Universal Health Coverage – the pharmacy profession

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Word Health Organization
WHO values

Health:

- is a state of complete physical, mental and social well-being, not just the absence of disease or infirmity
- is the fundamental right of every human being, everywhere
- is crucial to peace and security depends on the cooperation of all individuals and States
- should be shared: extending knowledge to all peoples is essential
Overview

- About WHO’s work
- UHC
- Medicines
- Pharmacy profession
- The future
WHO Reform: 6 leadership priorities

- Universal health coverage
- Achieving the health related MDGs
- Address NCDs
- Implement IHR
- Increase access to essential, quality-assured and affordable medical products
- Reduce inequities by addressing SDH
“Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.
Shaping a new WHO strategy and action plan

- Universal health coverage
- MDGs
- NCD

How we work

- Advocacy, leadership, norms/standards, guidance
- Supporting countries
- Across the organization
- Partnerships
“UNIVERSAL HEALTH COVERAGE: THE SINGLE MOST POWERFUL CONCEPT PUBLIC HEALTH HAS TO OFFER.”

HEALTH FOR ALL. EVERYWHERE. 12.12.14

I SUPPORT #HEALTHFORALL

DR. MARGARET CHAN
DIRECTOR-GENERAL
WORLD HEALTH ORGANIZATION
“THE QUEST FOR UNIVERSAL HEALTH COVERAGE IS NOT ONLY A DEMAND FOR BETTER HEALTH - IT'S A DEMAND FOR EQUITY.”

HEALTH FOR ALL. EVERYWHERE.
12.12.14
UNIVERSAL HEALTH COVERAGE DAY
I SUPPORT #HEALTHFORALL

DR. JIM YONG KIM
PRESIDENT
WORLD BANK GROUP
Equity - the difference from equality

Equality vs. Equity

**EQUALITY** = SAMENESS
GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place

**EQUITY** = FAIRNESS
ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality
What is Universal Health Coverage?

1. All people obtain the health services they need (including prevention, promotion, treatment, rehabilitation, and palliation), of sufficient quality to be effective;

2. The use of these services does not expose the user to financial hardship
Universal Health Coverage

- No country fully achieves all the coverage objectives - and harder for poorer countries

- But all countries want to:
  - Reduce the gap between need and utilization
  - Improve quality
  - Improve financial protection

- Thus, moving “towards Universal Coverage” is something that every country can do
Universal Health Coverage

Three dimensions to consider when moving towards universal coverage

- Extend to non-covered
- Reduce cost sharing and fees
- Include other services

Population: who is covered

Current pooled funds

Direct costs: proportion of the costs covered

Services: which services are provided and at what quality
There is no standard package of HSS actions to progress towards UHC

- Every country already has a health system
  - This is the starting point for any reform

- Solutions need to be tailored to context
  - Key contextual factors (e.g. fiscal, public administration, political, cultural, etc.) condition both what can be achieved and what can be implemented

- Country level analytic capacity is essential
  - Policy analysis linked to the specific reform agenda (hypotheses)
  - Much more than tracking standard indicators
  - Supporting this capacity and strengthening links to decision making is key role for us at country level
Why a focus on medicines and medical products?

- Between 20% and 60% of the health budget in LMIC goes to medicines/technologies expenditures.

- In LMIC countries, up to 80 to 90% of medicines and medical products are purchased out-of-pocket as opposed to being paid for by health insurance schemes.

- In many LMIC out-of-pocket expenditures for health account for more than 50 per cent of total health spending.

- Average availability of selected generic medicines in LMICs:
  - public sector less than 42%
  - private sector almost 72%
## Ten leading sources of inefficiency in health systems
Ref: World Health Report 2010, Chapter 4

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<tr>
<th>Medicines: under-use of generics and higher than necessary prices</th>
<th>Medicines: use of sub-standard and counterfeit medicines</th>
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<tr>
<td>Medicines: inappropriate and ineffective use</td>
<td>Services: inappropriate hospital size (low use of infrastructure)</td>
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<td>Services: medical errors and sub-optimal quality of care</td>
<td>Services: inappropriate hospital admissions and length of stay</td>
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<td>Services &amp; products: oversupply and overuse of equipment, investigations and procedures</td>
<td>Health workers: inappropriate or costly staff mix, unmotivated workers</td>
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<td>Interventions: inefficient mix / inappropriate level of strategies</td>
<td>Leakages: waste, corruption, fraud</td>
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Access to essential medicines and technologies within UHC framework

1. Rational selection
2. Affordable prices
3. Sustainable financing
4. UHC and reliable health and supply systems
Public Health, Innovation and Intellectual property

- WHO Global Strategy and Plan of Action, WHA 61.21
- A public health based innovation agenda and new R&D models
- Local production of medical products
- Transfer of technology for local production (vaccines, biologicals)
Support countries in the Regulation of medical products: Quality, Efficacy, Safety

- Norms and standards
- Licensing of manufacturers, wholesalers, pharmacies
- Regular inspection, GMP
- Registration of products
- Regulate and control promotional activities
- Safety, pharmacovigilance...
- A regulatory system
Prequalification of medical products

- Health systems depend a lot on availability of and access to safe, effective quality medical products
- Increased international funding for priority health problems: GAVI, Global Fund, PEPFAR, UNITAID, UNICEF, …
- Need for quality assured generics and more affordable medical products
- Immunization, HIV/AIDS, TB, malaria, reproductive health, …
Regulatory collaboration and convergence

- Global and Regional initiatives
  - ASEAN, EU, APEC, AMRH, PANDRH, … ICDRA

- Common standards

- Mutual recognition / fast track procedures

- Pharmacovigilance collaboration (WHO CC Uppsala)

- SSFFC

- Exchange information
Selection of Essential Medicines

- First edition 1977
- Revised every two years
- Now contains 462 medicines including children's medicines
- Uses HTA approaches
- Patent status NOT considered in selection
- Over time has contained 5% to 10% patent protected medicines
Many Factors Influence Use of Medicines

Treatment Choices

Information:
- Scientific Information
- Influence of Drug Industry
- Workload & Staffing
- Workplace

Intrinsic:
- Prior Knowledge
- Habits

Extrinsic:
- Relationships With Peers
- Authority & Supervision
- Workgroup
- Social & Cultural Factors
- Economic & Legal Factors

Societal and health system
Low public sector availability leads patients to the private sector, where medicines are unaffordable.

Source: World Health Organization, using WHO/HAI standard methodology and data from surveys of medicine prices and availability (see http://www.halweb.org/medicinesprices/).

Note: Results from individual surveys have been averaged without weighting where multiple state or provincial surveys have been conducted (China, India, Sudan).

- Number of days’ wages required for the lowest-paid government worker to buy a 30-day supply of lowest-priced generic medicines from the private sector.
Medicines supply systems in TANZANIA. 2007
WHO Guideline on Country Pharmaceutical Pricing Policies

- Should countries use price control measures to manage medicine prices?
- Should countries adopt measures to control add-on costs in the supply chain?
- Should countries promote the use of quality assured generic medicines as a strategy to manage medicine prices?
Key principles in implementation:

- Countries should use a combination of different pharmaceutical pricing policies that should be selected based on the objective, context and health system.
- Countries should make their pricing policies, processes, and decisions transparent.
- Pricing policies should have an appropriate legislative framework and governance and administrative structures, supported by technical capacity, and should be regularly reviewed, monitored (including actual prices) and evaluated and amended as necessary.
- In promoting the use of affordable medicines, countries should employ a combination of pharmaceutical policies that address both supply and demand issues.
- If regulation of pharmaceutical prices is introduced, effective implementation will be required to ensure compliance (e.g. incentives, enforcement, price monitoring system, fines).
- Countries should adopt policies to promote the use of quality assured generic medicines in order to increase access and affordability.
- Countries should collaborate to promote exchange of information about policies, their impacts, and pharmaceutical prices.
Goals for policies on medicines and technologies towards UHC

- Equitable access for patients to effective, safe and good quality medicines
- Enhancing appropriate use of medicines for better health outcomes
- Ensuring value for money, affordability and sustainability, and financial protection for patients
- Balance with industrial policy objectives
- Underpinning values: equity, solidarity, access, quality, participation
Health system barriers to UHC

- Inadequate financing
- Inefficient use of available resources
- Gaps in universal access to quality medical products
- Availability, Accessibility. Acceptability, Quality, Affordability
  - Lack of new treatments - Antimicrobial resistance
- Inadequate access to quality health services, facilities and qualified health professionals
- Inadequate health information system – Critical component to elimination
Illegal drug store in a market located in Kampong Thom province
Pharmacist in UHC

- Universal access to pharmacist
- Universal access to safe medicines
- Pharmacist able to provide
  - Patient care services for all
  - Specialised services for some
  - Medication safety review
  - Medication preparation and deliver
  - Influence medicine and health care policies
  - Improve efficiency of medicine supply chain
Universal Health Coverage

- **Universal** - is it that difficult?

- **Depth of coverage** - what really matters
  - **equity**: linking care to real health needs of patients, not their ability to pay.
  - **financial protection**: ensuring that necessary health care does not push people into poverty.
  - **quality of care**: ensuring providers make the right diagnosis, and prescribe a treatment that is appropriate for patient, effective and affordable.

- Yes, it is difficult for most of the unreachable, but must be done