

Third International Conference for Improving Use of Medicines: Expanding Partnerships for Progress within a Health Systems Framework

Introduction

The Third International Conference for Improving Use of Medicines took place in Antalya, Turkey, November 14-18, 2011. ICIUM 2011 brought together 594 researchers, policy makers, and health systems managers from 86 countries, joined by another 262 who participated via live webcast from Egypt, to discuss state-of-the-art research about strategies to expand medicines access and improve use around the world, but particularly in low and middle income countries.

While progress over the last two decades has been slow, many examples of success were featured at the conference. International and national stakeholders continue to implement a broad array of policies and programs to promote cost-effective use of medicines. ICIUM participants agreed that medicines must be a central policy focus for efforts towards universal health coverage to succeed. New forms of global and national multi-stakeholder partnerships will be needed to ensure appropriate use of affordable essential medicines. Engaging the private sector in a meaningful way remains a critical challenge. Targeted research is needed on innovative strategies to improve acute and particularly chronic care, align incentives for cost-effective practices by providers, facilitate appropriate consumer behaviors, and scale up proven approaches.

ICIUM2011 Recommendations

Conference participants developed detailed recommendations for policy and research in 22 topic areas, which are available along with all conference presentations at <http://www.icium2011.org>. Highlights of conference recommendations, organized by level of the health care system where decisions are made, include the following.

International and regional systems, policies, and programs

- A global think tank formed as a public-private partnership representing key stakeholders from government, industry, non-governmental organizations, academia, and civil society, should formulate and champion new strategies to improve medicines access and use in vulnerable populations.
- Innovative business models should be tested that have the potential to de-link return on investment for drug research and development from sales volumes for the development of new medicines of public health importance, including antibiotics, medicines for neglected conditions, and pediatric formulations of existing products.
- International and regional organizations, governments, donors, and development partners working in low resource settings must facilitate a shift in health system design away from acute care (infrequent visits, short-course medicines, curative focus) toward chronic care (more regular visits, adherence to medicines for lifelong care, focus on prevention).

National systems, policies, and programs

- Multi-stakeholder, multi-disciplinary approaches that emphasize public and private sector collaboration, transparency, and accountability in pharmaceutical policy show promise for improving medicines access and affordability. There is a need to evaluate long-term impacts of these new partnerships.
- Objective monitoring using longitudinal data and clearly defined outcomes should be an explicit component of any pharmaceutical policy implementation from the outset, which will necessitate a set-aside of dedicated funds for this effort.
- More research is needed on the intended and unintended impacts of pricing policies in low and middle income countries, including external and internal reference pricing, tiered pricing arrangements, selective price controls, structures for patient cost sharing, and innovative strategies for expanding access to high-cost medicines.
- Interventions to promote generics must address the entire value chain through policies and programs for preferential registration, quality assurance, competitive pricing, and increasing confidence of providers and patients in locally-produced generic products.

Health care and financing institutions

- Given the importance of risk sharing as a way to expand access to and improve affordability of medicines, insurance systems need to implement and evaluate medicines policies that focus on equitable access, household affordability, the components of a minimum medicines benefit package, selection of cost-effective medicines and diagnostic tests, increasing generics use, efficient contracting with health providers and manufacturers, and financial sustainability.
- Health care delivery and insurance systems can align incentives to improve quality of care in the public and private sector through policies and programs for provider adherence to standard treatment guidelines and patient adherence to treatment.
- Many pilot programs are testing cell phone data exchange, computerized prescribing and dispensing systems, and other electronic technologies as core features of pharmaceutical systems. Well-designed evaluations of these innovations are needed to identify cost-effective ways to use information technology to improve medicines access and use while protecting patient privacy.
- Patient adherence to treatment is of paramount importance, especially for patients with chronic conditions including HIV/AIDS. Health care organizations can support patients on therapy by setting up effective appointment systems, monitoring appointment attendance, and tracking defaulters in a timely manner. Facility performance with regards to overall patient adherence should be a central element of continuous quality of care improvement.

Health care providers

- To minimize inappropriate incentives contributing to poor prescribing and dispensing, national authorities must develop and enforce strict regulations concerning unethical marketing practices directed at health professionals and consumers by both multinational pharmaceutical companies and local generic manufacturers.

- Explicit standards for quality of prescribing, dispensing, and medication management need to be incorporated in overall efforts to improve quality of health care.
- Several countries have had success with developing and deploying innovative types of drug retail outlets to supply high quality, low cost essential medicines in settings where access is limited, but continuing assessment of the long-term financial sustainability and service quality of these models is needed.

Consumers, patients and community systems

- National governments and donors need to shift attention and investment from hospitals to the community, with a focus on improving the knowledge, skills, practices, and impacts of community health workers and other community-based care providers.
- Civil society, community institutions including schools, peer groups of providers, caregivers and patients, need to be empowered to participate actively in promoting appropriate and cost-effective use of medicines, especially with respect to perceptions about generics, reducing demand for antibiotics and injections, facilitating demand for proven therapies such as oral rehydration solution for diarrhea in children, and long-term adherence to medicines for chronic conditions.
- Household surveys are the only direct way to gather key policy-relevant information on care seeking, consumer expenditures, and appropriate use of medicines. Development of a short set of core questions on medicines-related topics for integration in routine omnibus surveys will make the collection of household data more feasible.

Methods and special topics

- Routine data collected by health care delivery and insurance systems can be used to generate evidence for dynamic policy decision making. New types of technical training and better electronic systems will be needed to take advantage of this underused data resource.
- To complement the traditional disciplines of medicine and pharmacy, experts in policy analysis, social psychology, behavioral economics, dynamic/stochastic modeling, and political science need to be engaged in a new wave of multi-disciplinary research on pharmaceuticals in health care systems.
- To ensure greater equity, governments, health programs, and researchers need to focus explicitly on disparities in access to medicines and evaluate the impacts of interventions by gender, socio-economic status, education, geographic area, and other relevant population characteristics.

Summary

Medicines must be a central focus of health systems, not only because of their importance to patient care, but also because they consume substantial public and private financial resources and can constitute cost-effective technologies advancing broader health and development goals. It is crucial to translate findings from research on medicines into dynamic policy and program changes in health systems.