 to 2007).
- PPRI network was established, glossary, indicators agreed pharmaceutical system profiles & reports produced http://ppri.goeg.at.
- After 2007 continued as self-funded network with regular meetings

PPRI member institutions

- Ministries of Health,
- Medicines Agencies
- Social Insurance institutions
- European and international institutions and organizations (WHO Europe and WHO HQ
- European Commission services, OECD, and World Bank)
- representatives of related initiatives (e.g. Medicine Evaluation Committee of the European Social Insurance Partners)

PPRI Objectives

- To establish and maintain an active and sustainable network of competent authorities for pharmaceutical pricing and reimbursement;
- To share information, best practice, and expertise in pharmaceutical pricing and reimbursement policies;
- To develop and refine tools and mechanisms to survey, analyse, compare, and benchmark updated pharmaceutical pricing and reimbursement information;
- To work on the development and promotion of a common understanding and language on pharmaceutical issues.



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PPRI key products

- **PPRI glossary**
- **Pharmaceutical system profile**

  Both One page – info at glance and in-depth report

- **Indicators** – comparative database
- **Report** – country reports, specific topics

- **PPRI information-sharing and dissemination**
  - One network meeting per year, hosted by a volunteering PPRI network member institution.
  - Internal sharing by PPRI network queries: since 2007 more than 140 such queries on requests for prices and reimbursement status of a product, ing distribution, medicines promotion or medicines use for patient safety.
  - Dissemination by websites, publication, presentations.
  - PPRI Conference: Two PPRI Conferences were held in Vienna for disseminating results (2007 and 2011).

PPRI "burning issues"

- Hospital medicine prices,
- Impact of Global financial crisis
- External price referencing (international price benchmarking)
- Pharmaceutical distribution
- High-cost medicines
- Generics promotion

Possible products/outputs for an Asia Pacific Network on Medicines Pricing/ Reimbursement/ Financing Policies

- **Information repository**
  - Country profile of medicine policies for UHC
  - Price information exchange platform
  - Existing publications from region (worldwide)
- **Capacity development resources**
  - Face- to-face meetings, technical seminars
  - Virtual learning tools, online course, webinars
  - Twinning/ mentoring between countries – country to country technical support
- **Evidence generator**
  - Comparative policy analysis
  - Monitoring of impact of policy interventions – evidence of what works
  - Benchmarking
- Supporting policy dialogue, development implementation
- Whatever you wanted it to be

What can make it happen?

- Your Willingness and Commitment to work together
- What is needed
  - Agreements on objectives, outputs – according to your needs
  - Plans on how network can be set up – WHO can convene and support
  - Identify focal points/ lead institutions from each countries
  - Network lead
- Resources
  - Sharing information on policy, reports, databases you already have on a web-based platform – WHO can host
  - Sharing technical expertise
  - Financial resources for meetings, publications

Question to you

Are we at

- the right time ?
- the right place ?
- with the right people?

To get started?

Thank you

www.wpro.who.int

	Indicator	KHM	FJI	LAO	SLB	CHN*	MYS*	MNG*	PNG*	PHL *	VNM*
Policy and Access											
1	Medicines policy and implementation mechanism in place.										
	a. NMP official document exists. Write the year of the most recent revision.	<5 years	<5 years	>5 years	<5 years	<5 years	<5 years	>5 years	>5 years	>5 years	<5 years
	b. NMP implementation plan exists. Write the year of the most recent revision.	>2 years	No	<2 years	>2 years	<2 years	<2 years	<2 years	>2 years	No	<2 years
	c. NMP implementation regularly monitored/assessed (how often monitored in years).	No	No	Annual	Every 2 yrs/ more	Annual	Every 2 yrs/ more	Every 2 yrs/ more	No	No	Every 2 yrs/ more
2	Availability of 30 essential medicines (public sector, %).	98		74.8			25	80		15.4	55.9
	Availability of 30 essential medicines (private sector, %).			77.3			43.8	86.7		26.5	53.3
	Availability of 30 essential medicines (public and private sector) (%).		75			20					54.6
3	Public procurement prices for selected medicines in comparison to international reference price.	6				1.48	1.75			17.15	Innovator 10.4
4	Total pharmaceutical expenditure per capita (public and private).	19	35	21	25	148	55	59	44	47	27.6
5	Total pharmaceutical expenditure as a % of total health expenditure.	15.8	17.6	22.4	10.9	42.5	8.8	27.4	51.4	35.4	50.9
6	Public expenditure (including public health/social insurance) on pharmaceuticals as % of total pharmaceutical expenditure.	44.76	53.31		100	37.96	62.81				60%
7	Out-of-pocket expenditure as % of total health expenditure.*	56.9	21.0	39.7	3.0	34.8	41.7	39.7	11.7	55.9	55.7
8	Does a public health service, public health insurance, social insurance or other sickness fund provide partial or full coverage for medicines that are on the EML for outpatients	Full	Full	Partial	Full	Full	Full	Full	Full	No	Partial
9	Does a public health service, public health insurance, social insurance or other sickness fund provide partial or full coverage for medicines that are on the EML for inpatients	Full	Full	Partial	Full	Full	Full	Full	Full	Full	Partial
10	Is revenue from the sale of medicines used to pay the salaries or supplement the income of public health personnel in the same facility?	No	No	No	No	Yes	No	No	No	Yes	No

	Indicator	KHM	FJI	LAO	SLB	CHN*	MYS*	MNG*	PNG*	PHL *	VNM*
Quality assurance											
11	Has an assessment of the medicines regulatory system has been conducted in the last five years?	No	<5 years	<5 years	<5 years		<5 years	<5 years	No	No	<5 years
12	Legal provisions exist permitting inspectors to inspect premises where pharmaceutical activities are performed.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Legal provisions exist requiring manufacturers, wholesalers, distributors and dispensers to be licensed.	Yes	Yes	Yes	Yes	Partial ly	Yes	Yes	Yes	Yes	Yes
14	Antibiotics are dispensed over the counter without a prescription.	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Rational selection and use											
15	EML updated in the last three years.	<3 years	>3 years	<3 years	<3 years	<3 years	<3 years	<3 years	>3 years	Three years	<3 years
16	A survey on rational use of medicines has been conducted. Write the year of the survey.	>5 years ago	No	<5 years ago	No	<5 years ago	<5 years ago	<5 years ago	No	<5 years ago	<5 years ago
	a. Average number of medicines prescribed per patient (outpatient).	2.5		2.8		2.3	3	2		2	3.6
	b. % of patients in outpatient public health care facilities receiving antibiotics.	55		56.54		37	14.3	46.7		63.3	49.2
	c. % of medicines in outpatient public health-care facilities that are prescribed by INN (generic) name.	99		72.8	100			68.2		86.8	28.1
	d. % of medicines prescribed in outpatient public health care facilities that are in the EML.	99		76.58	100	18	100	77.7		93.1	40.8
17	% of prescriptions complying with the standard treatment guidelines.										
18	A national programme or committee (involving government, civil society and professional bodies) exists to monitor and promote rational use of medicines.	Govt. only	Govt. only	Govt. only	Govt. only	No	Yes	Yes	No	No	Govt. only