



**HOW
PHARMACEUTICAL
SYSTEMS
ARE ORGANIZED
IN ASIA AND THE PACIFIC**

**HOW
PHARMACEUTICAL
SYSTEMS
ARE ORGANIZED
IN ASIA AND THE PACIFIC**

© World Health Organization/Organisation for Economic Co-operation and Development 2018

ISBN 978 92 9061 848 5

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

Suggested citation. How pharmaceutical systems are organized in Asia and the Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. 1. Asia. 2. Pharmaceutical preparations – economics, supply and distribution. I. World Health Organization Regional Office for the Western Pacific II. Organisation for Economic Co-operation and Development. (NLM Classification: QV 736)

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

For WHO Western Pacific Regional Publications, request for permission to reproduce should be addressed to Publications Office, World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, 1000, Manila, Philippines, Fax. No. (632) 521-1036, email: wpropuballstaff@who.int

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

WHO/OECD Joint Disclaimer:

The opinions expressed and arguments employed herein are solely those of the authors and do not necessarily reflect the official views of the OECD or of its member countries or of the World Health Organization.

This document, as well as any data and map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

CONTENTS

Executive summary	1
Introduction	2
Socio-economics	3
Human resources	3
Health expenditure	4
Pharmaceutical expenditure	4
Pharmaceutical regulation and pricing	6
Pharmaceutical procurement and reimbursement	6
Country profiles	7

EXECUTIVE SUMMARY

There are important differences in the markets for medicines in countries in Asia and the Pacific in this study. These are mainly due to the political, financial and regulatory environments as well as characteristics of the pharmaceutical manufacturing industry. However, all countries face the test of transition brought about by demographic changes, shifting epidemiological trends and increasing inequities, among others. As with other regions of the world, a characteristic of lower- and upper-middle-income countries is that pharmaceuticals account for a high proportion of health expenditures. Medicines account for a larger share of the health budgets in resource-constrained countries.

Pharmaceutical systems are complex and involve several intermediaries between medicines manufacturers and consumers. This suggests the need for better coordination among various agencies and relevant stakeholders involved. The intricate pharmaceutical landscape demands a better understanding of how pharmaceutical markets are organized, regulated and financed to foster policies aimed at achieving universal and equitable access to essential medicines.

Achieving equitable access to affordable, safe, efficacious and quality medicines through sound pharmaceutical policies, programmes and other interventions has remained a continuing challenge at all levels of health system strengthening for countries, with some performing better than others. This reality is even more pronounced in countries that are currently working towards universal health coverage where a large part of pharmaceutical spending is still out of pocket.

INTRODUCTION

Medicines, together with other health technologies, are one of the building blocks of a health system. Without them, it is impossible to achieve desirable health outcomes for individual patients and communities.

As countries make further progress towards universal health coverage, essential medicines, more than ever, are crucial to achieving health and inclusive socioeconomic development. Sustainable Development Goal target 3.8 mentions the importance of “access to safe, effective, quality and affordable essential medicines and vaccines for all” as a central component of universal health coverage.

Access to essential medicines encompasses quality, safety and efficacy of drugs, as well as their availability, affordability and appropriate use. However, improving access to quality-assured essential medicines is not an end in itself. It is a means to improving health status, promoting well-being and achieving equity across populations. Demographic, epidemiological and economic transitions continue to generate major challenges for essential medicines.

Addressing issues around access to medicines requires a comprehensive understanding of how pharmaceutical systems are organized and function. This report presents profiles of 14 countries in Asia and the Pacific – Australia, Brunei Darussalam, Cambodia, China, Indonesia, Republic of Korea, Lao People’s Democratic Republic, Malaysia, Mongolia, New Zealand, Philippines, Singapore, Thailand and Viet Nam – that outline resources, structures and processes relating to ensuring availability and accessibility of pharmaceuticals in specific country settings and their interactions with the health-care

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26017

