

**“WE ARE ALL FACED WITH A
SERIES OF GREAT
OPPORTUNITIES
BRILLIANTLY DISGUISED AS
IMPOSSIBLE SITUATIONS.”**

Charles R. Swindoll

ABSTRACT BOOK 2023

**The Edge
Annual 10th CPSU Conference**



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The CPSU Conference is organised by the Central Procurement Supplies Unit Executive Committee within the Ministry for Health. The committee accepted both published and unpublished work, providing that it was not presented at any other conference. Some studies have been already completed and in some cases the abstract is the proposal for the prospective or future study. The authors remain responsible for the content of their respective abstracts. The main author ensured the relevant approvals were in place before submission. All abstracts received were reviewed for authors to manage changes and corrections as per given template and guidance note.

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Preface

The Central Procurement Supplies Unit (CPSU) has been organising annual conferences since 2013. In 2022 upon planning for the yearly conference and operating in the new arising challenges it was decided to organise meetings with stakeholders to discuss such situations to identify gaps and find possible solutions. It was decided that CPSU would organise a 2-day conference in 2023 to celebrate, 10 years of collegiality, dynamic action, success, and constant challenges faced together with the industry.

The first conference held by the CPSU, started purely as the *Annual Suppliers' Conference*, where the CPSU new vision and mission were addressed, delving further into the annual data, processes, finance, and accounts. The second conference was labelled *Believing and Achieving Together* where the new stores were launched, and the discussions evolved on the reduced penalties and supplier/client performance. The conferences metamorphized year after year depending on the afflicting situations. The third conference named *Strengthening our Success* was based on managing shortages, the advent of the Emergency Response Unit (ERU) and changed procurement processes/clauses. The fourth conference was, *Looking Beyond the Horizon*, launching the new information technology behind single dose automation system, online ordering, and full computerised physician entry order with a subsequent fifth conference named *Strategic Innovation* to consolidate the new technologies and learned environment. The sixth conference entitled *The Perfect Storm* tackled the new legislations and Brexit effects. The seventh conference was marked with *Intelligence is the Ability to Adapt to Change* with topics presented, ranging from automation to artificial intelligence and transformation concepts. The eight conference, *Deep Impact* was organised online for the first time as it happened to be during COVID19. The focus of the 9th conference, *Cast Away* was based on the new realities and challenges affecting the world.

This is the 10th Annual CPSU conference. Supply chain disruptions, availability, accessibility, affordability, and the strategic era for works and services are topics that have been and are still being discussed, with an immediate need for concrete proposals. This year's conference has been baptised as *The Edge* with the objectives to focus on the survival skills achieved, to accomplish innovative processes that will reduce the current impact on the global situation.

While being grateful to the contributors, we hope that both the conference and this book of abstracts meet your expectations.

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TITLE

INNOVATION PARTNERSHIP PROCUREMENT: DESIGN, RESEARCH, DEVELOPMENT, OPERATIONS AND MAINTENANCE OF REMOTE PATIENT MONITORING SERVICE.

Joseph Xuereb, Alison Anastasi, Karl Farrugia
Central Procurement Supplies Unit, Ministry for Health, Malta

AIM

The aim of this procurement process through Innovation Partnership, was to have a service-based system to strengthen chronic disease management prevention.

OBJECTIVES

To analyse clinical situation in terms of preventative care to detect deterioration through timely intervention; and to improve the persons' quality of life.

METHOD AND DESIGN

A proposal was raised to the Department of Contracts. Three stages were involved in process: (i) Pre-Qualification Questionnaire (PQQ) stage - Procurement issued a request for participation for interested economic operators (ii) Invitation to Participate in the Innovation Partnership - IPIP (Research and Development Stage). Eligible candidates were invited to participate in IPIP by submitting Initial Solution proposal. A pilot project with a cohort of TDM1 patients was carried out to test the solution and develop it to meet the needs of the clinical experts. (iii) Final Tender (Best and Final Offer) – BAFO Stage. The successful candidates will be invited to submit final solution as developed and refined. The contract will be awarded for provision of the service for 7 years.

RESULTS

The analysis identified Diabetes mellitus Type I condition. For PQQ stage, 6 economic operators submitted interest; for IPIP, 4 shortlisted candidates were invited to submit initial proposal and 2 submitted a proposal. For BAFO stage, 2 economic operators will participate. During the pilot study, patient cohort (age < 35 years) were provided with Continuous Blood Glucose monitoring (CGMs) devices following the setting-up and training. The HbA1c thresholds were set up by Healthcare Professionals, and the call centre personnel alerted the parent/guardian to take the necessary action accordingly. The hospital noted that this project assisted not to miss out life-threatening clinical events; led to fast troubleshooting at outpatients' settings, reducing visit time and waiting list; and in absence patients could be followed up.

CONCLUSION

This project benefitted patients, parents/guardians and the medical team observed that the long-term glycaemic control of their patients (HbA1c) improved by 1 – 3% points in all their patients purely using CGMs.¹

REFERENCES

1. Review Report. *Dr. Amanda Bugeja MD, Consultant Public Health Medicine, Office of the Chief Medical Officer*

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TITLE

ESTABLISHMENT OF A DYNAMIC PURCHASING SYSTEM (DPS) FOR THE PROCUREMENT OF EXAMINATION GLOVES FOR THE CENTRAL PROCUREMENT AND SUPPLIES UNIT (CPSU)

Rambert Attard, Alison Anastasi, Karl Farrugia
Central Procurement Supplies Unit, Ministry for Health, Malta

AIM

To establish a Dynamic Purchasing System and issue subsequent contracts to determine the benefits of using this cycle and its long-term use to increase sourcing potential.

OBJECTIVES

- Analysed the situation of the previous procurement cycles
- Assessed the DPS process and identified the relevant needs
- Issued the process and the final specific contracts according to demand

METHOD AND DESIGN

The processes used to source and procure nitrile gloves were analysed for 6 months. The Dynamic Purchasing System (DPS) was identified as the procurement procedure¹ to procure commonly and repeatedly used purchases, generally available on the market, whilst speeding up the process and reducing the administrative burden on the part of all stakeholders.² The relevant meetings with the regulatory authority were undertaken and CPSU organised focus groups for familiarisation of the process. The process was also analysed in its entirety.

RESULTS

Prior to the DPS, twelve procurement cycles failed so these gloves were a sourcing issue. Post-market research it was noted that the issue was the raw material and the fact that there were erratic market prices leading to supply/logistics disruptions thereby making it impossible for suppliers to commit a price to a tendering process. The DPS was found to be ideal since it was compiled with specific contracts for orders of up to 6 months. A total of 17 Economic Operators participated. The process flow was smooth but there needs to a change of evaluation committee for each specific contract besides new approvals and issuance of call from the regulatory authority.

CONCLUSION

DPS can be a solution for certain procurement processes – however the element of constant monitoring and evaluations impact on the limited human resources and the process takes long once the specific contract process needs to be tackled on CPSU behalf by the regulatory authority.

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1. MITA. (2023). *Dynamic Purchasing Systems*. Retrieved from <https://procurement.mita.gov.mt/resources/dps/>
2. L.N. 352 of 2016 Public Procurement Regulations, 2016

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TITLE

PROCUREMENT FOR SERVICES WITHIN THE CENTRAL PROCUREMENT SUPPLIES UNIT (CPSU)

Adam Vella, Alison Anastasi, Karl Farrugia
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AIM

To analyse the current situation in terms of procurement for services for further efficiency and cost savings.

OBJECTIVES

- To optimize costs while maintaining and improving service quality by seeking competitive bids to secure services at the best possible prices by ensuring that tender processes are fair, transparent, and competitive.
- To engage with stakeholders for better planning to exceed quality benchmarks, thereby enhancing the overall healthcare experience for all patients.
- To streamline processes, reducing delays and ensuring that services are available when needed.

METHOD AND DESIGN

A review was undertaken on the services section from year 2021 - 2022. The relevant data on the cycles being tackled, issued, and awarded was compiled. The total awarded costs in comparison to previous years was also noted. The qualitative perspective from the experts within the team was also noted through management meetings through thematic analysis.

RESULTS

In 2021, (n=62) locally funded and (n=4) EU funded tenders were awarded totalling a value of Euro 69M. In 2022, there were a total of 52 cycles awarded (n=43) locally funded and (n=9) EU funded with a total value of Euro 12M. The Gozo CPSU team tackling such services identified the following issues:

- Requests sent should be better planned with all data needed included.
- For vetting and clarifications users should respect time limits.
- Evaluations should be tackled diligently as per legislation and within the dedicated timeline.
- Organized contract management data to be used for future procurement cycles.

CONCLUSION

Compliance with national and international regulations is important for accountable procurement systems to ensure that all service providers meet the necessary legal and ethical requirements. To obtain value for money for the taxpayer, well planned and managed procurement is the mainstay.

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TITLE:

Emergency Response Unit (ERU): quantitative financial perspective Year 2022

Franklin Camilleri, Alison Anastasi, Karl Farrugia
Central Procurement Supplies Unit, Ministry for Health, Malta

AIM

Compare the ERU process in terms of financial expenditure in relation to tenders and the supplier's activity

OBJECTIVES

- To review the data collated in 2022 and to analyse the processes leading to the use of ERU
- To identify the cost analysis for ERU calls vis-à-vis tenders.
- To analyse the current ERU process

METHOD AND DESIGN

ERU section is notified with a supply issue of an item if stock levels are below 1 month as per annual consumption. Once prompted, a call was issued on a dedicated closed "electronic platform" as indicated by Emergency Procurement Regulations LN350/16.¹ Bids received by the closing deadline were evaluated following the criteria: Specifications, delivery time frame, registration, and price. Once evaluations were completed, a confirmation of order was sent to the recommended bidders. A database was compiled to monitor orders placed and the cost of the actual order was compared with the costs of the last purchase prices through the normal tendering process. Through the tendering taskforce a focus group from the Industry and CPSU was nominated to review the ERU process and new proposals were made.

RESULTS

The total quantity of items issued as ERU calls were 1409 medical devices (n=189) and medicinal products (n=1220). The total cost of ERU orders for 2022 was 14M Euro with the annual cost for the same items through the tendering process being 20M Euro. There was a cost saving of approximately 6M Euro. From the thematic analysis of the focus group the cost effectiveness of bidding for ERU orders was found to be linked to the fact that suppliers need only to supply a one-time order thereby excluding warehouse costs and also the struggles in this disrupted supply chain besides the issue with price stability for the duration of the contract. Another factor was that ERU conditions do not impose a penalty when a bidder fails to deliver in time. Though, ERU may cancel part/all order if there are delays. Partial data for the year 2023 showed that difference in costs between ERU orders as compared to orders through the tendering process is narrowing due to increasing costs in shipping and sourcing issues. The main points for consideration to regulate delays from stipulated deliveries from certain suppliers included - the validity of the bid and the fact that if an order would be delayed besides cancellation; to exclude defaulting suppliers from the subsequent order.

CONCLUSION

In an increasingly volatile world in which supply chains are very easily compromised the analysis indicated that it is more crucial than ever that procurement systems are more flexible, dependable and sustainable while still maintaining the principals of fairness, equity and competitiveness.

REFERENCES

LN350/16. ERU database.

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TITLE

Medical Aids: Regulations and Entitlements Preliminary Phase

Jade Marie Falzon, Alison Anastasi

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AIM

The aim of this project is to analyse the current medical aids scenario by observing and documenting the process, identifying the gaps to evolve practice coordination between the different stakeholders.

OBJECTIVES

1. To conduct observation sessions at the Central Procurement Supplies Unit (CPSU), Mater Dei Medical Aids Loaning Section to evaluate the current system flow scenario
2. To compile a checklist for the validation of data collected through a focus group.

METHOD AND DESIGN

Permission to conduct observation sessions was granted by the CPSU management and a confidentiality statement was filled in by both parties to conduct the study. Ethics form was filled in accordingly and the required criteria was inputted and submitted to FREC.

Qualitative methodology was selected to analyse this study as there is limited knowledge on topic with regards to protocols, regulations and agreements. Observation sessions were conducted at the CPSU, Mater Dei Medical Aids Loaning Section to assess the current medical aids scenario.

Challenges with respect to the current policy and operational activity were identified. The analysis of the observation study was done to compile a checklist for validation. The checklist was validated.

RESULTS

The ethics approval was attained, and the observation sessions involved 40 hours of practice attachment with relevant follow-ups. Through the literature review and the observation of the process six questions were compiled to have a checklist for the focus group. The questions were psychometrically evaluated for face and content validity.

CONCLUSION

A strategy will be devised to bridge the gaps within the current loaning entitlement system to create a more efficient system flow.

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TITLE

REGISTRATION AND ACCESSIBILITY OF MEDICINES WITHIN THE PUBLIC SECTOR

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Central Procurement Supplies Unit, Ministry for Health, Malta

AIM

To create an efficient and responsive system for the registration and accessibility of medicines within the public sector, particularly during critical healthcare situations, while adhering to regulatory standards and legislative mandates set by the Medicines Regulatory Authority (MMA).

OBJECTIVES

To assess and propose strategies for expediting the registration processes for medicines supplied through emergency routes within the public sector to achieve harmonization of regulatory requirements within the existing legislative framework, and to facilitate quicker access to essential medicines while upholding safety and efficacy standards.

METHOD AND DESIGN

A comprehensive review of existing literature, regulations related to medicine registration, accessibility, and emergency supply routes within the public sector was conducted. Key stakeholders, including regulatory authorities, healthcare institutions, and pharmaceutical manufacturers, were engaged to gather concerns and suggestions regarding the registration and supply of emergency medicines. Data collected was analysed to identify bottlenecks, regulatory hurdles, and areas where expedited processes could be implemented.

RESULTS

A comprehensive framework for expediting the registration and accessibility of medicines in emergency situations was developed while aligning with existing legislative and regulatory requirements. The effectiveness of this framework in responding to critical healthcare situations was monitored and evaluated. A robust monitoring system was established to continuously assess the performance of the expedited registration and supply processes. The framework is regularly reviewed to adapt to changing healthcare needs and regulatory requirements.

There was an identified delay from delivery of an urgent medicinal product and the process for granting of Article 20. The final review authorised the approval process for Article 20 by sending the request once the medicinal product is evaluated with the commitment to submit the batch number and expiry date once stock is received. This facilitated faster access to the urgent treatment by the specific patients.

One of the stipulated conditions set forth by the MMA for granting of Article 20, pertains to the registration of medicines. CPSU harbours no intention of engaging in competitive activities with suppliers. In 2022 there were 750 applications granted for Article 20 and 252 applications for 126a. In 2023 (Jan – Aug), there were 540 applications for Article 20 and 333 applications for 126a.

CONCLUSION

Striking a balance between regulatory rigor and timely access to medicines is crucial to achieving the goal of supplying free medicines while safeguarding public health. Optimum collaborative efforts among MMA, CPSU, pharmaceutical suppliers, and public healthcare entities are essential to address the challenges and complexities of this interconnected system.

REFERENCES

Medicines Act, 2003 {CAP. 458}; Medicines (Marketing Authorisation Regulations)

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TITLE:

CAN SUPPLY CHAIN ALTERATION IMPROVE THE ACCESS TO MEDICINES IN MALTA?

Klára Deketova, Emilie Freundt
Abacus Medicine, Denmark.

AIM

While the Maltese government has taken certain measures to preempt shortages from continuing indefinitely, medicines inaccessibility is a prevailing issue worthy of further deliberation. The aim of this report was to investigate the relevance of various supply chain factors attributing to the supply issues and their impact on the Maltese supply situation.

OBJECTIVES

Shortages in Malta have been attributed to global supply chain issues and handled according to this narrative. Yet the structural challenges of the Maltese market remain unaddressed. To address this, we have conducted an investigation to identify and assess structural and contextual market hindrances and developed practical solutions tailored to the Maltese supply chain.

METHOD AND DESIGN

We conducted thorough research by analyzing the legislative framework governing the importation of medicines, evaluating the national health system, and examining lists of shortages and export bans. This data was then combined with qualitative and quantitative information obtained from reputable sources such as IQVIA, company data, and Affordable Medicines Europe, allowing us to draw informed conclusions.

RESULTS

Although the low availability of medicines in Malta is affected by manifold supply chain inefficiencies also observable worldwide, it is apparent that Malta suffers from the commercial de-prioritization of smaller countries, limited suppliers and the subsequent unavailability of medicines and their possible substitutes. Malta's dependence on the current supply chain actors thus poses a significant restraint on the availability of medicines in the country.

CONCLUSION

Since shortages in Malta are further exacerbated by the EU's and national structural market factors, Malta can benefit from a more flexible approach that endeavors to enhance the accessibility and affordability of medicines. The sourcing and trading flexibility of parallel traders to move excess medicines across the EU countries has the potential to markedly improve Malta's accessibility of medicines and introduce innovative centrally approved products.

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TITLE:

SOURCING ACTIVE PHARMACEUTICAL INGREDIENTS (APIS) TO MANAGE SHORTAGES

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AIM

To focus on the acquisition of raw materials or active ingredients which are critical in the production of pharmaceutical products, through the process of sourcing APIs. To concentrate on the impact of shortages on the overall supply chain.

OBJECTIVES

1. Achieving access to registered APIs to conduct an observation session
2. Gathering and verifying questions emanating from the observation sessions.
3. Conducting a Focus group with mixed experts for SWOT analysis

METHOD AND DESIGN

A qualitative study will be employed focusing on the analysis of API sourcing, as it is a crucial aspect in the production of the final pharmaceutical products – a type of research which provides deeper insights to help generate a hypothesis.¹

An observation study will also be carried out to understand the processes involved in API sourcing. A Strength Weakness Opportunity Threat (SWOT) analysis will be conducted with the participation of a diverse group of experts to determine the feasibility. Data will be interpreted to gain insights of the strengths and weaknesses of the current state of the supply chain, API sourcing leading to identify potential areas for improvement. It will identify potential opportunities for enhancing the efficiency reliability and effectiveness of the supply chain and API sourcing.

ANALYSIS OF FINDING

1. Analysing the outcomes of the observation session.
2. Creating a checklist consisting of 6 to 8 questions.
3. Assessing the validation outcomes, including face and content validity.
4. Engaging in a focus group session to conduct SWOT analysis.

CONCLUSION

Finding alternative routes to manage shortages so that treatment service is not interrupted.

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TITLE

CENTRAL PROCUREMENT SUPPLIES UNIT (CPSU) INHOUSE EVALUATION TEAM

Claudine M. Aitken¹, Alison Anastasi², Karl Farrugia²

¹ Ex-CPSU official ²Central Procurement Supplies Unit, Ministry for Health, Malta

AIM

To establish a route where evaluators join CPSU to share their expertise and knowledge for more efficient procurement processes.

OBJECTIVES

- To identify issues of access and affordability due to delays in evaluations, increase in cancellations and appeals.
- To propose ways on how to strengthen technically and in terms of Human Resources (HR) the inhouse Central Procurement Supplies Unit (CPSU) team.

METHOD AND DESIGN

The study took a mixed methodology approach. A retrospective qualitative analysis was carried out by reviewing the internal and external evaluation process. The internal and external evaluation processes were analysed. Data on cancellations and appeals were retrieved for correlation analysis. The inclusion criteria were for supply of medical devices and engineering items and works tenders excluding service tenders.

RESULTS

The review has highlighted that within the Central Procurement Supplies Unit, the carrying out of evaluations of medical devices, engineering items, and works is not completely in-house. In fact, only 2 officers tackle medical devices, and another 2 officers tackle engineering items. This situation is far from ideal. Thereby, experts are nominated from other entities. Regrettably, they are not conversant with the legislations, directives and in particular the regulations. Consequently, this may cause a procurement process to either be cancelled or a remedial action in front of the Public Contracts Review Board.

Analysis of appeals demonstrated that from 2021 till 2023, CPSU received 11, 19, and 15 appeals, respectively, for medical devices, whereas 5, 10, and 7 appeals were for engineering tenders. Upon analysis, it was noted that this made up 48% of the total appeals (N = 33 in 2021); 56% in 2022 (N = 52), and 63% till mid-October 2023 (N = 35). In terms of no source, cancellations, and non-finalisations for medical devices: in 2021 there were 36%, in 2022 48%, and in 2023 36% (till end of September). For engineering, there were 60% nil sourcing/cancellations/non-finalisations in 2021, 56% in 2022 and 48% till September 2023. The final proposal was to keep enforcing and sustaining the Capacity Building exercise submitted in 2014, which is currently still pending, to open calls for scientific and technical officers to be part of the CPSU workforce for training in the specific role and for accountability purposes.

CONCLUSION

With the increase in skilled human resources within this team, CPSU aims to be able to hasten delays and reduce unnecessary issues by managing key performance indicators and to be efficient in competing with market forces to secure supply.

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TITLE

THE IMPACT OF COST SAVINGS ON BIOSIMILARS USED IN ONCOLOGY - A QUANTITATIVE ANALYSIS WITHIN THE MALTESE HOSPITAL SETTING

Julia Pirootta, Alison Anastasi, Karl Farrugia
Central Procurement Supplies Unit, Ministry for Health, Malta

AIM

To identify and analyze the effects of cost savings across biosimilars currently in use in local chemotherapy regimens.

OBJECTIVES

- To study the impact of cost-savings on oncology treatment options
- To acknowledge the advantage of cost-savings for biosimilars as a long-term strategy to increase availability of life-saving treatment options

METHOD AND DESIGN

A background literature review on the biologics and biosimilars currently approved internationally for oncology treatment was carried out. A quantitative approach was adopted to analyze the trend in consumption and cost-savings obtained through the introduction and competition amongst biosimilars within the local setting. Data collection was carried out from official records located at the Central Procurement and Supplies Unit (CPSU) in Malta. Selection criteria included the collection of data of eight (8) years (Year 2016 – 2023) and restricted data on the 3 biosimilars used specifically in chemotherapy regimens. A quantitative comparison in price trends along selected years for the chosen biosimilars was carried out.

RESULTS

The medicines reviewed from 2016-2023 included bevacizumab, trastuzumab, and rituximab. Bevacizumab 100mg biosimilars were introduced in 2022 leading total cost savings of Euro 1.2M. For bevacizumab 400mg there was a cost saving of Euro741K over the reference biologic. In 2018, trastuzumab's first switch rendered a cost saving of 63% per vial while the second switch (2021) resulted in a cost saving of 91% per vial over the reference biologic - total cost saving of Euro 7.2M. This further confirmed the potential of biosimilars in securing market competition. Rituximab 100mg vials had a total cost saving of Euro654K and the 500mg biosimilar led to a total cost saving of Euro 3.1M.

CONCLUSION

Biosimilars confer a fundamental dual-role in providing access to cost-effective life-changing treatment for oncology patients internationally whilst securing market competition in the pharmaceutical sector.¹ A significantly high percentage of cost-savings has been achieved locally throughout 7 years (Euro12.9M) through increased utilisation of oncology biosimilars within the local hospital setting in collaboration with the Healthcare professionals. These findings emphasize the role of local policy makers and medical authorities to incentivise consideration of biosimilars within hospital drug formularies, improving value-based care and financial strain from healthcare systems.

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TITLE

A PERSPECTIVE ON THE AFFORDABILITY, ACCESSIBILITY, AND AVAILABILITY OF TREATMENT NEEDS IN MALTA

Joanna Gatt, John Jaccarini, Giulia Attard Montalto, Mark Mallia, Charlot Scicluna, Marcel K. Mifsud, Ray Vella, Julia Aquilina
The Malta Chamber – Healthcare Business Section

AIM

The primary aim of this proposal is to address the challenges faced by patients in accessing affordable, timely, and equitable medical treatment, aligning it more closely with the standards observed in other EU member states. This includes improving the accessibility, availability, and affordability of pharmaceuticals and medical devices.

OBJECTIVES

1. **Enhance affordability:** Restructure the system for providing medicines through public procurement in Malta, adopting transparent reimbursement models commonly seen in EU countries. Prioritize the inclusion of innovative medicines on the basis of medical necessity rather than solely relying on Schedule V disease approval.
2. **Improve availability:** Address local procurement practices that hinder the supply and availability of pharmaceuticals and medical devices. This involves modernizing procurement methods, reducing bureaucratic obstacles, and streamlining tendering processes.
3. **Foster accessibility:** Implement patient-centric outcome-based models, digitalize healthcare information, and refine forecasting techniques.

METHOD AND DESIGN

1. **Review and reform the medicine reimbursement system,** aligning it with EU standards. This includes revising and introducing transparent criteria for innovative medicine inclusion on the GFL, including multiple award tenders and minimizing bureaucratic hurdles.
2. **Modernize the procurement framework for medical devices,** adopting patient-centred outcome-based models, digitalizing healthcare data, and refining forecasting techniques. Replace cost-centric tenders with cost-effective procurement methods including multiple award tenders.

ANALYSIS OF FINDINGS

1. **Enhance affordability:** By aligning Malta's medicine reimbursement system with EU practices, patients will have better access to necessary medications without the need for diseases to be categorized as Schedule V.
2. **Improve availability:** Modernizing procurement practices will lead to a more efficient and reliable supply of medical devices, reducing delays in patient treatment.
3. **Foster accessibility:** Implementation of patient-centric models and digitalization of healthcare information will streamline the healthcare process, making it more accessible for patients.

CONCLUSION

Addressing the above challenges requires broad reforms, procurement practices, and digitalization efforts. These changes will promote affordability, availability, and accessibility of innovative medicines and medical devices, ultimately benefiting patients and the healthcare ecosystem.

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TITLE

PHARMACEUTICALS SUPPLY CHAIN FORECASTING METHODS: PREDICTING TRENDS

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AIM

To increase efficiency, reduce waste and shortages by analysing the demand and supply for pharmaceuticals.

OBJECTIVES

- Analyse the current adopted systems within the industry and the public health system.
- Understand the difference in emergency and planned situations.
- Evaluate the processes with the relevant stakeholders.

METHOD AND DESIGN

A thorough international literature review will be adopted, and explorative reviews will be undertaken at the Central Procurement Supplies unit to analyse the system and how the entities respond. Qualitative methodology will be chosen to identify the local situation and the needs analysis. Focus group meetings will be undertaken with experts in the field to identify the gaps. Questions to be posed in the final focus group will be psychometrically evaluated for the Strength, Weaknesses, Opportunity, and Threat (SWOT) analysis. Quantitative methodology will be used to analyse data being collated.

ANALYSIS OF FINDINGS

Qualitative methodology implies documentation and validation of the systems collated. The question list for the final focus group will not exceed the 8 questions. The focus groups will include experts from the industry and the public health system. The target analysis will focus on the SWOT and tackle weaknesses and threats to strengthen the process. The data collected will be analysed in terms of frequency counts, graphical illustrations and depending on the sample size statistical analysis for relevant associations will be undertaken.

CONCLUSION

Adequate planning and identification of the correct process for the customer demand will aid for an efficient process reducing the current challenges being faced for pharmaceuticals focusing on the real emergencies.

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TITLE

AVAILABILITY AND ACCESSIBILITY OF ANTIDOTES IN THE MALTESE ISLANDS

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AIM

The aim of this study is to evaluate antidote availability and accessibility for emergency preparedness in the Maltese islands.

OBJECTIVES

- Perform a thorough literature review on available international guidelines on antidote stocking.
- Collect data on antidote availability and accessibility from the Central Procurement and Supplies Unit (CPSU), Mater Dei Hospital (MDH) and Gozo General Hospital (GGH).
- Analyse local findings on the availability and accessibility of antidotes and identify possible areas for improvement.

METHOD AND DESIGN

A thorough literature search was performed to identify previous research on antidote stocking and to review existing guidelines on antidote preparedness. Vertical audits of eight chosen antidotes (Atropine 600mcg/ml injections, Pralidoxime 1g injections, Hydroxocobalamin kit, Sodium Thiosulphate, Sodium Nitrite, Digoxin Antibodies, Activated Charcoal and Acetylcysteine) were performed at CPSU, MDH and GGH, to assess local emergency preparedness.

ANALYSIS OF FINDINGS

Thematic analysis of data attained from this study was performed to identify patterns between and across the entire data sets. The problematic sourcing of antidotes and, the inadequate lengthy policy approval and procurement process for urgent situations, were two prominent themes which emerged across the dataset in view that timely availability of antidotes is a major determinant of antidote efficacy.

CONCLUSION

This research highlights the critical need for optimization in the local emergency preparedness especially with regards to sourcing and procurement strategies, and in the development of national contingency plans. Whereas larger countries have the advantage of borrowing antidotes from nearby hospitals¹, Malta is solely dependent on the availability and accessibility of antidotes in two acute hospitals. Action from multiple stakeholders is necessary to ensure national resilience for the Maltese Islands. Risks associated with availability can be mitigated through the establishment of international cooperation agreements.

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TITLE

VARIATION OF ATTAINABLE AND POPULAR SPAN OF WORKS AND SERVICES

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Logistics is not just supply chain management, it has a span from military origins to the business world;¹ can summarize accessibility from transport in Europe spatially and temporally.² Discuss about affordability from the dynamic properties of energy affordability measures,³ and about strategic era of works and services on new business models and value propositions.

OBJECTIVES

Successful mega-institutions are evolving their business models in two other critical ways. Location is relevant from the perspective of transportation accessibility; indicators of accessibility are:

- Travel cost indicators
- Daily accessibility
- Potential accessibility

Affordability is in terms of poverty measurement. Analysing separately the evolution of logistics and supply chain management is of help on understanding the epiphenomenon.

METHOD AND DESIGN

Understanding strategy from tangible and intangible assets, improving transportation accessibility from travel cost indicators, daily accessibility, potential accessibility, improving affordability through poverty measurements, comprehending the state of the art of logistics and supply chain management can help achieve an enhancement.

ANALYSIS OF FINDINGS

From strategical viewpoint to navigate such companies is challenging. In terms of accessibility, a comprehension of cohesion effects could affirm that several cohesion indicators give different results and that in particular the differentiation between relative and absolute convergence or divergence is relevant. Talking about affordability, dynamics of aggregated poverty measures they exists in terms of single criterion. While supply chain management is based on the mixture of processes across the whole supply chain and has the ambition of creating collaborative relationships with chain players, logistics doesn't.

CONCLUSION

With definitive assertion it is important to browse companies with relevant tangible and intangible assets, that in terms of accessibility what matters is an indicator of cohesion effects, in terms of affordability indicators of worldwide poverty, and giving an understanding of differences among supply chain management and logistics.

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TITLE

ACCESSIBILITY AND AFFORDABILITY OF PHARMACEUTICALS:A FINANCIAL PERSPECTIVE

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To assess the local medicinal and medical devices expenditure throughout the years vis-à-vis market accessibility and sustainability, from a financial perspective.

OBJECTIVES

- To review the factors contributing to access disparities, focusing on the impact of pricing, insurance coverage, regulatory frameworks, and the influence of pharmaceutical companies on market dynamics.
- To explore the evolving landscape of healthcare financing and policymaking in response to the pandemic, highlighting innovative approaches to enhance access while ensuring financial sustainability.

METHOD AND DESIGN

A quantitative analytical retrospective review on accounting data available within the Central Procurement Supplies Unit (CPSU) was undertaken throughout the last 5 years (2019-2023). The reviewed data involved the 8,345 stock items within the CPSU inventory. The analysis focused on the typical and erratic surges in expenditure.

RESULTS

It emerged that 1,270 items (15%) registered surges in price costs throughout the period reviewed. The highest increase was experienced in year 2020; when COVID19 global pandemic kicked in. The government made all efforts to ensure that stocks of COVID19 related supplies be adequately stocked, and hence additional expenditure increased drastically to support pandemic preparedness, response, and recovery. Over the past five years the overall expenditure cumulatively amounted to circa Euro 29M (22%). Pre-2019 stock holding data; indicated scoring 4-6 times as stock turnover to keep 2 months stockpile. Following COVID19 to manage market accessibility strategy changed to hold six months thereby closer to 2 times stock turnover in recent years.

In 2022, since the operational throughput increased back to its normality of pre-covid19; the stock levels were depleted increasing the stock turns to 3.7. This is also another sign of accessibility issues to top up stock holding of pharmaceuticals in view of the evolved markets. Throughout the 5-year period despite the hefty and sporadic changes a streamlined approach to all the creditors terms and payment terms was maintained.

CONCLUSION

CPSU needs resources to be able to cope with upcoming emerging trends that are changing the pharmaceutical industry. Financial affordability and accessibility of pharmaceuticals are integral components of public health policy and social justice to ensure equitable access regardless of socioeconomic status or geographic location.

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TITLE

INNOVATION PUBLIC PROCUREMENT EU AND LOCAL COLLABORATIVE PROJECT

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AIM

To consolidate best practices and disseminate findings, toolkits and capacity pertaining to Innovation Public Procurement, the reform of contemporary public procurement fostering innovation eliciting value-added outcomes through Cap2Inn, a Horizon Europe Coordination and Support Action (CSA) project.

OBJECTIVES

- Capacity building and Mutual Learning between the participating entities,
- Accelerating the use of innovation procurement in respective national ecosystems and
- Exploring and exploiting opportunities for digitalization within the context of innovation procurement.

METHOD AND DESIGN

The project employs an Innovation Procurement Ecosystem (IPES) model which builds on the relationship between public buyers, suppliers and "specialist advisory services" providers (SAS) as intermediary/technical/advisory bodies and "innovation brokers" for innovation procurement practices to take root in their domestic public-private landscape. The project seeks to build up the capabilities of these SAS providers in participating countries using a train-the-trainer model, to proliferate best practices within their own context while contributing to Innovation Procurement concept development. The project would be composed of a consortium led by Norwegian University of Science and Technology (NTNU), including agencies/entities from Norway, Portugal, Iceland, and Malta. MCST will be collaborating with Malta's Central Government Authority - Department of Contracts (DoC), and the Ministry for Health Central Purchasing Body – CPSU for technical advice on the planned co-design, through the efforts of the consortium, of a portfolio of policy instruments crucial for a thriving Innovation Public Procurement ecosystem. The application for Horizon Europe funding¹ was submitted.

ANALYSIS OF FINDINGS

NTNU will coordinate the process of collecting and analysing findings across actions carried out in the project and communicate these outcomes through both academic and popular channels. These will include international scientific journals and popular scientific magazines in the five intermediaries' countries. During the project, the Communication and Dissemination Plan to be developed will provide the plan and guidelines for the actions and material to be delivered during the project lifetime. The Dissemination and Communication Plan will include the objectives of the strategy, the main target audiences, the communication channels for connecting with audiences and the main activities including an indicative timeline of the implementation.

CONCLUSION

This hands-on experience for all involved stakeholders will aid the process to validate both the feasibility and effectiveness of innovative solutions in real-life scenarios engaging with industry partners in innovation ecosystem for valuable market feedback for insights into scalability and market-readiness of their innovative products or services. This feedback loop supports the iterative improvement of innovative procurement processes.

REFERENCES

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*'Being on
The Edge
is not as safe
but the view is better.'*

Ricky Gervais