



Management of Medicines Benefit Programs in Low- and Middle-Income Settings: Adapting Approaches from High-Income Countries

MSH developed the manual, *Management of Medicines Benefit Programs in Low- and Middle-Income Settings: Adapting Approaches from High-Income Countries*, in response to discussions at a 2013 conference that MSH hosted on universal health coverage (UHC) and medicines.

Medicines not Included in the UHC Conversation

The goal of UHC is to improve equitable access to health services while protecting households from out-of-pocket health spending leading to impoverishment. In principle, UHC means lifesaving drugs will be accessible and affordable for those who need them. But in practice, medicines coverage in country UHC plans and in private insurance schemes is frequently inadequate to assure UHC and also underestimated in terms of cost. Questions as to how best to achieve UHC continue to evolve, but what became clear during the conference is that access to medicines is a critical component of UHC that seems often to be missing in the conversation. In addition, stakeholders agreed there was a lack of common understanding about which elements are essential to implementing or revising a medicines benefit program (MBP) as part of a larger health insurance scheme.

A Primer for Medicines Benefits Management

As a response, MSH created this manual as a primer for managers or consultants who are tasked by a government or other institution with designing or implementing an MBP or with supporting such efforts. The manual introduces common design and management elements that every successful MBP must address. It helps readers identify the basic options and trade-offs to consider when designing or revising each aspect of the plan. Each country context is unique, so the manual covers a variety of program elements without prescribing a single program design to fit all situations.

This guide does not include detailed templates, algorithms, or samples of the analytical tools and approaches that are discussed in the text, but makes readers aware of alternatives to consider, including references that do provide examples of tools and templates that can be adapted to a specific country situation.

The companion to this manual, the *MSH Medicines Benefit Program Assessment Tool for Developing Countries*, contains key questions to ask and data collection templates to use when considering options for developing or revising an MBP. The introduction to the tool offers suggestions for how to customize it.



Section I is an overview of the essential concepts related to health insurance and to medicine benefit programs and the components needed for a sustainable program, no matter what its size or scope. Referrals point to sections of the guide where these components are discussed in more detail.

Section II discusses the key factors involved in designing or revising an MBP, including program benefits and risks, major design elements, scope and scale, and revisions.

Section III describes the practical aspects of managing the benefit program—how services will be delivered, program governance and administration, claims processing systems, information technology, beneficiary services, provider contracts, selection of medicines, negotiation with manufacturers, and information and educational programs.

Section IV looks at performance monitoring and utilization review, which are critical components for successfully maintaining an MBP.

Annex 1 provides a list of evaluation criteria to consider when contracting with service providers for dispensing services.

Annex 2 includes selection criteria for contracting with pharmacy benefit management firms.

Annex 3 offers examples of monitoring and evaluation indicators for measuring performance of the MBP itself, as well as the performance of service providers and beneficiaries.

Annex 4 describes examples of fraud and abuse that have been encountered in MBPs in all countries.

Annex 5 summarizes a useful review of the various managed market entry programs in Europe.

Approaches from Pharmacy Benefit Management Companies

Many of the specific management approaches described here are drawn from approaches that pharmacy benefit management companies in North America, South Africa, and Namibia use to manage medicines benefits for insurance programs. These approaches are not the only way to address management challenges effectively, but they are well documented, proven in their own settings, and can be adapted to fit low- and middle-income country situations.

Works in Progress

The manual and assessment tool are works in progress—both will be revised periodically with feedback from colleagues working in international organizations, those working directly in low- and middle-income country programs, and from experiences gained in supporting medicines benefit programs there.

We hope that future versions of this manual will include many more concrete examples of how MBPs in those countries are handling the challenges involved in implementing and sustaining a viable program.