



# ECUADORIAN CASE IN THE POOLED PROCUREMENT OF MEDICINES FOR THE NATIONAL HEALTH SYSTEM

Corporate Reverse Auction as a mechanism to access fair pricing

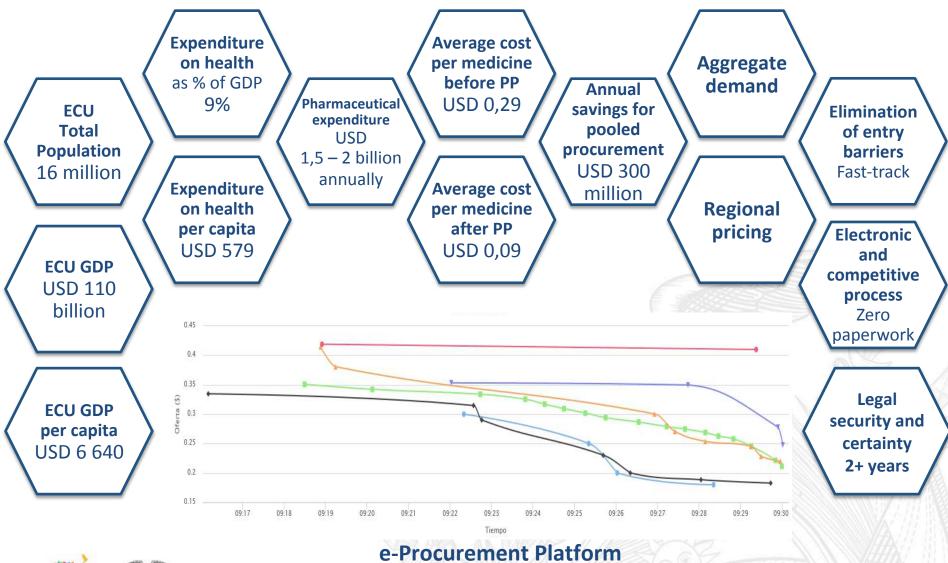
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NATIONAL PUBLIC PROCUREMENT SERVICE (SERCOP)

**Second Fair Pricing Forum** 

Johannesburg, April 11-13, 2019

### **SNAPSHOT**









Montecristi as a starting point for a new social pact







#### **CONSTITUTION OF THE REPUBLIC OF ECUADOR (2008)**

- The **State** is responsible for **ensuring the availability and access** to quality, safe and effective **medicines**, promoting national production and the **use of generic medicines**.
- In access to medicines, the interests of public health will prevail over economic and commercial interests.
- The application of international commercial instruments will **not impair** the right to health and access to medicines.
- The constitution puts the **common interest before the private interest**.
- Public procurement will meet criteria of efficiency, transparency and quality, national products and services will be prioritized.







#### **ORGANIC HEALTH LAW (2006)**

• State will promote the production, importation, commercialization, dispensing and sale of generic medicines with emphasis on the essentials. Its use, prescription, dispensation and dispensing is mandatory in public health institutions.

#### **EXECUTIVE DECREE 188 (2009)**

 Declares access to priority medicines for public health as a public interest, for which compulsory licenses may be confer for human use treatments.







## ORGANIC LAW OF THE NATIONAL PUBLIC PROCUREMENT SYSTEM (2008)

- It establishes the acquisition of drugs under **Special Regime** procedure.
- Health entities are obliged to acquire medicines that form part of the National List of Essential Drugs (CNMB, for its Spanish acronym).
- Determines the following procurement procedures for the purchase of medicines:
  - **Very small amount:** decentralized purchase for minimum amounts or in situations of recurrence (urgent need).
  - **Institutional Investment Auctions:** decentralized purchase made by each entity.
  - **Direct contracting:** decentralized purchase for drugs with a single provider.
  - **Direct import:** decentralized purchase for specialized drugs that are not part of the CNMB.
  - Acquisition with international organizations: centralized purchase made through PAHO-WHO, UNFPA, and others.
  - Corporative Reverse Auction: pooled procurement implement through SERCOP.







# CORPORATIVE REVERSE DRUGS AUCTION (SICM)

A transparent, efficient and dynamic procedure







### WHAT IS THIS PUBLIC POLICY?

**Centralized public procurement mechanism (monopsony)** to supply medicines to the establishments of the Ecuadorian Public Health Network.

Assigned products become part of an **electronic** catalog of medicines, **where parameters and technical specifications are standardized.** 

**Trading conditions negotiated for 2 years,** during which purchase exclusivity is granted to the awarded supplier.

**Assigned price assumes** = cost of the product + cost of delivery of the medicines at national scale + cost of replacement and incineration in case of expiration + cost of quality control tests.

Optimizes resources and reduces times of supply of medicines.

Avoid the falsification and dispersion of drug prices through atomized purchases.

Provides **legal security and certainty** to awarded suppliers.







### PHARMACEUTICAL DIAGNOSTIC

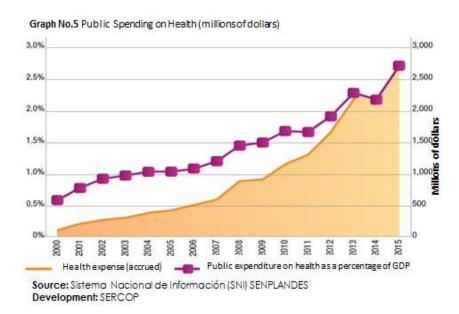
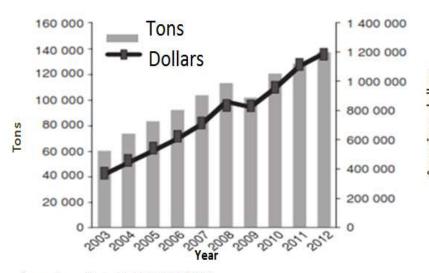


Figure 2. Behavior of the Ecuadorian pharmaceutical market in the period 2003.2012



#### **HEALTH EXPENDITURE**

- •Total health expenditure represents **9% of GDP** and **10% of the public budget**.
- •Health expenditure per capita is **USD 579**.
- •Pharmaceutical represent 16% of total health expenditure and 44% of out-of-pocket expenditure.

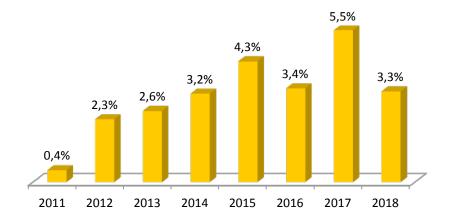
#### PHARMACEUTICAL MARKET

- •USD 1 500 2 000 million annually.
- •14 000 pharmaceutical products registered by the regulatory agency (70% brand name drugs and 30% generic drugs).
- •Ecuador is the country with the **highest number of pharmacies per capita** in the region (1 \* 2 303 inhabitants).
- •Around 10% of essential medicines are not available in the local market.

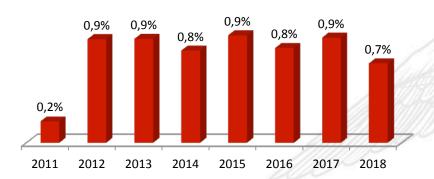
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### **SECTOR DIAGNOSTIC**

#### Purchase of medicines / National public procurement



**Purchase of medicines / General State Budget** 



Source: Sistema Oficial de Contratación del Estado (SOCE)

**Elaboration: SERCOP** 



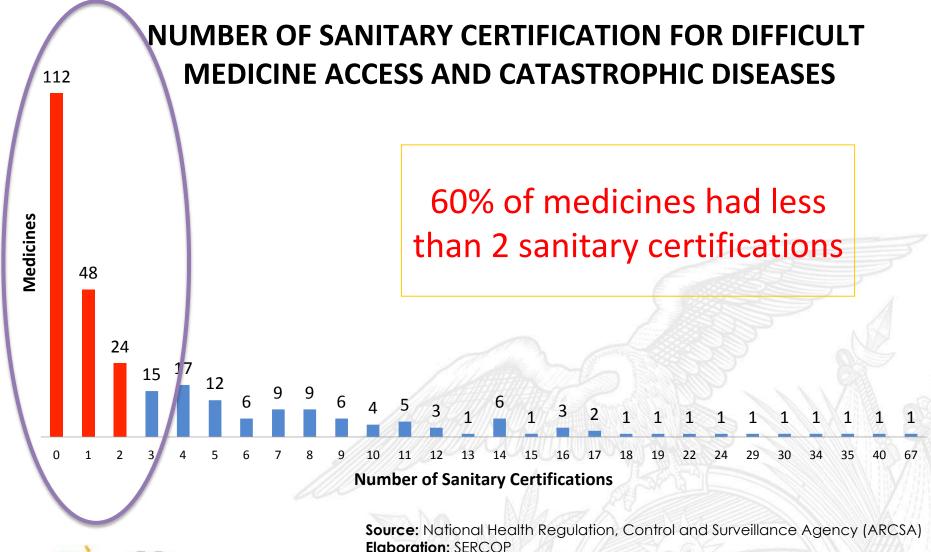




#### **PUBLIC PURCHASE OF MEDICINES**

- The public purchase has evolved between **6% -12% of GDP**.
- **USD 230-330 million** are transacted annually in the **public drug market**.
- 60% of the amount of public purchase of medicines is made through the centralized process.
- 50% of the public purchase of medicines is carried out by social security institutions.
- The Public Health System has 3 423 facilities able to purchase medicines.
- 9 suppliers concentrate 55% of the public purchase of medicines.

### **SECTOR DIAGNOSTIC**









### PROGRAMMATIC ARTICULATION

Access to quality, safe and effective medicines

Health policy



Industrial policy

Development of local pharmaceutical industry and import substitution



Commercial policy

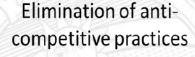
Drug procurement policy

Innovation policy

IP Regime for goods that guarantee fundamental rights

Access to new markets and balance in the trade balance











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#### PRINCIPLES AND STAGES

Right to health over economic and commercial interests

**Transparency** and social control

**Automation and** minimization of discretion

**Documentary** review ex-post Concurrence and competition

Preference and non-exclusivity

**GUIDING PRINCIPLES** 

#### **STAGES**

Market Intelligence

Preference margins for the local industry

e-Procurement platform design

a. Publication

- b. Questions
- c. Answers
- d. Electronic submission of offer
- e. Automatic qualification
- f. Income of OEI
- g. Bid / negotiation
- h. Enabling delivery of documentation
- i. Award

Liquidity verification

Stock availability verification

**Quality Control System** 

Inter-governmental coordination

- Evaluation of results
- b. Accountability report.
- c. Dissemination of results

#### 1. PREPARATORY **STAGE**

- Update of information from suppliers.
- b. International Registry of Suppliers.
- c. Development of regulation
- d. Development of specifications
- e. Advisory Council
- f. Adequacy of virtual platform g. Dissemination Strategy

#### 2. PRE-CONTRACTUAL **STAGE**

Adherence

Competitive process

Ex-post verification of sanitary requirements

Fast-track process

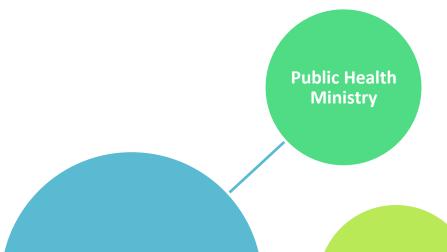
#### 3. CONTRACTUAL **STAGE**

- a. Signing of Framework Agreements b. Cataloging ( publication in repertoire of drugs)

4. POST-CONTRACTUAL **STAGE** 

#### REFERENTIAL PRICES METHODOLOGY

**INFORMATION SOURCES** 



- Historical purchase prices of health institutions.
- Historical minimal prices of private pharmacies.
- Historical official prices established by National Pricing Council.

Available information

Public Procurement System

- Historical prices awarded by outside of e-Catalogue SERCOP: 2010-2015.
- Historical prices awarded of Corporate Reverse Drugs Auction 2011.

International prices

- Government purchase prices.
- Consumer prices.







#### REFERENTIAL PRICES METHODOLOGY

#### INTERNATIONAL SOURCES OF INFORMATION

Through the price analysis, we concluded that from the 11 countries with available prices, considering the two International Organizations, 7 of them publish reference prices for the public sector, while the rest present prices to the consumer, which implies a distinction according to the purchase destination

<b>PURCHASE DESTINATION</b>	COUNTRIES
	Brazil, Bolivia, Mexico, Venezuela, Chile
	Peru, Trinidad y Tobago,
	Organization of the Eastern Caribbean States  -OECS-
PUBLIC PURCHASE PRICES	Council of Ministers of Health of Central America —COMISCA-  (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama y Dominican Republic)
CONSUMER PRICES (MAXIMUM SALES PRICES)	Brazil, Colombia, Argentina
	India, El Salvador







# REFERENTIAL PRICES METHODOLOGY INFORMATION PROCESSING FOR INTERNATIONAL PRICES

- Identify the price for each medicine according to its active pharmaceutical ingredient (API), pharmaceutical form, concentration and presentation.
- 2 Analyze medicine form and presentation and establish its price per unit.
- **3** The unit price is based on the presentation in its minimum expression:
  - Oral solids.- Price per tablet, pill, capsule, etc.
  - Oral solutions/liquids.- Price per recipient, bottle, etc.
  - Semisolids.- Price per tube.
  - Injectable solutions.- Price per ampoule, vial, syringe, etc.
  - In cases where it was found more than one presentation, a simple average for unit of measurement was calculated between them.

**Example:** medicine with different presentation prices (Haloperidol)

DRUG	PRICE PER ML
Haloperidol 2 mg/ml oral sol. x 20 ml	\$ 22,33
Haloperidol 2 mg/ml oral sol. x 50 ml	\$ 41,23
Haloperidol 2 mg/ml oral sol. x 15 ml	\$ 52,41
AVERAGE	\$ 38,66







# REFERENTIAL PRICES METHODOLOGY INFORMATION PROCESSING FOR INTERNATIONAL PRICES

- The conversion of current prices to USD was made, using the exchange rate from the period July 2014 to June 2015.
- In the countries that had prices of previous years to 2015, the cumulative inflation rate of the each country in the respective period was used to bring these prices to the current year.
- All prices in USD were adjusted by the Purchasing Power Parity (PPP) factor.
- Once adjusted the prices, the statistical criteria was defined for the referential price of international source.







# PRICES AWARDED STRUCTURAL SAVINGS

DETAIL FOR 450 MEDICINES	<b>USD</b> (In millions)	
Referential budget with prices of the Secretariat of Pricing (STFP)	883	
Referential budget with SERCOP methodology of prices	606	
Amount awarded	278	
Savings by application of SERCOP methodology of prices	260	
Savings by corporate auction execution.	346	
TOTAL SAVING	624	

\*The total savings are the sum of the savings by the application of SERCOP's methodology plus the total savings obtained from the corporate reverse auction execution, calculated for two years of validity of the contracts.

Source: Sistema Oficial de Contratación del Estado (SOCE)

**Elaboration: SERCOP** 







Average number of bidders per medicine

8

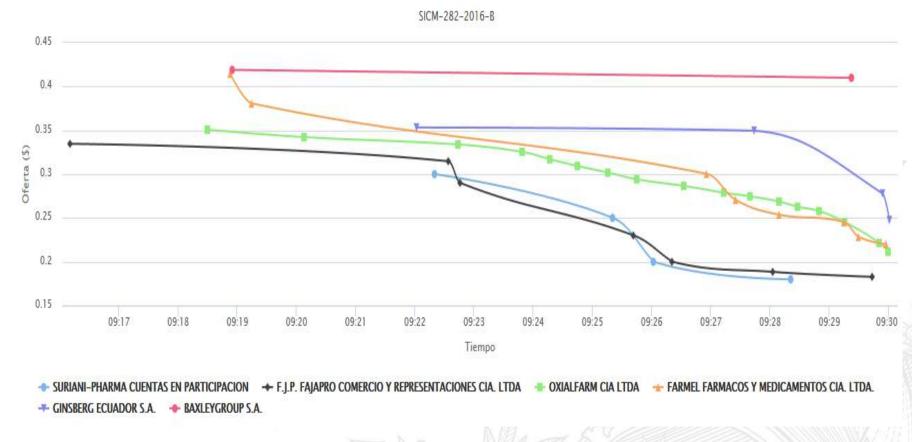


Average savings per medicine

**52%** 

# PRICES AWARDED AUCTION EXAMPLE

#### **LOPINAVIR + RITONAVIR**









**Source:** Sistema Oficial de Contratación del Estado (SOCE) Available in: <a href="https://sicm.compraspublicas.gob.ec/">https://sicm.compraspublicas.gob.ec/</a>

	LOPINAVIR + RITONAVIR		
COUNTRY	MANUFACTURER	LOCAL CURRENCY	USD
Ecuador <sup>1</sup>	Mylan	(USD) <b>0,18</b>	0,18
Chile <sup>2</sup>	Abbvie	(Peso chileno) <b>735,00</b>	1,19
Colombia <sup>3</sup>	Legrand	(Peso colombiano) <b>791,67</b>	0,28
Perú <sup>4</sup>	Pharmaris	(Sol) <b>0,98</b>	0,30







<sup>&</sup>lt;sup>1</sup>Prices awarded SICM 2016 - <a href="https://catalogo.compraspublicas.gob.ec">https://catalogo.compraspublicas.gob.ec</a>

<sup>&</sup>lt;sup>2</sup>Current drug prices - <a href="https://www.cenabast.cl/compras-cenabast-vigentes/">https://www.cenabast.cl/compras-cenabast-vigentes/</a>

<sup>&</sup>lt;sup>3</sup>Prices Thermometer - <a href="https://www.minsalud.gov.co/salud/MT/Paginas/termometro-de-precios.aspx">https://www.minsalud.gov.co/salud/MT/Paginas/termometro-de-precios.aspx</a>

<sup>&</sup>lt;sup>4</sup>National Information System of Prices - <a href="http://observatorio.digemid.minsa.gob.pe/?over=1">http://observatorio.digemid.minsa.gob.pe/?over=1</a>

	ETRAVIRINA 100 MG		
COUNTRY	MANUFACTURER	LOCAL CURRENCY	USD
Ecuador <sup>1</sup>	Janssen	(USD) <b>3,88</b>	3,88
Chile <sup>2</sup>	Janssen	(Peso chileno) <b>7.350,00</b>	11,91
Colombia <sup>3</sup>	N/D	N/D	N/D
Perú <sup>4</sup>	Johnson (Janssen)	(Sol) <b>14,94</b>	4,57







<sup>&</sup>lt;sup>1</sup>Prices awarded SICM 2016 - <a href="https://catalogo.compraspublicas.gob.ec">https://catalogo.compraspublicas.gob.ec</a>

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	LAMIVUDINA + ABACAVIR		
COUNTRY	MANUFACTURER	LOCAL CURRENCY	USD
Ecuador <sup>1</sup>	Oxialfarm	(USD) <b>0,78</b>	0,78
Chile <sup>2</sup>	GlaxoSmithKline	(Peso chileno) <b>3.891,00</b>	6,30
Colombia <sup>3</sup>	Saluspharma	(Peso colombiano) 2.418,00	0,85
Perú <sup>4</sup>	N/D	N/D	N/D







<sup>&</sup>lt;sup>1</sup>Prices awarded SICM 2016 - <a href="https://catalogo.compraspublicas.gob.ec">https://catalogo.compraspublicas.gob.ec</a>

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	RALTEGRAVIR 400 MG		
COUNTRY	MANUFACTURER	LOCAL CURRENCY	USD
Ecuador <sup>1</sup>	Merck S&D	(USD) <b>3,87</b>	3,87
Chile <sup>2</sup>	Merck S&D	(Peso chileno) <b>3.167,00</b>	5,13
Colombia <sup>3</sup>	Merck S&D	(Peso colombiano) 17.770,00	6,27
Perú <sup>4</sup>	Merck S&D	(Sol peruano) <b>27,86</b>	8,53







<sup>&</sup>lt;sup>1</sup>Prices awarded SICM 2016 - <a href="https://catalogo.compraspublicas.gob.ec">https://catalogo.compraspublicas.gob.ec</a>

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COLINITOV	BEVACIZUMAB (100 MG/4 ML)		
COUNTRY	MANUFACTURER	LOCAL CURRENCY	USD
Ecuador <sup>1</sup>	Sinergium Biotech	(USD) <b>172,76</b>	172,76
Chile <sup>2</sup>	Roche	(Peso chileno) <b>303.060,00</b>	491,03
Colombia <sup>3</sup>	Roche	(Peso colombiano) <b>997.202,24</b>	354,01
Perú <sup>4</sup>	Roche	(Sol) <b>1.720,00</b>	526,53







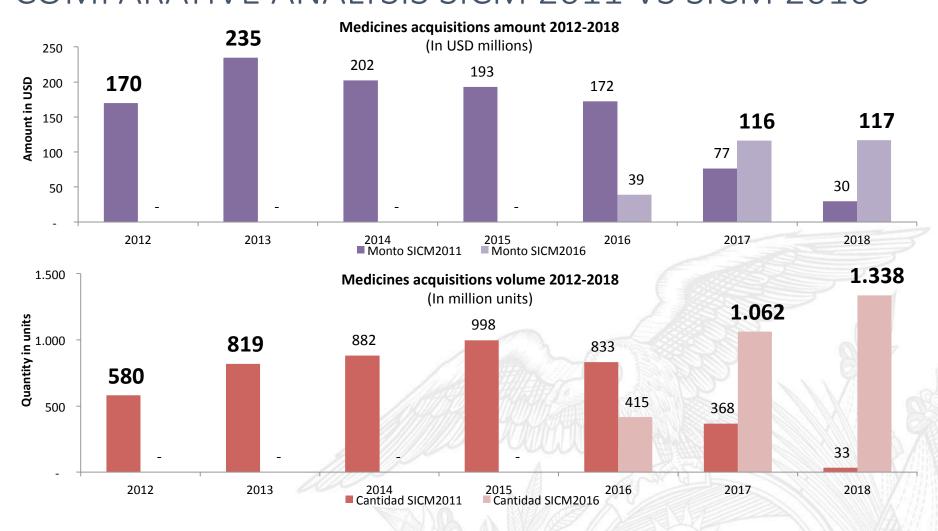
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# PRICES AWARDED COMPARATIVE ANALYSIS SICM 2011 VS SICM 2016



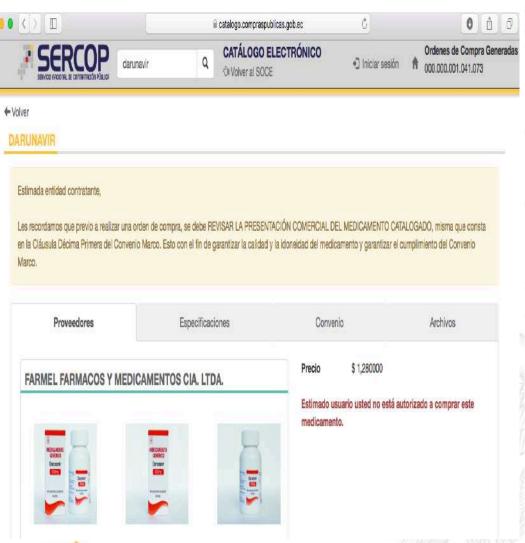






The unit cost per medicine in 2012 was **USD 0,29**, while in 2018 was **USD 0,09**. Without putting at risk the quality of medicines.

### e-CATALOG OF MEDICINES



Atributo	Valor
CONCENTRACIÓN	600 mg
CONCENTRACION ESPECÍFICA DEL MEDICAMENTO	600 mg
CONDICIONES DE ALMACENAMIENTO	CONSERVAR A TEMPERATURA NO MAYOR A 30C
CUM	J05AE10SOR365X0
FECHA DE EMISIÓN DEL REGISTRO SANITARIO	2016-05-07 16:47:46
FECHA DE VIGENCIA DEL REGISTRO SANITARIO	2021-05-17 23:59:00
FORMA FARMACEUTICA	Sólido oral
FORMA FARMACÉUTICA ESPECÍFICA	COMPRIMIDOS RECUBIERTOS
LICENCIA CONSEP / SETED	NO REQUIERE
NOMBRE COMERCIAL DEL MEDICAMENTO	DARUNAVIR COMPRIMIDOS RECUBIERTOS 600mg
NÚMERO DE REGISTRO SANITARIO	2147-MEE-0516
ORIGEN FABRICANTE	INDIA
PERIODO DE VIDA UTIL	24 MESES
PRECIO ADJUDICADO	1.280000
PRESENTACIÓN COMERCIAL DEL MEDICAMENTO	CAJA X 1 FRASCO X 60 COMPRIMIDOS RECUBIERTOS + INSERTO
PRINCIPIO ACTIVO (DCI)	Darunavir
RAZON SOCIAL DEL FABRICANTE	HETERO LABS LIMITED
VIA DE ADMINISTRACIÓN	ORAL



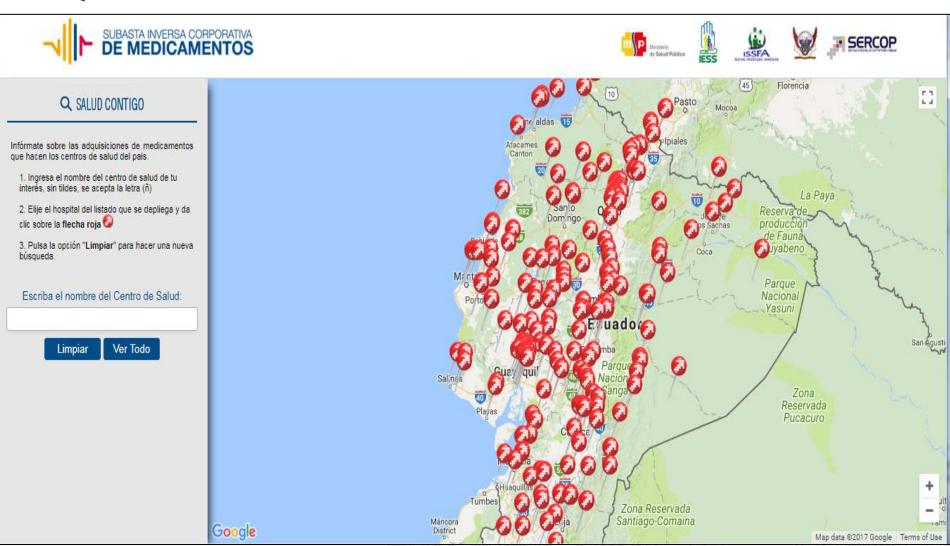




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### **ACQUISITION MONITORING PLATFORM**









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### **ACHIEVEMENTS**

Currently there are **450 products of the National List of Essential Drugs in e-Catalog** for the Public Health System's acquisitions.

The centralized purchasing model allows to optimize the expenditure of medicines in more than **USD 300 million annually**.

Implementation of **permanent inter-governmental monitoring and coordination mechanisms** to identify preventive or corrective actions.

The **national supply is 95%**, despite a standard deviation in the initial needs planned.

**Standardization and automation of delivery-reception processes** of medicines in the National Health System institutions.

Implementation of **Alert System for Quality Control** allows to guarantee compliance with technical specifications.











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