15th GENERAL MEMBERSHIP MEETING of the REPRODUCTIVE HEALTH SUPPLIES COALITION
20-24 OCTOBER
MEXICO CITY

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UNIVERSAL HEALTH COVERAGE: CONSIDERATIONS FOR RH SUPPLIES AND SUPPLY CHAINS - OVERVIEW

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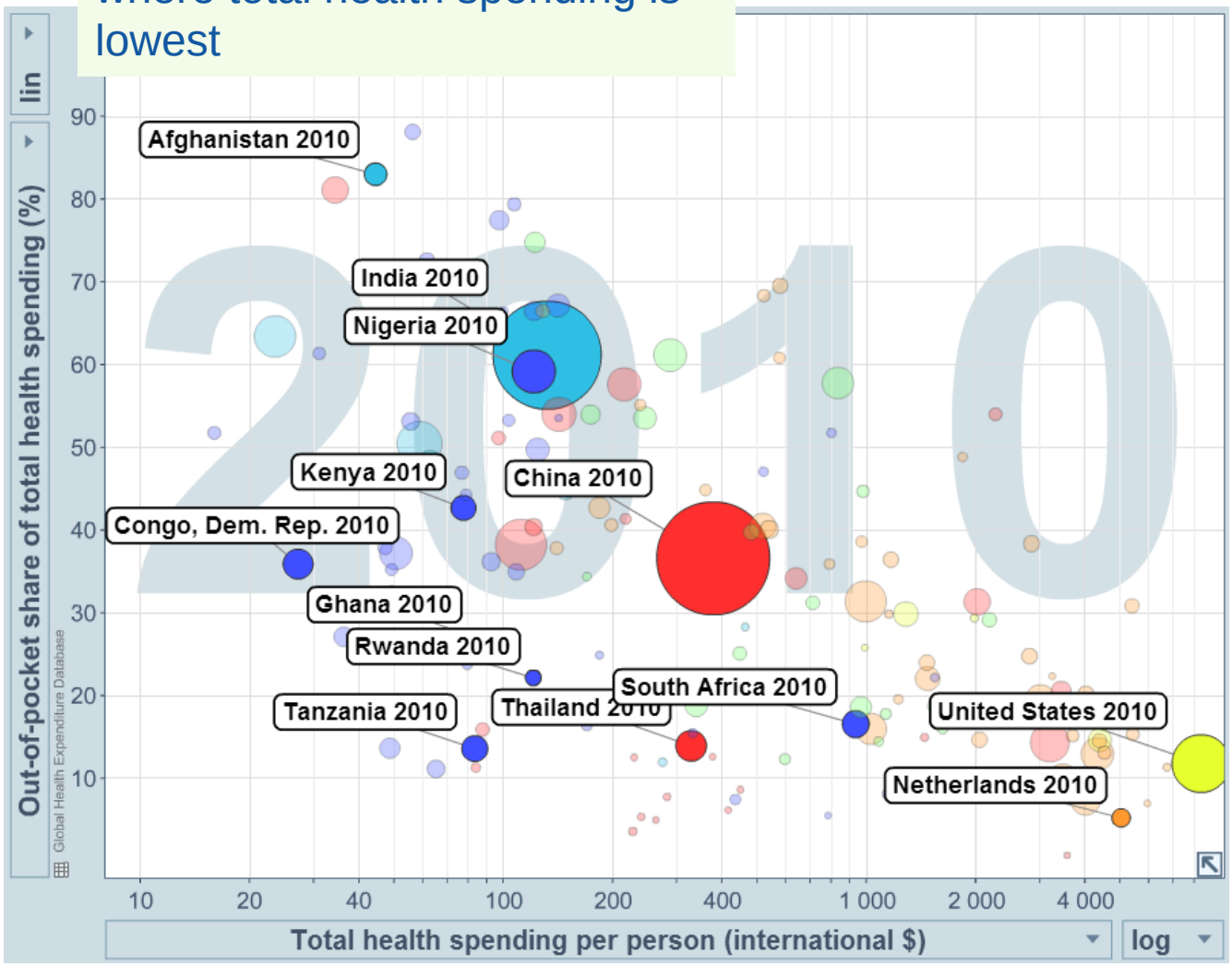
SALUD
SECRETARÍA DE SALUD

Reproductive Health SUPPLIES COALITION 10 YEARS

msh
Management Sciences for Health

UNFAIR HEALTH FINANCING

High out-of-pocket spending where total health spending is lowest



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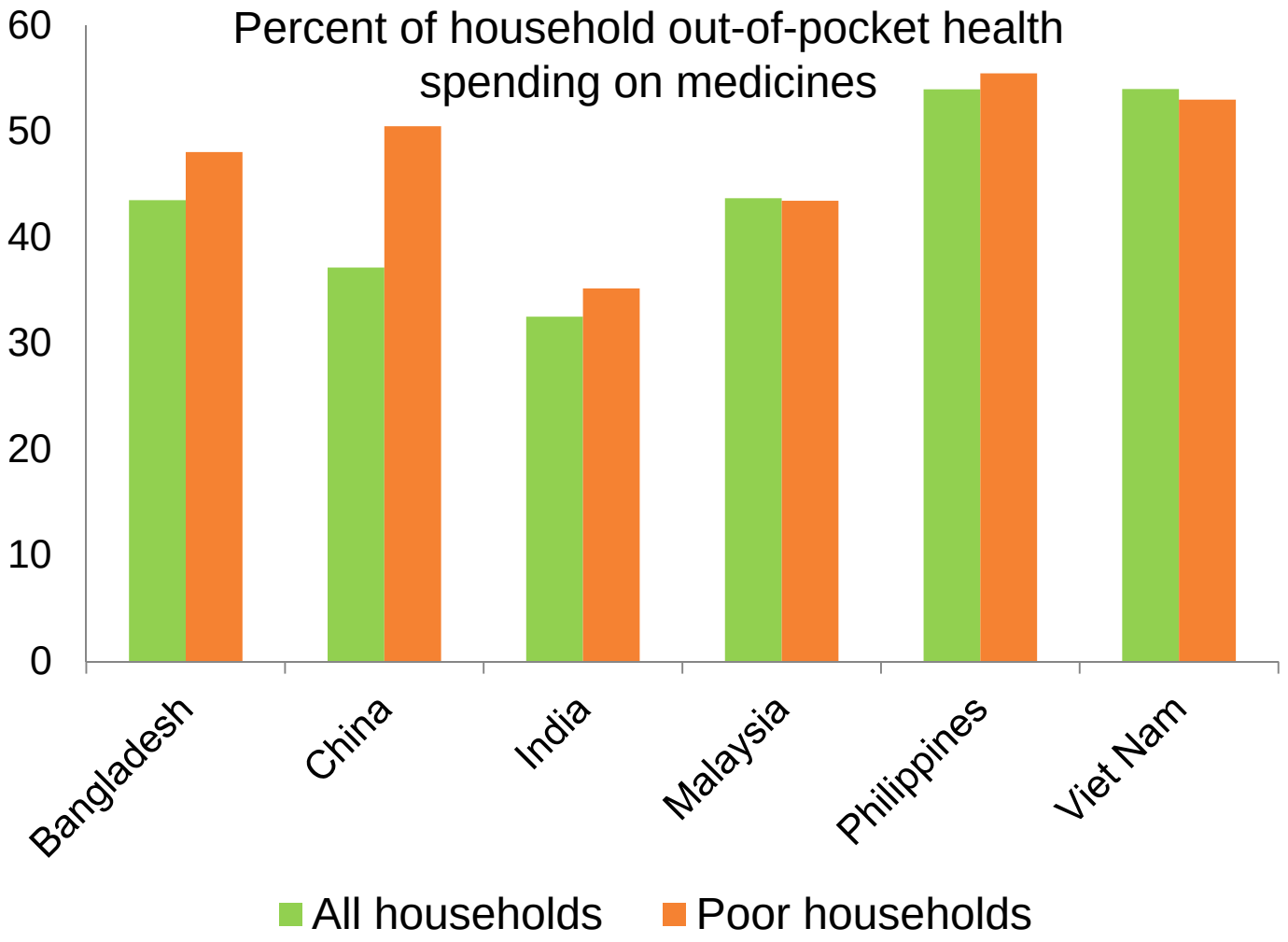
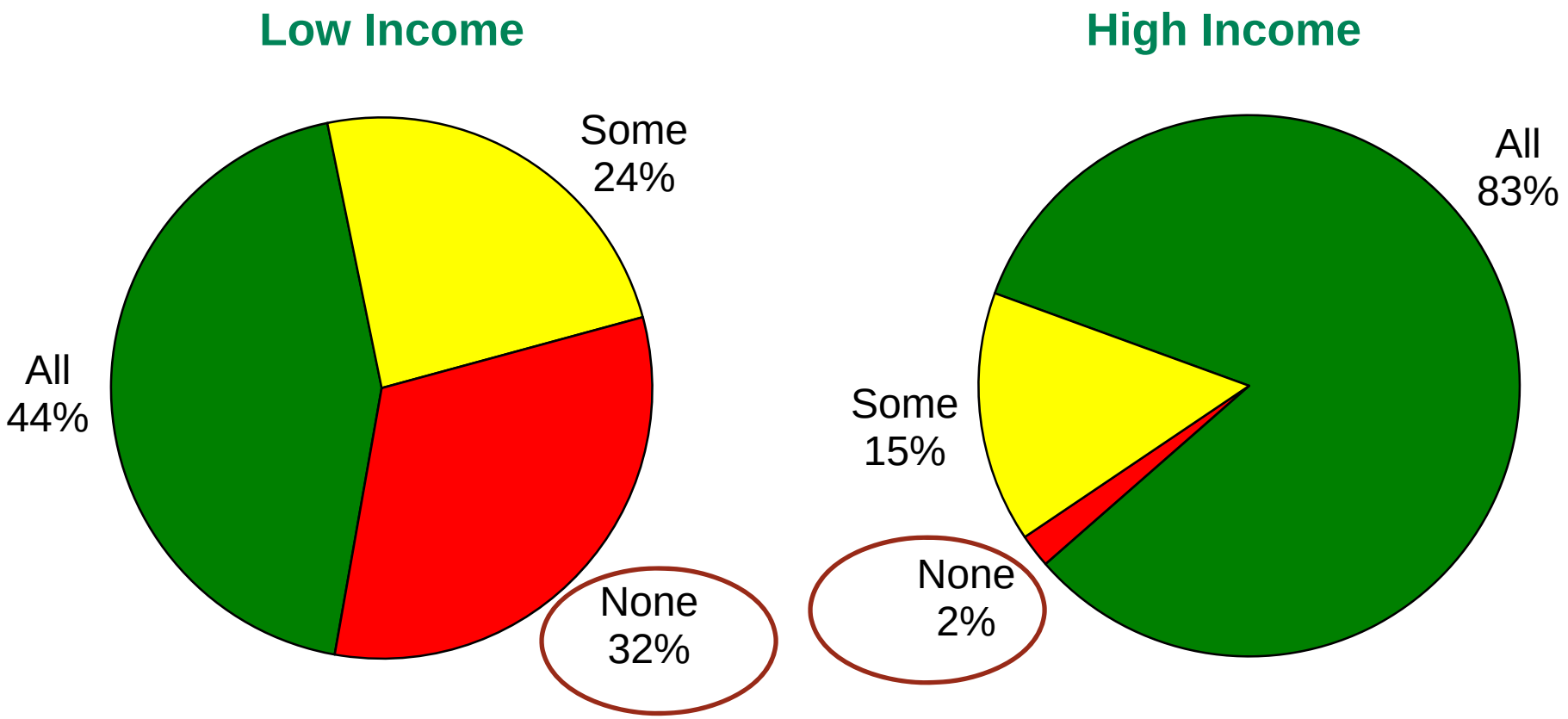
WHERE DOES HOUESEHOLD SPENDING IN HEALTH GO?



HEALTHCARE GAP

% respondents with recent acute illness receiving prescribed medicines, Tanzania, 2002



Tanzania, 2002, WHO essential medicines project

“

UHC implies that **all people** have access, without discrimination, to nationally determined sets of needed preventive, curative and rehabilitative basic health services and to essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the user to financial hardship, with special emphasis on the poor, vulnerable, and marginalized segments of the population.”

WHA Resolution 58.33 Geneva: WHO; 2005. United Nations General Assembly. Resolution. A/67/L.36 (6 December 2012). Available: http://www.un.org/ga/search/view_doc.asp?symbol=A/67/L.36

UHC MOVEMENT IS ACCELERATING

50 countries near/at UHC + 50 countries on the way

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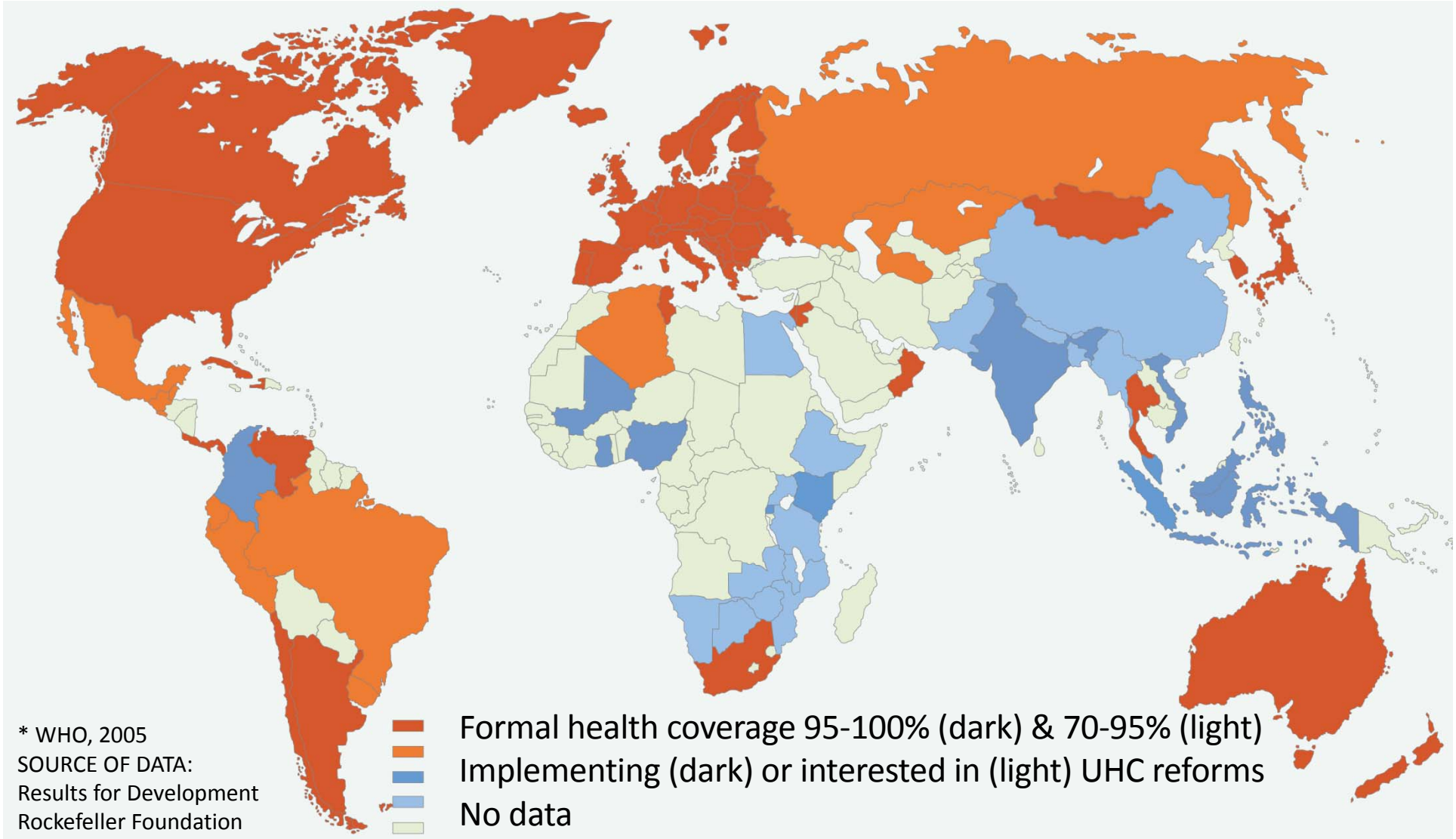
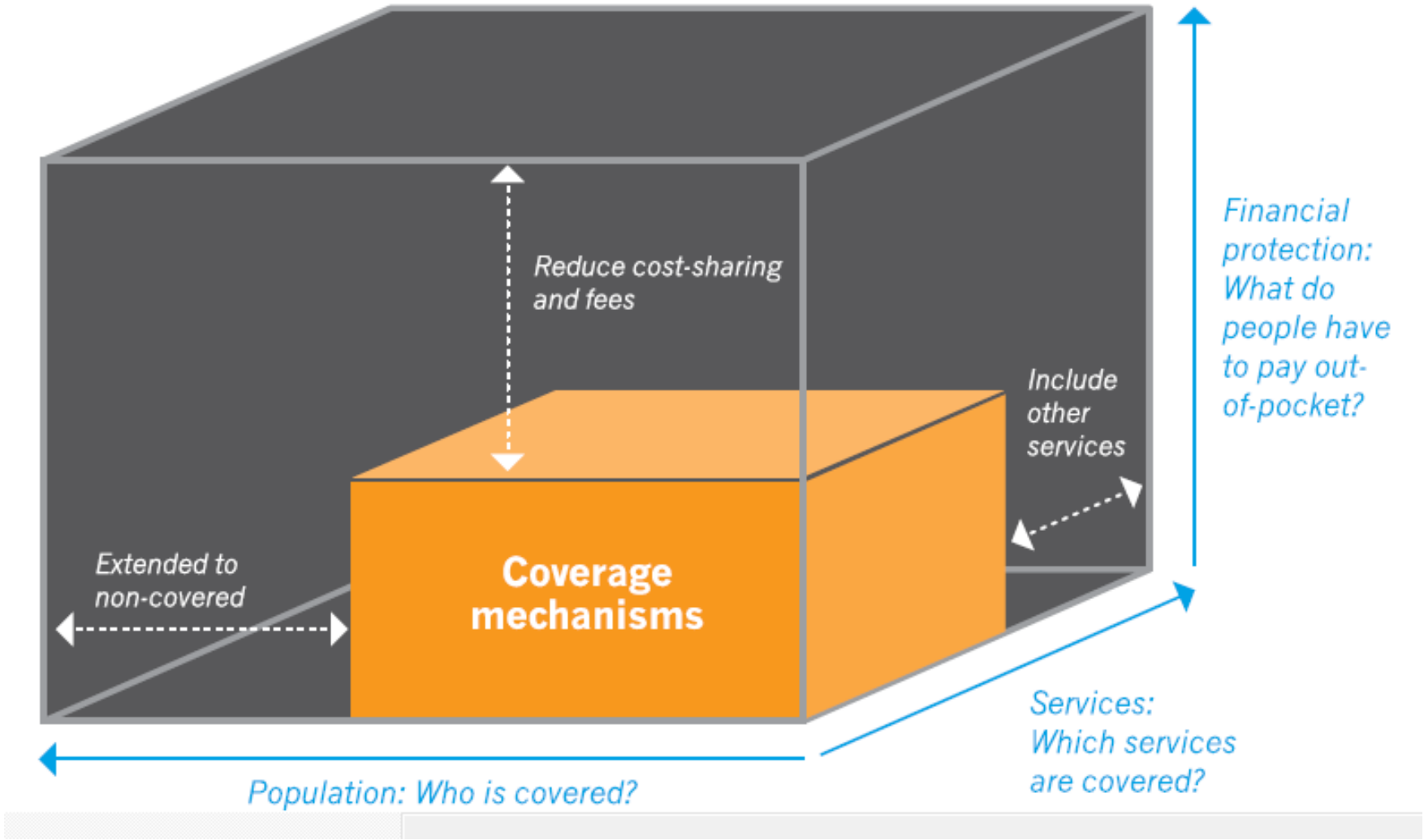


* WHO, 2005
SOURCE OF DATA:
Results for Development
Rockefeller Foundation

MECHANISMS TO ACHIEVING UHC



UHC COUNTRY APPROACH:
from core principles to national implementation

Common Core Principles

Pre-Payment	▪ Domestic-plus financing ▪ Limited out-of-pocket fees
Risk Pooling	▪ Rich and poor ▪ Healthy and sick
Basic Health Needs	▪ Prevention ▪ Early detection ▪ Care and treatment

Country Variations

Financing	▪ Tax-based ▪ Social health insurance ▪ Community insurance ▪ Employer-based
Delivery	▪ Public sector ▪ Private sector ▪ Local/NGO services ▪ Hybrid
Creation	▪ Progressive ▪ "Big Bang"

ACCESS TO MEDICINES THROUGH UHC: Golden Ring or Trojan Horse?

The Golden Ring

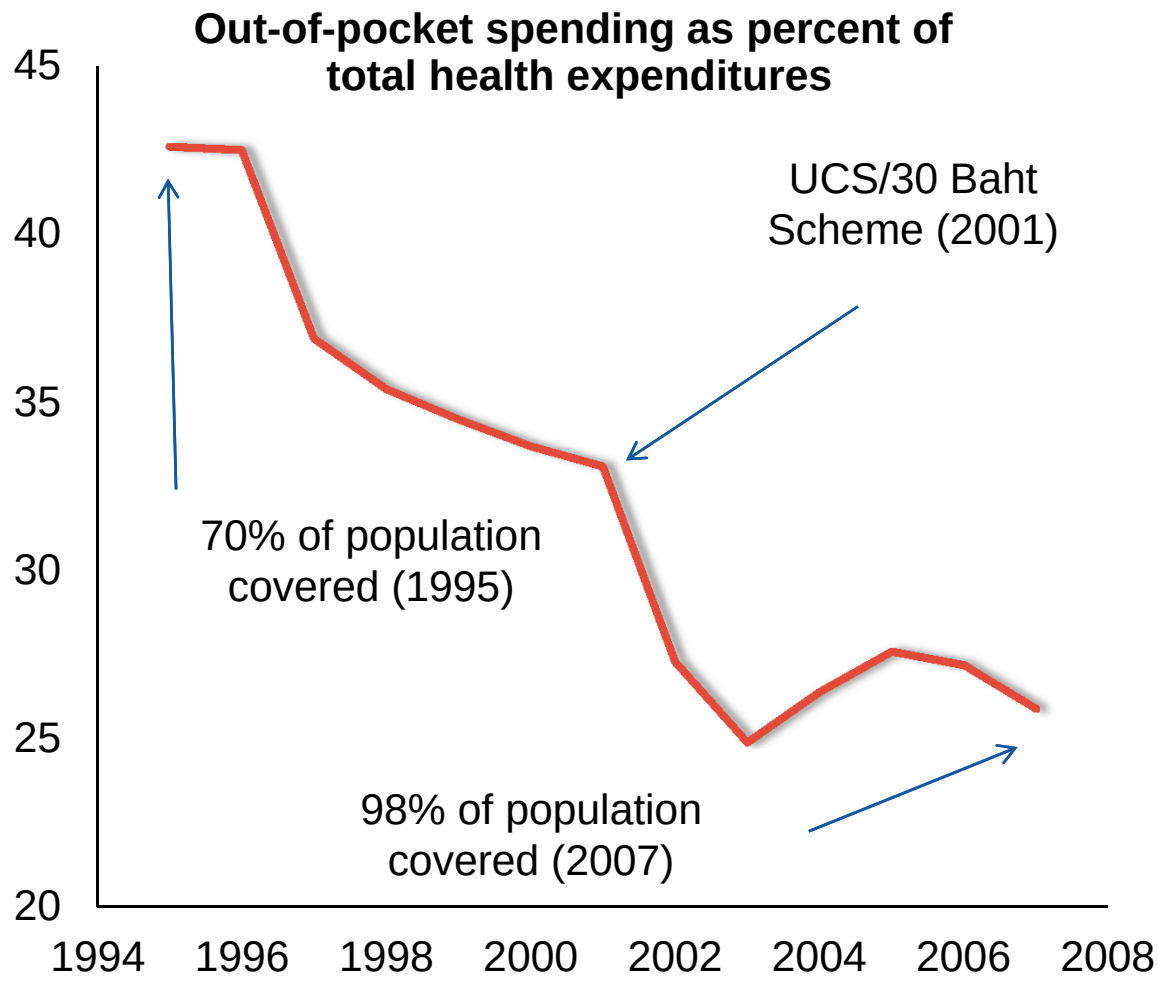
- Increased access to medicines with improved health outcomes
- Greater financing equity with reduced medical impoverishment
- Increased UHC acceptance

The Trojan Horse

- Adverse impacts of cost controls that reduce health impact
- Excess demand, more fraud and abuse
- Rising costs that threaten UHC program viability

THAILAND: EVOLVING EXPANSION OF COVERAGE

- 1963 - Civil Servants Medical Benefits Scheme - 8%
- 1992 – 1995 - Compulsory Social Security Scheme - 13%, Free care for children and elderly
- 2001 – Universal Coverage Scheme (UCS/"30-Baht") - 75%
- 2007 - Private Health Insurance



Sources: www.jointlearningnetwork.org/ and McKinsey Co 2010

THAILAND: MEDICINE COST ESCALATION & RESPONSE

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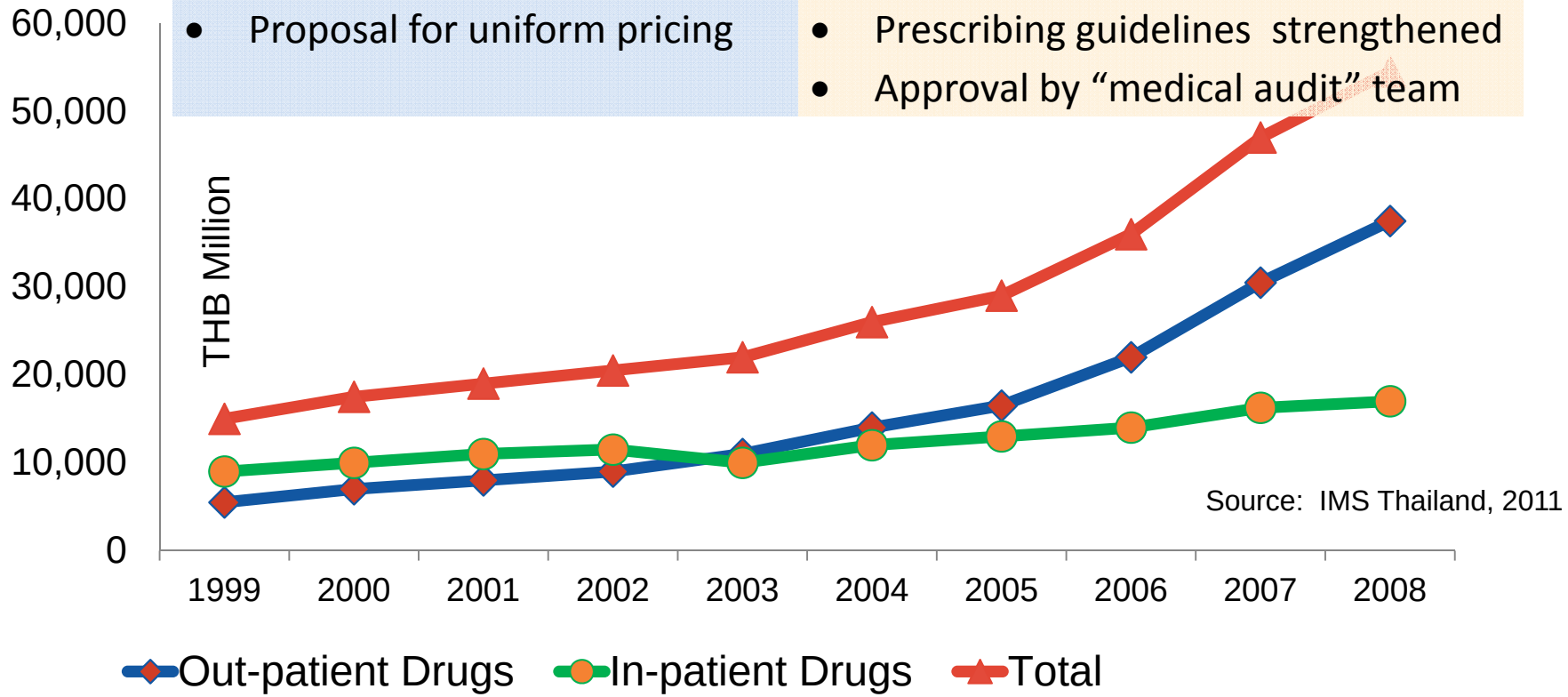
2009 Measures	2010 Measures
• Drug use audits , 14 hospitals • Generic substitution • Prescribing restrictions • Proposal for uniform pricing	• Audits expanded to 34 hospitals • Stronger generic substitution • Prescribing further restricted • Prescribing guidelines strengthened • Approval by "medical audit" team



Source: IMS Thailand, 2011

GHANA – EXPANDING COVERAGE, RISING TOTAL CLAIMS, INCREASING DRUG COSTS

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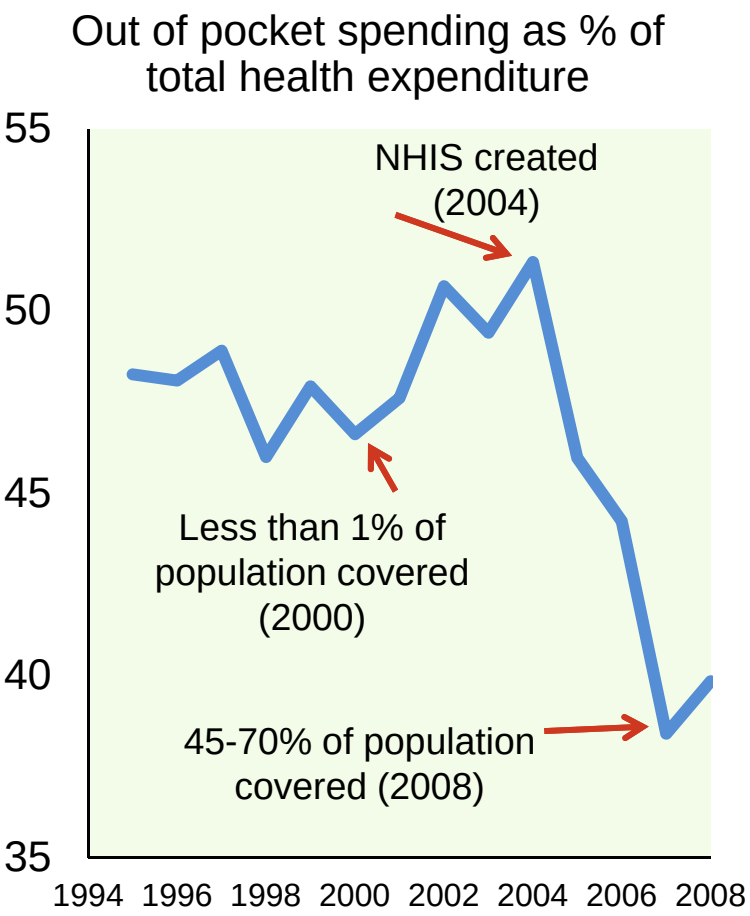
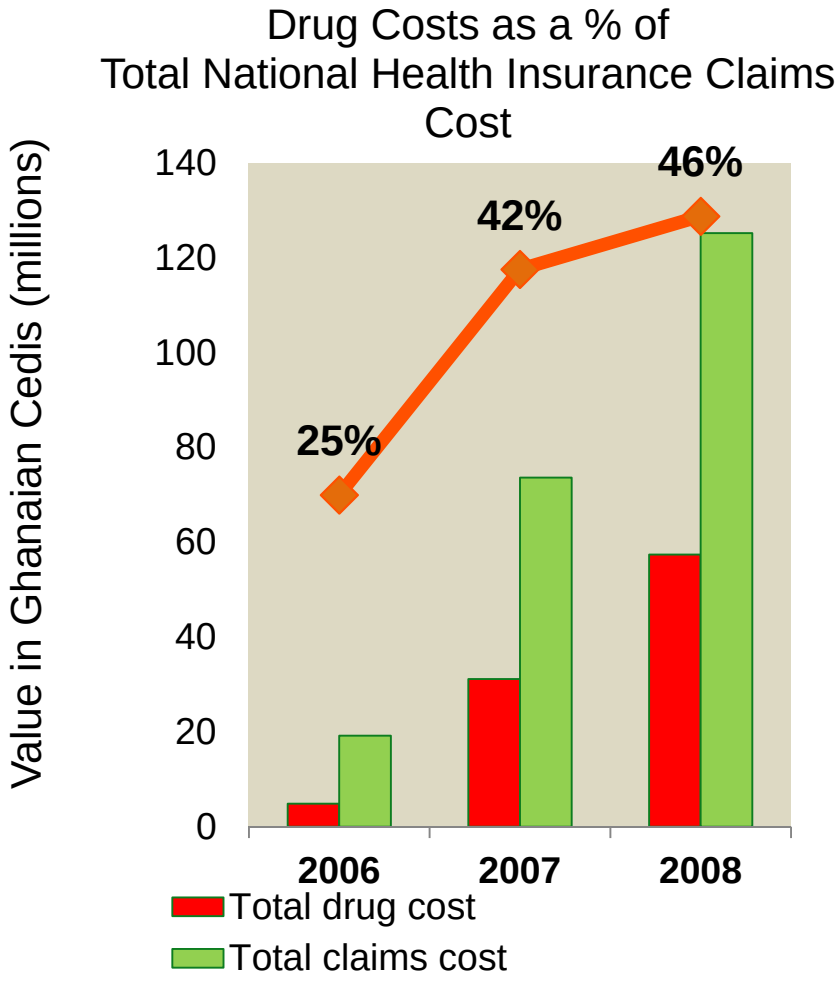




Source: McKinsey Co 2010

Source: Roberts and Reich, 2011, data from Mensah and Acheampong 2009

PHARMACEUTICAL MANAGEMENT STRATEGIES FOR VALUE IN UHC

Ensuring Availability of Quality Generic and Innovative Products

- Monitoring product quality
- Prequalifying suppliers, products
- Negotiating prices, quality, volume, supply chain security
- Promoting fair competition
- Engaging in risk sharing agreements
- Establishing patient assistance programs

Improving Equitable Access

- Understanding socioeconomic and geographic disease and utilization profiles
- Assessing household care seeking and barriers to care
- Expanding provider networks
- Targeting policies and programs to improve access for vulnerable populations

Encouraging Appropriate Use

- Implementing & updating standard treatment guidelines (STG)
- Matching essential medicines and reimbursements lists to STG
- Assessing provider performance
- Managing care comprehensively
- Implementing and monitoring policies to encourage clinically appropriate and cost-effective use

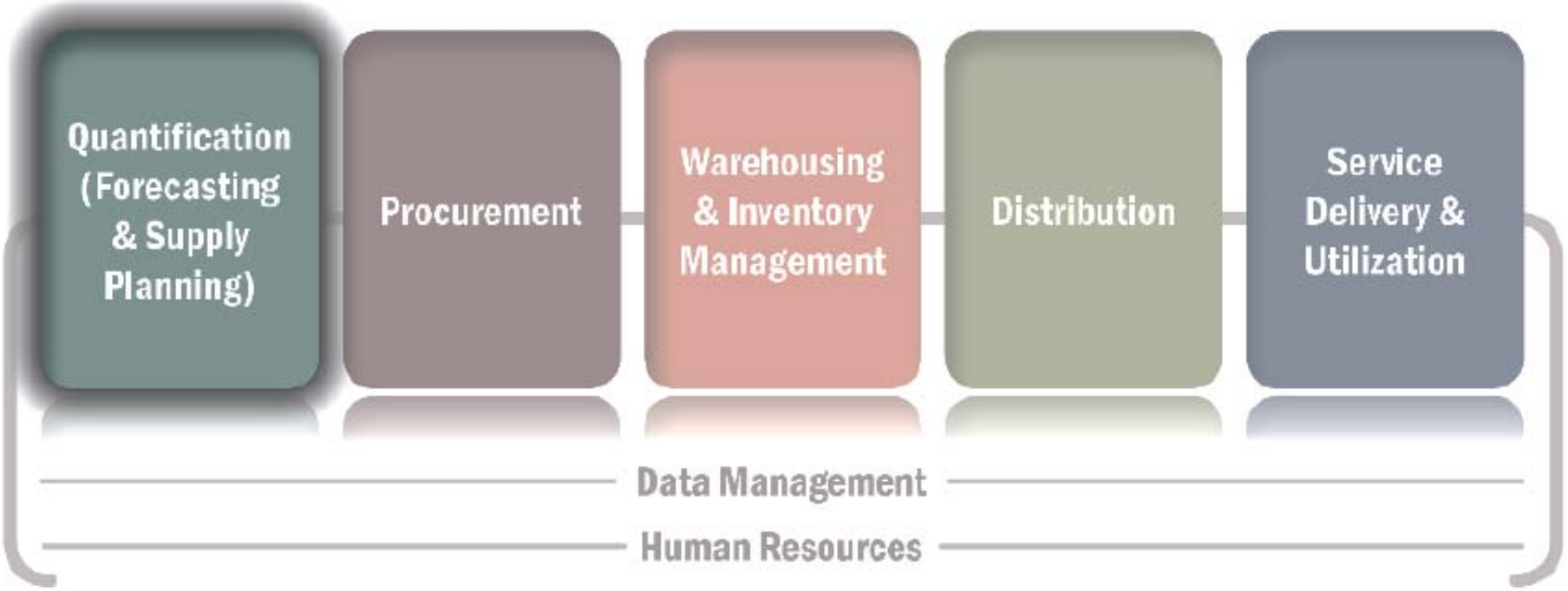
Keeping Costs Affordable

- Monitoring routine medicines expenditures by therapeutic area
- Evaluating health technologies, budget impact drivers
- Assessing household medicines expenditure burden
- Implementing and monitoring policies and programs to reduce waste, inappropriate use

Figure 1 Competing objectives in the medicines sector and selected approaches to balance them.

APPLYING UHC PRINCIPLES - STRENGTHENING HEALTH SYSTEMS AND ACCESS TO MEDICINES

APPLYING UHC PRINCIPLES - STRENGTHENING SUPPLY CHAIN MANAGEMENT



MAXIMIZING HEALTH IMPACT AND VALUE WITH UHC & ACCESS TO MEDICINES

- Stakeholder engagement and communication
- “Smart” therapeutics
- Value-based policy design
- Increased efficiency
- Reliable partners

- Performance management
- Culture of adaption

CONCLUSIONS – UHC & EXPANDING ACCESS TO MEDICINES

Out-of-pocket spending

- Too often the largest source of national health financing
- A major source of impoverishment
- Has both favorable and adverse health consequences

Universal health coverage

- Emphasizes reorganizing domestic financing
- Proving feasible through many national variations
- Offers great promise to expand access to medicines

Success in expanding medicine access depends on

- Strong policies and governance
- Informed pharmaceutical management strategies
- Managing goals of health impact and program viability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