COMMENT

Pharmaceutical funding frameworks to better public health

To the Editor The Viewpoint by Conti et al (October 20) calls for United States policy makers to broaden their perspective by considering whole populations, in order to better access pharmaceuticals vital to public health, such as immunizations and treatments for communicable diseases. While this proposal is undoubtedly important to improve American health, a similar model has already been successfully implemented overseas; population health outcomes are fundamental to pharmaceutical funding decisions in New Zealand.

New Zealand's universally-funded healthcare system has a government agency that decides the public funding of pharmaceuticals, including vaccines. The Pharmaceutical Management Agency (PHARMAC)'s statutory aim is to "Secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the funding provided." Key features of this aim include: best health outcomes, not necessarily maximum utility; for people, not necessarily single individuals alone; and within a set budget.

For two decades, PHARMAC's decision-making frameworks have used 'best health outcomes' in applying a broad perspective to pharmaceutical access.² This perspective has led, for example, to recent wide funding for direct-acting antivirals to treat and cure hepatitis C,³ highlighted in the Viewpoint as a major unresolved need in the USA.¹

Since July 2016, PHARMAC has used an updated framework, the Factors For Consideration,⁴ which more explicitly takes into account the health needs of wider society and the impacts on population health of pharmaceutical funding decisions.² The policy considers the needs of patients' families and carers, as well as those not directly affected and not receiving treatment⁴ – for example the benefits of herd immunity through vaccines, and projected impacts of new antimicrobials on treatment resistant infections in current and future generations.

Explicitly incorporating these wider impacts into PHARMAC's decision-making and funding strategies allows for comprehensive assessment and prioritization of cost-effective pharmaceuticals vital to public health for 'best health outcomes'. The current framework is evidence-based, dynamic, subject to regular evaluation, and designed to be sustainable yet flexible to respond to future public health challenges.

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(https://www.pharmac.govt.nz/about/committees/ptac/ptacsubcommittees/j; the views expressed are not necessarily those of PTAC's Mental Health Subcommittee.

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