SAFEMed and the Affordable Medicines Program in Ukraine: Reducing inequities in medicine access

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Context

Before 2017, Ukrainians struggled to access needed medicines with severe wealth disparities. Public pharmacies played an essential role in providing medicines, but private pharmacies were also recognized as important. The affordability of medicines is a critical issue in Ukraine, with many people unable to afford necessary medications. The Government of Ukraine (GoU) spent 2.9% of GDP on health in 2015, below the average of countries in the WHO European region.

Activity Impact

Activity Impact measures are key to the impact of the Affordable Medicines Program (AMP) in Ukraine. These measures include:

1. Reduced inaccessibility and costs of medicines
2. Improved patient care plans
3. Increased patient satisfaction
4. Enhanced health outcomes

Evidence

A sharp decrease in prices...

- led to increased consumption of medications.

Facilitators

- A single payer system
- Affordable medicines program
- National health service of Ukraine

Challenges

1. High costs of medicines
2. Inadequate insurance coverage
3. Access to medicines

Lessons Learned

- Tap an understanding and support in the private sector
- Identify and engage key stakeholders
- Build partnerships with governmental and non-governmental organizations
- Ensure effective communication and coordination
- Utilize available data and tools

Gaps

- Limited availability of medicines
- Inadequate reimbursement policies

Activity Description

The Affordable Medicines Program (AMP) is a collaborative effort between SAFEMed and the National Health Service of Ukraine (NHSU) to improve access to affordable medicines. The program was launched in 2014 with technical support from USAID and continues to be supported by SAFEMed. The program focuses on reducing the costs of medicines and improving access to essential medicines. The GoU has expanded annual expenditures in poorest quintile households that experienced CHF in 2015.

Reimbursement prices are set as 85% of the median reference price. Medicines above the median reference price are not reimbursed at all. Reimbursement reference tariff, the patient must co-pay the difference up to the median reference price. medicines below the median reference price are reimburised at rates of up to 85% of the reference price. medicines above the median reference price are not reimbursed at all.

Step 1: Family Reaching Decision
- Medicine is provided
- Medicine is selected
- Medicine is purchased
- Medicine is dispensed

Step 2: Pharmacy fills the prescription
- Medicine is administered
- Medicine is recorded
- Medicine is remunerated

Step 3: Health insurance
- Medicine is reimbursed
- Medicine is dispensed
- Medicine is recorded
- Medicine is remunerated

Step 4: Health provider
- Medicine is prescribed
- Medicine is dispensed
- Medicine is administered
- Medicine is recorded

Healthcareers are developed into a workforce that is capable, effective, and efficient. The “dispensed to prescribed ratio” is the average number of prescriptions filled for a given medicine. The “served to prescribed ratio” is the average number of patients treated for a given medicine. The “prescribed to dispensed ratio” is the average number of medicines dispensed for a given prescription.

Intermediate Performance Measures

- Improved access to medicines
- Increased patient care plans
- Increased patient satisfaction
- Improved health outcomes

Performance Goals

- Increase access to medicines
- Improve patient care plans
- Improve patient satisfaction
- Improve health outcomes

Table: Affordable Medicines Program in Ukraine

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