Does MCDA lead to better patient access in Africa?

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- The views expressed here are my personal views, and may not be understood or quoted as being made on behalf of Boehringer Ingelheim or reflecting the position of the Algerian ministry of health.*
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• Overview of MCDA
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Drug pricing is controlled by the economic committee

Economic committee (EC) is Interdepartmental Committee

**Composition:**

President: head of hospital pharmacy and equipment
Members: LNPCP, PCH, MoL, MoF, Directors (regulation, registration, promotion), economist,

**Price regulation:**

- Nine countries of benchmark: Belgium, Greece, France, United Kingdom, Morocco, Spain, Tunisia, Turkey Germany (Country of Origin),
- Lowest price of the nine countries – 10% if it’s European country
- Price parity if it’s Maghreb country

**Pricing rules differ according to product categories**
Reimbursement landscape

The reimbursement committee of drugs (CRM) for retail market.

**Composition:**

President: head of hospital pharmacy and equipment
Members: LNCPP, PCH, MoL, MoF, Directors (regulation, registration, promotion), economist,

The assessment is based on:

- Clinical benefit (SMR, ASMR)
- Reference price

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Why MCDA lead for better access?
Cost-effectiveness (CE) analyses do not cover benefits beyond effectiveness. Many countries resort to “workarounds” to mitigate those limitations, e.g. UK, Netherlands.

➔ MCDA includes cost, effectiveness and other aspects into a risk-benefit analysis.


What is our ultimate goal?

Provide safe and effective medicines that would improve human health

To achieve our goal these medicines must reach patients

Payers are increasing focused on ensuring that the health technologies they reimburse is value for money

Using techniques that can better demonstrate the value/benefit of a health technology is better for both the patient, payer and industry.
**Opportunities:**

MCDA facilitates greater transparency and can result in a decision which takes into account additional factors (compared to current approaches) which are important for both patients, regulators and industry.

MCDA facilitates a more nuanced analysis e.g. factors that are not relevant for a particular country/region can easily be included/omitted.

Overtime better prediction of weightings will allow industry to develop medicines with a better idea of reimbursement risk.

**Challenges**

Undertaking an MCDA would involve an increase in the workload associated with submitting a reimbursement dossier.

Cost for training staff in the various techniques.

Is the MCDA process cost effective/value for money?

Would MCDA result in a difference in the final decision compared to the current process?
What does it mean for Algeria

– Transparent, robust and clarity
– Great opportunity as we don’t have a clear framework
– Easy to understand
– Additional insight for value

Thank You