

## Third International Conference on Improving Use of Medicines



### Supported by

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## **Third International Conference on Improving Use of Medicines (ICIUM<sub>2011</sub>): Informed Strategies, Effective Policies, Lasting Solutions**

### **Conference Overview**

International Conferences on Improving Use of Medicines are unique in the following ways: they focus on use of medicines in low and middle income countries; they are highly interactive; and they produce actionable results. Through presentations and group discussions, participants in ICIUM<sub>2011</sub> will (a) assemble the state-of-the-art knowledge about ways to improve medicines use and health, especially for the most vulnerable populations; (b) formulate strategies for sustainably improving use at different levels in the health care system; (c) identify ways to monitor and evaluate the effects of such strategies; and (d) develop a research agenda to further knowledge about how to improve medicines use.

### **Rationale for ICIUM<sub>2011</sub>**

Effective and safe medicines exist to treat most diseases that affect the world's population. They are cornerstones of a functioning health care system and crucial for realizing health, wealth, and productivity of individuals and populations. To fulfill this potential, medicines need to be accessible, affordable, and used appropriately. Despite unprecedented global investments in the last decade to increase access to some medicines, formidable challenges remain for sustainably improving the health and well-being of most individuals in low and middle income countries through appropriately used medicines:

- Continued inappropriate use of antibiotics, increasing antimicrobial resistance, and new epidemics threaten our ability to successfully and affordably treat communicable diseases.
- Rapidly increasing chronic disease prevalence everywhere requires health system strengthening, integration with acute care and vertical drug delivery systems, and sustainable financing of medicines through expanding health insurance schemes, to avoid further impoverishment of households struggling to pay for medicines.
- Successful strategies are urgently needed to ensure appropriate, affordable medicines use in the private sector where most medicines in low and middle income countries are purchased.

- Promising new biotech medicines and second-line anti-infectives are available or in the drug development pipeline; their costs further threaten affordability of care for households and health care systems.

At the same time, rapid dissemination of new technologies offers novel and increasingly affordable opportunities in monitoring and improving system performance and supporting medication adherence.

Existing and unknown future challenges and opportunities require that global, national, and local policy makers implement successful strategies to guarantee appropriate use of medicines, sustainably, and at scale, in particular for the most vulnerable members of their communities. Sound medicines policies and programs need to be based on evidence and their effects in ever changing environments must be monitored.

To provide evidence for medicines policy decision making at the global, national, institutional, and individual (provider and patient) levels of the health care system, a network of partners who successfully organized the previous ICIUM conferences ([www.icium.org](http://www.icium.org)) is preparing ICIUM<sub>2011</sub>. The objectives and structure of ICIUM<sub>2011</sub> are described below.

### **Overview of Conference Objectives**

ICIUM<sub>2011</sub> seeks to (1) build an international consensus on effective and innovative interventions for improving medicine use and for scaling up and sustaining successful interventions; and (2) define a new global research agenda to improve medicines use relevant to current conditions and unfolding developments in international health. The products of the conference will include:

- A review of past and current initiatives to improve medicine use in both the public and private sectors
- An expert consensus on which interventions are successful in various settings
- Suggested strategies for translating successful interventions into policy and sustainable practice
- A prioritized global research agenda within each of the conference topic areas
- A strategy for implementing this research agenda and disseminating its findings

### **Conference Structure: Focus Areas and Topic Tracks**

The scientific program of the conference will be framed by the global, national, institutional, and individual (health providers and consumers) levels in the health care system where changes to improve medicines use take place. The conference will be organized around these major focus areas, each of which will be discussed during one half-day session, and an additional half-day special topics session. In addition, there will be conference opening and closing day sessions. The conference opening day will focus on global initiatives to improve medicines use and introduce the major themes of the conference. In the closing sessions, participants will summarize the discussions within the focus areas, suggesting strategies for improving medicines use and a research agenda. A schematic of the proposed structure of ICIUM<sub>2011</sub> with provisional topic tracks is depicted below. The Scientific Program Committee will finalize track topics after reviewing and grouping abstracts that have been accepted for presentation.

Throughout the conference, organized by focus areas and topic tracks, in the form of podium and poster presentations, participants will report findings of research conducted on medicines

use since the second ICIUM conference. All posters will be displayed throughout the entire conference.

Generally, a one-hour plenary session will open each half-day session. Participants will then break into topic-specific groups of 30–80 persons across about 8 topic tracks. Each breakout session will last for two hours, and consist of four presentations or a one-hour roundtable discussion followed by an hour of general discussion. Conference rapporteurs and track coordinators will summarize discussions in the session according to a defined set of criteria. These topic-specific summaries will be fed systematically into an overall conference summary.

### Schematic Overview of ICIUM<sub>2011</sub>

Day 1		Day 2		Day 3		Day 4		Day 5	
Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
Global initiatives: MeTA ATM RN WHO/HAI	Opening	1. International systems, programs, & policies	2. National systems, programs & policies	3. Health care & financing institutions	4. Health care providers	5. Consumers & patients	Methods & special topics: Medicines and gender ATM Index Pharmacovigilance	Discussion of issues across focus areas and tracks & development of proposed strategies for change	Closing
		For each focus area, a plenary session will open the discussion, followed by group discussions in each of the following provisional parallel track sessions: <b>Provisional Topic Tracks</b> <ol style="list-style-type: none"> <li>1. HIV/AIDS, TB</li> <li>2. Malaria</li> <li>3. Child health (IMCI, pediatric medicines)</li> <li>4. Chronic care (diabetes, hypertension, mental health, health care delivery reform)</li> <li>5. Drug resistance (surveillance, containment strategies, drug development)</li> <li>6. Economics, financing, insurance systems (cost, affordability, incentives, medicines coverage, policy options, impacts)</li> <li>7. Policy (guidelines, essential medicines lists) and governance (accountability, transparency, quality)</li> <li>8. Pharmaceutical industry (production, intellectual property, generics, promotion)</li> <li>9. Information technology for improving use of medicines</li> </ol>							

The topic tracks will cover major areas of clinical and programmatic interest related to pharmaceuticals in low and middle income countries. Many of these topics represent separate constituencies of researchers and policymakers, and sometimes different international and national sources of funding. Some constituencies may not be aware of the insights gained in previous International Conferences on Improving Use of Medicines or have not been actively connected to the global initiatives implemented in recent years. One objective of ICIUM<sub>2011</sub> is to synthesize experiences from different streams of work, to encourage cross-fertilization of ideas, develop strategies for translating knowledge into policy and practice, and define future applied research agendas. In light of this objective, each participant of ICIUM<sub>2011</sub> is expected to play an active role in the conference, either by presenting his or her work, or serving as session chair, discussion leader, or rapporteur.

### Overview of Focus Areas

The suggested focus areas cover the major levels of organization of the health care system. Within these areas, track coordinators (TCs) will have some discretion in how to organize the

small group sessions in their tracks. A key issue will be to keep the presentations and discussions in each session focused on use of medicines, rather than on the wide variety of possible topics that could be discussed. TCs will need to think creatively about strategies to translate knowledge into policy and practice at different levels of the health care system.

The Scientific Program Committee (SPC) will provide guidance on the content of sessions and coordinate across tracks to achieve a unified conference theme. Some possible topics that might be emphasized in the focus areas are listed below.

#### 1. International systems, programs, and policies

Product quality assurance mechanisms; counterfeit and substandard products; impact of globalization; role of the pharmaceutical industry; drug development; intellectual property rights; donations; international drug supply systems; impacts of large global medicines supply and financing programs; drug pricing and price comparisons; differences in standard treatment guidelines and essential drugs lists; cross-border resistance issues; access to medicines and human rights

#### 2. National systems, programs, and policies

Country successes and challenges in implementing the 2007 World Health Assembly (WHA60.16) recommendations on national medicines authorities, programs, legislation, and policies which followed recommendations by ICIUM<sub>2004</sub> participants; national medicines policies; policies on generic drugs; decentralization; national treatment guidelines; essential drugs lists; role of the pharmaceutical industry; private sector policy strategies; licensing and regulatory enforcement; role of professional organizations; continuing education and professional standards; health care professional education; financing and reimbursement systems; social health insurance; innovations in drug supply systems; incentive systems including pay-for-performance and value-based medicine benefit design; ethics of pharmaceutical decision-making; traditional and complementary medicine; access to medicines and human rights; affordability of medicines at the system level

#### 3. Health care and financing institutions (health facilities, missions, insurance systems)

Drugs and Therapeutic Committees; infection control programs; surgical prophylaxis; DUR/DUE programs; pharmacovigilance; pharmacoeconomics; audit and feedback systems; standard treatment guidelines; hospital drug use indicators; use of injections and intravenous medicines; innovations in hospital and drug financing; impact of high cost medicines; impact of cost containment; referral systems and disease-specific treatment programs; traditional and complementary medicine; impact of pharmaceutical promotion; private sector policy strategies; insurance policy options; incentive systems including pay-for-performance and value-based medicine benefit design; affordability of medicines at the system level; ethics of pharmaceutical decision-making; use of information technology

#### 4. Health care providers

Innovations in education; standard treatment guidelines development and implementation; peer norm setting; supervisory systems; feedback systems; financing and reimbursement systems; impacts of provider incentives including pay-for-performance; franchising; private provider policy strategies; role of traditional healers; professional/retail associations; licensing, accreditation, enforcement; use of injections; impact of cost

containment; ethics of pharmaceutical decision-making; traditional and complementary medicine; impact of pharmaceutical promotion; use of information technology

### 5. Consumers and patients

Recognition of illness and care seeking; determinants of drug use; access and financial issues; local perspectives and cultural issues; patient-provider communication; community and patient education approaches; persuasive communication; adherence to therapy; insurance impact on use; preference and use of injections; impact of pharmaceutical promotion; affordability of medicines at the household level; use of information technology

### 6. Methods and special topics

Update on indicators of medicines access, use, affordability and ways to assess those through facility and household surveys; cross-sectional and longitudinal methods for evaluating interventions; pharmacoepidemiologic tools to assess medicines safety; pharmaco-economic tools for decision making on value of medicines

## **Overview of Conference Tracks**

As in previous ICIUMs, conference tracks are a hallmark of ICIUM<sub>2011</sub>. They allow participants to first discuss in-depth and develop suggested solutions for medicines use issues in their specific area of interest and then to present a track summary to all participants and combine recommended policy and research strategies with those developed by other tracks.

When they first indicate their interest in attending and later during actual registration, participants will identify the conference tracks that represent their primary and secondary interests. In order to balance breakout room allocation, participants will be encouraged to attend most of the sessions in their identified tracks. The goal is to enroll 30-80 participants for each of the tracks; tracks that enroll fewer than this number will be combined with other tracks. Requiring identification of tracks is primarily to assure that a critical mass of people interested in each of the topics has a chance to meet throughout the conference, develop a summary of work in their area, and discuss strategies for change and future research needs. It will also be necessary in order to select the appropriate size breakout rooms for each of the tracks.

During the last day of the conference, breakout sessions will encourage mixing of participants across tracks. The morning sessions will be organized to discuss suggestions for change across tracks. In the afternoon, the plenary and small groups will focus on developing a conference summary.

## **Conference Reporting**

ICIUM<sub>2011</sub> will use a structured web-based reporting system. A designated rapporteur will briefly summarize discussions in each small group session in a maximum of:

- 5 observations or lessons learned from the work in their topic area
- 5 recommendations for policies, program implementation, and/or research
- 3 key research questions or gaps in knowledge

Each of these points will be no more than one or two sentences. These will be entered each day into a web-accessible database. Each morning, printouts of the previous day's summaries will be available to participants so that they can become familiar with the discussions and conclusions from other topic tracks. The final session of the conference will focus on synthesizing a broad summary of lessons, recommendations, and key questions.