Low middle income countries: Should an industrial policy be part of the solution for better access to care?

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Workshop questions

Socio-economic-political environment shapes Industrial policy. Industry covers hospitals, clinics, health professionals, pharma products, private insurers.

1. What defines better healthcare in a globalized world and for LMIC?

2. What are some examples of inefficiencies that lead to poor healthcare?

3. What are the barriers (and solutions) to healthcare industry growth and how does these impact health outcomes? ie. debate on issues of regulation vs deregulation

4. What industry policy are you concerned with and the specific issue that is not being addressed? ie. are there models of good policy but that are not working and why?

5. Can industry and government find a position of shared value? What are these values?
Industry and government is not homogeneous, in fact quite heterogeneous.

Different roles to play, and depending on the value chain the power dynamics change. But:
- Socio-economic-political environment shapes Industrial policy.
- LMIC have large population with great wealth disparity, Scarce resources and competing national interest.
- Society, in real world experience is full of inequality.
Industrial policy is complex. It takes in account:

- what is definition of better health care? while metrics exist, inefficiencies are observed. Often good policy may not be operationalized in the real world.

- Industry is not merely selling a biopharma product, but there is a host of life cycle value chain, from innovation, research, marking product, but also creating value within the health systems. At times, the exercise of corporate social responsibility.

- expectations by society based on government promises for instance on UHC, creates strain on Industry on cost containment which brings to a debate on spending and how this can be viewed as comparative efficiency.
There are certainly barriers to industry growth largely due to:

- problems of education with patients (preventive, promotive health), with HCP (on prescribing and dispensing) and at times with government authorities (the maturity to engage private sector). The integrity of such education and of health systems was articulated as critical component.

- health care if not viewed as a continuum, creates fragmentation especially in LMIC where decentralized health care exist.

- insufficient data or access to data does not help in timely evidence based policy creation.

- Availability, accessibility, affordability: the determinants of market access should be balanced also with Awareness and Financial sustainability and distributive equity.

- Adverse incentives also play a role in inefficiencies.

- mistrust among regulators, industry and HCP exist and should be addressed by maturity and looking at the bigger health systems.

- Is there a better way to improve regulatory process to have shorter time to market?