

Health Sector Reform in Paraguay: Learning from the Neighboring Chilean and Uruguayan Experience

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Ministry of Health, Paraguay



Ministry of Health, Chile



Ministry of Health, Uruguay



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A. Background

The health system in Paraguay is fragmented and segmented, with three main providers. The Ministry of Health (Ministerio de Salud y Bienestar Social, MSPBS) operates its own network of clinics and hospitals and has the mandate to deliver health services free of charge to all populations. The Institute for Social Security (Instituto de Previsión Social, IPS) covers those employed in the formal sector through a contributory insurance scheme financed by employee and employer contributions. IPS also operates its own network of service providers. In addition, several smaller public providers belonging to parastatal agencies operate their own insurance schemes and network of providers. Finally, there is the private sector which provides health care services through insurance and fee-for-service models.

The fragmentation of public providers leads to systematic inefficiency as well as inequities in access to health services. Given this scenario, the long-term policy goal of the Government of Paraguay (GoP) is to make progress towards a national health system reform to integrate the main public providers, namely, MSPBS and IPS. Achieving this integration will require overcoming several hurdles. The legal framework will need to be overhauled, the service provision capacity of MSPBS will need to be improved, and the technical capacity of the government to undertake such a reform will need to be strengthened. In addition, there is also the need to embark on a consensus-building process so that the different actors involved (administrative, medical staff, patients, civil society, employers, etc.) can reach an agreement and embrace the eventual reform. To make progress towards this reform, the GoP is considering various policy options which in the short-run can improve the efficiency of the health system, increase coverage of the poor and vulnerable populations, and make progress towards the eventual reform.

To assist with the challenges related to the reform, the World Bank, organized a South-South Knowledge Exchange (SSKE) for the recently inaugurated officials of MSPBS, officials from IPS and the National Directorate of Public Procurement (Dirección Nacional de Compras Públicas, DCNP) of Paraguay. The goal of the SSKE activity was to facilitate the sharing of experiences, progress, and tools for the implementation of health sector reform with Chile and Uruguay. At the request of the GoP, the topic for the knowledge exchange activity was chosen to be the “centralized procurement of medicines, medical supplies and equipment.” Under the fragmented health system, each agency, MSPBS and IPS, procure, manage and distribute medicines individually. Following human resources, pharmaceuticals are the second biggest line item in each agency’s budget, representing about 30-40 percent of annual expenditures. There is room for efficiency gains by pooling procurement between the two main public providers in Paraguay, carefully selecting the list of medicines to be included and improving the distribution and stock management process.

Knowledge exchange activities with the Chilean counterparts were held on January 14 and 15, 2019 with a focus on learning about and the transfer of knowledge from the Ministry of Health (Ministerio de Salud, MINSAL) and the National Supply Center of the Health Services System (Central de Abastecimiento del Sistema Nacional de Servicios de Salud, CENABAST). The core topics included in the exchange was the centralized procurement of medicines, medical supplies and equipment. Prior to the visit to Chile, the World Bank team also organized a virtual knowledge transfer session on January 10, 2019. The goal of the virtual activity was to increase prior knowledge of the key aspects of the Chilean procurement system and to agree on an agenda for the face-to-face (F2F) knowledge transfer activities to maximize the value of the knowledge transfer.

Knowledge exchange activities with Uruguay were held on April 1 and 2, 2019. The focus of the SSKE activity was on the transfer of technical knowledge for the fine-tuning of centralized procurement of medicines, medical supplies and equipment. Similar to the format used in Chile, a videoconference between the Paraguayan delegation and the Uruguayan delegation was held prior to the F2F visit. The three main agencies involved on the Uruguay side were the Central Procurement Agency (Unidad Centralizada de Adquisiciones, UCA), the National Procurement and Contracting Agency (Agencia Nacional de Compras y Contrataciones, ACCE) and the National Resource Fund (Fondo Nacional de Recursos, FNR).

A.1 Relevance of the knowledge exchange to the IPF in preparation

The theme of the SSKE activity and the events organized by the World Bank are well aligned with the Health, Nutrition and Population Global Practice's (HNPGP) Investment Project Financing (IPF) loan in Paraguay. The IPF titled "Paraguay Public Health Sector Strengthening" was prepared by the World Bank at the request of the GoP to expand population access to health services and to contribute to the realignment of the service delivery system in priority disease areas. In line with the overall health sector reform described earlier, this project aims to strengthen the service delivery capacity of MSPBS through selective infrastructure investments in the primary care sector and service quality improvements for priority disease areas. In addition, another component of the project also aims to establish efficient procurement and logistic mechanisms for medicines, medical supplies and equipment. From this point of view, the knowledge exchange program directly complements the IPF operation. It is envisioned that the IPF will provide the opportunity to implement some of the best practices learned from the Chilean and Uruguayan experience in the short- and medium-term.

B. Objectives and Methodology

B.1 Chile

Objectives:

The objectives of the knowledge exchange were for Paraguayan officials to learn about the key elements of centralized procurement of medicines, medical supplies and equipment at MINSAL in Chile. The focus was on the following specific areas:

- **Legal framework for the procurement process:** regulation of medicines that are made available to the population by the public sector and their coverage. Population access to pharmaceuticals in Chile is governed by two laws – the Explicit Health Guarantee Law (Garantias Explicitas en Salud, GES) and the Financial Protection from Diagnoses and Treatment Law (known as the "Ricarte Soto Law", LRS).
- **Coverage of pharmaceuticals and medicines:** medicines and medical supplies covered under the GES; universal coverage under the LRS, and the Extraordinary Assistance Fund.
- **Consolidation of medicines and medical supplies needs of hospitals and clinics:** the process of consolidating and aggregating demand for medicines and medical supplies from individual hospitals and clinics. The essential medicines list used by CENABAST, and the process of revising the list.
- **Purchase mechanisms and models:** procurement models such as private tenders, framework agreements, and direct purchase. In addition, special ministerial programs such as the one for HIV/AIDS, and the CENABAST intermediation process.
- **Negotiation and payment mechanisms:** including for high-cost medications. The use of strategic funds, access to PAHO revolving fund.
- **Logistics of collection, distribution, and administration of stock:** the process of receiving and distributing medicines and medical supplies to hospitals and clinics. The process of managing stock and reducing waste.

Methodology:

Given the diversity of topics included in the objectives, the methodology for the knowledge exchange involved a virtual knowledge exchange activity followed by a F2F visit to Chile. In addition, prior to the virtual exchange activity, reading materials were sent to the Paraguayan delegation. A detailed agenda is available in the Annex.

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- **Transmission of reading material:** On December 28, 2018, bibliographic material on the Chilean health system was sent to Paraguayan counterparts for reading before the start of knowledge exchange activities. The reading material included a background of regulations and policies for the processes of the procurement of medicines, medical supplies and equipment in Chile.
 - **Virtual Knowledge Exchange:** A videoconference was held on January 10, 2019. The videoconference was conducted to ensure preparation for the F2F visit and to improve the prior knowledge of the Paraguayan delegation on the technical contents of the visit. In this videoconference, teams were presented to each other, technical presentations were made by the Chilean delegation, and most importantly, the two teams discussed and agreed on an agenda for F2F visit.
 - **F2F visit by the Paraguayan delegation to Chile:** The visits spanned two days, January 14 and 15, 2019. The key activities conducted were: presentations by experts from CENABAST, a field visit to Hospital de la Florida, and a roundtable with technical representatives of MINSAL in Chile. Details of these activities are provided below.
 - **Follow-up videoconference:** A follow-up meeting by videoconference between Chilean and Paraguayan representatives was held on February 15, 2019 for any follow-up questions and identification of areas of interest for future follow-up.

B.2 Uruguay

Objectives:

The objectives of the knowledge exchange were to learn about the institutions involved and the central aspects of the centralized procurement of medicines, medical supplies and devices in Uruguay. In particular, the focus was on the UCA, ACCE and FNR. The general topics of interest were:

- **Legal framework for procurement**
- **Process for defining technical specifications for procurement**
- **Demand needs planning and the process of consolidating the needs of hospitals and clinics**
- **Design of procurement mechanisms and the procurement process**
- **Monitoring the execution of the purchase contract, logistics for the collection and distribution of medicines and supplies purchased**

The Paraguayan delegation had also requested detailed knowledge exchange in the following areas to understand better the operation of market for medicines and medical supplies in Uruguay.

- **Negotiation process with the suppliers and the private sector**

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- Estimation of reference prices, and analysis of factors that impact prices, and the best practices for analysis of prices
 - Design of the specifications and contracts: (i) minimum bidder/participant requirements, (ii) fines and early termination of contract, (iii) guarantee policies, (iv) validity of contracts, (v) delivery mechanisms and plans, and (vi) measures available in case of poor supplier capacity
 - Payment mechanisms, terms and the payment process
 - Indicators to evaluate processes and success. (example, cost savings)

Methodology:

The knowledge exchange activities were carried out with a videoconference followed up by a F2F visit by a Paraguayan delegation to Uruguay on April 1 and 2, 2019. The visit included presentation sessions with Q&A by relevant agencies in Uruguay, with the coordination and support the Ministry of Economy and Finance of Uruguay. On the Paraguayan side, the participants were high-level representatives from the MSPBS, IPS and DCNP. A detailed agenda is available in the Annex.

C. Summary of Sessions

C.1 Chile: Virtual activities

Medicines Covered under the GES

In this session, the Chilean counterparts presented the key policies in place for the prioritization of medicines that are included under the GES. In health, prioritization can be defined as “the selection of health services, programs and actions that need to be provided first to improve the health gains and the use of health resources.” With this principle in mind, Chile started developing the GES, which initially started with 25 services in 2005, and has now been expanded to cover 80 preventive, curative and rehabilitative services. The GES essentially guarantees citizens’ the right to access covered health services. Both public and private insurers and providers are required by law to provide the services in a timely manner. In doing so, it also eliminates co-pays for the covered services for the poor and vulnerable populations, and caps copays at 10 and 20 percent for the richer populations.

The process of inclusion of services under the GES is based on three principles. The first is “prioritization of health problems” which promotes the inclusion of problems that are more frequent, more serious, pose a serious financial risk to the population, and affect most the quality of life. The second is “guaranteed interventions” which requires that services included are effective, promote prevention, curation or rehabilitation of conditions. The final relates to the “service provision

capacity,” that is, the health system needs to have the capacity to provide services for the included condition and must have the necessary resources to do so.

The coverage of medicines related to conditions included in the GES is determined by the technical teams of MINSAL, the scientific society, and the external experts. In general, all conditions included also have the relevant medicines for treatment included in the GES. Some conditions also include high-cost medications, for example, medications for HIV/AIDS and Hepatitis C, chemotherapy drugs for cancer, etc. Over the years, Chile has developed separate models for the procurement of high-cost medicines, which has resulted in substantial cost savings. Procurement for these drugs is done through a combination of activities – vigilance of expiration of patents, price negotiations, demand aggregation prior to purchase, international agreements with MERCOSUR, use of strategic PAHO funds, etc.

Presentation by Public Policy and Promotion (División de Políticas Públicas y Promoción, DIPOL) on key regulatory aspects

This session covered the key regulatory aspects of pharmaceuticals in Chile. DIPOL emphasized that all pharmaceutical products sold in the country need to be authorized by the National Public Health Institute (Instituto de Salud Pública, ISP) and is controlled by the same agency. This applies to both domestic production as well as imports, and storage, distribution and disbursement to the population (both public and private sectors). The ISP is also responsible for the monitoring of quality and efficacy of medicines.

The presentation also included information on the coverage of medicines under different insurance types. For the conditions included in the GES, medicines are available free of cost to the beneficiaries¹ of public insurance under FONASA A and FONASA B. Under FONASA C and D, the co-pays are 10% and 20% respectively. The ISP also regulates drugs and medicines covered under public health programs (for example, vaccines) and the high-cost medicines under the LRS. The ISP is also responsible for the certification and prioritization of drugs that are bioequivalent. To do so, it revises existing studies to assess the quality and efficiency of new drugs and certifies new drugs based on evidence. It is also responsible for identifying and managing market imperfections related to monopolies, excessive pricing, and stock-outs.

Legal aspects for inclusion of medication in the GES

¹ Fonasa’s beneficiaries are grouped into different categories (A, B, C and D) according to their level of income.

This session started with a review of the laws that created the GES. The first step was the passage of Law No. 19,337 in 2004 which separated health functions and created the new framework for public health networks. This was followed by Law No. 19,966 in 2005 which created the Regime of Explicit Health Guarantees (Acceso Universal a Garantías Explícitas, AUGE). Based on the GES, MINSAL has issued six decrees which, among other things, establish that the GES has a validity of 3 years. Modifications to the GES are effective from the 1st day of the sixth month after publication in the National Gazette. Along with the GES, Law No. 19,966 also created clinical practice guidelines for the delivery of quality services for all conditions included.

In addition to the overview of the GES, MINSAL also presented a web tool developed in-house to allow for price comparisons of medicines and medical supplies to the public (available at: <https://tufarmacia.minsal.cl/comparadorprecios/>). This tool functions as a result of voluntary agreements with large pharmacy groups and smaller individual pharmacies which have agreed to publicize their prices to the public. Through this tool, information on prices and availability of medicines (including the geolocations of pharmacies) are available to the entire population.

Regulatory strategies to improve procurement competency and transparency

The objectives for this session was to learn about the strategies employed at CENABAST which are effective at improving the efficiency and transparency of the procurement process. Participants learned the different procurement methods used by CENABAST for the procurement of pharmaceuticals. They learned in detail about Chile's use of framework contracts, public tenders, private tenders, direct procurement, and imports.

The second part of the presentation focused on the use of biomedically equivalent generic medicines. Participants learned about CENABAST's prioritization of generics, and the accelerated process of approving generic drugs for public use. The third part of the presentation focused on special procurement processes related to medicines with single providers/manufacturers. In such cases, CENABAST highlighted the need to look for international providers as well as using joint procurement mechanisms (with other countries) through the WHO and PAHO. Joint procurement allows Chile to exploit economies of scale associated with volume purchasing and use international referential prices (suggested by PAHO) to negotiate with local providers.

The final part of the presentation discussed the LRS, Chile's program for the procurement of high-cost medicines. The objectives of the LRS is to ensure diagnoses of complex conditions and accessibility to related high-cost drugs with proven efficacy. The law has universal application as all populations covered by the national health system have access to the treatments and drugs. For the included conditions, it is expected that the cost of diagnostics and treatment will exceed 40% of the median per capita income in Chile. The initial bill passed in 2015 included 17 drugs related to the treatment of

11 conditions. The second iteration in 2017 expanded added additional drugs to cover 2 more conditions, and the third iteration added 4 more conditions.

C.2 Chile: Face-to-face activities

Legal framework and the system of public procurement

This session started with an overview of the laws and regulations related to the formulation and functioning of CENABAST, and then provided detailed assessments of the various modalities of procurement. The first step in the procurement process is the publication of the request. Participants learned that the duration of the advertisement depends on the mechanism used for procurement. At the minimum, the advertisement has to include, (i) specifications of the goods and/or services to be acquired, (ii) stages and timelines for procurement, (iii) payment mechanism, (iv) timelines for delivery, (v) evaluation criteria. As for evaluation, any call with greater than USD 69,000 in value needs to be adjudicated by at least 3 internal and external experts. The procurement system used is electronic and offers must be sent through the online system. The electronic system also automatically releases offers received at the end of the call. The team of evaluators assign scores to each bid according to a pre-determined criterion. The law specifies that contact can be made between bidders and the evaluation team only under very strict conditions. These are – requests for clarifications, sample tests, field visits, etc. The evaluation team accepts the most advantageous proposal, considering the evaluation criteria established in the bidding terms. The evaluation team issues an administrative notice with the outcome of the evaluation to the winner and all other bidders. A tender can be declared void if no bids are submitted, or when submitted bids do not meet the requirements of the call.

In addition, participants learned about special provisions applicable to the use of specialized procurement mechanisms. For a direct procurement, a minimum of three providers need to be invited through the electronic system. Direct procurement can be used as permissible by law under certain conditions, for example, when a previous procurement process was declared deserted, emergency or urgent situation, only single provider for the needed good and/or service, services of confidential nature, services related to security. Medicines and medical supplies can be imported if unavailable within the country, and when they are purchased through WHO/PAHO.

Technical aspects of procurement

In this session, participants learned about the technical aspects of procurement, including (i) design of technical specifications, (ii) creation of procurement database and terms of reference, (iii) validation and evaluation of bids, (iv) technical certification of goods and services, (v) certification of

quality, and (vi) other regulatory aspects. Topics covered under the design of technical specifications were – review and creation of production specifications based on current health needs and commercial catalog, creation of a database of potential suppliers and manufacturers, information on goods with single providers. CENABAST teams emphasized the need to create technical specifications so that maximum possible suppliers can participate. Under technical certification of goods, participants learned about the process of verifying that the good provided matches the technical requirements of the call.

Operational processes

In this session, participants learned about different activities of CENABAST's operations, including (i) consolidation of requirement, (ii) logistics of distribution, and (iii) electronic catalog maintained during the process. The requirements of supply needs are consolidated by CENABAST based on demand and programming of annual needs. After the supply needs have been assessed, the products are distributed through three channels: (i) developed directly by the supplier laboratory and controlled by CENABAST, (ii) imported products, donations and emergencies distributed from CENABAST warehouse using own vehicles, (iii) products, especially for HIV/AIDS, PNI, IRA, ERA, PNCA, etc. distributed directly from laboratories to users (hospitals, municipalities, etc.). The direct distribution from suppliers is also the main mechanism of distribution of products from programs run by MINSAL. CENABAST also maintains its electronic catalog that intermediates e-commerce of medicines between buyers (hospitals) and suppliers (laboratories) in the electronic platform of "Chile Compra."

Methods of procurement

Participants learned that CENABAST as the second-largest buyer of the public market and the health sector, amounting to \$787 million for 1,200 products that also include 738 different medications. Its customers are the Ministry of Health, health services, public hospitals, municipal primary care, and other stakeholders in agreement, and the products are medicines, food, supplies, and medical devices and equipment.

CENABAST currently performs intermediation of products required by the health network. Its shopping model is based on a certain number of fixed products. Likewise, its current demand estimation unit integrates equal products and standardization, sanitary characteristics, seasonality of consumption, and brand preferences. However, it does not consider other data sources, has low data processing capacity and repeats requirements from previous years. These shortcomings led to dissatisfaction with its customers, lack of product availability, excess of inventory, cost overruns in the public health network and product obsolescence.

The newly proposed models of CENABAST aim to improve the current methods of shopping and demand estimation. The shopping model aims to advance purchases using historically available data and is based on estimated demand by activity, purchasing trends, and customer. Additionally, the estimation model will use data to generate KPI indicators, along with with the usage of advanced application software for algorithms, quantitative and qualitative methods to generate a demand forecast, and integrated business planning.

International prices for procurement of high-cost medications

The objective of this session was to introduce the tool developed by the Chilean authorities to allow comparative visualization of international prices of high-cost medicines.² This tool, known as the “The International Price Observatory” allows greater bargaining power for the public health system in Chile, mitigating the information asymmetries that exist in the pharmaceutical market.

Some salient features of the tool are as follows. First, the tool presents purchase prices of public institutions of all countries for which information is available. Second, the tool includes reference prices provided by the agencies responsible for public procurement or published on the websites of public institutions or similar pages of observatories generated by various NGOs worldwide. Third, in Chile’s case, prices are also directly obtained from the information available in Mercado Público or CENABAST. Fourth, the dates considered in his observatory are those corresponding to the moment of purchase or the quotation of reference prices is considered, as appropriate. Finally, the dollar value corresponds to the value of the exchange rate of parity with the local currency of the country, and the purchase date or the quotation date of the reference price is considered, as appropriate.

The tool allows users to search for price of a product by its name or, active ingredient, or generic product criteria, as appropriate. The prices presented in this tool are unit prices in dollars. There are cases where the international reference price does not have the data of the supplier of that product, which happens when the provided information did not include background data and/or because it is too complex to obtain the information. The tool is not intended to provide deterministic information in different countries, but should be used as a reference and prices should be updated, corrected and adjusted as necessary. The International Price Observatory also does not include retail or private pharmacy prices. The sources of the prices are provided in the tool and it is CENABAST’s role to post

² See for example:

<https://public.tableau.com/profile/unidad.estudios#!/vizhome/ObservatorioPrecios/Observatorio>

prices to this repository, and in cases where prices expressed in local currency, CENABAST converts them to US dollars. For all intents and purposes, the prices presented in this observatory are referential. The key sources of information for the tool are:

- <http://prodapp2.seace.gob.pe/seacebus-uiwd-pub/buscadorPublico/buscadorPublico.xhtml>
- <http://www.medicamentos.gob.sv/index.php/es/servicios-m/listados/listados-farmaceuticos/pvmp2018>
- <https://www.minsalud.gov.co/salud/MT/Paginas/termometro-de-precios.aspx>
- http://compras.imss.gob.mx/?P=search_alt
- https://portal.compraspublicas.gob.ec/sercop/wp-content/uploads/2017/09/PRECIOS_2.pdf
- <http://paineldeprecios.planejamento.gov.br/analise-materiais>
- <http://www.pbs.gov.au/pbs/home>
- http://portal.anvisa.gov.br/en_US/medicamentos
- <http://www.health.gov.on.ca/en/pro/programs/drugs/>
- <https://www.formulary.health.gov.on.ca/formulary/>

Visit to Hospital de la Florida

On Tuesday, January 15 2019, the Paraguayan delegation visited the Hospital de la Florida. At the hospital, a presentation was given by Dr. Ruben Genero Riganti, Director of the Hospital. The presentation focused on elements of the health sector reform and advances in the health situation as well as pending challenges, analysis of supply and purchase mechanisms at the hospital's local level, and main characteristics of the hospital concession model applied to the construction and operation of the establishment. After the presentation, the Paraguayan delegation visited the pharmacy at the hospital and spoke of personnel, staff and patients. Photos from the field visit are available in the Annex.

C.2 Uruguay: Face-to-face activities

Uruguayan experience with procurement of medicines

The presentation led by Leticia Zumar from the Ministry of Economy and Finances reviewed the main elements of health policies in Uruguay and the organization of its health system, including roles of its national insurance system, the National Integrated Health System (Sistema Nacional Integrado de Salud, SNIS); and the fund for high catastrophic health events, the National Resource Fund (Fondo Nacional de Recursos, FNR). In the 2000s, the health reform in Uruguay integrated small and fragmented providers into an integrated system with access to comprehensive health services for all population. Since then, there has been a significant increase in the public financing of health

expenditures over the years. The components of such national insurance systems include health quota: capita and assistance goals that include women and children, national health objectives, highly dedicated medical charges, and training and variable payment to health workers. The mechanism of health expenditure comprises calculation of the capita and average expenditure per user according to sex and age. The presentation also touched on the role of FNR, IMAE, and expansion of the benefits package (Plan Integral de Atención en Salud, PIAS), as well as inclusion criteria along with its regulations for health technology. Additionally, Zumar explained the main mechanisms of purchasing medicines that involve state procurement and contracting agency ACCE, UCA, FNR, and joint purchases.

ACCE: The public procurement agency

In this session, the Paraguayan delegation were given an overview of the National Agency for Procurement and Contracting (Agencia de Compras y Contrataciones del Estado, ACCE). The presentation was led by Diego Pastorín, Chairman of the Honorary Board of Directors; Isis Burguez Operations Managers; and Natalia Ferreira, Regulatory Manager. The presentation highlighted the main actors, substantive commitments, and capacity development of the public procurement system. The main actors in the public system of procurement are the Audit Tribunal, ACCE, contracting agencies, providers and suppliers. Together, these actors are involved in all aspects of procurement including setting milestones, as well as the management and organizational design of ACCE. ACCE works together with all parties to design regulation, develop and administer the transactional platforms, dissemination and training, ensuring transparency and monitoring, and inter-agency relationship.

ACCE: Strategic instruments for public procurement

This presentation gave an in-depth view of transactional platform used at ACCE – the State Purchasing Information System (Sistema de Información de Compras Estatales, SICE). It also discussed other systems that are linked to ACCE, such as the Integrated Financial Information Management System (Sistema Integrado de Información Financiera, SIIF), Unique Registry of State Suppliers (RUPE), and Electronic System of Offers (Apertura Electrónica, APEL) as main strategic instruments for public procurement. The proclamation procedure for public procurement is similar to an auction but the bidders bid quoting decreasing prices in a previously defined and published period so that all interested parties have knowledge of the latest bids.

Participants learned that the exact competitive procurement mechanism used for public procurement depends on the items/services being procured, the technical datasheets related to this items. Call for proposals are under open contracting are published using the the international

standard for the publication of Open Public Procurement Data (OCDS). The OCDS allows the publication of structured information (standardized data) of all agencies participating in the contracting or bidding process, from planning to contract implementation. Public procurement observatory is also a part of the process. The use of this tool makes systematized information available for public procurement using available data sources. The session also discussed the challenges of public procurement at ACCE. Some topics considered were demand planning, formalization of technical dialogue, public purchases for innovation, sustainability and the use of framework agreements.

ACCE: Special regimens

This session referred to “National Industry Preference Policy” in public procurement programs, to spur domestic growth and innovation. Participants learned about Uruguay’s National Industry Preference Policy, which suggests contracting agencies to prioritize products that are: (i) entirely made from national inputs, (ii) have at least 35% national value added NVA, (iii) have a low tariff, and (iv) are productive processes with 50% national value added. Likewise, the public procurement program for development incorporates special regimes and procedures with the objective of developing national suppliers, as well as Micro, Small and Medium-Sized Enterprises (MSME) and pharmaceutical industry sub-program.

Central Procurement Unit (Unidad Central de Adquisiciones, UCA)

This presentation was done by counterparts from the Ministry of Economy and Finance (Ministerio de Economía y Finanzas, MEF) in Uruguay. Solange Nogues, Executive Director and Ignacio Bafico, Deputy Executive Director lead the presentation for MEF. On the behalf of the organizations that make up the system, the Central Procurement Unit (Unidad Central de Adquisiciones, UCA) implements a system for the purchase of medicines, medical and related supplies, food and food services. They are also responsible for harnessing the negotiating power of the State, to promote competition, and to ensure free access to the market for the purchasing agencies. The mandate of UCA is to acquire the goods and services according to the quantity and quality required, conditional on transparency and accessibility for the bidders in a timely manner, and at a just price.

The UCA contributes to the procurement requirements of the purchasing agencies by ensuring that quality specifications are met and the best price is available. They also ensure institutional commitment of the purchasing organizations (thus supporting the suppliers) and ensure that user organizations have adequate technological support. UCA also provides continuous support of processes and systems, transparency in all procedures, responsibility in management and use of available financial resources, adequate task planning and control, as well as commitment of all

officials at all levels of actions, and a good work environment. In order to achieve its objectives, there are additional procedures in place, such as admissibility and convenience exams and award systems.

National Resources Fund (Fondo Nacional de Recursos, FNR)

The presentation on the National Resource Fund (Fondo Nacional de Recursos, FNR) was led by Alicia Ferreira Maia, General Director; Rosana Gambogi, Medical Technical Director; and Rafael Amexis, Administrative Director. In the presentation, they explained FNR's mission, prioritization process, and the process of incorporation of benefits to in the PIAS. FNR is dedicated to efficiently financing highly specialized medicines and high-cost medicine procedures included in the current coverage regulations, for users of the National Integrated Health System (SNIS). Furthermore, it aims to contribute to the improvement of quality and economic-financial sustainability of the system. To implement its vision, FNR executed a budget of USD 250 million in 2018 together with the involvement of many stakeholders in the health industry – medical corporations, chairs of the faculty of medicine, patient association, etc.

FNR fulfils many roles in the health sector and the procurement process of medicines. It works with the Ministry of Health's Division of Evaluation of Health Technologies and the Technical Advisory Commission to prioritize medicines and medical supplies to be included in the purchasing list. It is also involved with negotiation of prices with the providers and industry. It establishes coverage regulation for patients, undertakes exercises for projection of the number of patients (both incidence and prevalence). Finally it is also responsible for economic evaluation, i.e. budget impacts and/or expense projections. These activities together form the prioritization process which helps the Uruguayan government make decisions about what conditions to include in the FNR.

The presenters also pointed out the process of approvals for the incorporation of new benefits to FNR's financial coverage. For instance, before recommending the inclusion of a new condition in the FNR to the Ministry of Health (which is the ultimate decision-maker), the approval of FNR's Honorary Commission is required. In the case of medicines, FNR's Advisory Commission must also concur on the therapeutic formulation of medicines.

To achieve its goals, FNR has short- and medium-term as well as long-term strategies. The short- and medium-term strategies incorporate (i) financial coverage regulations, (ii) patient evaluation prior to coverage authorization that mobilizes teams of evaluators hired by the FNR to make visits at home or to admitted patients, (iii) second opinions requested by medical consultants, (iv) evaluation and monitoring of the structure, process and results of the high complex providers called IMAE (Institutos de Medicina Altamente Especializada), and (v) negotiation of prices with suppliers and setting of tariffs with the IMAE.

FNR's long-term strategies include (i) prevention programs, such as, risk control strategies involving smoking, obesity, kidney health, and secondary cardiovascular prevention, (ii) commission for continuing professional education, and (iii) dialogue table; for instance, in 2017, an agreement was signed between the Ministry of Health, the FNR, the Supreme Court of Justice and the Institute of Human Rights to work with different perspectives on equity, prioritization, access constitutional mandates in health.

FNR also deals with financial coverage regulations and price negotiation. Its coverage regulations are independent of clinical guidelines and are based on scientific evidence with advice from national and international clinical experts. They are reviewed periodically and audited, and contain an explicit list of coverage inclusions and exclusions that is made public (published on their web portal). Similarly, every three to four years, the Executive Branch negotiates tariffs with the IMAEs, and management commitments are then signed. The process is thorough with its technical team previously analyzing the costs of each technique.

FNR: Management for quality and security

In this presentation, presenters highlighted the five quality criteria of the FNR. They include: (i) the service has a proactive attitude to address the issues, needs and expectations of its patients and to keep them informed, (ii) the management and/or leadership of the IMAE supervise the activities of its services and assume the final responsibility for medical behavior and the results obtained, (iii) the organization guarantees timely access to care (competent personnel and necessary resources) and continuity of care, (iv) the field of direct attention offers security and basic comfort conditions, and (v) there is a planned process for continuous training, retention and individual and collective staff development. Additionally, the FNR performs assessments and results and procedures and programs for continuous decision-making regarding FNR coverage policies in recent years.

FNR: Procurement process and price negotiations

This presentation focused on the FNR's strengths in negotiation of prices, the negotiation models used within the industry, and budget impact assessments. The FNR is the only buyer of high-priced medicines in the country with payment within 30 or 60 days of invoice. It ensures transparency in purchasing decisions by involucrating the Management Team and representatives of the Honorary Administrative Commission. It can do so effectively due to its non-state legal form, that is, FNR governed by private law when negotiating prices within the industry. Furthermore, the prices of the devices and medicines are negotiated and acquired through different methods, including calls for submission of offers, shared risk schemes, joint purchases with Mercosur or UNASUR countries,

and/or through the PAHO Strategic Fund. Most of the purchase agreements are made in Uruguayan pesos without clauses or adjustment parameters, with some agreements signed for two years.

The FNR's negotiation models with the industry include fixed monthly payment that allows for an increase in coverage with the same expense and access to a set of medications for several different treatments. For example, a set of medications for rheumatoid arthritis, lymphomas, and chronic lymphoid leukemia reduced the global price of such medications by 8%. Likewise, FNR's breast cancer fixed monthly payment adjusts the price if the minimum patient quota is not met or if the maximum is exceeded as the group of medications for the same pathology is for a wide range of patients. Payments are also paid based on units consumed but only up to the expected survival rates and up to the expected monthly average of adherence. Additionally, a higher volume of medications translates to a lower price in FNR's payment model. The FNR's Costing and Budgeting Unit, together with the medical area, analyzes its budgetary impact. The analysis includes the use of projection software, based on a stochastic model and epidemiological data on incidence and prevalence, culminating in a projection of expenditure over several years.

D. Key Takeaways and Next Steps

D.1 Chile

At the end of the second day of the visit to Chile, a roundtable was held to draw key lessons, provide opportunities for discussion and for the delegations to agree on next steps and follow-up activities for the knowledge exchange. The first takeaway was that the development of an online price comparison tool, like the one in Chile, would be very useful for Paraguay. The development of such tool is simple from a technological standpoint, requiring data from individual drug chains and suppliers who supply to the public pharmacies. Chile could assist with technical expertise in purchasing and IT applications.

Second, the delegation agreed that the international price observatory in use in Chile was highly effective, particularly for procurement of high-cost medicines. The Paraguayan delegation was specifically interested in the Ricarte Soto Law. The meeting revealed that the observatory has its origin in the Mercosur Drug Price Observatory, to which Paraguay has access as a member state. In the future, CENABAST could provide technical advice on the detailed design, management, and technology related to the development of the price observatory.

Third, there was a high interest in the GES Law. In particular, the Paraguayan delegation appreciated its use of basic statistics and methodologies for the identification and inclusion of diseases and conditions under the law and the methods of prioritization of service delivery in the health networks.

The parties agreed that DIPLAS and SECTECGES which are responsible for the implementation of the GES could be a valuable resource for Paraguay.

Fourth, the Ricarte Soto Law drew attention given the emergence of new and high-cost treatments, which are putting financial pressures on all health systems. The sessions also analyzed and compared the Ricarte Soto Law and the National Health Fund Law. The National Health Fund Law allows the creation of adequate conditions that allowed the state to respond to the key diseases that affected much of the country by establishing guaranteed coverages for them. And the Ricarte Soto Law went a step further in financing treatment for low-frequency but catastrophic and high-cost conditions for Chilean families.

Finally, the sessions with CENABAST allowed the Paraguayan delegation to identify and learn about the key functions and areas of interest for the central procurement of medications. The key functions and areas of interest were identified to be the following: a) the legal framework that allows CENABAST to engage in centralized procurement, b) the business and operative processes that permit timely development of the purchasing process, logistics, and monitoring, c) the demand model that permits the identification and projection of purchase needs of establishments, d) the technological model that supports the online public market platform, e) the Drug Price Observatory for reference.

As immediate next steps, the Chilean delegation agreed to make their technicians available for visits to Paraguay to continue the collaboration. Specific follow-up actions identified from this South-South cooperation could be incorporated as part of the Investment Project Financing (IPF) under development by the Government of Paraguay and the World Bank. The exact nature and scope of the follow-up activities will depend on the detailed analysis of the requirements of Paraguay, relevance of the proposed activities, complementarities between the activities and IPF's cope, and availability of financing. The above topics of interest will be analyzed further after the knowledge exchange activities with Uruguay.

D.2 Uruguay

The knowledge exchange activities with Uruguay had the objective that the Paraguayan delegation learning about the procurement process of medicines, medical supplies and equipment in Uruguay. At the end of the knowledge exchange activities, the Paraguayan delegation had deepened their understand of the model, organization and the financial and administration procedures used in the Uruguayan procurement system, namely, at the UCA. In other sessions, the Paraguayan delegation learned about the model and organization of ACCE, which is the main state angency for procurement and contracting. In a series of presentations, team members learned about the use of electronic platforms and the procedures for using them, registration of suppliers and sellers, selection criteria and contract award process. Of special interest was the session on Open Contracting where the

Paraguayan delegation learned about Uruguay's use of international standard information for verification of prices and ensuring of efficiency in the contracting process.

In addition to the usual contracting process of medicines, medical equipment and medical supplies, Uruguay also has a program for the purchasing and provision of high cost medicines, named as the Fondo Nacional de Recursos (FNR). With the epidemiological and demographic transitions countries around the world are finding themselves in situations where a small fraction of drugs account for significant amount of the public budget for pharmaceuticals. Paraguay is no exception, and thus learning about the use of FNR for purchasing and provision of high-cost medicines was especially invaluable to the Paraguayan delegation. In fact, as stated above, the Ministry of Health in Paraguay had requested that such sessions be included in the knowledge transfer. Participants learned about the implementation and the operation of the National Resource Fund focusing the design and structure of the organization, processes for technical and financial management, quality management of suppliers, bidding and negotiation mechanisms. Finally participants also learned about measures to ensure financial sustainability of the fund.

In light of the presentations given, the Paraguayan and Uruguayan delegations also identified other areas of procurement which could be topics for future support and cooperation. These include: (i) different bidding modalities currently in use in Uruguay, (ii) the dialogue/bargaining process with the private sector and more flexible bidding models, (iii) mechanisms for aggregating demand and consolidating purchases, (iv) role of technical agencies in defining specifications of goods and services to be contracted, and scope of tenders and purchase programs, (v) models of design and operation of virtual catalogs for direct purchases based on framework agreements, and (vi) additional models for the incorporation of high-cost treatments and medications.

As follow-up steps, the Paraguayan delegation aims to identify actions based on the knowledge obtained in the South-South Cooperation which could be incorporated in the Investment Project Financing (IPF) under development by the Government of Paraguay and the World Bank. As part of the SSKE support, the WB team has assisted the GoP in finetuning the training operational plan and the communication strategy that will be supported through the IPF to incorporate the issue of centralized procurement as a tool to improve sector efficiency. In addition to the financing from the IPF, the Government of Paraguay will also explore other sources of financial and technical assistance for the purpose of improving procurement mechanisms of medicines, medical supplies and equipment.

Annexes

1. List of Participants and Agenda for Knowledge Exchange with Chile

South-South Cooperation between Paraguay and Chile Montevideo: 10 January 2019 and 14-15 January 2019

Objectives: The objective of the visit is to learn the Chilean experience about centralized procurement of medicines and medical products. In particular, the focus will be on: (i) National Health Service System (Central de Abastacimento, CENABAST), (ii) The Ministry of Health (Ministerio de Salud, MINSAL).

Participating Agencies: World Bank; Ministry of Health, Paraguay (MSPBS); Institute of Social Security, Paraguay (IPS); National Public Procurement Office, Paraguay (DCNP); National Health Service System, Chile (CENABAST), Ministry of Health, Chile (MINSAL)

Paraguayan Delegation

- Alcides Velázquez, Director of Administration and Finances MSPBS
- Nery Rodríguez, Director of Management of Strategic Resources, MSPBS
- Marcelo Bordon, Director of Logistics and Supplies, IPS
- Jaime Caballero, Coordinator of the Procurement Department, IPS
- Gilda Espínola Orrego, Advisor to the Cabinet of MSPBS
- Pablo Lezcano, Director of Administration and Finances, Direction of Procurement, MSPBS
- Luis Fernando Insua Lesme, Coordinator of Market Intelligence, DCNP
- Melinna Vázquez Benitez, Director, DCNP

Representatives from Chile

- Alfredo Bravo, Office of International Cooperation, MINSAL
- Guillermo Olivares, Division of Health Policy, MINSAL
- Jorge Andres Hubner, Head of Cabinet, MINSAL
- Maria Paz Grandon, Department of Policy and Regulation of Pharmaceuticals, MINSAL
- Dino Sepulveda, Department of Technology Evaluation, MINSAL
- Andrea Guerrero, Secretary, SECTECGES
- Natalia Celedon, Legal Coordinator
- Elisa Llach, Department of Administration of Health Networks, MINSAL
- Juan Carlos Corbeaux, Technical Coordinator, CENABAST
- Jaime Espina, Head of Operations, CENABAST
- Hector Hernandez, Head of Demand Unit, CENABAST

- Pamela Chacaltana, Head of Purchasing Department, CENABAST
- Viviana Jofre, Head of Technical Planning Department, CENABAST
- Arturo Avendaño, Head of Business Intelligence, CENABAST

World Bank

- Roberto Tapia Hidalgo, Consultant

Agenda for Virtual Meeting

Thursday, 10 January 2019		
10:00 to 10:10	Welcome and presentation of participants	DIPOL/OCAI
10:10 to 10:30	Legal Framework Regulation of pharmaceutical policy, health system and selection and coverage of medicines.	Jorge Andres Hubner
10:30 to 10:45	Regulatory strategies for access to pharmaceuticals	Maria Paz Grandon
10:45 to 11:00	Formulation and maintenance of coverage of pharmaceuticals	Dino Sepulveda Andrea Guerrero Natalia Celedon
11:00 to 11:30	Regulation, purchase mechanisms and models of public procurement of medicines in Chile	Juan Carlos Corbeaux
11:30 to 12:00	Consolidation process of requirement of medicines and medical supplies by hospitals and clinics for central procurement	Juan Carlos Corbeaux
12:00 to 12:20	Mechanisms for negotiation and payment of medicines, including high-cost medicines	Juan Carlos Corbeaux Natalia Celedon Andrea Guerrero
12:20 to 13:00	Logistics of distribution and stock administration	Juan Carlos Corbeaux Elisa Llach
13:00 to 13:30	Discussion of agenda for face to face meetings	OCAI

Agenda for Face to Face Meeting

Monday, 14 January 2019		
14:00 to 15:00	Welcome and lunch	DIPOL/OCAI
15:00 to 15:10	Introductions	Juan Carlos Corbeaux
15:10 to 15:45	Client service and logistics	Jaime Espina
15:45 to 16:00	Estimation of demand	Hector Hernandez
16:00 to 16:15	Coffee break	
16:15 to 17:00	Procurement process	Pamela Chacaltana
17:00 to 17:20	Regulatory issues	Viviana Jofre
17:20 to 17:50	Databases and indicators	Arturo Avendano
17:50 to 18:00	Close	Juan Carlos Corbeaux
Tuesday, 15 January 2019		
09:00 to 11:00	Visit to the field Hospital Clínica la Florida Avenida Froilán Roa N°6542, La Florida, Santiago de Chile	Ruben Gennero, Hospital Director
12:30 to 14:30	Lunch	
15:00 to 17:00	Roundtable discussion Price comparator Pharmaceutical Observatory Law GES Law Ricardo Soto Comparison of two laws, their differences, and difficulties in application Legal decrees of both laws	MINSAL

2. List of Participants and Agenda for Knowledge Exchange with Uruguay

South-South Cooperation between Paraguay and Uruguay Montevideo: 1-2 April 2019

Objectives: The objective of the visit is to learn the Uruguayan experience about centralized procurement of medicines and medical products. In particular, the focus will be on: (i) The Central Procurement Unit (Unidad Centralizada de Adquisiciones, UCA), (ii) The Public Procurement and Contracting Agency (Agencia de Compras y Contrataciones del Estado (ACCE), and (iii) National Resource Fund (Fondo Nacional de Recursos, FNR).

Participating Agencies: World Bank; Ministry of Health, Paraguay (MSPBS); Institute of Social Security, Paraguay (IPS); National Public Procurement Office, Paraguay (DCNP); Ministry of Economy and Finances, Uruguay (MEF)

Paraguayan Delegation

- Gilda Espinola Orrego, Advisor to the Cabinet of MSPBS
- Alcides Velázquez, Director of Administration and Finances MSPBS
- Pablo Lezcano, Director of Administration and Finances, Direction of Procurement, MSPBS
- Nery Rodríguez, Director of Management of Strategic Resources, MSPBS
- Jaime Caballero, Coordinator of the Procurement Department, IPS
- Luis Fernando Insua Lesme, Coordinator of Market Intelligence, DCNP
- Melinna Vázquez Benitez, Director, DCNP

Representatives from Uruguay

- Michael Borchard, Director of Budget Department, MEF
- Carlos Britos, Advisor to the Budget Department, MEF
- Martín Vallcorba, Coordinator of Health and Advisor for Macroeconomics and Finance, MEF
- Leticia Zumar, Advisor for Macroeconomics and Finance

World Bank

- Roberto Tapia Hidalgo, Consultant

Monday, 1 April 2019		
10:00 to 10:30	Welcome	Michael Borchardt Martin Vallcorba
10:30 to 11:30	Presentation by MEF Presentation about the health system in Uruguay with a focus on key regulatory reforms, evolution of	Leticia Zumar Carlos Britos

	expenditures, provider payment mechanisms, different modes of procurement, etc.	
11:30 to 11:45	Coffee break	
11:45 to 13:00	Free Space for Knowledge Exchange	
13:00 to 14:00	Lunch	
14:00 to 16:00	Presentation by ACCE Main objectives and challenges of the agency. Presentation of key instruments (RUPE, Framework Agreements, Online Bidding) and the experience with these methods	Diego Pastorin Isis Burguez Natalia Ferreira
16:00 to 16:15	Coffee break	
16:15 to 17:30	Recap, summary, and discussion	
Tuesday, 2 April 2019		
10:00 to 11:00	Presentation by UCA Roles and responsibilities of UCA. Detailed presentation of two methods of contracting – contracts and minimum pricing	Solange Noguez Ignacio Bafico
11:15 to 12:30	Free Space for Knowledge Exchange	
12:30 to 14:00	Lunch	
14:00 to 16:00	Presentation by FNR FNR and its role within SNIS. History and evolution of FNR, models of coverage, management tools. The audit of IMAEs and prevention programs. Negotiation with the pharmaceutical industry	Alicia Ferreira Rosana Gambogi Rafael Amexis
16:00 to 16:15	Coffee	
16:15 to 18:00	Closing, comments, and feedback	

3. Photos from Visit to Chile



Paraguayan participants in virtual meeting with CENABAST and MINSAL in Chile



Face to Face meeting at CENABAST in Chile



Field visit to Hospital la Florida in Chile



Field visit to Hospital la Florida in Chile

4. Photos from Visit to Uruguay



Presentation by MEF in Uruguay



Presentation by MEF in Uruguay

5. Evaluation Survey

South-South Knowledge Exchange – Evaluation Survey

Please record your satisfaction to each dimension of the knowledge exchange activities below using the following scale:

1. Completely disagree	4. Completely Agree
2. Somewhat disagree	5. Not applicable
3. Somewhat agree	

Criteria	1	2	3	4	5
Preparation of the activities					
The administrative aspects and coordination of the activities was good					
The quality of technical materials received prior to knowledge exchange was of good quality					
Execution of knowledge exchange in the field					
Events and activities started on time					
The physical spaces for activities were of good quality					
The events largely stuck to the pre-defined agendas					
Time was well distributed and utilized					
The technical aspects were presented with clarity					
The topics and themes selected were of interest to the delegation					
There was ample opportunity for discussion and participation during the presentations					
The objectives of the technical sessions were met					
The knowledge exchange activities reached adequate final conclusions					
Overall logistical arrangements were good					
Transport related logistics were well organized					
Food and catering were of good quality					

Comments and feedback (Optional)

Which was the activity you liked the most?

What could have been done differently?

6. Evaluation Results

The results show that the Paraguayan delegation had an overall very positive experience, with 85% of total respondents who completely agreed or agreed with the statements of evaluation. Given the small size of the number of respondents, the scope for further analysis is limited. Note that one respondent completely disagreed with all evaluation questions, and it is possible that it is due to response error (misinterpretation of the response scale). Thus, it can be concluded that the activities carried out during the knowledge exchange visits were developed to the satisfaction of knowledge recipient delegation.

Question 1: The administrative aspects and coordination of the activities was good

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	6	85.71%
Total positive	7	100.00%

Question 2: The quality of technical materials received prior to knowledge exchange was of good quality

Response	Frequency	Percentage
Completely disagree	1	14.29%
Disagree	1	14.29%
Completely agree	5	71.43%
Number of responses	7	100.00%

Question 3: Events and activities started on time

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	6	85.71%
Number of responses	7	100.00%

Question 4: The physical spaces for activities were of good quality

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	6	85.71%
Number of responses	7	100.00%

Question 5: The events largely stuck to the pre-defined agendas

Response	Frequency	Percentage
Completely disagree	1	14.29%
Disagree	1	14.29%
Completely agree	5	71.43%
Number of responses	7	100.00%

Question 6: Time was well distributed and utilized

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	6	85.71%
Number of responses	7	100.00%

Question 7: The technical aspects were presented with clarity

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	6	85.71%
Number of responses	7	100.00%

Question 8: The topics and themes selected were of interest to the delegation

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	5	71.43%
Not applicable	1	14.29%
Number of responses	7	100.00%

Question 9: There was ample opportunity for discussion and participation during the presentations

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	5	71.43%
Not applicable	1	14.29%
Number of responses	7	100.00%

Question 10: The objectives of the technical sessions were met

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	5	71.43%
Not applicable	1	14.29%
Number of responses	7	100.00%

Question 11: The knowledge exchange activities reached adequate final conclusions

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	5	71.43%
Not applicable	1	14.29%
Number of responses	7	100.00%

Question 12: Transport related logistics were well organized

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	5	71.43%
Not applicable	1	14.29%
Number of responses	7	100.00%

Question 13: Food and catering were of good quality

Response	Frequency	Percentage
Completely disagree	1	14.29%
Completely agree	5	71.43%
Not applicable	1	14.29%
Number of responses	7	100.00%