Evidence-informed pharmaceutical policies – drawing on available systematic reviews

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Background

- Policy-makers in low- and middle-income countries need to draw on available evidence when devising pharmaceutical policies that can support universal health coverage.
- In the past – as when South Africa developed the National Drug Policy 1996 – many relied on the generic policy directives provided by WHO.

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
- FINANCING
- LEADERSHIP / GOVERNANCE

ACCESS

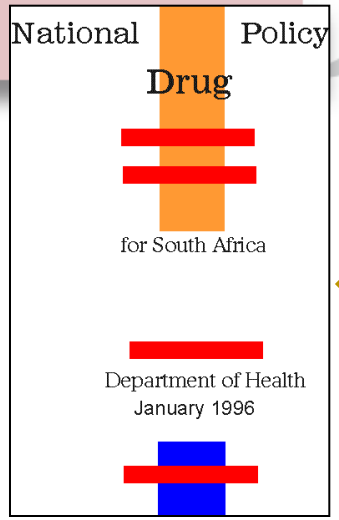
COVERAGE

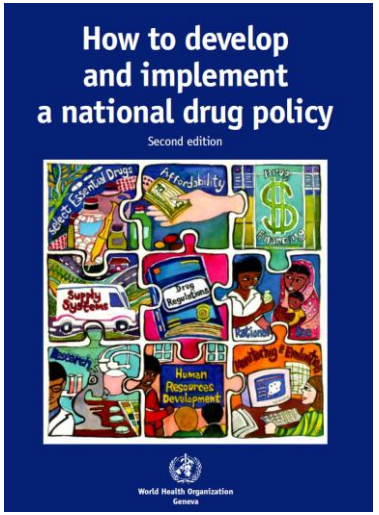
QUALITY

SAFETY

OVERALL GOALS / OUTCOMES

- IMPROVED HEALTH (LEVEL AND EQUITY)
- RESPONSIVENESS
- SOCIAL AND FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY





Objective

- To provide a critical overview of systematic reviews (SRs) of pharmaceutical policies, and the relevance of such reviews in low- and middle-income countries (LMICs).

Methods

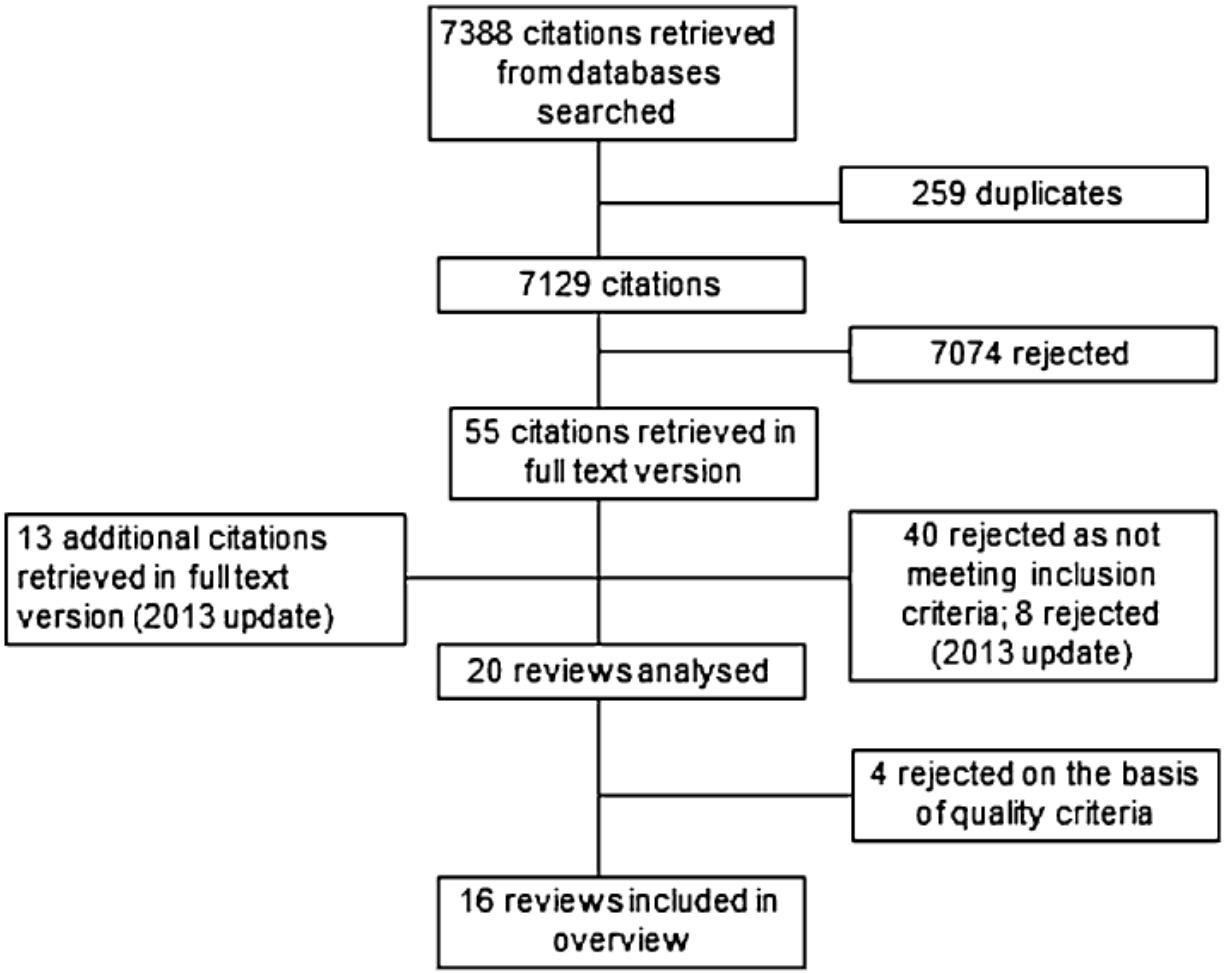
- Initial search conducted until May 2009 in MEDLINE, EconLit, CINAHL, the Cochrane site, ProQuest, EMBASE, JOLIS, ISI Web of Science, International Pharmaceutical Abstracts, International Network for Rational Use of Drugs, National Technical Information Service, Public Affairs Information Service, SourceOECD, the System for Information on Grey Literature in Europe*, and the WHO library database.
- Search updated to July 2013, based on the yields of the initial search strategy.
- Independent review, extraction and assessment; differences resolved by discussion.

Pharmaceutical policy categories

- registration and classification policies
- patent and profit policies
- marketing policies
- sales and dispensing policies
- prescribing policies (in turn divided between those relying on financial incentives and those relying on educational or regulatory policies targeting prescribers)
- policies that regulate the provision of health insurance (including medicines coverage)
- policies that determine which medicines are reimbursed
- restrictions on reimbursed medicines
- policies on price and purchasing
- co-payment and caps
- policies on patient information
- multi-component policies

Results

* Excluding SIGLE



SRs included (n=16)

Policy category	Number of SRs	Setting (no. of SRs)	Applicability in LMICs (no. of SRs)
Registration and classification	1	Developed country only (1)	**Applicable (1)**
Marketing	1	Developed country only (1)	**Applicable (1)**
Prescribing (financial incentives)	2	Developed country only (2)	Limited applicability (2)
Reimbursement	2	Developed country only (2)	**Applicable (1)** Limited applicability (1)
Price and purchasing	2	Developed country only (2)	Limited applicability (1) Unclear (1)
Co-payments and caps	2	**Only 1 study from an LMIC (Nepal), out of 21 studies (1)** Developed country only (2)	Limited applicability (2)
Multi-component	6	Developed country only (6)	Limited applicability (6)

Missing reviews

- No SRs related to:
  - patent and profit policies
  - sales and dispensing policies
  - policies that regulate the provision of health insurance
  - policies on patient information

Areas of applicability

- Universally applicable
  - Registration of medicines (such as generics)
  - Regulation of marketing (direct-to-consumer advertising)
  - The concept of a limited list (Essential Medicines List/reimbursement list)
- Limited applicability
  - Policies that are highly dependent on the nature of the financing and reimbursement system – a key feature of universal health coverage (UHC; NHI)

The challenge of quality

- 5 were Cochrane Reviews
- Problems
  - Incomplete listing of the results of search strategies
  - Risk of bias (e.g. blinding, selection bias)
  - Inadequate characterisation of the interventions tested or the study settings

Conclusions

- As countries like South Africa move towards UHC, the multi-component policies that govern reimbursement for medicines, and which impose caps on payments and co-payments by patients, may become more applicable.
- Considerable effort will be needed to systemically review the available primary evidence from studies conducted in developing country (LMIC) settings, where such data exist.

Acknowledgments

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