through legislative changes. Formal RSA should be mainly a non-outcome based as compared to the traditional clinical risk assessment. It is recommended that how this situation affects the patients' access to medicines has become hindered. Although it is natural for Turkey to restrict exclusions on drugs budget to ensure sustainable drug financing, in order to maintain the existence of pharmaceutical industry and protect the patients' access to medicines, it would be more favorable in the development of the industry that the expectations of the stakeholders in the industry are taken into account in the policy making process. This would also help the already supported R&D activities to be sustainable as well. The positive and negative aspects of Turkey’s offering the least expensive medicine should be examined. Whether being the country to supply the least expensive medicine is the correct objective or not in the international arena should seriously be discussed. It is recommended that how this situation affects Turkey’s image in the outer world should be scrutinized.

PHP335 COMPARISON OF PHARMACEUTICAL PRICING AND REIMBURSEMENT SYSTEMS IN TURKEY AND CERTAIN OTHER EU COUNTRIES
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This is an ex-ante analysis; also with current situation in Turkey, pharmaceutical pricing methods, reimbursement methods and basic health indicators, within the scope of changing pharmaceutical policies, in Turkey, reference countries and the United Kingdom, the implementations of which are of utmost importance for other countries. It has been established, it was expected in 2012, that drug pricing in Turkey has been performed on the basis of reference pricing system that takes into account the real drug prices in Europe including the reference price for generic medicines. Turkey launched a tender to this in 2012, and the drug prices in Turkey are guaranteed of the financial sustainability for the following years. Therefore, it is a significant activity to compare the real price increases for drugs in Turkey, to the traditional clinical risk assessment. To highlight the importance of continuous support in behavioral change we asked patients about their individual incentives and their expectations in a regulatory framework of healthcare services. Following years, a role for strategic alliances delphi-panel like process a regulatory framework was developed which could ensure that competitive forces act in a way that the patient’s needs are met for all kind of chronic diseases. To align the competitive forces onto patient centered outcomes the following aspects need to be addressed: 1) Market access; 2) Quality assurance; 3) Protection of data privacy; 4) Open standards for interchangeability; 5) Pricing and reimbursement mechanisms. With our poster we would like to present our claims to an international audience to gain further insights on the topic and to foster the discussion into a more patient centered competition.

PHP336 CLOSING THE FINANCIAL GAP OF ANTIRETROVIRAL AND HIV SUPPLIES FOR SUSTAINABILITY OF HIV NATIONAL RESPONSE IN THE DOMINICAN REPUBLIC
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Since 2001 when the first antiretroviral drug (DRV) in the Dominican Republic (DR) was funded, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATF). Until 2009 there was a gross correspondence between the increase in the number of treated cases and the funding. From 2009 to 2010, however, the number of new HTA bedridden cases increased by an average rate of 53.4% (2,958 cases) per year, whereas funding experienced an average decrease of 21.7% (965,382 USD) per year. In 2012, the Ministry of Health (MoH) carried out the first national quantification exercise for the 2013 procurement of ARVs. The Ministry set a standard forecasting methodology. The cost of ARVs was estimated in USD 6.1 million, of which the GFATF would cover USD 3.6 million (59%). This was the first time that a financial gap of about USD 2.5 million (41%) was identified and recognized by all stakeholders. The political advocacy and consensus building strategies on evidence were established for national authorities, NGOs and international agencies to mobilize resources to close the gap. The GFATF’s principal partner, the World Bank, provided a new additional contribution of USD 1,910 thousand. Finally, the MoH budgeted, for the first time, USD 1.9 million for the procurement of ARVs in 2013, turning the financial gap into a surplus USD 700 thousand. For 2015 GFATF funding was 0%, however the DR Government covered a 50% of the costs of the procurement executing USD 910 thousand. To further decrease of the international financial assistance for ARV, particularly by the GFATF, can be covered by the commitment of national resources to bridge the financial gap and to implement the use of the resources already available. The estimation of needs, consensus building methodologies, political incidence and advocacy strategies used in DR are guarantees of the financial sustainability for the following years.

PHP337 PROPOSAL FOR A REGULATORY FRAMEWORK FOR HEALTH APPS TO ENSURE A PATIENT CENTERED COMPETITION BETWEEN PROVIDERS
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The number of newly developed and distributed health apps is legion and they are a sound business model is not always perceptible at first hand, it can be observed that in many cases payers and providers are either trying to bind patients with lock in effects and proprietary protocols or want to gather sensitive personal data for further use. New health care programs and solutions are rather made for marketing purposes than to serve the individual needs of the customer (e.g. patient). Our project discusses the urgent need for regulatory rules ensuring that competition between providers of these health care apps serves the patients needs and leads to an improvement of patient relevant outcomes. In the course of the young lions “Health Parliament” the issue at hand was brought up by the authors in the board of city, Rio de Janeiro. The discussion was based on the work of the WHO “Health3” project that provided an important platform for taking up the issue and a treatments. To highlight the rapid economic growth, increased demand and gaps in healthcare coverage will pave the way for a greater uptake of PHI. In some African countries, despite PHI being urgently needed, extreme poverty may favor community based health insurance (CBHI). PHI is a not a new concept nevertheless countries, PHI has problem to develop thus exposing the low/medium income households to high financial risk. Extending PHI in those countries allows for risk sharing and thus could have important equity implications.

PHP338 PATIENT BEHAVIOUR AS A COST DRIVER IN THE MANAGEMENT OF CHRONIC DISEASE PATIENTS
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BACKGROUND: Maintaining chronic disease patients clinically stable after discharge is an important imperative for avoiding costly hospital readmissions. A good understanding of the patient’s behavioral profile, and provide support and education for those patients that are overly worried and anxious, an opportunity to get access to health care without an appointment. DISCUSSION: Not applying insights from the behavioral sciences to the medical field carries an important and avoidable cost for the health system caring for chronic disease patients. Healthcare should invest resources allowing to segment chronic disease patients at discharge, according to their behavioral profile, and provide support and education for those patients that are likely to burden the emergency rooms and hospitals for non-eligible reasons. CONCLUSION: Profiling chronic disease patients at risk of costly hospital readmissions based on insights from the behavioral sciences represents an opportunity to address an important cost driver that is currently overlooked in relation to the traditional clinical risk assessment.