

A consensus view from members

1 **Definition challenges.** Defining 'high-cost' is difficult and must be context and country-specific.



2 **Definition considerations.** Definitions must consider health system diversity, culture, stage of UHC development, as well as differences in regulatory approval pathways and legislation.

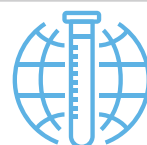


3 **Investment considerations.** Important factors for all countries in the region to consider when investing in high-cost technologies include:

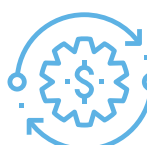
- Severity and burden of disease
- Affordability and overall budget impact
- Value and impact of technologies with regard to patient and health care outcomes
- Transparency between all stakeholders
- The time horizon of value accrual of a technology and the entire care pathway



4 **State-of-play.** There is limited use of managed entry schemes (MES) in the region, with experience, on the whole, limited to financial schemes (discounts or rebates) mainly for pharmaceuticals rather than other health technologies, including devices.



5 **Entry mechanisms.** MES and coverage with evidence (CED) are mechanisms that may be implemented to facilitate patient access to healthcare that may otherwise be challenging for health systems to adopt. They should not be viewed as alternatives to appropriate funding of a health system.



6 **Road maps and rules of engagement.** An MES 'road map' that articulates the 'rules of engagement' would be a useful tool to be implemented at a local level for all stakeholders – patients, providers, payers and industry. A road map may:

- Ensure that the issues and potential solutions are clearly identified before the MES commences.
- Provide different guidance for the introduction of new and innovative drugs, devices and treatments for rare disease; each of these technology types may require an alternative approach.
- Acknowledge that full evaluation of an MES should be undertaken, taking into account outcomes from all stakeholders, and include the possible restriction of use or, in some cases, even removal of the technology if expected outcomes are not met, or the broadening of access when outcomes are met.

