



COUNTRY REPORT



**COMMONWEALTH OF THE
BAHAMAS**



PAHO MEETING

FEB 22-23, 2017

DEMOGRAPHICS

- **The Commonwealth of the Bahamas became an independent nation in 1973.**
- **The country has a population of approx. 390K, mostly dispersed throughout 20 major islands/cays.**
- **The main provider of healthcare is the public sector.**
- **Scope of public services range from primary care to specialized services**

HEALTH SYSTEM PROFILE

- **The Government of The Bahamas remains committed to ensuring that all citizens have access to healthcare irrespective of their varying abilities to provide payment.**
- **There are 3 public hospitals and over 90 clinics that provide public healthcare services.**
- **The National Insurance Board also coordinates the National Prescription Drug Plan that provides medications for Chronic Non-Communicable Diseases, involving public and private sector pharmacies**

HEALTH SYSTEM PROFILE

- **The Public Hospitals Authority published the 2016 “DRUG FORMULARY”.**
- **The Government is presently implementing National Health Insurance with universal coverage being an essential principle.**
- **In addition, basic health insurance is also carried (in varying levels) by significant portions of the working population.**

FINANCIAL FACTORS

- **The Government (inclusive of the Public Hospitals Authority and the National Insurance Board) spends over \$20M/year on medicines.**
- **The management of NCDs is a major factor in the public sector spending.**
- **Expansion of projects/programmes at the hospital and clinic levels contribute to this investment increasing.**

IMPACT OF NCDs

- **The research in preparation for NHI showed that primary care for NCDs was the #1 priority/area of concern.**
- **ER visits were high, due to many NCD cases that should have been handled via primary care.**
- **NCDs were major contributors to the morbidity & mortality rates (CHF/DM/RF, etc.). These were often preventable if detected earlier.**

UPGRADES IN I.T.

- **The Government has invested significant funds in upcoming I.T. healthcare systems inclusive of pharmacy, medical records and supply management programs.**
- **The NIB has already issued new SMARTCARDS that will provide enhanced information gathering/sharing capacity.**
- **The new Supply-Chain Management Agency under the PHA is working to improve procurement and storage of critical supplies.**

FORECASTING (NCD SUPPLY)

- **The public Tender Exercise for Medicines occurs every 2 years.**
- **The consumption is measured, and given various factors, a forecast is given for a Minimum Government Guarantee of approx. 75% of the anticipated need, inclusive of any expected increase in basic utilization of public services.**
- **Recent trends show a marked increase in public healthcare utilization.**

BARRIERS TO ACCESS

- **The level of care available is different depending on which island one may reside.**
- **There is still a need for a National Medicine Policy (although there are standards set out in the Pharmacy Act, 2009).**
- **The need for a more extensive regulatory framework at the MoH level is evident.**
- **There are deficits in essential personnel, particularly pharmacists.**

BARRIERS TO ACCESS

- **A major barrier to access to Rx to treat NCDs is the frequent unavailability of medicines to the market.**
- **The suppliers often have delays or are unable to procure stock.**
- **The market size can sometimes be a detriment to accessing stock.**
- **While the Government has taken steps to increase storage capacity, it is also considering the PAHO Strategic Fund as a supply option.**



CONCLUSION



- **Access to healthcare (particularly for NCDs) is a focal point for the Government.**
- **NHI will seek to provide this at more efficient and effective levels to all residents.**
- **Much investment and developments are ongoing to improve the healthcare system.**
- **PAHO is viewed as an important partner in these developments.**