

THE ROLE OF PHARMACEUTICALS IN PUBLIC HEALTH

ACCESS TO ESSENTIAL MEDICINES AS A KEY DETERMINANT TO UNIVERSAL HEALTH COVERAGE



September 15, 2016

9 a.m.–5:30 p.m.

#BUSPH40 #BUSPHSymposia



School of Public Health

FOUR DECADES FORWARD

CELEBRATING BU SPH'S 40TH ANNIVERSARY

Health Reform in China, Universal Health Coverage, and Access to Medicines

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Dean's Symposium
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- Universal health coverage even in large country like China can be implemented with strong political will.

5 Reform Pillars in China Since 2009

- Speeding up medical security system
- Establishing national essential medicine system
- Improving grass-roots health service system
- Promoting equalization of public health service
- Piloting public hospital reform

National Essential Medicine System

- Establishing a mechanism for list selection
 - 307 products at primary healthcare level in national EML (2009)
 - 520 products at primary healthcare level in national EML (2012)
 - Supplemented at provincial level Included in reimbursable drug list
- Improving access to essential medicines
 - Bidding purchase and uniform distribution at provincial level
 - “government run health care institutions at grass-roots levels shall sell drugs with zero mark up”
 - Essential medicines will be insured, “with the reimbursing rate much higher than that of non-essential medicines”
- Promoting rational use of essential medicines
 - Introducing clinical guidelines and formulary

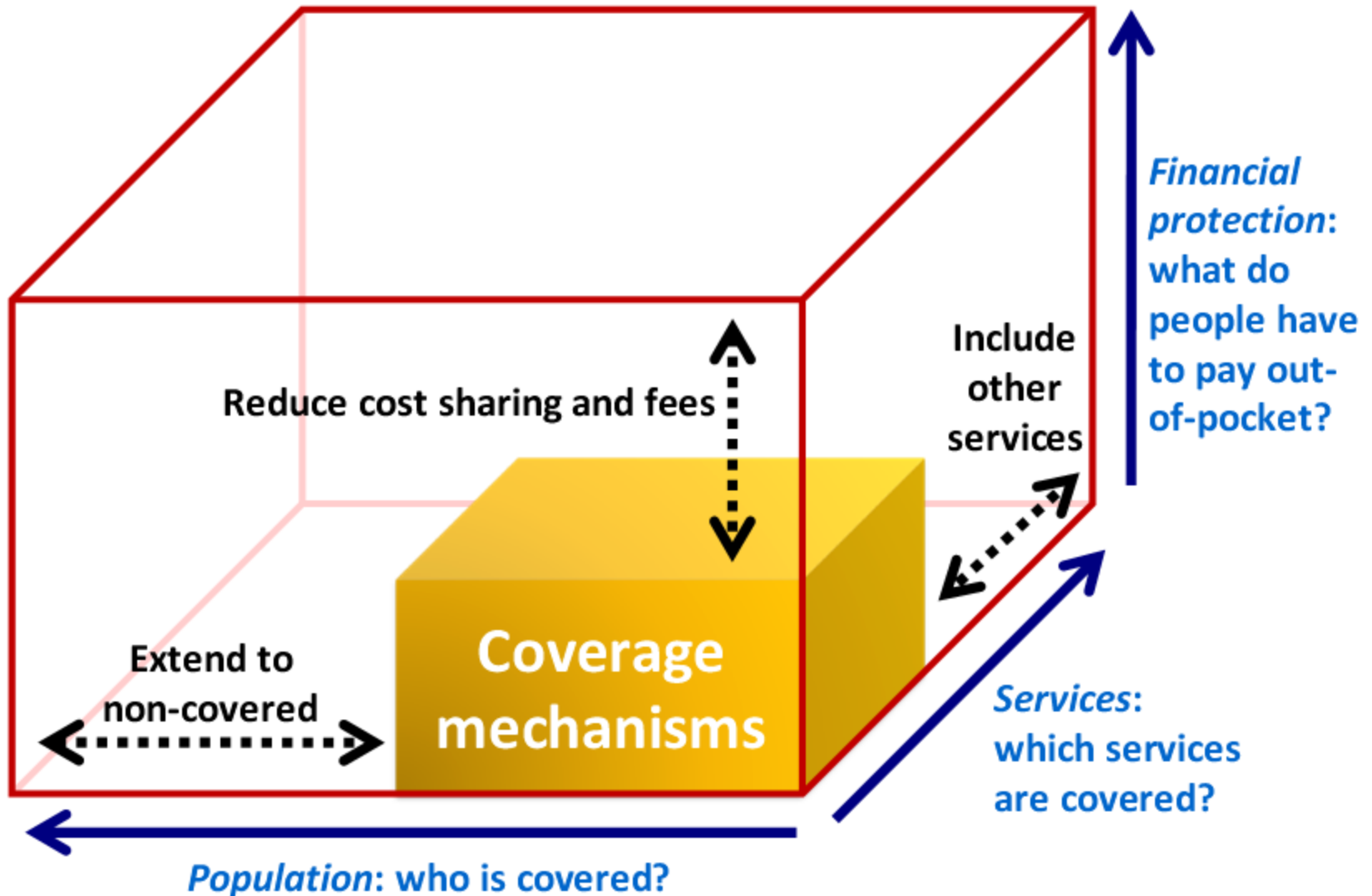


China's recent progress and efforts in achieving UHC

- Government input on health care reform
 - USD124billion of additional public spending for the 1st three years
 - half (USD62billion) was allocated to subsidize premiums for people to enroll in insurance schemes
 - a third (USD41.3 billion) was used to strengthening the primary care delivery system
 - The rest to paying the recurrent expenses of basic public health services
- Improvements of some key indicators (2008-2015)
 - The average life expectancy 73.1 → 76.3
 - Maternal mortality rate: 34.2 → 21.7/100,000
 - Infant mortality rate: 14.9‰ → 8.9‰
- Financial protection
 - Population coverage to 97%
 - Benefit package fully expanded to outpatient, inpatient reimbursement rate to 70%,
 - OOP/THE: 40% → 30%

- It has achieved universal population coverage, however the service coverage and risk protection still have much to be done.

Towards universal coverage



- Government insufficient reimbursement to hospital(Zero mark up policy) may affect the quality

Government financial subsidy for hospitals in 2012(million yuan)

	Average revenue per institute	Average government financial subsidy per institute	Average government subsidy as percentage of total revenue(%)
Hospital	67.41	5.13	7.61
Public hospitals	109.5	8.93	8.16
Tertiary hospitals	553.20	37.72	6.82
Secondary hospitals	83.63	7.85	9.39
Primary hospital	10.13	1.47	14.51
Public general hospitals	205.66	15.28	7.43
Ministry hospitals	2642.61	165.84	6.28
Provincial hospitals	979.26	71.81	7.33
Hospitals of prefecture cities	347.73	25.60	7.36
Hospitals of county level cities	121.82	8.67	7.12
County hospitals	84.51	7.16	8.5

- Medicine pricing is critical issues dwell the whole process and the pricing negotiation for innovative medicine base on the pharmaceconomic has to be the way forward for big country



Thank you !

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