Responsible selection and use of NCD medicines: A multipronged approach to a complex problem

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Challenges and problems: policies out of date or not implemented

Pharmaceutical legislation, policies and strategies fostering access to NCD medicines and medical devices are out of date or not implemented in many countries in the Region.

In some MIC quality assured essential medicines & medical devices are not readily available, accessible and affordable due to insufficient regulation and regulatory capacity.
Challenges and problems: in-efficient pharmaceutical spend for example poor uptake of quality assured affordable generics

Share of generics in the total pharmaceutical market is low in some countries, 2015 (or nearest year)
Challenges and problems: lack of coordination of policies and strategies that increase access to NCD medicines

- Pharmaceutical budget do not cover the ‘need’ for all NCD medicines
- Monitoring, reassessment and redistribution of the health & pharmaceutical spend lacking
- Prioritization of the public pharmaceutical ‘out of tune’
- OOPP on essential NCD medicines high
- Achieving UHC requires coordination and balancing competing objectives
Ensuring access to medicines and health products requires legislation, regulation, governance, monitoring, follow up throughout the product life cycle.
Priority NCD medicines should conform to agreed clinical guidelines and prescribing protocols, and their selection should be evidence-based.
Priority NCD medicines should be available and affordable to patients who need them

- A package of pricing and reimbursement policies to prioritize and sustain access and reduce OOPP are required covering both monopoly as we as competitive (generic) situations including:
  - reimbursement lists and reimbursement rates;
  - co-payment;
  - reference pricing (internal, external);
  - methods for linking price and value (HTA, cost-effectiveness);
  - price control;
  - generic policies;
  - managed entry agreements;
  - pharmaceutical distribution remuneration;
  - VAT
Priority NCD medicines should be included in public sector procurement or in coverage policies with no or minimal out-of-pocket payments.

Efficient management of the supply chain to obtain affordable prices and reduce waste is key.
Acceptance and use of generic medicines should be promoted through coordinated supply- and demand-side policies.

Policies to foster access to medicines and health technologies must address the whole product life cycle from innovation to disinvestment.
Adherence to long-term treatments for NCDs should be promoted through improved communication between patients and health care providers on the rationale for the treatment, discussions on possible side effects, and simplified treatment regimens.
Priority NCD medicines should conform to agreed clinical guidelines and prescribing protocols, and their selection should be evidence-based.

Priority NCD medicines should be available and affordable to patients who need them, with a focus on those living in rural and remote communities, the socio-economically less advantaged and “missing men”.

Priority NCD medicines in evidence-based treatment protocols should be included in public sector procurement or in coverage policies with no or minimal out-of-pocket payments.

Acceptance and use of generic medicines, which increase access to affordable medicines for patients and contain costs for health systems, should be promoted through coordinated supply- and demand-side policies.

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