

How can we save women and children without access to medicines?

A country-level analysis of pharmaceutical systems and policies

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Outline

- Background
- Methodology
- Results
- Conclusions



Background

- Maternal mortality has decreased; 56 Countdown countries accelerated rate reductions, but few met the MDG target (Countdown 2014 report)
- Many global initiatives to increase access to RMNCH interventions – Every Woman Every Child, United Nations Commission on Life Saving Commodities, A Promise Renewed, Global Financing Facility, etc.
- Progress is being tracked but is that enough?
- We know which essential RMNCH medicines and commodities are required for life-saving interventions, but how do we assure their access?

Access is More than Availability



Access to Medicines

- Access depends on pharmaceutical management policies and systems related to specific RMNCH medicines and supplies in areas such as:
 - Policy—EML and STGs
 - Regulatory—registration and quality surveillance
 - Procurement mechanisms
 - Financing—user fees and exemption policies
 - Supply chain management
 - Information systems
- UNCoLSC recommendations reflect most of these areas

Methodology (1)

- Key indicators were defined around the determinants
- Sources of data
 - WHO Countdown 2014 survey dataset collected from December 2013 to June 2014: RMNCH policies and systems issues
 - WHO regulatory and procurement survey collected between August 2013 and March 2014 by WHO Essential Medicines and Health Products Department
 - Landscape synthesis of RMNCH life-saving interventions and commodities of UNCoLSC (2015)

Methodology (2)

- Survey data passively collected in-country by local experts
- Number of countries responding to each of the WHO surveys was very different
 - Countdown survey received up to 66 responses for some indicators
 - Regulatory and procurement survey had responses from up to 26 countries but not for all indicators
- We calculated % of countries that fulfilled conditions of each indicator of those that responded
- No statistical correlations—we present a snapshot

Results Across Countries



Policy

- 14% of 63 countries had their Essential Medicines List (EML) updated in last 2 years (source WHO portal)
- Of 66 countries, only 5 included all 15 RMNCH commodities in the EML
 - Commodities most frequently not on EML: emergency contraceptives, chlorhexidine, female condoms
 - Only 67% of 15 countries responding had a pediatric presentation of gentamicin injection on the EML
- One country had all 15 RMNCH commodities on EML and Standard Treatment Guidelines (STGs); 25% (of 66 countries) reported a mismatch between STG and EML for at least one commodity

Regulatory

Only 1 of 26 countries had at least one registered product for each of the 15 RMNCH commodities; 38% of the 26 countries had more than 75% of the commodities registered.

RMNCH Commodity	Percentage of reporting countries that have at least 1 product registered	number of countries reporting
Female condoms	21%	n=24
Implant	88%	n=25
Emergency contraception	81%	n=26
Oxytocin	85%	n=26
Misoprostol	77%	n=26
Magnesium sulfate	62%	n=26
Calcium gluconate	65%	n=26
Gentamicin	88%	n=26
Penicillin injection	76%	n=25
Ceftriaxone	92%	n=26
Antenatal steroids	84%	n=25
Chlorhexidine	27%	n=26

Financing

71% of 65 countries reported having a user fee policy in the public sector; of those, 57% exempted newborns and 63% women for RMNCH services

RMNCH Commodity	Percentage of reporting countries that provide free of charge	(number of countries reporting)
Female condoms	100%	n=9
Implant	75%	n=8
Emergency contraception	67%	n=6
Oxytocin	80%	n=10
Misoprostol	75%	n=8
Magnesium sulfate	89%	n=9
Calcium gluconate	80%	n=10
Gentamicin	67%	n=9
Penicillin injection	75%	n=8
Ceftriaxone	67%	n=9
Antenatal steroids	56%	n=9
Chlorhexidine	80%	n=5

Country Examples



	Country A	Country B	Country C	Country D	Country E	Country F	Country G	Country H	Country I	Country J
POLICY										
All RH commodities on EML (3)										
All MH commodities on EML (4)										
EML is current										
All RH commodities on STG (3)										
All MH commodities on STG (4)										
REGULATORY										
At least 1 product registered for all RH commodities (3)		-							-	
At least 1 product registered for all MH commodities (3)		-							-	
Quality problems reported		-					-		-	
Medicines sampled for quality testing		-					-		-	
PROCUREMENT										
All RH products procured centrally in last year										
All MH products procured centrally in last year										
FINANCING										
All RH commodities provided free of charge										
All MH commodities provided free of charge										
Costed MH plan							-			
Fees for services in public sector										
Women exempt	-	-	-		-		-			
SUPPLY CHAIN MANAGEMENT										
Pull distribution method					-				-	
Stock outs at CMS in last 3 years for RH commodities		-								
Stock outs at CMS in last 3 years for MH commodities		-								
INFORMATION SYSTEMS										
LMIS system to track medicines								-		
All RH commodities tracked by LMIS										
All MH commodities tracked by LMIS										
HEALTH OUTCOME										
pending gap as % of 2014 MMR	17	25	44	44	45	47	57	59	62	72

Country Examples

- Most countries have not achieved the MDG 5 targets
- Weak areas highlighted in commodity policy and systems issues
- Addressing weaknesses in these issues would contribute to other efforts to reduce mortality and close the gap
- Country-level analysis of these factors could prioritize actions to improve policy and systems issues

Weaknesses Identified in Results

Challenges that can reduce access to RMNCH medicines

- Incoherent policy guidelines
- Weak regulatory systems (e.g., products not registered)
- Poor systems to monitor quality of medicines
- Stock-outs at central level
- Inadequate distribution systems
- Lack of decision-making data for RMNCH commodities
- Exemptions for women and newborns not standard

Conclusions

- System and policy factors are critical determinants of access to commodities—*but often forgotten*
- Strengthening national pharmaceutical systems is essential. Key targets include:
 - Harmonizing guidelines
 - Instituting quality assurance measures
 - Conducting supply planning, particularly for new products
- Tracking these determinants at country and global levels is important
- Countries and the international community should prioritize addressing these policy and systems-related determinants of access in the Sustainable Development Goals era