Priority health policy and systems research questions for Access to Medicines in low and middle income countries

Maryam Bigdeli
Alliance for Health Policy and Systems Research, WHO

Vera Luiza Lucia\textsuperscript{A}, Arash Rashidian\textsuperscript{B}, Shakti Selvaraj\textsuperscript{C}, Chean Rithy Men\textsuperscript{D}, Claudine N’tsama\textsuperscript{E} \\
& Joelle Hoebert\textsuperscript{F}

\textsuperscript{A} Fiocruz School of Public Health, Rio de Janeiro, Brazil  
\textsuperscript{B} Tehran University of Medical Sciences, Tehran, Iran  
\textsuperscript{C} Public Health Foundation of India, New Dehli, India  
\textsuperscript{D} Centre for Advanced Studies, Phnom Penh Cambodia  
\textsuperscript{E} Université des Sciences Yaounde, Yaounde, Cameroun  
\textsuperscript{F} Utrecht University, Institute for Pharmaceutical Sciences, Utrecht, Netherlands
Background

• Weak data on access to and use of medicines
• Limited context-specific evidence
• Limited health system and policy perspective on research topics
• Limited capacity to translate evidence into policy options

- Medicines availability
  35% public
  66% private
- Inadequate prescription: 50%
- Inadequate use: 50%
- Substandard and low quality
- Counterfeit
- Medicines represent 20-60% of health spending
- 50-90% expenditures on medicines is out of pocket

Objectives

Formulate priority research questions in access to medicines

• Relevant to Low and Middle Income Countries priority policy concerns
• Applying a health system perspective

Country-driven priority setting for a health policy and systems research agenda in access to medicines in LMICs
Methods 1

Common framework for research and analysis


Hanson, K. et al., 2003. Expanding access to priority health interventions: a framework for understanding the constraints to scaling-up. Journal of International Development, 15: 1-14

Level at which constraints operate

I. Individual, household and community

II. Health Service Delivery

III. Health Sector

IV. National context - Public policies cutting across sectors

V. International and regional level
<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Individual, household and communities</td>
</tr>
<tr>
<td>Level II</td>
<td>Health service delivery</td>
</tr>
<tr>
<td>Level III</td>
<td>Health sector</td>
</tr>
<tr>
<td>Level IV</td>
<td>National context, Policies cutting across sectors</td>
</tr>
<tr>
<td>Level V</td>
<td>Regional and international context</td>
</tr>
</tbody>
</table>
Methods 2

Country and regional-level priority setting

• Countries and regions
  - Latin America: Brazil – Colombia, Dominican Republic, El Salvador, Suriname
  - Africa: Cameroon – Gabon, Chad, The Congo (presented in a separate abstract), Rwanda and Ghana (results pending)
  - Eastern Mediterranean: Iran – Pakistan, Lebanon
  - South-East Asia: India, Thailand
  - West-Pacific: Cambodia – Laos, Vietnam

• Timeframe: September 2010 – September 2011

• Grey and published literature search: local, regional and international databases
  - Identify existing research and research gaps

• Key Informant Interviews at country and regional level (multi-level stakeholders)
  - Identify priority policy concerns
  - Identify priority research questions
Methods 3
Global synthesis

I. Analysis of regional and country reports

1. Literature search
   • Extract topics of existing research
   • Categorize according to our framework
   • Identify gaps in research
2. Key Informant Interviews (KII)
   • Extract priority policy concerns
     2 independent reviews – Cross-check and validation of discrepancies by returning to the original report and re-analysing content
   • Extract priority research questions

II. Global level exercise

1. Global level Key informant interviews (KII)
   • Questionnaire based on analysis of country reports
   • Validating cross-country priority concerns
2. International literature search
   • Validate research gaps
3. Global level expert consultation
   ➢ Formulate health policy and systems research question
## Results 1

### Summary of literature search

<table>
<thead>
<tr>
<th>Level</th>
<th>Rational selection and use</th>
<th>Affordable prices</th>
<th>Sustainable financing</th>
<th>Reliable health and supply system</th>
</tr>
</thead>
</table>
| **Level I**  
Individual, household and communities | Green | Red | Black | Red |
| **Level II**  
Health service delivery | Green | Red | Black | Red |
| **Level III**  
Health sector | Red | Black | Green | Green |
| **Level IV**  
National context  
Policies cutting across sectors | Black | Black | Black | Red |
| **Level V**  
Regional and international context | Black | Black | Black | Black |

**Black box:** Little or no research  
**Red:** Research found consistently  
**Green:** Research well covered

- Popular research topics: Rational selection use  
- Neglected research topics: Sustainable financing  
- Popular level: 3 -2.1  
- Neglected levels: 4.5
## Results 2
### KII Country results – policy concerns 1

<table>
<thead>
<tr>
<th>Policy concerns and research priorities</th>
<th>Countries / # regions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rational selection and use</strong></td>
<td></td>
</tr>
<tr>
<td>Health seeking behaviour</td>
<td>Iran, India, Lebanon, Pakistan, Laos, Cambodia, Vietnam, Latin America, Africa ④</td>
</tr>
<tr>
<td>Patients' expectations and demands</td>
<td></td>
</tr>
<tr>
<td>Patients' knowledge, awareness and education</td>
<td></td>
</tr>
<tr>
<td>Medicines information - unethical promotion practices – advertisements</td>
<td>Iran, Lebanon, Pakistan, India, Laos, Vietnam, Cambodia ③</td>
</tr>
<tr>
<td>Economic incentive linked to prescription</td>
<td></td>
</tr>
<tr>
<td>Provider payment methods - impact on quality</td>
<td></td>
</tr>
<tr>
<td><strong>Affordable prices</strong></td>
<td></td>
</tr>
<tr>
<td>Out of pocket expenditures</td>
<td>Lebanon, Pakistan, Laos, Vietnam, Cambodia, Latin America, Africa ④</td>
</tr>
<tr>
<td>Social health protection – pre-payment arrangements to improve access for vulnerable populations</td>
<td></td>
</tr>
<tr>
<td><strong>Sustainable financing</strong></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket expenditures</td>
<td>Lebanon, Pakistan, Laos, Vietnam, Cambodia, Latin America, Africa ④</td>
</tr>
<tr>
<td>Social health protection – pre-payment arrangements to improve access for vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Budget allocation to health</td>
<td>Laos, Cambodia, Vietnam, Pakistan, India, Latin America ④</td>
</tr>
<tr>
<td>Budget allocation to medicines</td>
<td></td>
</tr>
<tr>
<td>Adequate financing for service delivery, fund flows</td>
<td></td>
</tr>
</tbody>
</table>
## Results 2

### KII country results – policy concerns 2

<table>
<thead>
<tr>
<th>Policy concerns and research priorities</th>
<th>Countries / # regions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reliable health and supply systems</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Quality</strong> - counterfeit</td>
<td>Lebanon, Pakistan, India</td>
</tr>
<tr>
<td></td>
<td>Laos, Vietnam, Cambodia</td>
</tr>
<tr>
<td></td>
<td>Latin America, Africa 5</td>
</tr>
<tr>
<td><strong>Availability</strong> – procurement and supply: regulatory frameworks and capacity, difference between public and private, geographical disparity</td>
<td>Lebanon, Vietnam, Laos, Cambodia, India, Latin America, Africa 5</td>
</tr>
<tr>
<td><strong>Leadership and governance above the health sector</strong> - Finance and taxation policies, multi-sector coordination, social contract, public accountability, court decisions on access to medicines</td>
<td>Lebanon, India, Laos, Vietnam, Latin America 4</td>
</tr>
<tr>
<td><strong>Health Information system</strong> – medicines information, unethical promotion practices</td>
<td>Lebanon, Iran, Pakistan, India, Laos, Vietnam 3</td>
</tr>
<tr>
<td><strong>Human resources</strong> - <em>scattered results</em></td>
<td>India, Laos, Cambodia, Vietnam, Lebanon 3</td>
</tr>
<tr>
<td>Low number, low training</td>
<td></td>
</tr>
<tr>
<td>Over supply, power of professional associations</td>
<td></td>
</tr>
<tr>
<td>NGO service provision</td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td>Individual, household and communities</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Level II</td>
<td>Health service delivery</td>
</tr>
<tr>
<td>Level III</td>
<td>Health sector</td>
</tr>
<tr>
<td>Level IV</td>
<td>National context Policies cutting across sectors</td>
</tr>
<tr>
<td>Level V</td>
<td>Regional and international context</td>
</tr>
</tbody>
</table>
Results 3

Global Key Informant Interviews

Preliminary results !!!

Top 3 priority policy concerns

<table>
<thead>
<tr>
<th>1. Rational selection and use</th>
<th>2. Reliable health and supply systems - Quality</th>
<th>3. Sustainable financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Medicines promotion</td>
<td>✓ Substandard is more important than counterfeit</td>
<td>✓ Funding mechanism, incl. SHI is more important than funding type and amount</td>
</tr>
<tr>
<td>✓ Financial and non financial incentives prescribers and providers</td>
<td>✓ Regulatory aspects, including HR and capacity</td>
<td>✓ OOP</td>
</tr>
<tr>
<td>✓ Health Seeking behaviour</td>
<td>✓ Sustainable QA system</td>
<td>✓ Sustainability</td>
</tr>
<tr>
<td>▪ STG and EML</td>
<td></td>
<td>▪ Efficiency</td>
</tr>
</tbody>
</table>

Additional issues:

Transparency and accountability (corruption)
Interconnection between issues – adaptive systems
Engagement of all stakeholders – global action
Monitor effects of policies and interventions
Example of Rational Selection and Use

Priority policy concerns
✓ Medicines promotion
✓ Financial and non financial incentives for prescribers
✓ Health Seeking behaviour

Examples of research questions provided by KI at global level

• What is the impact of pharmaceutical policies on access, affordability and use as well as satisfaction of providers and patients?
• What are optimum strategies for systems to make affordable medicines available?
• How will systems identify/implement policies and programs for coverage of medicines which are effective but only intended for a small group of patients and cost a lot (e.g. specific cancer medicines)?
• Which strategies can change patients’ behaviour?
• How can NMP, EML, selection and guidelines processes be changed to impact on private sector usage?
• What is the real role and recognition of pharmacists? Not only by doctors and patients but also by policy makers and community?

Challenge:
Formulate realistic research questions that match policy concerns
Define research methods
Preliminary conclusions

1. Rational selection and use
   • Focus on selected root causes: Medicines information / unethical medicines promotion, Financial incentives for providers / provider payment methods

2. Medicines financing
   • Focus on financing mechanisms rather than financing sources and scale: Social health insurance, social health protection, UC

3. Quality
   • Focus on sub-standard medicines and interventions to build a sustainable quality assurance system
   ❖ Look at interactions and multiple stakeholders
   ❖ Monitor impact / effects of policies and interventions

Research questions should be innovative yet realistic
• Address priority policy concerns
• Use the adequate methodology
Next steps

1. Finalise analysis of country reports
   - Analyse also priority research questions identified at country and regional level
2. International literature search
   - Confirm research gaps
3. Stakeholders meeting early 2012
   - Formulate final research questions
4. Call for interest and funding research proposals – Early 2012
   [www.who.int/alliance-hpsr]
Acknowledgments

Research team


• **Eastern Mediterranean region team**: Rashidian A, Zaidi S, Jabbour S, Soleymani F, Jahanmehr N, Dinarvand R, Yamout R,

• **Western Pacific region team**: Chean RM, Syhakhhang L, Manithip C, Souvanhlassy S, Kheohavong B, Nguyen Thi Minh C

• **Africa region team**: Ntsama Essomba C, Mokoko JB, Ndong Ekorezock J, Guirsimi K, Tiwoda C

• **Synthesis of country KII**: Hoebert J

• **Global KII**: Hoebert J, Deng R

• **Synthesis of literature search**: Saindon B

• **Expert support**: Laing R, Terry R, Zafar M, Santoso B, Desta A
Second Global Symposium on Health Systems Research

• **When?** 31 October to 3 November 2012

• **Where?** Beijing, People's Republic of China

More on [http://www.hsr-symposium.org](http://www.hsr-symposium.org)

• **Timelines:**
  Call for abstracts from Dec 2011 to April 2012
  Program finalized in June 2012
  Registration opens in June 2012