

PHARMACEUTICAL BUDGETS, EXPENDITURE MONITORING AND REPORTING



PTC WEBINAR



02 JUNE 2023 By Samson Ramogayana



Problem Statement



- Medicine unavailability impacts the lives of patients
- Medicine competes with other line items in the overall health budget
- Poor budget forecasting and insufficient budget allocations to priority areas such as medicine negatively affect the Provinces' ability to pay suppliers within the prescribed period of 30 days as required by the PFMA.
- Furthermore, the <u>lack</u> of clear, effective and continuous **budget monitoring**, reporting and accountability on the medicine budget means the Provincial Departments cannot proactively and effectively address existing budget gaps
- Many of the medicine supply issues can be attributed to late payments and or nonpayments of suppliers.
- Supply chain inefficiencies arise higher cost from supplies due to slow payments
- Significant accruals have arisen on medicine supply over last few years

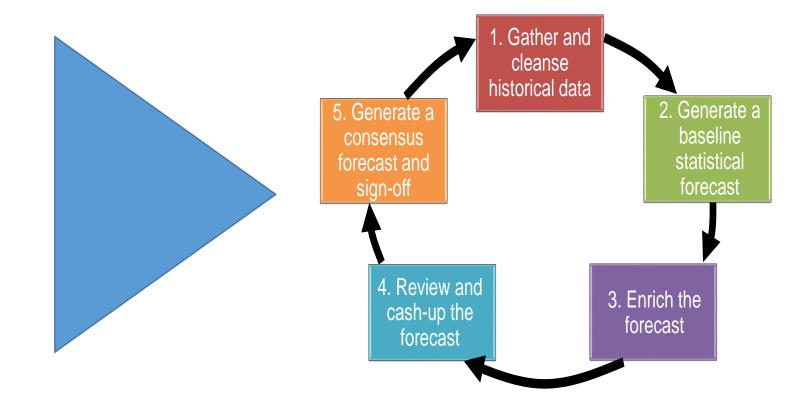


Pharmaceutical Budget Forecasting Process



The systems have not only made medicines availability, visibility and reporting possible, but have also made the forecasting of medicines budget possible

- National Surveillance Centre
- Stock Visibility System
- Medicine Master Data System
- RSA Pharma
- RX Solution





Pharmaceutical Budget Forecasting Process



Baseline Budget Forecast

Zero based budget generated by NDoH with the Provinces and using a sound demand planning methodology

Review and Approval

Proposed budget is reviewed and approved by Provincial Finance, HOPDS and Provincial Treasuries

Budget Allocation

Relevant Treasuries to allocate earmarked funds to Provinces by Fund

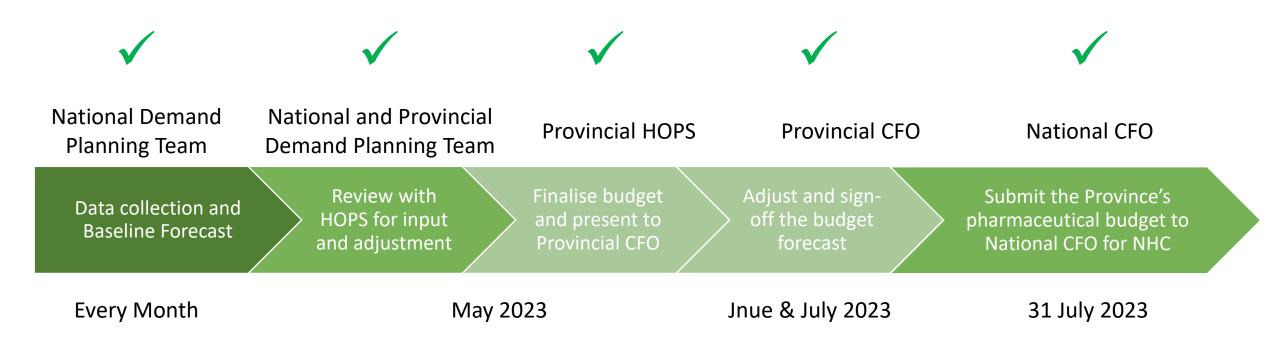
Monitoring and Control

Actual expenditure is monitored by the HOPS, CFO and Finance Team, Provincial Treasury supported by NDoH



Pharmaceutical Budget Process Timelines for FY 2023/24







Input Parameters used to generate the Pharmaceutical Budget



- Dispatch quantities data was used to generate forecast at the facility level
- All pharmaceutical contracts were included
- TEE/TLD forecast as defined by the transition project team was used.
 - A slight decrease in the cost of both TEE and TLD
- TE forecast was increased for Pre-exposure prophylaxis (PrEP) for provinces participating in PrEP
- Vaccines forecast was based on birth rate statistics and loss assumptions as provided by the EPI programme and approved by provinces
- The Master Health Procurement List (MHPL) cost was used to cash up the current forecast to generate the pharmaceutical budget
- Any additional costs for off-contract items were obtained from the province
- In addition to using current costs, pharmaceutical price inflation of 6.897% was used as seen over the last two years on MHPL items



Budget Exclusions

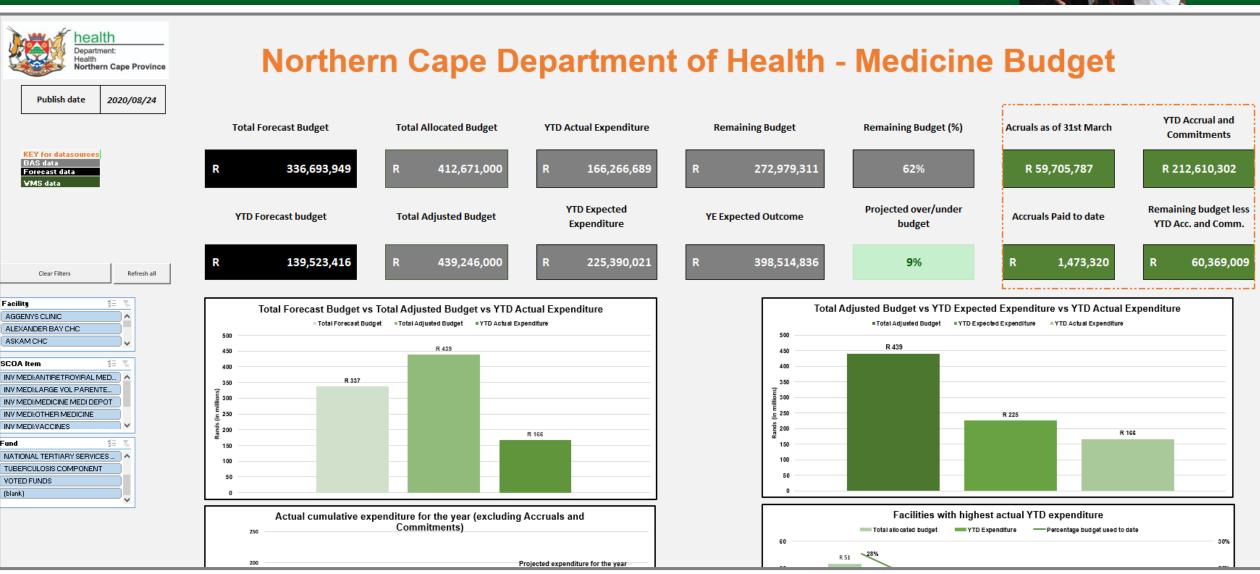


- Non-pharmaceutical items
 - Surgical or consumable products
 - PPE's etc
- Accruals from the previous financial year
- Depot levy charged by some depots to facilities
- Irrational product use impact
- Patient growth rate (only included for Vaccines, TLD/TEE, TE)



Example of Budget dashboard: Northern Cape





The End



Thank you

