The EMRs are collected and compared from 31 provinces; the indicators of ED are evaluated before and after implementation. RESULTS: Although national EDL only contains 307 essential medicines, the number of added EMRs in provincial EDLs are various from 64 through 455. The zero-markup policy of EDs conducted in public grass-roots health facilities (urban community health centers and rural township hospitals) have reached to 98.8%. More than 95% EDs can be reimbursed by medical insurance. The average percentage of price cutting was 25%-50% after tender bidding and purchasing. Quality assurance and sufficient provision of ED became a problem. The number of essential medicines is still not meet the needs of outpatients so that patients flow back to the secondary and tertiary hospitals and financial subsidies from government usually are not supported timely. Along with the expansion of ED in village health posts and hospitals, how to incentive and maintain the income level of health professionals have to be considered. CONCLUSIONS: To promote the EMP, the adjustment of EDL is required in 2010. Furthermore, on essential medicines on provincial level should be updated. The implementation of EMP will not be successful in village and urban hospital level until solving the problem of remuneration and payment system in health settings.

PHP15 COMPARISON OF HEALTH EXPENDITURES AND DRUG EXPENDITURES IN TWO WESTERN BALKAN COUNTRIES
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OBJECTIVES: To compare health expenditure as total % of GDP, per capita PPP and in US dollars as well as total drug expenditure with top ten ATC groups with highest expenditure in 2009 and 2010 in Bosnia & Herzegovina (B&H) and Croatia (CRO).
METHODS: Research was based on data published in latest official annual reports from two national Drug Agencies, from B&H and CRO, and official reports from The World Bank. Analysis was performed for all drugs and top ten ATC groups in B&H and compared with in both countries for two years — 2009 and 2010. RESULTS: The Health expenditure, total (% of GDP) in B&H was 10.4% in 2009 (13.0% in 2010) and 9.6% in Croatia in 2009 (12.5% 2010). CRO - 7.83 in 2009 (7.83 in 2008). In 2009, total drug expenditure in B&H was 238.8 mil EUR compared to 269 in 2010 (increase of 11.22%), while in CRO in 2009 was 625.6 mil EUR compared to 665.5 in 2010 (increase of 6.82%). Top 10 ATC 1st level drug groups with highest expenditure in both countries in 2009 and 2010 were rather similar but on ATC 2nd level we observed significant differences in the share of relevant ATC groups with leading C09, J01 and L01 for 2009 and C09, J01 and A10 for 2010. CONCLUSIONS: CRO has a statistical health expenditure and universal health care system with twice smaller increase in total drug expenditure compared to B&H. B&H is a country with decentralized health care system including drug policies and positive reimburse- ment drug lists which need to be equalized.

PHP16 REMOVING THE BARRIER OF COST TO SMOKING CESSATION MEDICATIONS UNDER THE AFFORDABLE CARE ACT OF 2010
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Gavrankapetanovic F, Krehic J, Onur L
OBJECTIVES: To compare health expenditure as total % of GDP, per capita PPP and in US dollars as well as total drug expenditure with top ten ATC groups with highest expenditure in 2009 and 2010 in Bosnia & Herzegovina (B&H) and Croatia (CRO).
METHODS: Research was based on data published in latest official annual reports from two national Drug Agencies, from B&H and CRO, and official reports from The World Bank. Analysis was performed for all drugs and top ten ATC groups in B&H and compared with in both countries for two years — 2009 and 2010. RESULTS: The Health expenditure, total (% of GDP) in B&H was 10.4% in 2009 (13.0% in 2010) and 9.6% in Croatia in 2009 (12.5% 2010). CRO - 7.83 in 2009 (7.83 in 2008). In 2009, total drug expenditure in B&H was 238.8 mil EUR compared to 269 in 2010 (increase of 11.22%), while in CRO in 2009 was 625.6 mil EUR compared to 665.5 in 2010 (increase of 6.82%). Top 10 ATC 1st level drug groups with highest expenditure in both countries in 2009 and 2010 were rather similar but on ATC 2nd level we observed significant differences in the share of relevant ATC groups with leading C09, J01 and L01 for 2009 and C09, J01 and A10 for 2010. CONCLUSIONS: CRO has a statistical health expenditure and universal health care system with twice smaller increase in total drug expenditure compared to B&H. B&H is a country with decentralized health care system including drug policies and positive reimburse- ment drug lists which need to be equalized.

PHP17 COMPARISON OF HEALTH EXPENDITURES AND DRUG EXPENDITURES IN TWO WESTERN BALKAN COUNTRIES
Gavrakapetanovic F, Krehic J, Onur L
Clinical Centre of the University Sarajevo, Sarajevo, Bosnia
OBJECTIVES: To compare health expenditure as total % of GDP, per capita PPP and in US dollars as well as total drug expenditure with top ten ATC groups with highest expenditure in 2009 and 2010 in Bosnia & Herzegovina (B&H) and Croatia (CRO).
METHODS: Research was based on data published in latest official annual reports from two national Drug Agencies, from B&H and CRO, and official reports from The World Bank. Analysis was performed for all drugs and top ten ATC groups in B&H and compared with in both countries for two years — 2009 and 2010. RESULTS: The Health expenditure, total (% of GDP) in B&H was 10.4% in 2009 (13.0% in 2010) and 9.6% in Croatia in 2009 (12.5% 2010). CRO - 7.83 in 2009 (7.83 in 2008). In 2009, total drug expenditure in B&H was 238.8 mil EUR compared to 269 in 2010 (increase of 11.22%), while in CRO in 2009 was 625.6 mil EUR compared to 665.5 in 2010 (increase of 6.82%). Top 10 ATC 1st level drug groups with highest expenditure in both countries in 2009 and 2010 were rather similar but on ATC 2nd level we observed significant differences in the share of relevant ATC groups with leading C09, J01 and L01 for 2009 and C09, J01 and A10 for 2010. CONCLUSIONS: CRO has a statistical health expenditure and universal health care system with twice smaller increase in total drug expenditure compared to B&H. B&H is a country with decentralized health care system including drug policies and positive reimburse-ment drug lists which need to be equalized.