OBJECTIVES: Modelling and forecasting the consequences of AIDS on economic growth in Africa. METHODS: Our model is based on two crucial hypotheses: AIDS has a short-term impact on a flow variable (the flow of labour available and capable of working at a moment t in the economy); AIDS has a long-term impact on stock variables (human capital, i.e. the stock of health or the stock of education and competence incorporated in the workers; and physical capital). The first effect is generally taken into account in the existing literature but the second is missing. Data from Ivory Coast (data given by UNAIDS and WHO) about macroeconomic variables and epidemiologic situations are used to calibrate our model. RESULTS: Integrating these two impacts in a model of growth with multiple factors of accumulation is sufficient to reverse the standard impact-evaluations based on classical tools. We show that, under a realistic range of epidemiological shocks, an involution trap can appear, corresponding to a modification of the long-term growth regime of the economy. CONCLUSIONS: When the long-term impact of AIDS is taken into account, the impact of AIDS on economic growth in Africa is far worse than predicted by UNAIDS for instance. In Ivory Coast, the GDP loss is about 15% of the no-AIDS scenario in 2010 (against –8% for the UNAIDS forecast).

PERSPECTIVES AND BARRIERS IN THE DEVELOPMENT OF PHARMACOECONOMICS AND ITS APPLICATIONS IN POLAND-PRELIMINARY RESULTS OF A SURVEY

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OBJECTIVES: To investigate the potential role of pharmacoeconomics in decision making and education. METHODS: A group of 102 people with backgrounds in health economics/pharmacoeconomics was interviewed. Interviewees were students (23), medical doctors (28), pharmacists (36), managers/economists (22) by education, working in hospitals, outpatient clinics, pharmacies, and the pharmaceutical industry. They were asked about: sources of information that should be used by decision makers at different levels of a Health care sector, barriers to practical application of pharmacoeconomic evaluation results, criteria for inclusion/exclusion of drugs in a hospital formulary, means by which economic evaluation utilization could become more common, needs for education initiatives. RESULTS: A total of 86% of responders indicated that expert opinion and 66% that articles in reviewed scientific journals are the most important source of information for reimbursement decisions. At management level, also expert opinion (77%) and scientific journals (65%) played a key role. In relations between pharmacist/physician and patient, personal opinion is vital (58%), followed by experts’ opinion (55%) and information from scientific press (50%). Limited interest in pharmacoeconomic analyses focusing only on cost-containment (77%) followed by lack of Governmental Agencies’ involvement in introduction of regulations (61%), difficulties in applying long-term view (57%) and limited access to cost data (lack of national cost database) (57%) were recognized as main barriers. On inclusion to hospital formulary, acquisition cost (70%) and efficacy (96%) were crucial, hospital savings were less important (50%). Wider use of pharmacoeconomic studies may be due to more educational initiatives (74%), creation of professional cost databases (72%) and transparent criteria of evaluation (69%). A total of 86% of responders declared the need to expand their knowledge. CONCLUSIONS: Education, cost databases and regulations seem to be the most important in the future development of pharmacoeconomics and health economics in Poland. Confirmation of these preliminary results requires broader investigation.

ARE THE RESULTS OF ECONOMIC EVALUATIONS GENERALIZABLE? EVIDENCE FROM STUDIES OF PHARMACEUTICALS IN WESTERN EUROPE

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OBJECTIVES: To identify the main causes of variation in study results from place to place, to assess whether the variation differs by type of health economic study, to assess whether differences among countries are systematic and whether the differences are important for decision-making. METHODS: A literature search was conducted to identify economic evaluations of pharmaceuticals conducted in two or more European countries. These included reports of multicountry studies and separate reports of single country studies that were sufficiently methodologically comparable. The studies identified were then classified by methodological type and analysed to assess their level of generalizability and to identify the main causes of variation. Assessments were also made of the extent to which differences in study results among countries were systematic and whether they would lead to a different decision, assuming a range of values of the threshold willingness-to-pay for a life-year or quality-adjusted life-year (QALY). RESULTS: In total 46 intercountry drug comparisons were identified, 29 in multicountry studies and 17 in single country studies that were considered to be sufficiently comparable in terms of methodology. The type of study (i.e. trial-based or modelling study) had some impact on generalizability, but a more important factor was the extent of variation across countries, in effectiveness, resource use or unit costs, allowed by the researcher’s chosen methodology. Cost-effectiveness results did differ widely between countries.