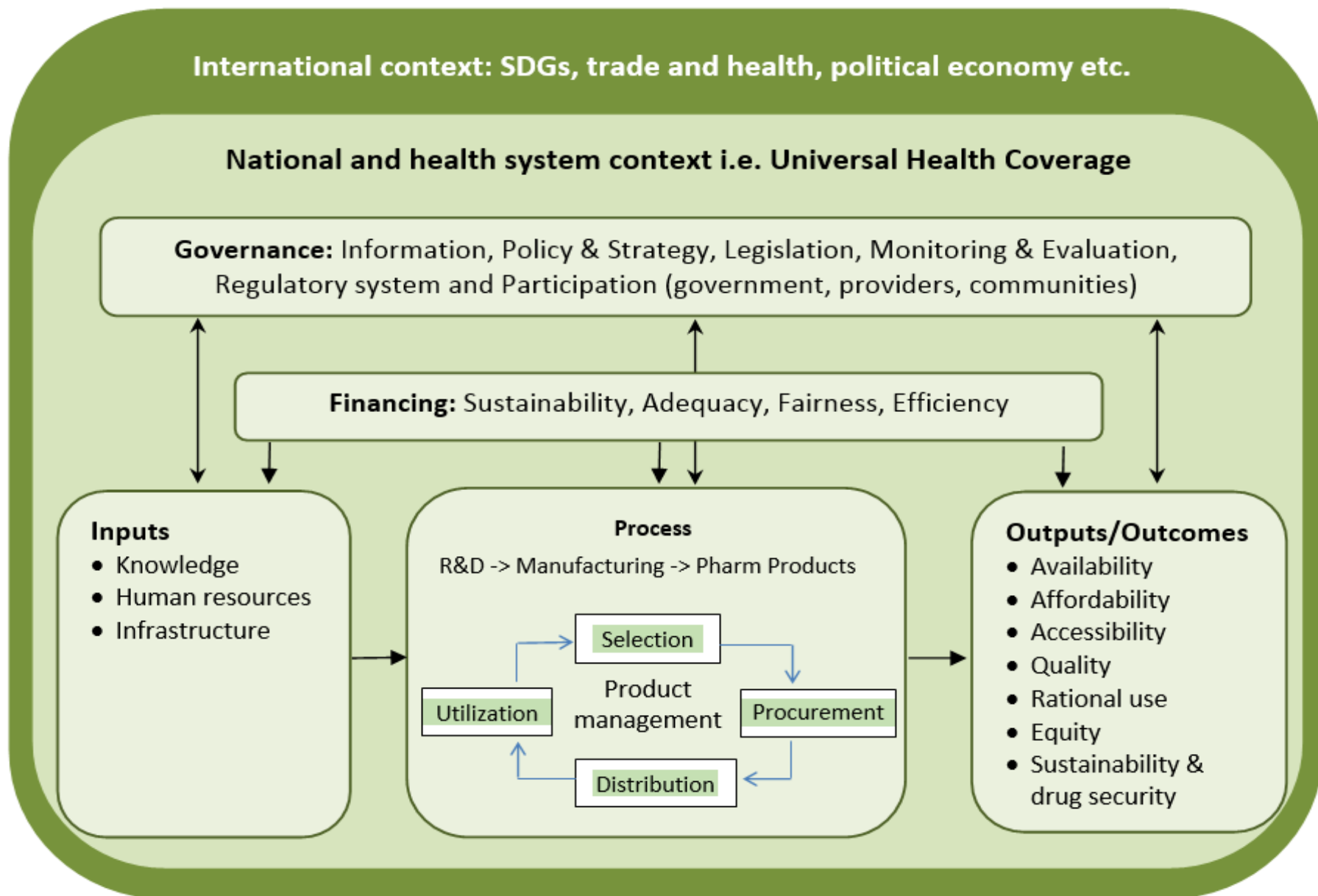


# Situation on access to essential medicines in the context of Thai UHC

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# Conceptual Framework of Thai Drug System 2020



# Five key challenges the Lancet Commission addresses

- 1. Paying for a basket of essential medicines**
- 2. Making essential medicines affordable**
3. Assuring quality and safety of essential medicines
4. Promoting quality use of medicines
5. Developing missing essential medicines

**Cross-cutting -> measuring progress**



# 1. Paying for a basket of essential medicines

- Lancet Commission: **Per capita in low- and middle-income countries US\$13 - US\$25 per capita**
- Medicines in Thailand

Year	Source	2000	2016
A. Current health expenditure US\$ per capita	WDI	62	222
B. Medicines as % of current health expenditure	Drug System 2020	21%	44%
<b>C. Medicines, US\$ per capita</b>	<b>Calculation AxB</b>	<b>13</b>	<b>97</b>

# 1. Paying for a basket of essential medicines

## 2. Making essential medicines affordable

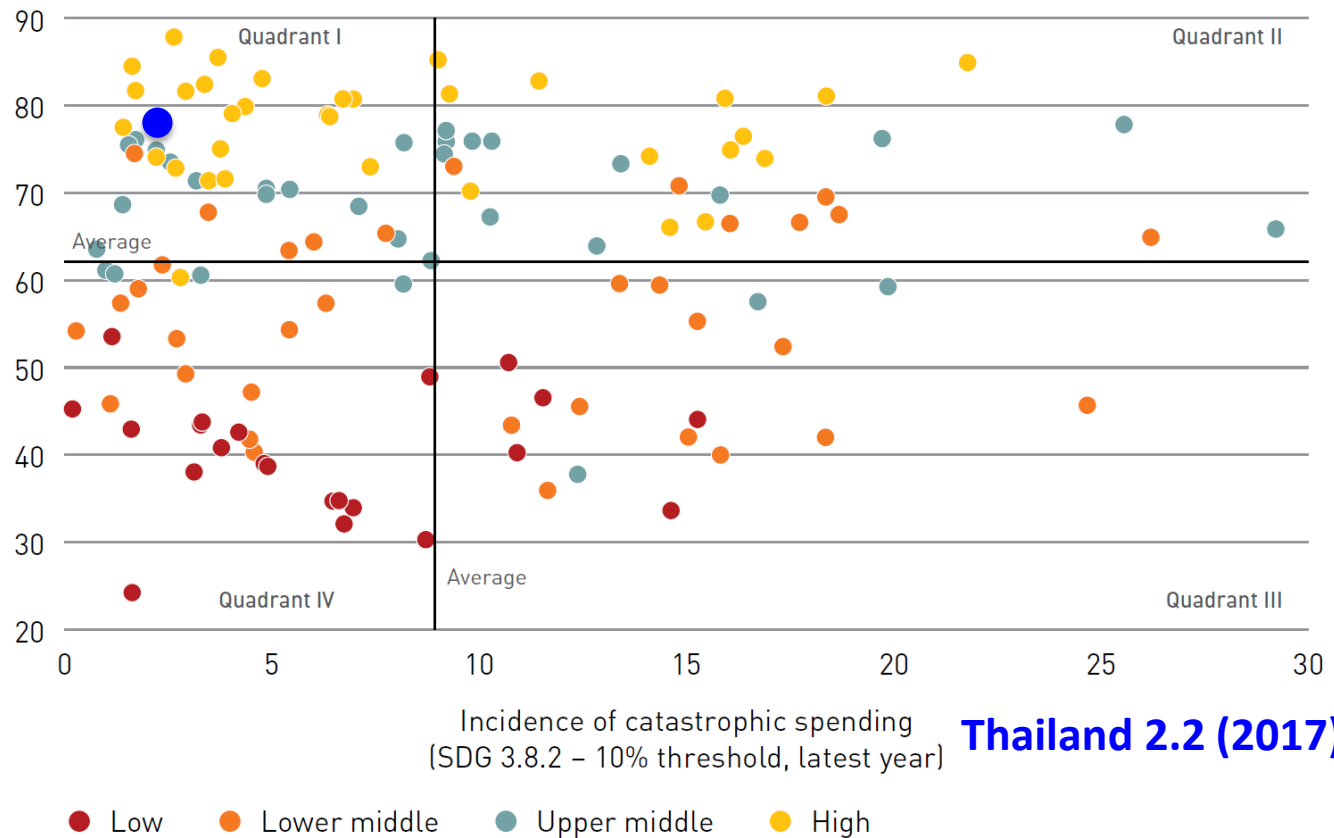
- Context of Thai Universal Health Coverage (UHC)
  - National Essential List of Medicines is included in benefit package of Thai UHC under the management of three main public health insurance schemes
  - Essential medicines are available at public health facilities
  - Quality private drug stores are included into service provision of UC Scheme (pilot phase, Oct 2019)

# SDG 3.8 UHC

## Thailand was comparable to high income countries

**FIGURE 5** Countries are at different stages in service coverage and financial protection

Service coverage index (SDG 3.8.1, 2015) **Thailand 80 (2017)**

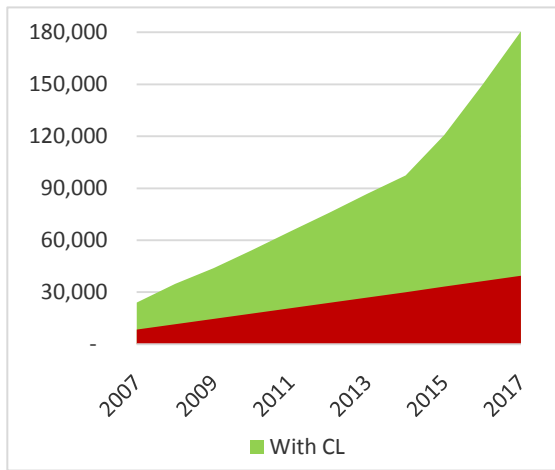


# High cost / sophisticate medicines: available and affordable

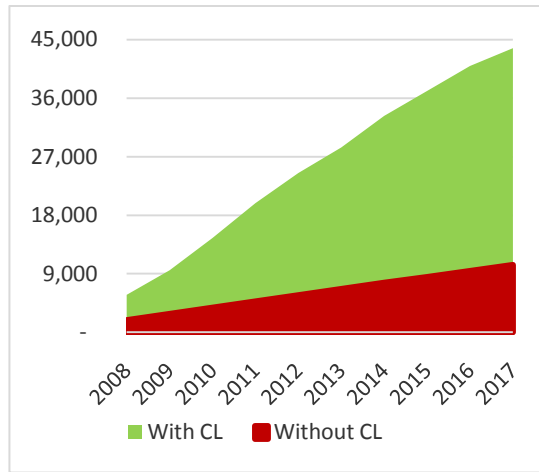
รายการ	หน่วยนับ	2558	2559	2560	2561
- การให้ยาละลายลิ่มเลือดในผู้ป่วยโรคหลอดเลือดสมองตีบหรืออุดตัน (Stroke fast track) <sup>3</sup>	ครั้ง	2,557	2,901	3,868	4,844
- การให้ยาละลายลิ่มเลือดในผู้ป่วยโรคกล้ามเนื้อหัวใจขาดเลือดเฉียบพลันชนิด ST-elevated (STEMI fast track) <sup>3</sup>	ครั้ง	3,846	3,955	4,604	4,726
- การใช้ยาตามบัญชี จ (2) ในผู้ป่วยรายเก่าและรายใหม่ <sup>8</sup>	คน	21,478	34,434	33,145	33,393
- การใช้ยากำพร้า ยาต้านพิษ (17 รายการ) <sup>8</sup>	คน	5,708	7,141	6,917	5,312
- การใช้ยาค้ำองการอุดตันของหลอดเลือด (Clopidogrel) ที่ใช้สิทธิ CL <sup>8</sup>	คน	201,795	232,052	402,925	439,003

Source: NHSO Annual Report 2018

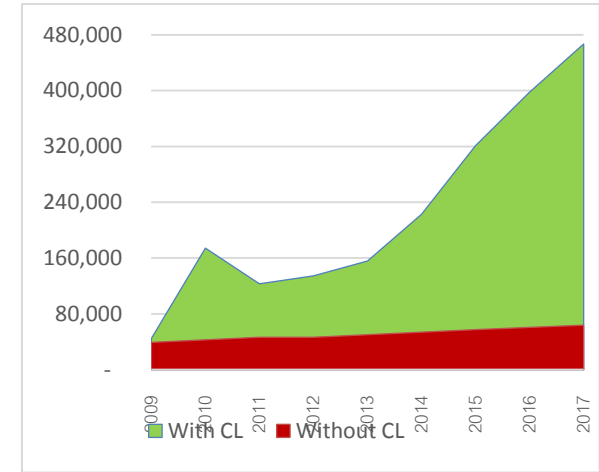
# Compulsory Licensing: improved access to medicines



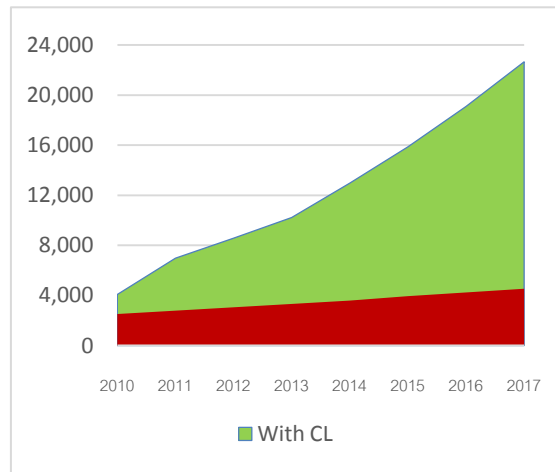
Efavirenz



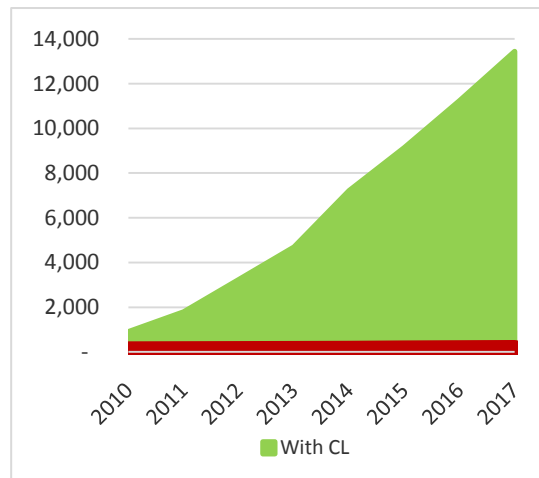
LPV/r



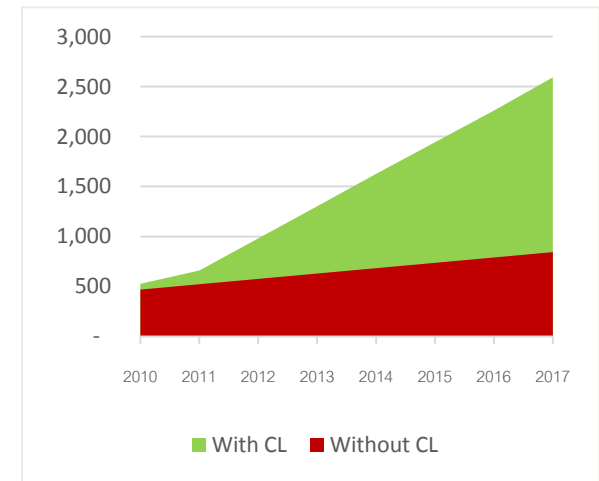
Clopidogrel



Letrozole



Docetaxel



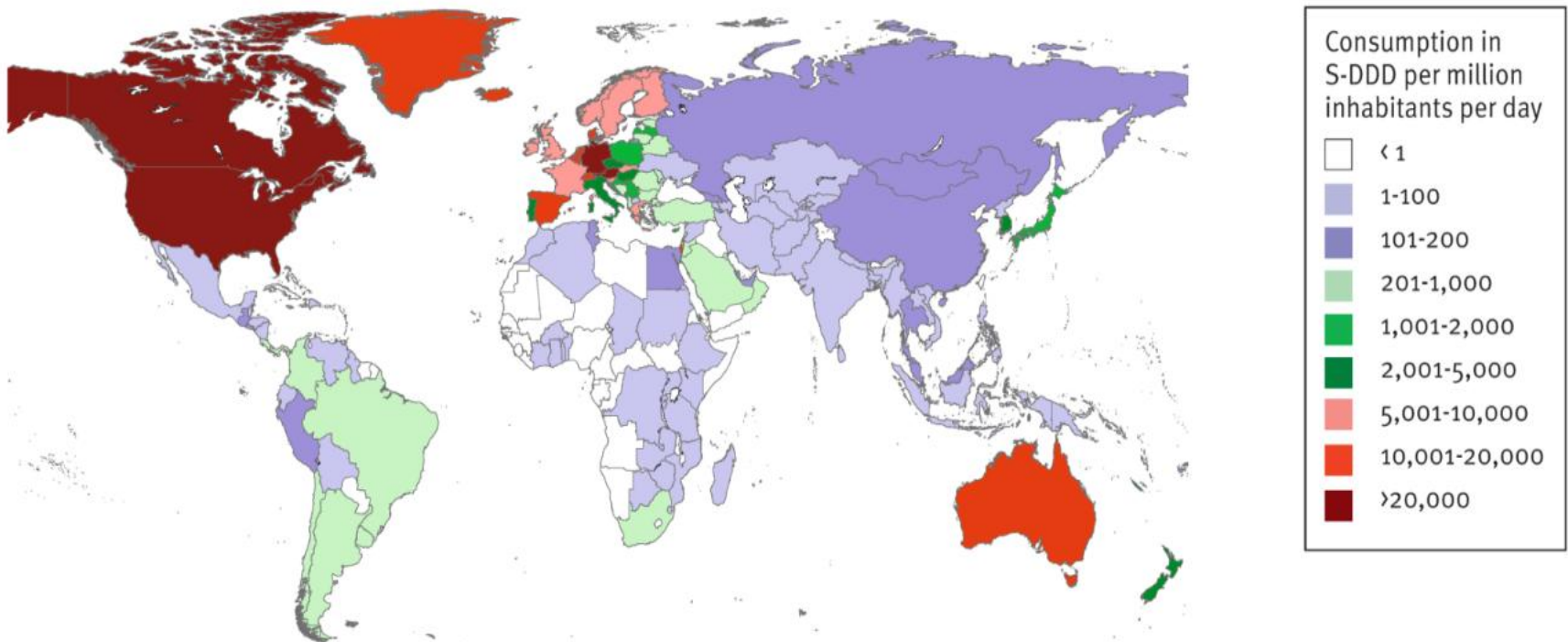
Imatinib



# However, limited access to opioids

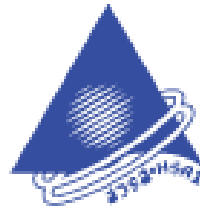
## Availability of opioids\* for pain management (2014-2016 average)

(Consumption in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day)



# Monitoring access to medicines

- Adequate funding to ensure inclusion of essential medicines in benefit package
- Reducing out of pocket expenditure
- Investing in capacity to accurately track health expenditure, esp pharmaceutical expenditure
- However, no system in place for measurement of SDG 3.b.3 availability, affordability and access to medicines and vaccines



<https://www.hsri.or.th>

[www.ihpp.thaigov.net](http://www.ihpp.thaigov.net)

<https://mahidol.ac.th>