THE NATIONAL HEALTH FUND EXPERIENCES WITH MEDICINES USED TO TREAT NCDs IN JAMAICA

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JAMAICA'S HEALTH SYSTEM

- The Ministry of Health is the national authority for health services in Jamaica
 - 4 Regional Health Authorities



Other agencies such as The National Health Fund

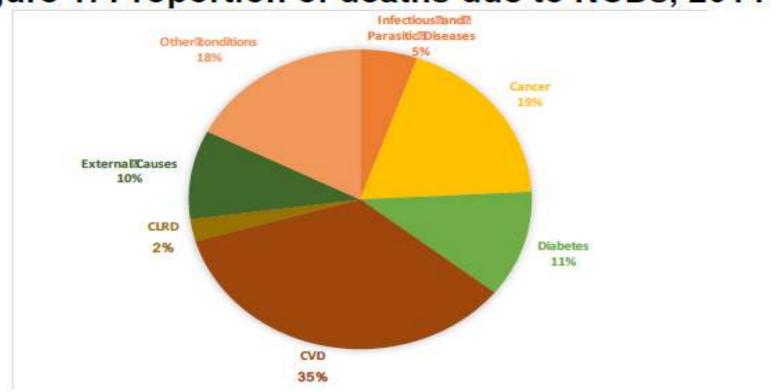
- Government of Jamaica introduced a No-User Fee Policy at all public health facilities on April 1, 2008 which cover all health services provided by government owned facilities.
- The objective of this initiative was to improve access to quality and affordable healthcare.
- It was noted that cost was a significant barrier to accessing healthcare.

- Challenges of the no-user fee policy
 - Physical infrastructure
 - Inadequate staff
 - Strain on equipment
 - Inadequate pharmaceuticals and medical supplies
 - Financial constraints

- A survey conducted by the Caribbean Policy research Institute in 2013 found that the no-user-fee policy has negatively affected the quality of public health care provisions in areas such as availability of medical supplies, hospital staff morale, patient processing and waiting times, and general attention to patients by doctors.
- The survey confirmed that more than 65 per cent of both patients and hospital staff (doctors and nurses) were of the view that the no-user-fee policy should be revised to ensure that those who can afford to pay should pay, while guaranteeing access to those who can't afford to pay and the disabled.

NCDs mortality in Jamaicans over 5 years old

Figure 1: Proportion of deaths due to NCDs, 2014



Source: NCD Unit, Ministry of Health and Demographic Statistics 2015. Statistical Institute of Jamaica

VISION 2030	"Jamaica, the place of choice to live, work, raise families, and do business	
VISION	Healthy Jamaicans, living in healthy communities and persons living with or affected by non-communicable diseases and injuries achieving optimal quality of life.	
MISSION	To facilitate opportunities for all Jamaicans to live a healthy life by	
	implementing integrated, "whole of society" actions to promote social,	
	environmental policies and systems improvement that support health in all	
GOAL	The goal of the strategic and action plan is to reduce the burden of preventable morbidity and disability and avoidable premature mortality due to noncommunicable diseases and injuries by 25% by 2025.	
OBJECTIVE 1	Reduce exposure to modifiable risk factors for non-communicable diseases and promotion of health throughout the lifecycle through the creation of health-promoting environments.	
OBJECTIVE 2	Strengthen and reorient health systems to address prevention and control of non-communicable diseases through people-centred primary health care and universal health coverage	
OBJECTIVE 3	Strengthen national capacity for NCD surveillance and high quality research for prevention and control of non-communicable diseases	
OBJECTIVE 4	Strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of non-communicable diseases in the development agenda and in internationally agreed development goals.	
OBJECTIVE 5	Build health-promoting public policies through health in all policies	

National Strategic and Action Plan for the Prevention and Control of NCDs 2013-2018 for Jamaica – Lead Target

AREA	LEAD INDICATOR	
Essential medicines and basic technologies to treat major non-communicable diseases	% availability of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities.	80%

- MoH VEN List items government owned health facilities
- Drug Serv Non-VEN items –
- NHF card private and public pharmacies
- JADEP card Private and public
- MoH Compasionate Fund
- Donations



The National Health Fund (NHF) is an executive agency of the Ministry of Health charged with the responsibility of reducing the financial burden of healthcare on the Jamaican population. The NHF officially started operation on April 28, 2003 with the registration of persons applying for NHF Individual Benefits.

 However, its services have evolved over the years and today the organization provides the following services:

1. Individual Benefit

- The National Health Fund Individual Benefits assist individuals with the cost of their prescription drugs, for specific chronic illnesses. It provides pharmaceutical support for the treatment of these illnesses through two programmes:
- The NHF card which provides subsidies to beneficiaries of all ages to treat 16 chronic illnesses. Every person living in Jamaica, diagnosed with any of the sixteen (16) chronic illnesses covered is eligible for coverage.
- JADEP which provides a specific list of drugs free of cost, to beneficiaries who are 60 years and over for the treatment of ten (10) chronic illnesses .

2. Institutional Benefit

- The Institutional Benefits function provides grants to institutions through two funds.
- a. The Health Promotion and Protection Fund, which provides funding for public & private sector projects in educational and primary care activities that promote healthy life-styles, protect health and prevent illnesses in support of the national healthcare policy.
- b. The Health Support Fund, which provides funding for public sector infrastructure and development projects that support the national healthcare policy using the Pan American Health Organization's (PAHO) Essential Public Functions

3. Pharmaceutical Division

- procures, warehouses and distributes pharmaceutical and medical supplies to the government owned health facilities across the island.
- Through the use of its extensive network of both overseas and local manufacturers and wholesalers located in over 20 countries spanning all 7 continents, it is able to provide quality products at competitive prices.
- Services are also extended to private individuals by providing a source of 'hard to get' pharmaceutical items for life threatening diseases and catering to their emergency needs.

4. Drug Serv Division

- NHF currently owns and operates a total of 17 Drug Serv Pharmacies.
- 5 commercial Drug Serv pharmacies located outside of a health facility compound that dispense to both private and public patients.
- 12 hospital/HC pharmacies that are responsible for dispensing pharmaceuticals to public patients.

- A study done by the World Bank in 2013 titled "Moving from Prescription to Prevention" concluded that:
- The NHF drug subsidy program has achieved its primary goal of making NCD drugs more affordable. The results from the analysis of the Household Surveys before and after the establishment of the NHF indicate that NCD patients under the NHF paid less out of pocket for their pharmaceuticals than NCD patients without NHF cover.
- Improve efficiency of the NHF by: (1) assessing the prevention programs financed by the NHF and their effectiveness; (2) striking the appropriate balance between prevention and drug subsidy programs; and (3) improving targeting of the poor under the drug subsidy programs. Activities could focus on geographic areas where poverty, disease, and violence are concentrated and areas where the poor population would benefit from NHF coverage.

NHF's SUPPLY MANAGEMENT AND INFORMATION SYSTEM

- NHF does not impose restrictions on how much stock is distributed to the facilities.
- Each institution order according to their budget.
- Stocks are rationalized when balances are low.
- If there is a large disparity between what the customer orders and their historical purchases, confirmation is done to ensure the correct amount is being ordered.
- Drug Serv pharmacies which are owned and operated by NHF are encouraged to carry no more than 6 weeks supply of inventory.
- On the other hand, for JADEP Provider Pharmacies, orders are monitored at all times and pharmacies are encouraged to maintain their order quantity. Any major deviation results in an investigation.

NHF's SUPPLY MANAGEMENT AND INFORMATION SYSTEM

Reporting

- Being an Executive Agency of the Ministry of Health,
- NHF reports the following information to MoH on a monthly basis:
- List of items that were out of stock/low stock for the reporting period and their ETA.
- Hard to source items, for which MoH advise of a suitable alternative molecule where available.
- Weekly inventory balances for drugs used to treat certain disease conditions that require close monitoring such as Mental Health.

NHF's SUPPLY MANAGEMENT AND INFORMATION SYSTEM

- In an effort to meet/exceed the needs of our customers, they are encouraged to provide feedback in a timely manner regarding changes in prescribing pattern/demand.
- There are instances when we were unable to foresee the increased demand, for example Chikungunya outbreak in mid 2015 the increase for Paracetamol Tablet skyrocketed. Same for Human Immunoglobulin for Zyka outbreak in 2016.

NHE'S SUPPLY MANAGEMENT AND INFORMATION SYSTEM

- NHF generates its reports, which are evaluated, analyzed and used to guide decisions made and drive changes.
- Drug Serv Pharmacies have a robust inventory management system in place and real time inventory balances can be viewed by the management team.
- The Pharmacy Inventory Management Software (PIMS) used at our Drug Serv locations is interconnected, therefore users are able to view inventory balances at each location.

FORECASTING METHODOLOGY

- At the start of a tender, a forecast is done to derive the estimated quantities to be included in the bidding documents. These quantities are indicative and give bidders a guide to our demand throughout the contract period.
- Orders are placed on an as needed basis and suppliers are asked to make phase deliveries in some instances.
- Lead time, item cost, volume/bulkiness of the item suppliers' track record etc. helps determine the re-order level and order quantity.

FORECASTING METHODOLOGY

- Suppliers are provided with annual, semi-annual and/or quarterly forecasts based on their preference.
- Mergers and acquisitions are taken into consideration when forecasts are being prepared. Purchase orders are also prepared to ensure adequate stocks.

PROCUREMENT PRACTICES

- NHF seeks to procure these items by way of an International Competitive Tender.
- Contract period is 24 months
- Interim purchases are done whenever the awarded supplier is unable to supply
- The main barrier to our ICB is, products must be registered in Jamaica with the Ministry of Health.

Challenges

- Global shortages of some critical NCD medicines.
- Discontinuation of older molecules that are still widely prescribed locally.
- Too many items to procure and monitor, NHF procures over 800 pharmaceuticals, 300 medical sundries, x-ray items, Sutures among others
- Just in time deliveries for bulky items due to warehouse space constraint.
- NHF unable to pay suppliers on time, in some instances.
- Preference given to larger markets when rationing supplies
- Inconsistent deliveries from some suppliers who do not adhere to their lead time

Solutions

- NHF recently embarked on a Pubic Private Partnership to address the issue of long waiting times to fill prescriptions at selected pharmacies.
- NHF to share all items awarded between two or more suppliers where possible.
- NHF recently expanded its warehouse space
- Partnership with local suppliers to warehouse and distribute items awarded to them, on NHF's behalf.
- Caribbean Regulatory System (CRS) for unregistered drugs.
- PAHO's pooled procurement for the region allows it to get very competitive prices due to economies of scale.
- NHF is in dialogue with PAHO to utilize their Strategic Fund to access hard to source medicines at a more affordable cost.
- PAHO's Strategic Fund to addresses the issue of consistent supplies for 80 VEN items currently on list of medicines procured by PAHO
- The Strategic Fund also offers financial assistance to Member States by way of 60 days line of credit for items purchased through them.