## Medicine Pricing and Reimbursement System for Universal health Coverage, contribution for Sustainable Development Goals (SDGs): cases studies for 5 selected African countries.

### Introduction

In recent period, universal health coverage (UHC) has become key aspiration for low and middle-income countries. The World Health Report 2013 gave leverage to this policy objective. Thus, UHC captures three issues i.e. proportion of the population that has access, the type of service/comprehensiveness of services for which access is created and financial protection for households. More and more African countries are shifting their priority towards UHC.

In low-income countries (LICs), most payments are made by households OOP hence; it has not been easy to implement pricing and purchasing policies with significant results. Case study was conducted in five countries in the African region including Ethiopia, Gabon, Ghana, Rwanda and Senegal to fill this evidence gap by documenting medicine pricing and reimbursement experiences.

### Methodology

The countries were selected based on their experience in the implementation of social health insurance system and/or prepayment mechanisms. Country case studies covered topics including information on population and socio-economic status; background on the pharmaceutical sector; management of medicines within the health insurance schemes; major challenges related to selection, supply, expenditure, pricing, and reimbursement of medicines; measures taken or planned to mitigate the major challenges; and conclusion and recommendations.

### Results

Positives lessons have been identified such as presence of national medicine list and treatment guidelines, promotion of generic medicine, central medicine purchasing, institutional setup and reforms in pharmaceutical logistics, electronic monitoring system and committee to prepare medicine list and respect of the referral system, influencing private sector operation, multidisciplinary committee for medicine selection and computerization were identified as positives lessons.

There are challenges identified: shortage of medicine, medical supplies and issue of quality of care, financial sustainability and lack of risk and financial pooling between CBHI schemes and gap in monitoring and information management were identified as challenges.

**The following recommendations** to improve medicine pricing and reimbursement have been suggested:

* strengthening and enforcing the legal system, such as pharmaceutical sector regulation, promoting competitive generic market, together with an integrated incentive mechanism for prescribers, dispensers and patients;
* countries should employ a combination of pharmaceutical policies that address both supply and demand issues as well as pricing and the level of consumption;
* setting up database of prescriptions, medicine retail prices, electronic system for electronic transfer of prescription, and billing;
* trying mixing different pricing techniques and reimbursement mechanisms depending on their situation such as HTA, price volume agreement and cost sharing.

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