

ViiV Healthcare's Universal Health Coverage for People Living with HIV (PLHIV), Policy

The Issue

Universal Health Coverage (UHC) means that all people receive the quality health services they need without experiencing financial hardship as a result. It is not new, but it has gained importance, visibility and relevance in recent years.

ViiV Healthcare (VHC) is fully committed to UHC, with a 100% focus on people living with HIV (PLHIV). VHC seeks a partnership between industry, governments and others to expand patient access to Antiretroviral Drugs and HIV services while preserving incentives for future innovation and sustainability.

As a science and values led global healthcare company VHC plays an important role in improving the health, well-being and access to HIV medicines of millions of PLHIV around the world, particularly in the poorest countries that have been hardest hit by the epidemic. We help PLHIV to live long and healthy lives, free of stigma and discrimination and regardless of where they live or their ability to pay.

The policies that governments implement in pursuit of UHC will impact on all stakeholders involved in improving health, including the private sector. To this end, VHC stands ready to work with all stakeholders to ensure a sustainable and equitable approach to UHC for PLHIV. VHC is already pursuing flexible business models to try and ensure both innovation and access, including flexible pricing, voluntary licensing, technology transfer and working in public-private partnerships.

VHC understands that countries are at very different stages of health system development, and they will need to set their own priorities and timelines towards UHC. This paper describes the 8 core principles that VHC believes governments must consider when determining their own approaches to UHC.

The Challenge

Currently 1 billion people lack access to basic health care. According to UNAIDS only circa 38% of all adults and 24% of all children living with HIV who are eligible for anti-retroviral treatment are actually receiving treatment¹. International bodies such as the World Health Organization, United Nations, World Bank, UNAIDS, PEPFAR and the Global Fund, are engaging with governments on how to progress towards UHC for PLHIV. In addition, the recent debate about the post-2015 Sustainable Development Goals (SDGs), which will apply to all countries, has intensified focus on UHC. (Goal 3: Ensure healthy lives and promote well-being for all at all ages).

Although countries have made significant progress in strengthening many aspects of health systems, there still remain significant inequalities in access to healthcare. Progress toward UHC is tied to reforming how health systems are financed, improving governance structures, strengthening health infrastructure and delivery, utilizing health information technology, ensuring access to innovative and essential medicines, improving health literacy and reshaping the health workforce. There is also increasing recognition that UHC cannot be achieved without continued needs-based medical innovation, alongside expanded access to free or affordable essential interventions.

VHC Core Principles

As every country has a unique health system, tailored approaches and timelines are required. It is understood that for some countries it will take a very long time to reach UHC. It should be recognised that changes in demographics, lifestyles, patient expectations and developments in medical progress mean that UHC for PLHIV, is a moving target. However, wherever possible, specific targets and milestones should be set. Governments will need to prioritise - for some the focus will be on increasing and improving the services available for all PLHIV; for others it will be reaching key affected and underserved populations including Men who have sex with Men (MSM), Sex workers, Women and young Girls and people who inject drugs (PWID). For all of these groups healthcare expenditure must be seen as an investment rather than a cost, including essential programmes directed towards prevention of HIV as well as more routine access to HIV testing and treatment - VHC believes that there are eight core principles that must inform UHC policies. These are: Equity, Efficiency, Quality, Inclusiveness, Evidence based decision making, Availability, Affordability/funding and Innovation.

Equity:

A focus on the patient must be central to the thinking and actions of all stakeholders.

All people infected with HIV must be treated and no one should be discriminated against, simply because they are infected by HIV or other reasons such as gender, sexual orientation/gender identity, age, race, and geographical location, economical or social status.

All PLHIV must have fair access to a basic and appropriate package of essential health care services without suffering financial hardship.

Governments must provide a public safety net for the most vulnerable populations (Key Affected Populations) and individuals, which, where possible, avoid out-of-pocket payments through risk-pooling mechanisms.

Where appropriate, private health insurance as well as hybrid solutions must be employed, particularly for growing middle- and upper-income populations to release public funding for more vulnerable groups and raise the overall level of health provision.

Whilst equity must be strived for, lowest common denominator approaches must be avoided.

Where feasible, patient choice in the delivery of healthcare services must be encouraged to ensure that there is an in-built pressure to continuously improve standards of care.

Efficiency:

In a resource-constrained world, all stakeholders must ensure that resources for health are used as efficiently as possible, that waste and corruption are eliminated, that prevention is prioritised and that value for money is secured.

Governments must prioritise and focus suitable resources on populations hardest hit by the HIV epidemic and where the need is greatest such as MSM; Transgender Men and Women; Sex Workers; Women and Young Girls, Children and PWID.

Prevention initiatives which will save costs in the long run must be prioritised as an investment in the future well-being of society.

Medicines must be prescribed rationally. All patients, including children, must receive the appropriate Antiretroviral Therapy, in the proper dose, and be encouraged to adhere to the prescribed treatment, providing the greatest value to them and their community.

The healthcare workforce must be appropriately resourced to ensure that the optimum number and distribution of adequately paid, properly trained health care professionals is achieved.

Health Care Professionals incentives tied to priority healthcare outcomes must be deployed to support optimal care delivery to patients.

Efficiency within the medicines supply chain must be improved so that safe, quality-assured and cost efficient products can reach the patients who need them as affordably as possible.

Synergies and partnerships must be actively promoted to avoid duplication of efforts and costs and to improve healthcare efficiency.

Evidence-based policies on the appropriate use of generics as well as other healthcare technologies and interventions will deliver health care savings and free up resources for investments in innovative medicines that address unmet needs.

Quality:

All health interventions, facilities and products must be of appropriate quality with common standards applied to all.

Internationally recognized quality standards must be applied in the manufacturing and regulation of all healthcare products.

Consideration must be given to streamlining and harmonising stringent regulatory processes, with a focus on seeking regional solutions where possible to speed up patient access to medicines (especially for children's formulations) and avoid duplication of efforts.

Appropriate measures must be put in place to prevent counterfeit and sub-standard medicines.

Ethical, responsible and patient-centred promotional practices must be supported by all stakeholders to ensure that HCPs and patients receive sufficient, accurate and objective information and that conflicts of interest are avoided. Appropriate sanctions must be applied when standards are not met.

The commitment of all stakeholders to highest ethical standards, behaviours and compliance with relevant laws and regulations, as well as pursuing anti-bribery and anti-corruption policies will help to improve transparency and accountability in allocation of resources.

Inclusiveness:

A multi-stakeholder approach must be followed in the design, transition to and implementation of UHC to ensure unified and continuous patient focus.

All stakeholders facilitated by governments must collaborate to strengthen the health infrastructure, identify key healthcare needs and ensure that services delivered reflect patient needs and expectations.

Transparent stakeholder engagement practises must be in place to ensure that decisions concerning UHC policies are fair, reasonable and non-discriminatory.

Patients, civil society organizations and others must be able to hold governments and healthcare providers to account for delivering results. When possible, they must be also invited to consultation sessions when national UHC strategies are being conceived, designed, debated and reviewed.

“One-size-fits-all” solutions limit further growth and therefore public-private partnerships that leverage international best practices must be thoroughly explored.

Patient choice in healthcare service delivery must be considered to ensure that health systems are designed to meet the wants and needs of patients.

Health Technology Assessments (HTAs) must be based on early and inclusive dialogue, including where appropriate with patients.

Evidence based decision making:

It is important to ensure that all decisions to prioritise funding are based on sound evidence and that resources are provided to generate evidence which is actionable.

Tools for measuring value/innovation, such as (HTAs) can play a role. They must be appropriately conducted to support the decisions being made and resource/capability available. This may initially be a simple set of criteria, rather than sophisticated clinical and economic analyses.

The evaluation must achieve a reasonable balance between the interests of payers, patients, physicians, and industry. The goal of the HTA process must be to improve patient care and physician decision-making.

Spending decisions must not only be applied to medicines, but other health system investments and trade-offs to optimise delivery of patient outcomes.

All sources of value (including clinical, cost, societal & system) and data must be considered.

Flexibility is needed to enable a pragmatic partnership approach, to manage uncertainty and the inclusion of new data.

Clear, specific and time-bounded targets and deliverables must be set to monitor progress, to hold all stakeholders accountable and to prioritise scarce resources.

Availability:

Governments must ensure that all health services and products, and information about them is available and accessible to all those who need them.

Shortages in or inefficiency of the medicines, medical devices and technology supply chain must be addressed, so that the goods and services can reach all patients, when they need them as affordably as possible and ideally free at the point of use.

Healthcare services including HIV testing must be physically available for patients who need them, especially in key affected and underserved populations.

Governments must review and evolve structural impediments to health service provision – including policy/law, stigma and access to services. New interventions must be assessed and made available to patients as soon as possible keeping in mind safety and efficacy and cost-effectiveness.

All patients and healthcare professionals must have meaningful access to health education and prevention messages to improve health literacy and understanding. All patients must have the ability to make choices about their healthcare supported by appropriate and practical access to information, and the pharmaceutical industry can play an important role in this.

Affordability & Funding

Governments must provide adequate financing and all stakeholders need to work together to improve affordability of medicines and ensure sustainable health care, which will help to drive economic prosperity of each country. Governments must break down funding silos between healthcare and social care spend, in order to allow increases in health investment to be offset by lower social affairs expenditure. Affordability, or free provision, of health services must be addressed through sustainable health care financing mechanisms. Governments must look at new funding options, including, where appropriate, a greater role for private health insurance, appropriate tax-based measures and an efficient supply chain that manages costs and supports innovation. Where appropriate, market-based approaches in which companies are free to set prices and companies compete with each other on the basis of value, price and quality, are often the best way to ensure cost-effectiveness along the pharmaceuticals value chain. Tiered pricing of medicines, both between and within countries, must be encouraged and facilitated to maximise sustainable access. Over time and as soon as possible, out of pocket payments as the only way to access health services, and medicines, must be reduced or eliminated through government provision. Evaluation systems must consider the overall value of health interventions and not just their cost.

Innovation:

Healthcare systems must foster innovation that encourages continued investment in R&D across the spectrum of prevention, treatment, care and support targeted at patient need.

The government, private sector, and civil society must develop holistic, sustainable approaches to health care financing that support continuous innovation.

New approaches and interventions which deliver value and improve people's health and well-being and reduce the long term cost burden on healthcare systems must be prioritised.

Pricing and reimbursement policies should reflect the value delivered. The reward society gives to an innovative medicine must reflect the value it delivers to patients, healthcare systems, and society at large. This can be recognised in different forms, e.g. price level, unrestricted access to the patient population defined as needing new therapy, therapeutic guidelines recognising a new therapy, and speed of access.

Appropriate enactment and enforcement of patent protection and data exclusivity must be assured to support R&D investments to address unmet medical needs of PLHIV.

Conclusion

UHC is important to all countries. It's a journey that they will travel at their own pace addressing their own needs and capacities. In order to be successful the governments in all countries must be at the centre of this process, taking the lead in setting direction, developing and executing strategies as well as monitoring progress and adjusting if necessary. Each country will need to set its own priorities and find its own balance between these principles. The global healthcare industry has an important role to play in helping to achieve progress towards UHC all around the world, through its support for the principle as well as orienting its business to help support access to medicines. VHC is committed to supporting the realisation of UHC by working closely with all stakeholders in order to ensure that all PLHIV receive the quality health care and medicines they need without impoverishment.

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References:

1 UNAIDS Fact Sheet 2014