

Partnership on Pharmaceutical Policies in The Caribbean: 2006-2009

Ivama, Adriana Mitsue (1); Forte, Gilles (2); Cinnella, Enrico (2); Fitzgerald, James (3); Marin-Jaramillo, Nelly (3); Castro, Jose Luis (3); Giron, Nora (3); Parisi, Jose Maria (3); Sbih, Malek (3); Vidal, Jaume (3); Gandi, Bernadette Theodore (4); Castillo, Dalia (5)

ivamaadr@cpc.paho.org; adriana.ivama@gmail.com

1: Pan-American Health Organization/World Health Organization (PAHO/WHO), Office of Caribbean Programme Coordination, Barbados; 2: WHO, Medicine Programme Coordination, Geneva; 3: PAHO/WHO, Medicines and Technologies, Washington DC; 4: PAHO/WHO, Representative Trinidad and Tobago; (5) PAHO/WHO, Dominican Republic

Problem Statement

WHO and the European Union signed an agreement in 2004 for the EC/ACP/WHO Partnership on Pharmaceutical Policies, whose purpose was to enhance accessibility, quality, and use of essential medicines and other key pharmaceuticals in African, Caribbean, and Pacific Island countries. In the Caribbean, the project was shaped by the mandates from PAHO/WHO as well as by sub-regional mandates and country priorities.

Objective

Assess the Partnership on Pharmaceutical Policies in the Caribbean from October 2006 to September 2009

Design, setting and study population

Design: The basis for the assessment was the project framework inclusive of objectives and indicators for years 3–5. Quantitative information on targets met, activities carried out, and financial expenditures as well qualitative data was collected through interviews with stakeholders.

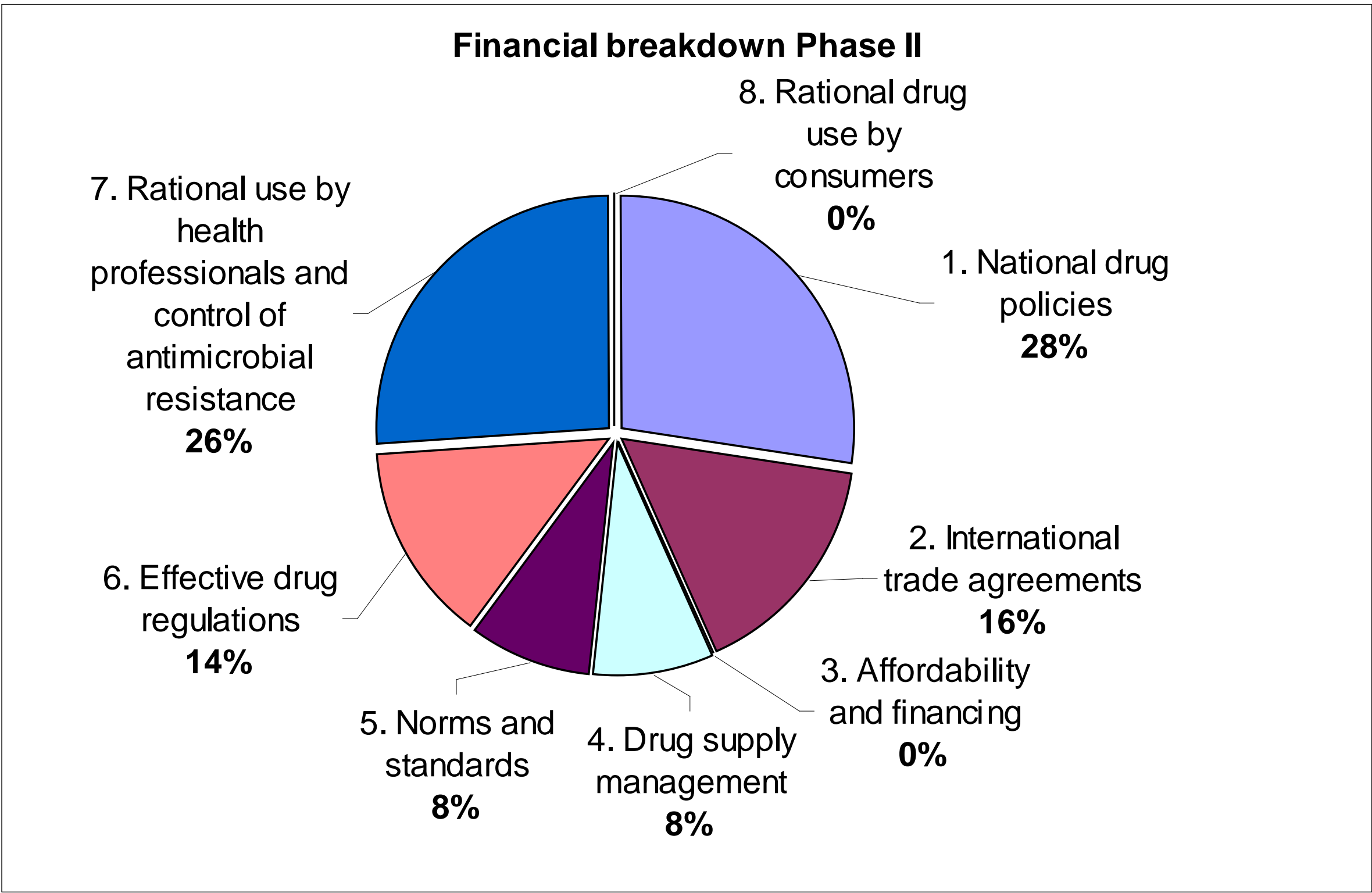
Setting: The project involved all CARICOM countries and Dominican Republic.

Study population: The CARICOM countries involved in the project are mostly small-island states with medium- to high-income level. Because of their size, they are less likely than other countries in the Americas to have key structures for the pharmaceutical sector.

Results

Table 1. Breakdown of the financial execution of the project in the Caribbean during the phase II

	Year 3	Year 4	Year 5	TOTAL PHASE II	%
1. National drug policies	\$52,331.2	\$95,665.6	\$187,777.7	\$335,775	27.6%
2. International trade agreements	\$66,773.7	\$79,868.7	\$44,159.7	\$190,802	15.7%
3. Affordability and financing	\$107.5	\$0.0	\$0.0	\$107	0.0%
4. Drug supply management	\$32,398.2	\$27,014.8	\$40,578.5	\$99,991	8.2%
5. Norms and standards	\$17,125.2	\$25,993.4	\$59,022.0	\$102,141	8.4%
6. Effective drug regulations	\$14,903.9	\$24,484.8	\$133,610.1	\$172,999	14.2%
7. Rational use by health professionals and control of antimicrobial resistance					
	\$43,599.2	\$83,149.7	\$186,639.3	\$313,388	25.8%
TOTAL	\$227,239	\$336,177	\$651,787	\$1,215,203	100%



The key results of the project allowed concluding that the project met its targets. Both stakeholders and partners in Caribbean countries agreed with this conclusion.

When interviewed, they considered that the project contributed to strengthen the technical capacity in the pharmaceutical sector in the Caribbean.

The main contribution was the increase in the use of evidence for policy development and decision making at both sub-regional and national levels. Evidence also had an important role as the basis for the development of the Caribbean Pharmaceutical Policy, approved by the 21st Council of Human and Social Development in April, 2011.

Challenges and Perspectives

Despite enormous progress observed in terms of technical cooperation in the Caribbean, there is still a lot of work to be done. The following challenges were identified:

- ✓ Limited cooperation mechanisms and national technical capacity (HR, number and capacity, priorities, etc.)
- ✓ Outdated and fragmented legislations, inadequate institutional arrangements, lack of enforcement mechanisms, risks of substandard and counterfeit medicines;
- ✓ None of the countries is able to perform all the necessary regulatory functions alone;
- ✓ Different models of provision of medicines, fragmented, not sustainable, with focus on availability, in small markets with no economy of scale and high expenditure, not limited to EML – extensive and costly
- ✓ Pharmaceutical services focused on medicines, not in the patients.

Conclusions

Despite of the progress observed, there is still a lot of work to be done. The main strategies proposed to face the identified challenges are (1) to increase the profile of pharmaceutical policies and essential medicines to decision makers, (2) to support the strengthening of networking/collaboration, and (3) to provide country support in strategic areas, with an interprogrammatic and intersectoral approach.

Funding

The EU/ACP/WHO Project Partnership on Pharmaceutical Policies was funded by the European Union.