A CRITICAL LOOK AT ERRONEOUS INCENTIVES AND LACKING LEGAL FRAMEWORK AS DRIVERS OF MEDICINES SHORTAGES AND OBJECTORS TO PROBLEM-SOLVING APPROACHES

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Background
Medicines shortages continue to deteriorate and worsen patient outcomes. The number of unavailable medicines tripled from about 200 in summer 2017 to 580 in January 2019. No prompt solution is in sight. Interests between stakeholder values and patient-outcomes vary. More analyses won’t contribute substantially to relief. Distinct contributions to problem solving are desperately needed.

Objectives
The aim of this work was to report on shortages caused by erroneous incentives and solutions to improve disastrously increasing disruptions of the supply chain.

Material and methods
23 lead stakeholders were interviewed. Erroneous incentives and/or system shortcomings and potential to improve shortages prevalence were evaluated. Applied methodologies comprise qualitative research with expert focus groups, system dynamics aided simulation, and best hospital pharmacy practices.

Conclusions
Negotiated agreements will produce more winning stakeholders - mainly the patients - than best alternatives for a few only. Negotiations between stakeholders should be supervised by a referee board.

The present work has identified the most relevant erroneous incentives within the supply chain. It has issued corrective proposals which actually are polished in two Delphi rounds. The project will be finished by the end of 2019.

The main focus of debugging measures is set on
• Limited intervention options attributed to health authorities by the constitution and epidemiology act only while product availabilities decrease
• Lacking governmental leadership in health services while trade is well coordinated
• The state monopole to fix reference pricing while price downward spirals might turn out fatal to added-value original and generic medicines and enterprises
• The continuously fostered macro-economy (and free trade) while small and medium enterprises in health micro-economy are facing challenging quality requirements and fighting for survival
• Translocation of manufacturing plants to low-cost and low-income countries while medicines and API supply from national sources is lost
• Deregistration of large-scale products for economic reasons while manufacturing could be licensed to a medium- or low-scale producing enterprise
• Lacking back-up production lines yielding high risks of empty pipelines
• Lacking storage capacities on each level while capital bound to stock is kept minimal

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Results

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