

# ISPOR 1st Latin America Conference

9, 10, 11 SEPTEMBER 2007

Hilton Cartagena Hotel & Convention Center, Cartagena, Colombia



## FIRST PLENARY SESSION MATRIX:

Pharmacoeconomics and Outcomes Research in Latin America: Argentina, Brazil, Chile, Colombia, México and Venezuela

Category/Country	Argentina	Brazil	Chile	Colombia	Mexico	Venezuela
<b>DEMOGRAPHICS</b>						
Size of nation (km2)	3,761,274	8,514,876	756,252km2	1,141,748	1.96 million	916,446
Population - all	38,970,611	191,791,000	15.2 million	45,600,000	103.26 million	27 million Instituto Nacional de Estadística ( <a href="http://www.ine.gov.ve/poblacion/censopoblacionvivienda.asp">http://www.ine.gov.ve/poblacion/censopoblacionvivienda.asp</a> )
Percent age distribution (aged 1-14 yrs, 15-65, >65)	27.7%; 62.4%; 9.9% (2001)	30%; 65%; 5%	25.7%; 66.2%; 8.1%	31%; 36.6%; 7.4%	30.09%; 64.01%; 5.09%	31%; 64%; 5%
Average citizen income in US dollars (GDP)	US \$2,362 Indicadores básicos de Salud <a href="http://www.msal.gov.ar">http://www.msal.gov.ar</a>	US \$4,289	US \$8,875 (2006)		US \$8,066	GNI US \$6,440 (2005) WHO Statistical Information System Core Health Indicators <a href="http://www.who.int/whosis/database/core/core_select_process.cfm">http://www.who.int/whosis/database/core/core_select_process.cfm</a>
<b>HEALTH CARE</b>						
Health care (i.e. traditional medicine, western medicine)	Western medicine predominantly	Western medicine	Western medicine	Western medicine	Western medicine is dominant and traditional still practice	Western medicine
Number of hospitals (<100 beds, 100-500, 500-1000, >1000 beds)	153,065 Total Beds	6,360 (no division of categories by beds)	2,209 Total Beds	1038 (public); 85% primary 13% secondary, 2% third level care (As of 2004)	1,121 Public 998 Private	Total: 640 (296 public, 344 private) 2003 Pan American Health Organization, (PAHO) Basic Country Health Profiles For The Americas, Washington DC, 2002
Number of hospital beds / 10,000	40.4 (Indicadores básicos de Salud. Argentina 2005 <a href="http://www.msal.gov.ar">http://www.msal.gov.ar</a> ) 54% Public Sector (PuS); 43% Private sector (PrS); 3% Social health insurance (SIH) (Fuente: OPS. Indicadores Básicos. 1996)	Public 8.4; Private 11.9	24	12 (2004)	Public 78,643 Private 33,931 10.92/10,000	8 (Public sector, 2006) PAHO Health Analysis and Information Systems Area. Regional Core Health Data Initiative; Technical Health Information System. Washington DC, 2005.
Number of primary care clinics / 10,000	1.7 (PuS) (Indicadores básicos de Salud. Argentina 2005 <a href="http://www.msal.gov.ar">http://www.msal.gov.ar</a> )	NA	0.58 (Public) NA (Private)	0.16 (Public) as of 2004	19,156 (Public)	2.68 (Public sector, 2006) PAHO, Health Analysis and Information Systems Area. Regional Core Health Data Initiative; Technical Health Information System. Washington DC, 2005.
Number of physicians / 10,000	32.1 (Indicadores básicos de Salud. Argentina 2005 <a href="http://www.msal.gov.ar">http://www.msal.gov.ar</a> )	16.8	10.9	13.5	142,453 Public 53,380 Private 19.01/10,000	20 (2003) Ministerio del Poder Popular para la Salud, Caracas Venezuela
Number of pharmacists / 10,000	5.1 (Indicadores básicos de Salud. Argentina 2005 <a href="http://www.msal.gov.ar">http://www.msal.gov.ar</a> )	5.4	7.9	No data	3189 0.3/10,000	3.85 (2006) INPREFAR, Caracas Venezuela
<b>HEALTH CARE INSURANCE</b>						
Health insurance system (types)	PuS: non-insurance coverage scheme except for special population in some provinces (mother and child); SHI; PrS	Public - SUS Unique Health System (Universal Coverage) Private - Health Security Company's; Medical Cooperatives; HMO's; Employees Benefit	Public: 69.5% (FONASA) Private: 16.3% (ISAPRES) Others and Armed Forces: 14.2%	Social health insurance - Contributive regime (34% total population); subsidized health insurance or Subsidized regime (36% total population); public health care provision for the uninsured	Public, IMSS, ISSSTE, S.Popular, PEMEX SEDENA, SEMAR, DIF & Private Insurance Companies	Public and private health insurance available. Public: IVSS (public & private employees), IPSFA (Army), IPASMe (public school teachers), INAGER (elderly) Private: basically employer-based

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% Population w/ insurance coverage	48.1% uninsured, Public-only coverage (2001 Census. <a href="http://www.indec.gov.ar/nuevaweb/cuadros/7/sesd_04e01.xls">http://www.indec.gov.ar/nuevaweb/cuadros/7/sesd_04e01.xls</a> ); 41% SHI (SIEMPRO. INDEC. Encuesta de Condiciones de Vida. 2001); 11% PrS (SIEMPRO. INDEC. Encuesta de Condiciones de Vida. 2001 and 2001 Census. <a href="http://www.indec.gov.ar/nuevaweb/cuadros/65/p020208.xls">http://www.indec.gov.ar/nuevaweb/cuadros/65/p020208.xls</a> )	30%	100% Chileans	70% Total population (2006)	51%	N/A
Reimbursement method	Per capita or per diagnosis/intensity of care (SHI, PrS); population in some provinces Fixed wage/budget (PuS)	Public - reimbursement tables: SIA/SUS for most of the expenditure and for high complexity treatments the government reimburses the expenditure by a payment authorization table (APAC) Private - reimbursement tables: AMB; CBHPM and fee for service	Mostly fee for service in the private sector. There is a co-payment system in both Public and Private systems	Capitation for primary care services and some second level care. Fee for service and "packages" for second and third level care	No specific reimbursement only a few in Private Insurance Companies	Public: IVSS/INAGER free of charge but depending on resources available Private: Fee for service, mainly, for inpatient care, may include deductible, co-payments and claim ceiling. Very limited ambulatory care
<b>HEALTH CARE EXPENDITURES &amp; CONTROLS</b>						
Health expenditure (% of GDP): public / private	9.6%. (Gasto Nacional De Salud - Argentina. WHO. <a href="http://www.who.int/nha/country/ARG-S.pdf">http://www.who.int/nha/country/ARG-S.pdf</a> ) 1.98% Public; 2.9% Social health insurance; 4.2% Private, including prepaid and pocket payment Ministerio de Salud y Ministerio de Economía (2001)	7.9%, - Division: 45.9% Public and 54.1% Private	6.0%: 2.8%Public / 3.2% Private (2005)	7.9 (2003)	6.5%: 3.01% Pubic / 3.5% Private	4.7 (2004) (42% public) WHO Statistical Information System, Core Health Indicators ( <a href="http://www.who.int/whosis/database/core/core_select_process.cfm">http://www.who.int/whosis/database/core/core_select_process.cfm</a> )
Health expenditure per capita: public / private	US \$455 / 1427 International Dollars (Gasto Nacional De Salud - Argentina. WHO. <a href="http://www.who.int/nha/country/ARG-S.pdf">http://www.who.int/nha/country/ARG-S.pdf</a> )	US \$410.69	Public: US \$367 (2005) Private: NA	US \$211.5	US \$229.00 Public US \$265.00 Private Total US \$494.00	US \$119.6 / US \$165.2 (2004) WHO Statistical Information System, Core Health Indicators [ <a href="http://www.who.int/whosis/database/core/core_select_process.cfm">http://www.who.int/whosis/database/core/core_select_process.cfm</a> ]
Drug spending per capita	191 Pesos (1997) (Estimaciones de Gasto en Salud. Argentina. Año 1997 y proyecciones 1997-2001)	NA	US \$57	US \$24 (2004)	US \$183.76	\$68 (PAHO, Basic Country WHO Statistical Information Health Profiles For The Americas, Washington DC, 2002)
Drugs of total health spending (%)	28% - of which 67% was out of pocket in 1997 (Estimaciones de Gasto en Salud. Argentina. Año 1997 y proyecciones)	7.4%	16%	15% (2004)	No data available at this moment	15.2 % (Public sector) (PAHO, Basic Country Health Profiles For The Americas, Washington DC, 2002)
National drug budget	For oncologicals, HIV, ambulatory drugs in the public sector (Plan Remediar), and vaccines	US\$ 2.1 Billion	No data Total drug expenditure: US \$765.6 Million (1997). Chile's retail drug market was estimated in US \$857 Million (2005)	No data	Public US \$5.5 Private US \$7.6 Total US \$13.1	US \$1.6 billion (US \$544 million Public sector) PAHO, Basic Country Health Profiles For The Americas, Washington DC, 2002
Pricing / reimbursement	No active control	Government control	There is no reimbursement for drugs in the Public sector (Free of charge at primary care level). Complementary private plans may cover some drugs in the Private sector	Pricing: direct control for 3% of medications; partial control for 2% and no control for the rest. Health insurance plans have standard formularies. Medications not included in formularies are partially reimbursed by government fund.	No	Almost no drug reimbursement

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Reference pricing - International	Only in Vaccines (PAHO Rotatory Fund)	Yes- USA; Australia; New Zealand; Canada; Spain; Italy; Greece; France; Portugal	No	Yes, uses reference pricing from 11 countries in the region.	No	No
Reference pricing - National clusters	Yes, for drugs included in the mandatory positive list of the Social and Private Health Insurance Package (PMO)	No	No	Implicit, as price controls require reporting of average and maximum prices by distribution channels	Developing now	No
Use of pharmacoeconomics	Not mandatory for coverage and reimbursement but increasingly used to make decisions on coverage policies in the social and private health insurance.	Required by government in registering and incorporation of new and expensive drugs. Recently pharmacoeconomics evaluation guidelines are under preparation by the government	There is no legal requirement but is implicitly used for inclusion into standard drug list administered by the MoH	Not mandatory. Some efforts have been made to incorporate into national benefits plans decision making	Required by Government in public sector.	Very limited
Co-payments	Yes, average 40% drug discount from price list in SHI and PrS. Essential ambulatory drugs free of charge in public sector primary care centers.	Public - No Private - Some health organizations have a co-payment system with high variability of participation	No co-payments for drugs	Yes, on a sliding scale according to income for Contributive regime enrollees	No	Public: IVSS, IPSFA, INAGER no co-payments, no deductible but restricted formularies. IPASME (no drug coverage) Private: most of them do not reimburse drugs
Profit / revenue controls	"Soft" surveillance of prescription drug prices but no formal price control nor control of profits or revenues.	No	The drug market is affected by factors such as the significant market share of generic drugs (38%), the large presence of national laboratories, and the existence of the MoH's Central Supply Purchasing Agency (CENABAST). There are no price controls on medications.	No	No	No
Clinical practice guidelines	Few national guidelines (i.e. HIV, some cancers, mother and child care). Increasingly recommended in hospitals and health care organizations	Partially	Guidelines enforced by law are available for a group of 56 medical conditions (AUGE Plan)	National guidelines for priority public health conditions (i.e. management of childhood diseases, malaria, HIV-AIDS)	Yes some pathologies	Some in public health system
Drug budgets / financial incentives aimed at prescribing doctors	Shift of financial incentives from doctors to pharmacist due to generic prescribing enforcement.	No	No	No	No	Fixed budgets at hospitals No incentives
Availability of local pharmaco-economic data	Very limited and mostly grey literature	Yes, but limited	Very limited	Very limited	Limited	Very limited

## \*ISPOR would like to thank the following individuals for their contribution to the Matrix:

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