frequencies were available. Shares of testers by therapies (OAD/INSULIN) were 10.0% and 20.0%, respectively. Physicians recommended an average of 5.1% per week. Patients performed 2.8 (47.5%), for OAD/INSULIN test-frequencies were 2.8 and 2.2. Doctors rated the SMBG adherence as good or very good in 43% of cases. CONCLUSIONS: In community centers the vast majority of patients have type 2 diabetes. FPG values were broadly documented, but the therapy quality marker HbA1c was available for the minority of patients. SMBG was more common with insulin users, but clearly below guideline recommendations. It needs to be deter-
mind which measures could potentially improve the current practice in diabetes care in order to strengthen the role of community health centers in managing the diabetes epidemic in China.

PHP114 FAILURE FOR COST-SHARING SCHEMES TO TAKE OFF IN INDIA: WHAT CAN BE THE ACCESS SOLUTION?
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OBJECTIVES: With high costs of some oncology and biological therapies, manufactur-
ers have introduced patient access schemes in Asian countries including Indo-
esia, Malaysia, Philippines and China where the out-of-pocket is the main funding and access mechanism. These schemes have been welcomed by stakeholders in-
volved including patients, clinicians and governments. Our objective was to under-
stand why such programmes have not succeeded in India despite a large middle class and almost complete out-of-pocket funding for pharmaceuticals, and to find possible ways to overcome the hurdles presented. METHODS: The approach in-
volved desk research followed by primary research across stakeholders in India. Twelve in-depth telephone interviews were conducted with stakeholders in the public and private sectors, NGOs, leading physicians and manufacturers. The in-
formation collected was assessed and analysed. RESULTS: Majority of the respond-
ents (n/H11005 [0.70]) thought bureaucracy and the informal economy, and thus difficulties with means-testing as the two most important reasons for the schemes not taking up. General ignorance about the potential of such schemes and cynicism surround-
ing them are a deterrent. Unethical medical practice, a great patient – provider knowledge gap and a lack of streamlined infrastructure for scheme delivery are thought to be important factors. Respondents confirmed that majority of the large middle class lacks access to innovative medicines for many diseases. The Glivec patient access scheme was quoted by a few respondents as a rare example of such a scheme being run. Partnering with the public sector and NGOs was thought to be an alternative way out. There was mention of many local NGOs/charities which fund targeted oncology therapies for those with limited resources. CONCLUSIONS: India needs tailored, innovative ways of accessing high cost drugs for its local patients. The patient access scheme was quoted by a few respondents as a rare example of such a scheme being run. Partnering with the public sector and NGOs was thought to be an alternative way out. METHODS: The approach in-
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HEALTH CARE USE & POLICY STUDIES - Regulation Of Health Care Sector

PHP115 GEOGRAPHICAL DISTRIBUTION OF PHARMACIES VERSUS POPULATION: THE CASE OF TWO CAPITAL CITIES IN IRAN
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2Tehran University of Medical Sciences, Tehran, Iran
OBJECTIVES: Access to medications is one of the main goals of Iran National Drug Policy (NDP). Being a function of multifactors such as distribution of pharmacies, if the geographical access is observed, drug accessibility is guaranteed to some ex-
tent. The aim of this study is to compare the Geographical distribution of pharma-
cies with population in two capital cities of Iran including Tehran and Ahwaz with strategical and transitional importance with cultural and socioeconomical differences (Khorramabad and Ahwaz) were selected. In the first step the popula-
tion of different regions was collected from state government databases. Further-
more all of the pharmacies’ locations in these two cities were detected through
public and private sectors, NGOs, leading physicians and manufacturers. The in-
formation collected was assessed and analysed.

PHILO15 Geographical Distribution of Pharmacies Versus Population: The Case of Two Capital Cities in Iran
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1Tehran University of Medical Sciences, Tehran, Iran
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RESULTS: In community centers the vast majority of patients have type 2 diabetes. FPG values were broadly documented, but the therapy quality marker HbA1c was available for the minority of patients. SMBG was more common with insulin users, but clearly below guideline recommendations. It needs to be deter-
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