



Article Type: Mini Review

Received: 12/06/2020

Published: 06/07/2020

DOI: 10.46718/JBGSR.2020.02.000052

Analysis Reimbursement & Public Spending Polices for Immunological Diseases at Law and Middle Income Countries

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Abstract

Selecting the right patient for the right treatment with efficient cost is the main goal for effective health system Immunological diseases specially (ankylosing spondylitis, rheumatoid arthritis, psoriatic arthritis, psoriasis) are characterized with significant impact on quality of life, mobility young age groups chronicity and of course high cost of treatment especially with new innovative treatments like Biological products and others. The main objectives for this research is analysis of reimbursement & public spending polices for immunological diseases at law and middle income countries. Including (Egypt, Algeria, Morocco, Jordan, Kenia, Iraq, Turkey)

Methods: Integration between A systematic literature reviews & analysis for Local guidelines.

Interviews was conducted with Key stock holders for health system in previous countries those stock holders included physicians, clinical pharmacist, Representors of patient's groups, payers, service providers using questionnaire as a survey tool for interview. Public expenditures descriptive analysis for previous diseases was conducted.

Results: The analysis founded that conducting & implementation of guidelines based on minimizing expenditures (70 % of cases) price for treatment playing major role for selection (74 % of cases) clinical significance and differences for innovative products was absent for stockholders concept (60 %) relapse rates . Modifications of disease pattern was increased (51 % of cases) public expenditures was increased significantly at 45 % including(consequences for treatment frailer, disability & low quality of life) of cases of cases not a result for number of patients, quality of life was decreased with 52 % of cases. Reimbursement & public spending polices for immunological diseases need effective reforming this reforming must take into considerations the following concepts (clinical values, Economic values .quality of life).

Conclusion: Reimbursement & public spending polices for immunological diseases need effective reforming this reforming must take into considerations the following concepts (clinical values, Economic values .quality of life)

Introduction

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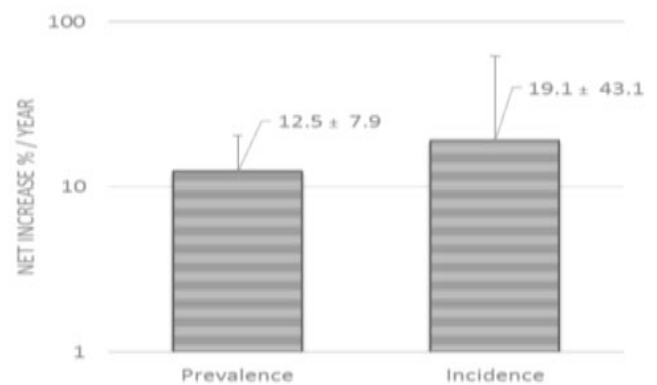


Figure 1: The net % increase/year of the incidence and prevalence of autoimmune diseases worldwide.

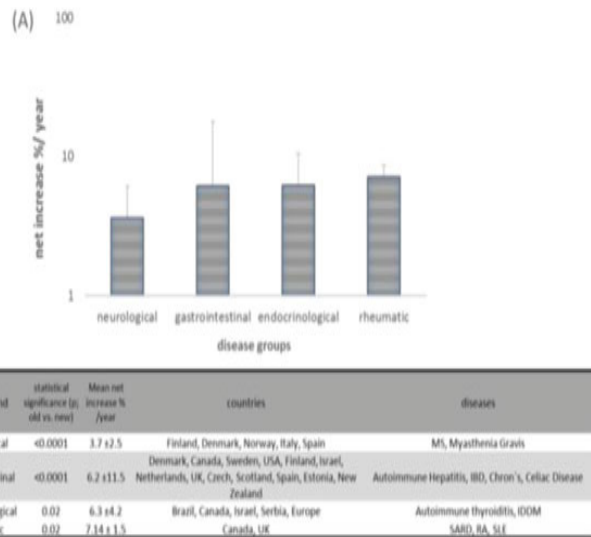


Figure 2: (A): The net % year increases of diseases categories. (B): The Table below is detailing the different diseases and countries surveyed.

The geoepidemiologic trend of the net increase %/year of the various ADs is described in Figure 5. Frequencies of the ADs increased significantly in the West and North when compared to East and South, respectively.

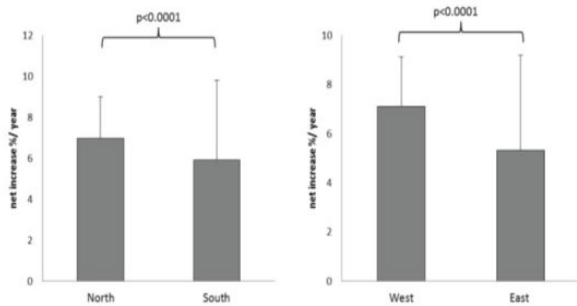


Figure 3: The Geoepidemiology of the net increase % Year of autoimmune diseases.

	Prevalence (thousands)		Incidence (thousands)		YLDs (thousands)		Percentage change in counts		Percentage change in age-standardized rates					
	2017 counts	2017 counts	2017 counts	2017 counts	2017 counts	2017 counts	1999-2017	2007-17	1999-2017	2007-17				
<i>(Continued from previous page)</i>														
Musculoskeletal disorders	1322131	334744.9	135881.3	38.4%	19.9%	-2.3%	-1.1%	(124895.7 to 1381422.4)	(309334.6 to 363175.8)	(89022.4 to 179645.0)	(36.4 to 40.7) [†]	(18.8 to 21.2) [†]	(-1.3 to -1.2) [†]	(-1.7 to -0.5) [†]
Rheumatoid arthritis	199551	1304.6	256.0	45.8%	33.5%	0.9%	6.7%	(12990.5 to 21955.7)	(3071.1 to 1331.7)	(1283.4 to 3529.8)	(44.1 to 47.5) [†]	(36.6 to 36.4) [†]	(-0.1 to 1.8)	(4.7 to 8.8) [†]
Paralytic ileus and intestinal obstruction	140.1	305.4	44.7	36.0%	25.5%	2.9%	4.2%	(128.1 to 152.1)	(3520.1 to 4302.5)	(30.0 to 60.4)	(32.4 to 39.3) [†]	(22.8 to 28.4) [†]	(3.7 to 4.5) [†]	(3.1 to 6.4) [†]
Inguinal, femoral, and abdominal hernia	26490.8	41382.8	2507.0	21.2%	34.5%	-7.8%	-2.9%	(24196.8 to 28790.4)	(36372.8 to 46365.8)	(1733.5 to 3593.8)	(17.9 to 24.8) [†]	(12.3 to 17.0) [†]	(-8.9 to -5.3) [†]	(-4.4 to -1.0) [†]
Inflammatory bowel disease	6848.9	4048.8	3094.4	48.5%	21.7%	4.7%	-0.2%	(6421.4 to 7304.4)	(3276.1 to 4327.4)	(205.4 to 1383.8)	(44.4 to 52.7) [†]	(38.8 to 25.1) [†]	(3.9 to 7.4) [†]	(-1.1 to 1.3)
Ulcerative colitis	4701.0	2690.9	684.0	54.8%	29.5%	7.7%	4.4%	(4318.4 to 5113.4)	(2448.5 to 2994.3)	(468.4 to 135.0)	(59.4 to 59.5) [†]	(34.9 to 13.9) [†]	(4.8 to 10.9) [†]	(3.2 to 7.8) [†]
Crohn's disease	2147.9	1357.8	335.4	38.8%	8.6%	-0.2%	-0.7%	(2092.7 to 2389.1)	(1349.1 to 1484.4)	(22.1 to 469.4)	(34.9 to 43.8) [†]	(5.9 to 13.8) [†]	(-1.5 to 1.4)	(-1.5 to -4.2) [†]

Figure 4: Incidence and prevalence and correlations with YLDs.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	8.0	8.0	8.0
	3	6.0	6.0	14.0
	2	4.0	4.0	18.0
	3	6.0	6.0	24.0
	3	6.0	6.0	30.0
	4	8.0	8.0	38.0
	3	6.0	6.0	44.0

Figure 5: Data Validity Analysis.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	6.0	6.0	50.0
	3	6.0	6.0	56.0
	2	4.0	4.0	60.0
	3	6.0	6.0	66.0
	10	20.0	20.0	86.0
	3	6.0	6.0	92.0
	2	4.0	4.0	96.0
	1	2.0	2.0	98.0
	1	2.0	2.0	100.0
	Total	50	100.0	100.0

Figure 6: Data Validity Analysis.

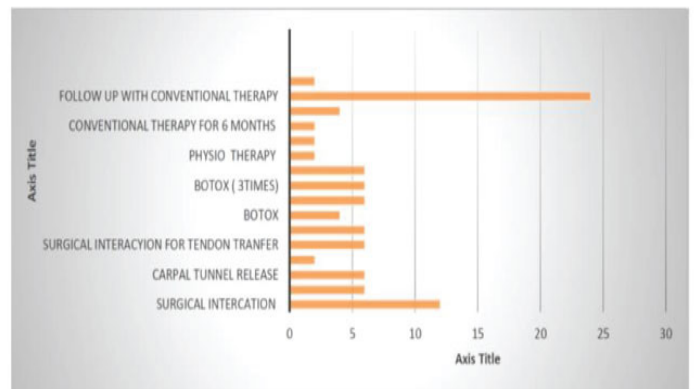


Figure 7: Treatment Analysis.

Materials and Methods

Integration between A systematic literature reviews & analysis for Local guidelines. Interviews was conducted with Key stock holders for health system in previous countries those stock holders included physicians, clinical pharmacist, Representatives of patient's groups, payers, service providers using questionnaire as a survey tool for interview. Public expenditures descriptive analysis for previous diseases was conducted [1-8].

Discussion

This study are trying to find an answer about how health policy for immunological diseases are developed and impact of efficient treatment polices on patients outcomes plus public spending .

Results

The analysis founded that conducting & implementation of guidelines based on minimizing expenditures (70% of cases) price for treatment playing major role for selection (74% of cases) clinical significance and differences for innovative products was absent for stockholders concept (60 %) relapse rates . Modifications of disease pattern was increased (51% of cases) public expenditures was increased significantly at 45 % including(consequences for treatment frailer, disability & low quality of life) of cases of cases not a result for number of patients, quality of life was decreased with 52 % of cases .

Egypt

The analysis founded that conducting & implementation of guidelines based on minimizing expenditures (77 % of cases) price for treatment playing major role for selection (85% of cases) clinical significance and differences for innovative products was absent for stockholders concept (71%) relapse rates . Modifications of disease pattern was increased (61% of cases) public expenditures was increased significantly at 51 % including(consequences for treatment frailer, disability & low quality of life) of cases of cases not a result for number of patients, quality of life was decreased

with 61 % of cases .

Conclusion

Reimbursement & public spending polices for immunological diseases need effective reforming this reforming must take into considerations the following concepts (clinical values, Economic values .quality of life).

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