

Pharmaceutical Situation in the Caribbean as Background for Policy Development

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Problem Statement

Promoting access to safe affordable and efficacious medicines will certainly contribute to the implementation of the CARICOM single market and economy (CSME), the Port of Spain Declaration, the Caribbean Cooperation in Health Phase III, among other mandates. In the Caribbean, technical cooperation was provided from 2004 to 2010 in the framework of the EU/ACP/WHO Partnership on Pharmaceutical Policies.

Objective

Assess the pharmaceutical situation in the Caribbean

Design, setting /study population and outcome measures

Design: A descriptive study, comparing results from the WHO level I survey in Caribbean countries in 2003 and 2007, was conducted in 2009. Analysis was done with Excel.

Setting/study population: 12 CARICOM countries: Antigua and Barbuda, Bahamas, Barbados, Belize, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago and the Dominican Republic.

Outcome measures: Given the low number of respondents, no great significance should be attached to the percentages in the report. The Caribbean data are compared with that for the Americas region (with a total of 31 participating countries) and with data from 2003 (with participation of 9 Caribbean countries), where possible. The percentages are presented in relation to the total number of answers for each question.

Results

Table 1. Status of national medicines policies (NMPs) in 2007

NMP status	CARIBBEAN		AMERICAS	
	Number of countries	%	Number of countries	%
NMP document	7	53.8%	22	71.0%
NMP Official	4	57.1%	16	72.7%
Official document updated < 5 years	2	50.0%	9	60.0%
Official document updated < 10years	3	75.0%	13	86.7%
NMP implementation plan	5	55.6%	13	56.5%
updated within 5 years	4	80.0%	10	83.3%
NMP integrated in NHP	4	44.4%	16	66.7%

The number of countries with a NMP increased from three (27.27%) in 2003, of which two were officially adopted, to seven (53.8%) in 2007, with four officially adopted (57.1%). In 2003, two countries had an implementation plan and one had the NMP integrated into the National Health Policy. In 2007, slightly more than half (five or 55.6%) of the countries had an implementation plan and 44.4% of the NMPs were integrated into the NHP.

Table 2. Presence of Medicines Regulatory Authority (MRA)

Policy area covered	CARIBBEAN		AMERICAS	
	Number of countries	%	Number of Countries	%
Legal provisions for establishment of MRA	11	84.6%	28	90.3%
Existing formal MRA	9	69.2%	27	87.1%
Legal provision requiring transparency	5	45.5%	20	71.4%
MRA involved in harmonization initiative	10	83.3%	28	93.3%
Publicly accessible MRA website	3	25.0%	19	63.3%
Sources of funding for MRA				
Government budget	11	91.7%	29	96.7%
Medicines registration fees	1	14.3%	14	66.7%
Other	1	20.0%	7	53.8%

In 2003, only four countries mentioned having legal provision for a MRA and four (66.6%) had a MRA established. In 2007, eleven (84.6%) had legal provision, with nine (69.2%) having an established MRA. Regarding legal provision for transparency, in 2003 three countries (60%) had it and in 2007 five out of eleven countries (45.5%) had this provision.

Medicines Supply

All the participating Caribbean countries mentioned having public sector procurement pooled at the national level. In 2003, the Ministry of Health performed the procurement function in all 7 countries that responded, and in 2007, in 12 countries (92%). The distribution function was performed by the Ministry of Health in 5 countries (100%) in 2003 and in 7 countries (88%) in 2007.

Rational Use of Medicines

In 2007, only a few countries had implemented them. The availability and utilization of essential medicines lists (EML) and standard treatment guidelines (STG) increased between 2003 and 2007. On the other hand, not much progress has been achieved as regards the introduction of concepts related to RMU in the curricula of health in the Caribbean.

Medicines expenditure

	CARIBBEAN		AMERICAS	
	Median [25 th , 75 th percentile]		Median [25 th , 75 th percentile]	
		\$ 4,000,000		\$ 34,087,493
Median Total public expenditure for medicines (TPE) in US\$	\$815,000	\$13,000,000	\$ 3,750,000	\$53,081,172
	N=9		N=24	
Median Public medicines expenditure per capita in US\$	\$ 20.90		\$ 11.50	
	N=9		N=24	

Conclussions

Special attention must be paid to implementation with monitoring and evaluation of pharmaceutical policies. Gaps were identified on regulatory functions with needs to strengthen the institutional and technical capacity with the need of joint collaboration. The results suggest the need to strengthen the medicines procurement and supply system thereby ensuring its sustainability and cost containment. It is necessary to strengthen the use of TRIPS flexibilities by member states. It would be useful to strengthen the development of human resources in the different areas. Taking into account limitations of the survey and the need of more specific information in some areas, the findings contribute to identify strengths and gaps that, combined with other sub-regional surveys, were used as evidence to support decision making informing the development of a Caribbean Pharmaceutical Policy.

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