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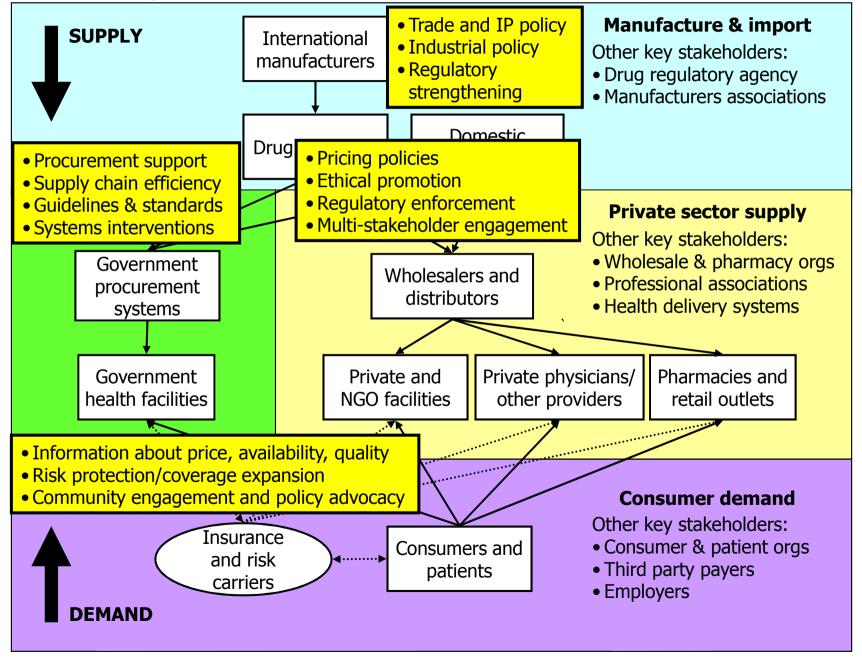
Harvard Medical School and Harvard Pilgrim Health Care Institute WHO Collaborating Center on Pharmaceutical Policy, Boston

Pharmaceutical Policies and Evaluation Indicators in the Region of the Americas Pan American Health Organization, Dec 10, 2009

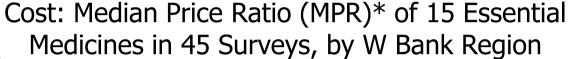
Overview

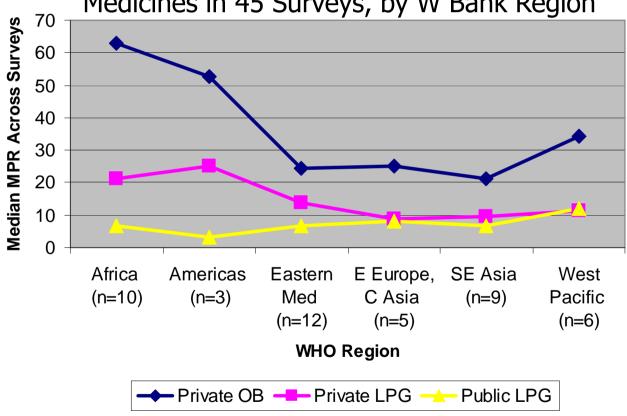
- Framework for supporting pharmaceutical policy implementation
- WHO-HAI Medicine Prices Project
- Medicines Transparency Alliance (MeTA)
- International Conference on Improving Use of Medicines (ICIUM)
- Medicines and Insurance Coverage (MedIC) Initiative

Leverage Points for Pharmaceutical Policy Implementation



WHO-HAI Medicine Prices Project: Data on Price and Availability to Inform Policy Decisions



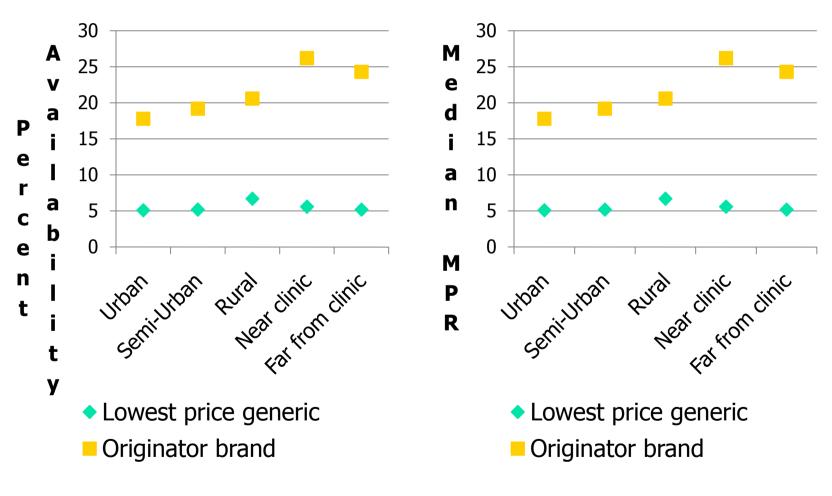


* Median Price Ratio (MPR)=ratio of local median to international reference procurement price for generic equivalent product

Source: Cameron et al. (Lancet 2008) DOI:10.1016/S0140-6736(08)61762-6



Data from Expanded WHO-HAI Price Survey in Peru: Private Sector Pharmacies





Background on the Medicines Transparency Alliance (MeTA)

What drives medicines access problems?

- Market failure
 - Information asymmetries
 - Weak market signals
 - Imperfect competition
 - Collusion

- Government failure
 - Poor procurement
 - Weak regulatory systems
 - Porous supply systems
 - Fraud and corruption

How might transparency help?

- > Reliable data in the public domain
- Better value for money in procurement
- Facilitate responsible business practices
- Empower patients/consumers
- "Enabling space" for policy dialogue



MeTA Strategy



- Goal: Greater access to affordable essential medicines to improve health outcomes
- Catalyze national and international multistakeholder alliance
- Increase transparency
 - Selection, procurement, distribution, sales, and use
 - Collect, analyze, disclose, and use key data on quality, availability, affordability, access, and use
- Strengthen governance and accountability of all stakeholders
- Improve efficiency in public and private sector

MeTA Pilot Phase

- > Partners: DfID, WHO, World Bank
- > Launch in London in April 2008
- Duration: mid-2008 to mid-2010 (of expected 10 year initiative)
- Activities
 - Develop global MeTA Forum
 - Test approaches in pilot countries: Ghana, Uganda,
 Zambia, Philippines, Peru, Jordan, Kyrgyzstan
 - Baseline pharmaceutical sector assessments





Top 10 ICIUM 2004 Recommendations

- 1. Involve all stakeholders in developing, implementing, and monitoring National Medicines Policy and National AMR Policy
- 2. Expand <u>health insurance and medicines</u> <u>coverage</u> to vulnerable populations
- Implement <u>tailored interventions and</u> <u>systems changes</u> to improve public & private sector prescribing
- 4. Establish policies and incentives to promote use of <u>generic medicines</u>, and develop systems to <u>guarantee product quality</u>
- Implement <u>short-course therapy for</u> <u>pediatric pneumonia</u> and evaluate for other infections



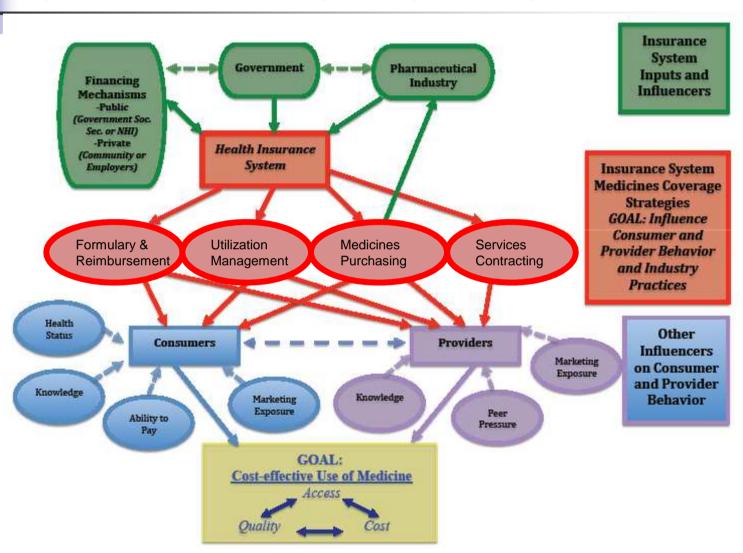
Top 10 ICIUM 2004 Recommendations

- 6. Monitor essential medicines <u>prices and</u> <u>price components</u>
- 7. Support consumers with <u>unbiased</u> <u>information</u> about medicines & medicines prices
- Enforce regulations concerning <u>drug</u> <u>promotion</u> and consumer advertising
- Improve <u>quality of service in private</u> <u>pharmacies</u> using standards of care, regulation, enforcement, & training
- 10. Implement systems to assure adherence as an integral part of <u>expanded access</u> <u>programs</u> (ARV, TB, malaria)

Third International Conference on Improving Use of Medicines

- Planned for Egypt, April 2011
 - Venue: Alexandria Biblioteca
 - 1 day pre-meeting, 4 day conference
 - To be announced December 2009
- Overview
 - Same interactive process as previous ICIUMs
 - Summarize global evidence
 - Develop 7-year recommendations
- Need greater Latin American participation

Role of Insurance Systems in Cost Effective Use of Medicines





- Core recommendation from ICIUM 2004
 - Global expansion of risk protection systems
 - Need to operate in private sector
- Global initiative led by Boston WHO CCPP
- Objectives:
 - Expand access and improve medicines use using levers available in insurance systems
 - Build capacity in sustainable systems
 - Support design, implementation, and evaluation of medicines policy innovations
 - Build global evidence base

MedIC Objectives and Activities

- Build capacity: training courses, Harvard fellowships
- Policy analysis: exploit insurance databases, performance indicators
- Policy implementation: technical support, policy experimentation
- Dissemination: evidence sharing, collaboration across systems