### Alliance for Health Policy and Systems Research Flagship Report 2014

## Medicines in Health Systems: Advancing access, affordability and appropriate use

### **Chapter 6 Annex**

# Core medicines indicators, data sources and data collection instruments

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This annex points the reader towards a non-exhaustive list of survey tools, data collection instruments and data sources that can be used to collect and monitor core medicines indicators. Other instruments and data sources certainly exist at international, regional and national levels, but an exhaustive inventory of those is beyond the mandate of this annex.

Medicines indicators may be collected through routine data collection systems (e.g. health insurance claims databases; hospital, clinic or pharmacy's registries; medicines sales volumes; medicines tenders etc.) or through targeted surveys at different levels of the system (health system decision makers, health facilities, patients, households etc.).

To respond to the needs of countries in monitoring and assessing medicines situations, the WHO has developed a core set of indicators, and corresponding data collection and survey tools, to monitor countries' pharmaceutical situations. This core package can be used by decision makers as "a guide in determining priority areas for intervention, tracking progress, planning programs, assessing program effectiveness, co-ordinating donors and raising funds" (1).

WHO medicines indicators' package is divided in Level II and Level III

WHO medicines indicators' package is divided in Level I, Level II and Level III indicators. Details can be found on WHO website at the following link:

http://www.who.int/medicines/areas/policy/monitoring/en/index.html1

The project on Medicines Prices and Availability is a collaborative project between WHO and Health Action International (HAI). The project has developed a standardized survey methodology for measuring medicines prices, availability and affordability as well as price components. While an initial phase of the project was to conduct research on medicines prices, the project has now shifted to using the results of research to inform policy reforms (2). WHO/HAI medicines price and availability survey toolkit can be found at the following link:

The Medicines Transparency Alliance (MeTA) adopts a broader view of "medicines markets" and aims at multi-stakeholder engagement (3). One of the main objectives of MeTA is to close the information gap: "In order to improve access to medicines and tackle existing obstacles in the medicine supply chain, the multi-stakeholder alliance must fully understand the country's existing pharmaceutical sector. This requires a core set of data on the price, quality, availability and promotion of medicines, and existing policies and

 $<sup>^{</sup>m 1}$  All links to tools and datasets provided have been accessed on 15 September 2014

practices". (4) To achieve this objective, MeTA has developed a toolkit, currently applied in 7 countries but relevant to all LMICs. The MeTA toolbox includes a number of surveys tools already developed by WHO and HAI (facility and household surveys or medicines pricing surveys), but uses them at country level with the objective of improving information exchange and transparency in the pharmaceutical sector. Core and additional MeTA tools can be found at the following link:

http://www.medicinestransparency.org/meta-toolbox/the-information-gap/

In addition to specific tools focused on medicines, decision makers may decide to use data collected through large scale surveys, such as Demographic and Health Surveys (DHS), as long as the adequate questions and modules are inserted in the survey. For example, the Inventory Questionnaire of DHS aims at assessing health service readiness and includes pharmaceutical services capacity <a href="http://www.measuredhs.com/publications/publication-spaq1-spa-questionnaires.cfm">http://www.measuredhs.com/publications/publication-spaq1-spa-questionnaires.cfm</a>

The DHS can also include general health services and medicines use and expenditure data at population level as well as specific modules on access to medicines for specific conditions e.g. malaria [http://www.measuredhs.com/data/DHS-Survey-Indicators-Malaria.cfm] or antimicrobial resistance [http://www.measuredhs.com/What-We-Do/Survey-Types/upload/AMR Mod 8 5 8 FINAL.pdf].

A national level, a number of macro-level indicators, especially of medicines budgets and expenditures can be collected through the National Health Accounts [http://www.who.int/nha/en/] or through Public Expenditure Tracking Surveys (PETS), especially those specific to the health sector [http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPME NT/EXTPCENG/0,,contentMDK:20507700~pagePK:148956~piPK:216618~theSiteP K:410306,00.html]

The datasets developed by IMS Health include medicines prices and sales volumes. They were originally developed to provide market intelligence to health sector clients, essentially the pharmaceutical industry; but secondary analyses of these datasets can generate information on medicines for decision making purposes by other system stakeholders, e.g. health financing schemes, procurement agencies, health providers etc. (5,6,7). However, these datasets are not open access and might be difficult to access.

http://www.imshealth.com/portal/site/imshealth/menuitem.3e17c48750a3d98f53 c753c71ad8c22a/?vgnextoid=63750991070ad310VgnVCM1000001b9e2ca2RCRD& vgnextfmt=default

Indicators	Data sources	<b>Existing instruments</b>
Medicines policies - Essential medicines list - Standard treatment guidelines - Generic policy - Other policies	Government policy documents	WHO Level I  DHS (health service readiness module)
<ul> <li>Medicines availability</li> <li>Availability and stock-out at primary health care level</li> <li>Availability and stock-out in public and private hospitals</li> <li>Availability and stock-out at private pharmacies</li> <li>Availability and stock-out in warehouses</li> </ul>	Registers Surveys of medicines availability	WHO/HAI Medicines Price and Availability Survey WHO Level II / Facility
<ul><li>Medicines prices</li><li>Median reference price ratio</li><li>Price components</li></ul>	Routine datasets on medicines prices / Surveys of medicines prices	WHO/HAI Medicines Price and Availability Survey IMS datasets
<ul> <li>Medicines expenditures</li> <li>Per capita, as percentage of health spending, public spending, private spending</li> <li>Per beneficiary of UHC scheme</li> <li>Per inpatient / outpatient episode of care</li> <li>Out-of-pocket</li> </ul>	National Health Accounts, other sources of national expenditures on health and medicines UHC scheme spending Health facilities accounts and registers Facility surveys Household surveys	NHA PETS WHO Level II / Facility WHO Level II / Household
<ul> <li>Medicines utilization</li> <li>Per capita</li> <li>Per beneficiary of UHC scheme</li> <li>Per inpatient / outpatient episode of care</li> <li>Over-the counter</li> <li>At household level</li> </ul>	National surveys UHC scheme spending Health facilities accounts and registers Facility surveys Surveys and routine datasets Household surveys	DHS WHO Level II / Facility WHO Level II / Household
<ul> <li>Medicines and quality of care</li> <li>Number of medicines per prescription</li> <li>Number of patients receiving antibiotics</li> <li>Number of newly diagnosed diabetic or hypertensive patients receiving first line therapy</li> <li>Same indicators for other diseases (e.g. Malaria or TB) or MCH</li> </ul>	Prescription audits Facility registers Facility surveys	WHO Level II Facility

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