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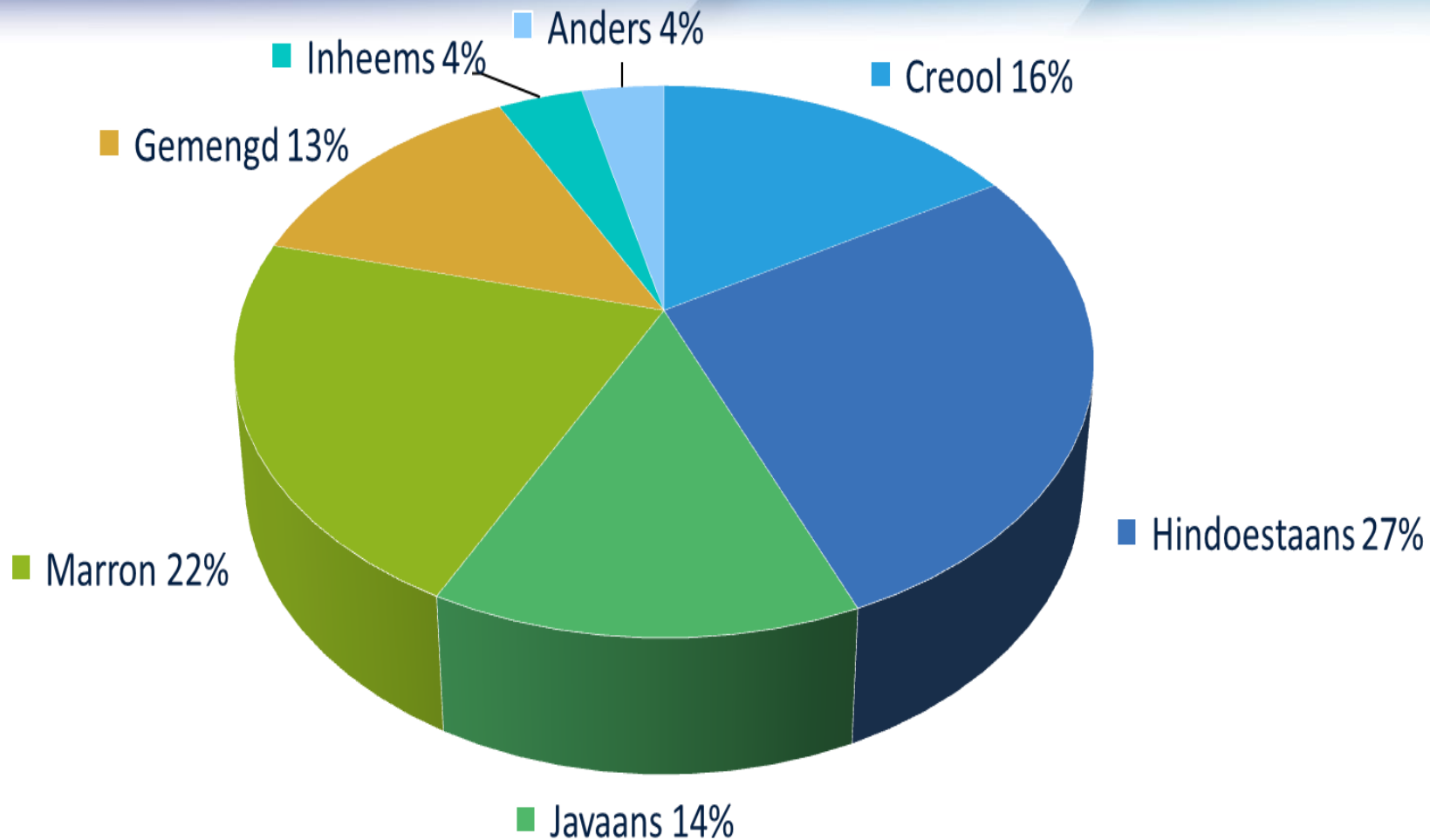
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Inspectorate

# Suriname



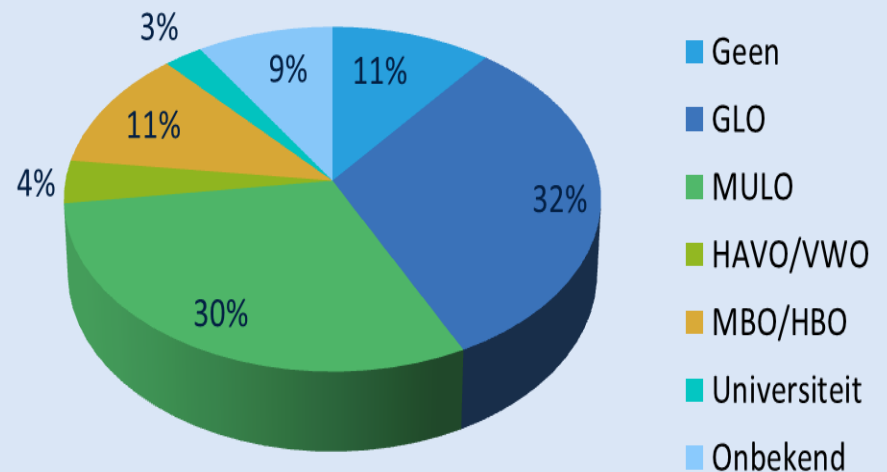
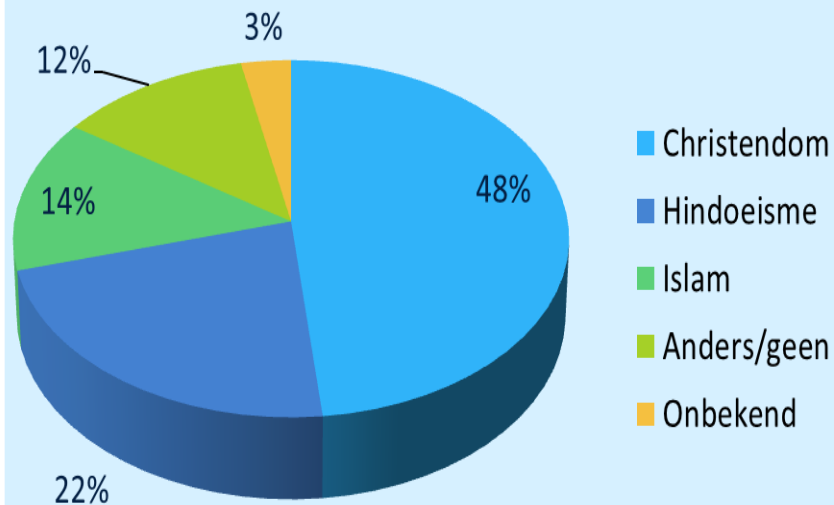
- Population: 560.000
- GDP:  $\approx$  8000 USD/capita
- Urbanization 70%
- Life expectancy 71.7 jr

# Bevolking

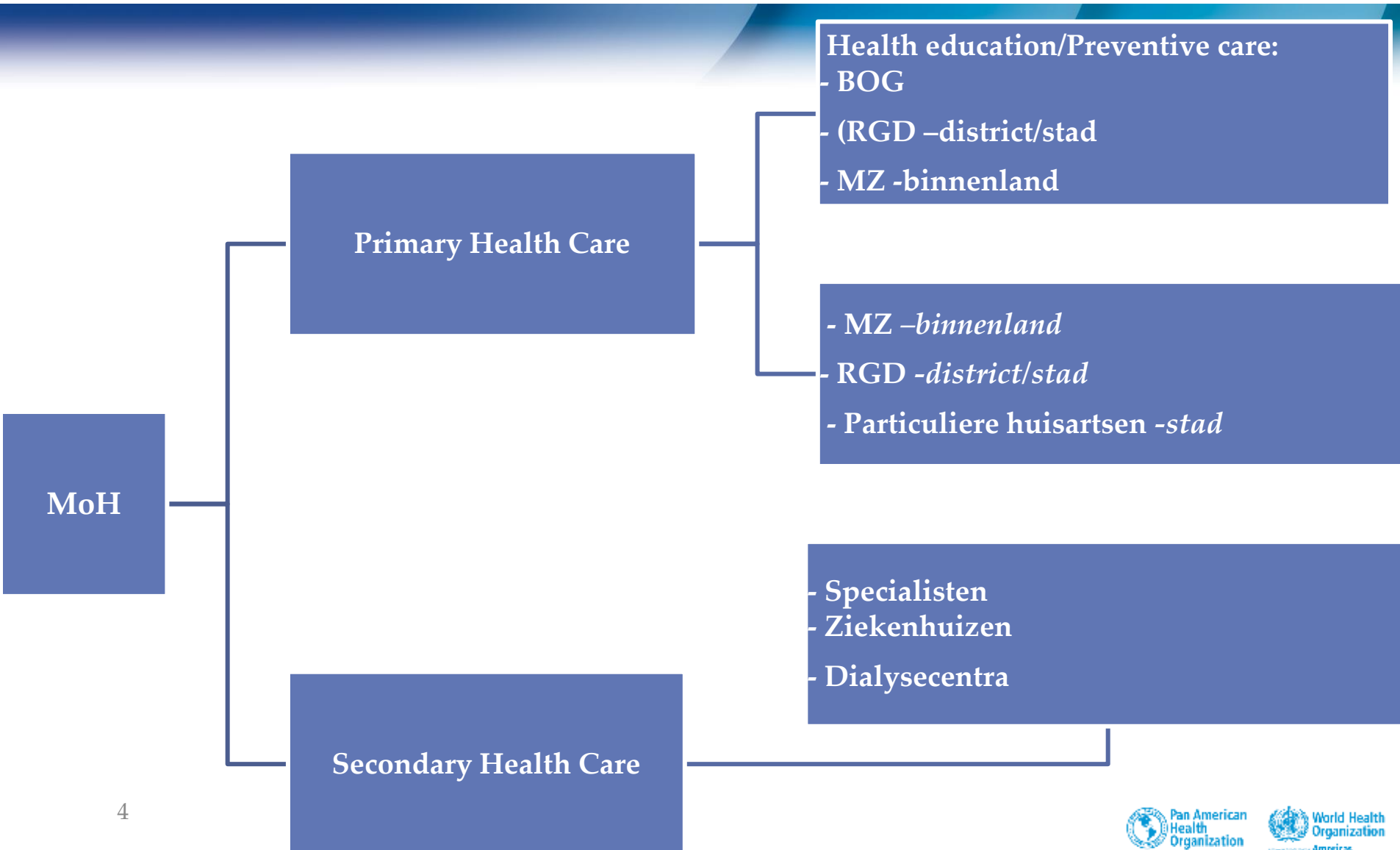


# Religion /

# Education



# Health System profile

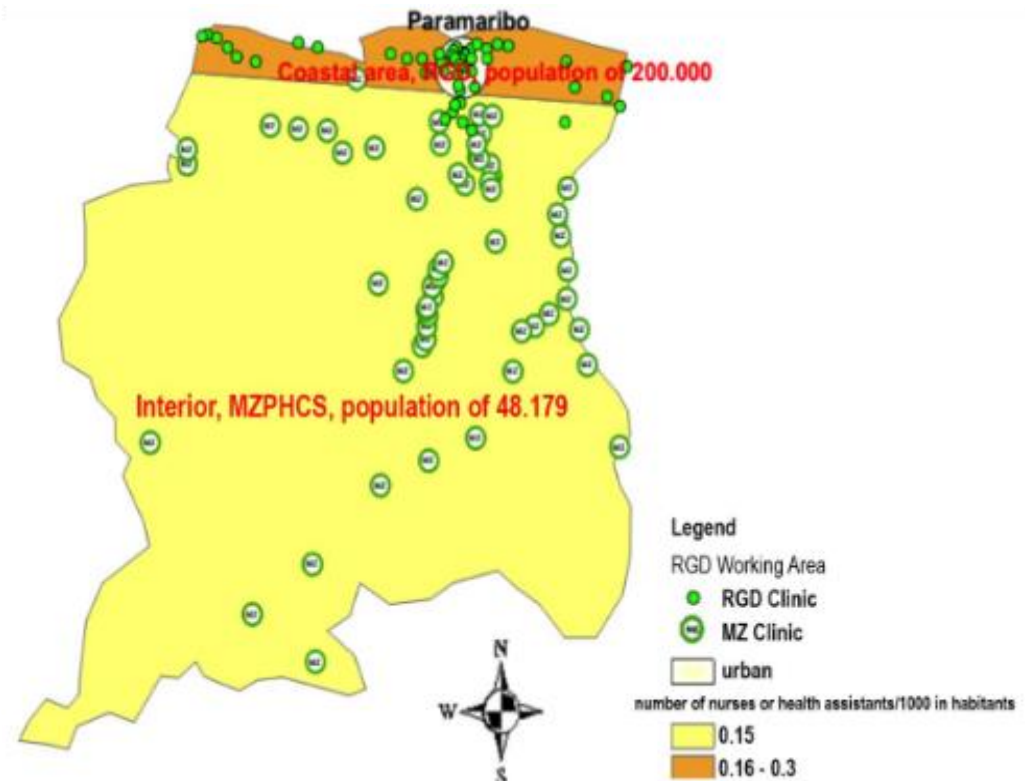




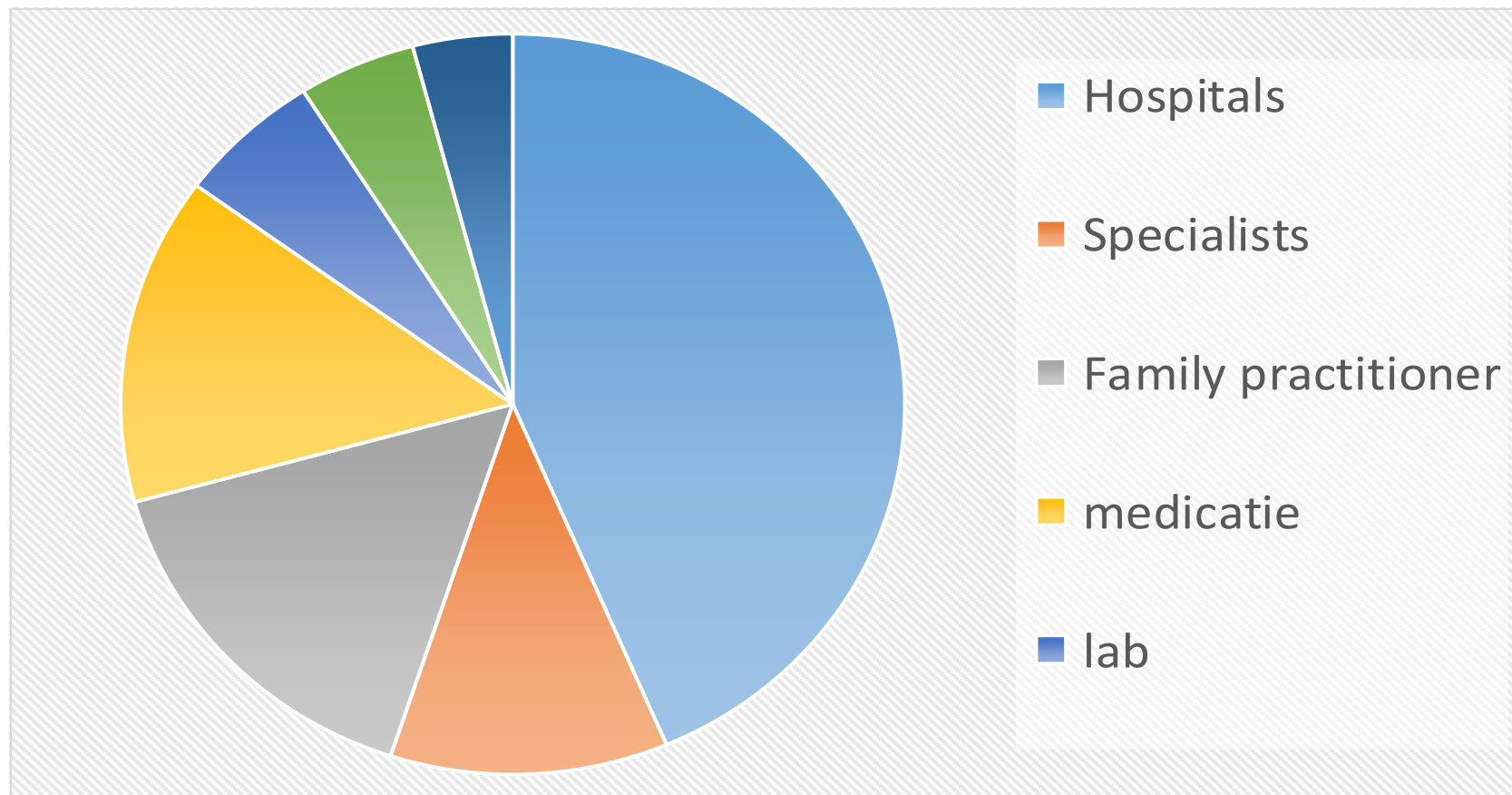


# Distribution of Health Care

- Coastal: RGD- Regional Health Services
  - 63 clinics
- Private physicians
  - 150 clinics/ coastal
- Interior: Medical Mission
  - 57 clinics
- Hospitals
  - 4-Paramaribo
  - 1-Nickerie/ western border
  - 311 hospital beds /1000 habitants

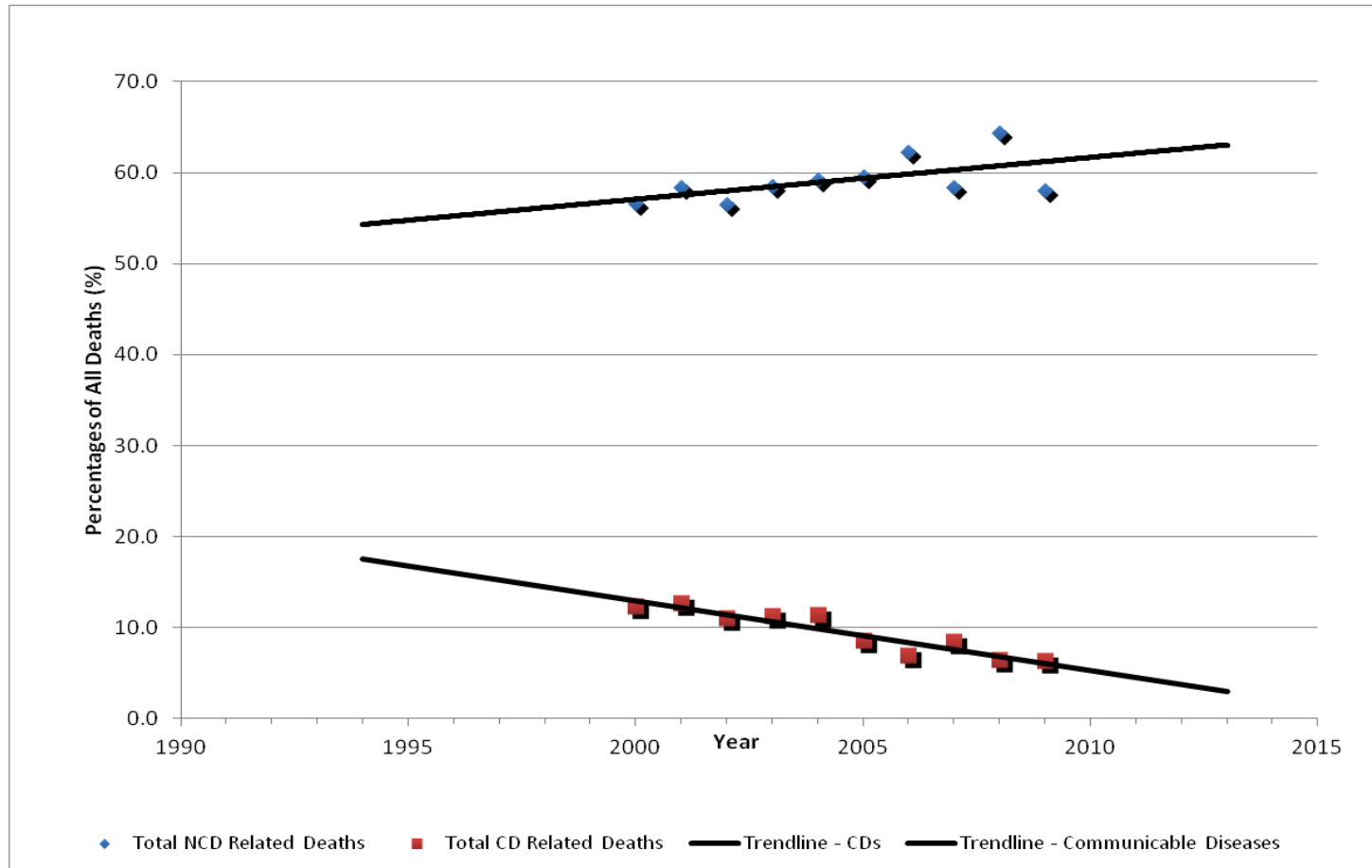


# Health Spending focus op curative care





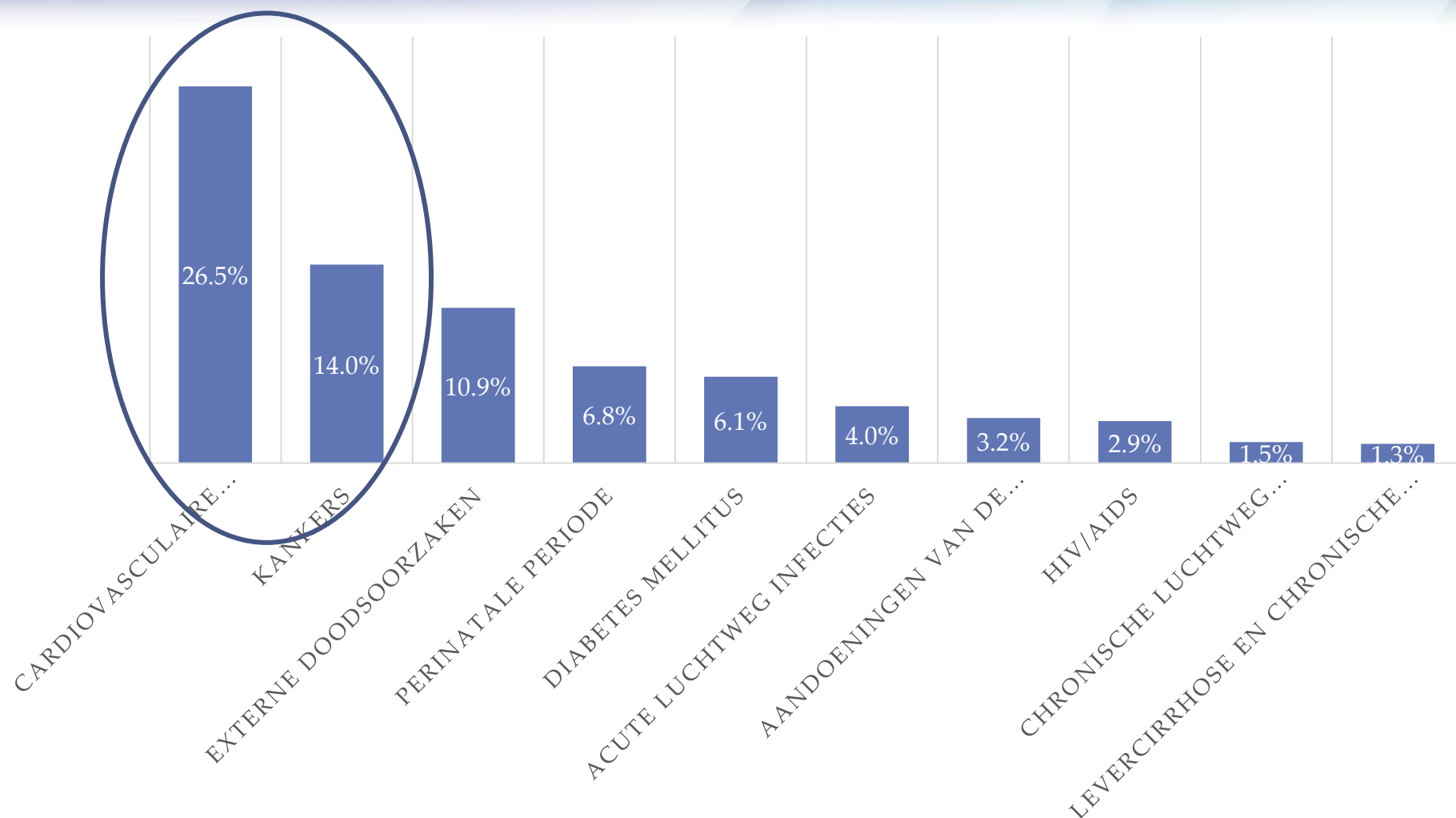
# Ziektepatroon



□ =  
NCDs

□ = CDs

# Leading causes of deaths 2013



# Risicofactoren NCDs

Almost **two-thirds** of non-communicable disease (NCD) deaths are linked to:



Tobacco  
use



Harmful use  
of alcohol



Unhealthy  
eating



Physical  
inactivity

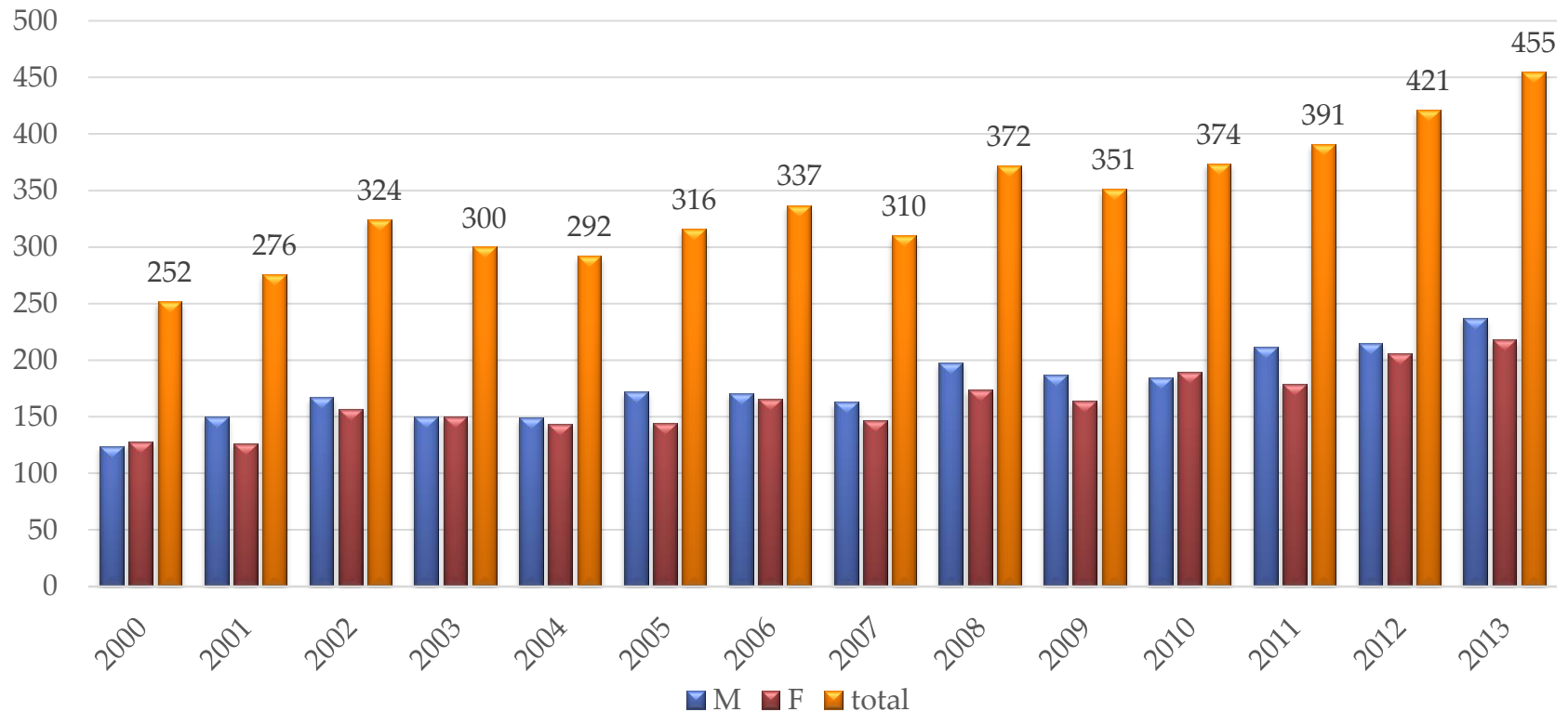
# Risicofactoren NCDs – *survey 2013*

- Overweight: 47% (♂) - 63% (♀)
- Hypertension: 22%
- Diabetes: 15%
- Smoking: 7 (♀) - 34% (♂)
- Physical inactivity: 45%



# Cancers in Suriname- Deaths

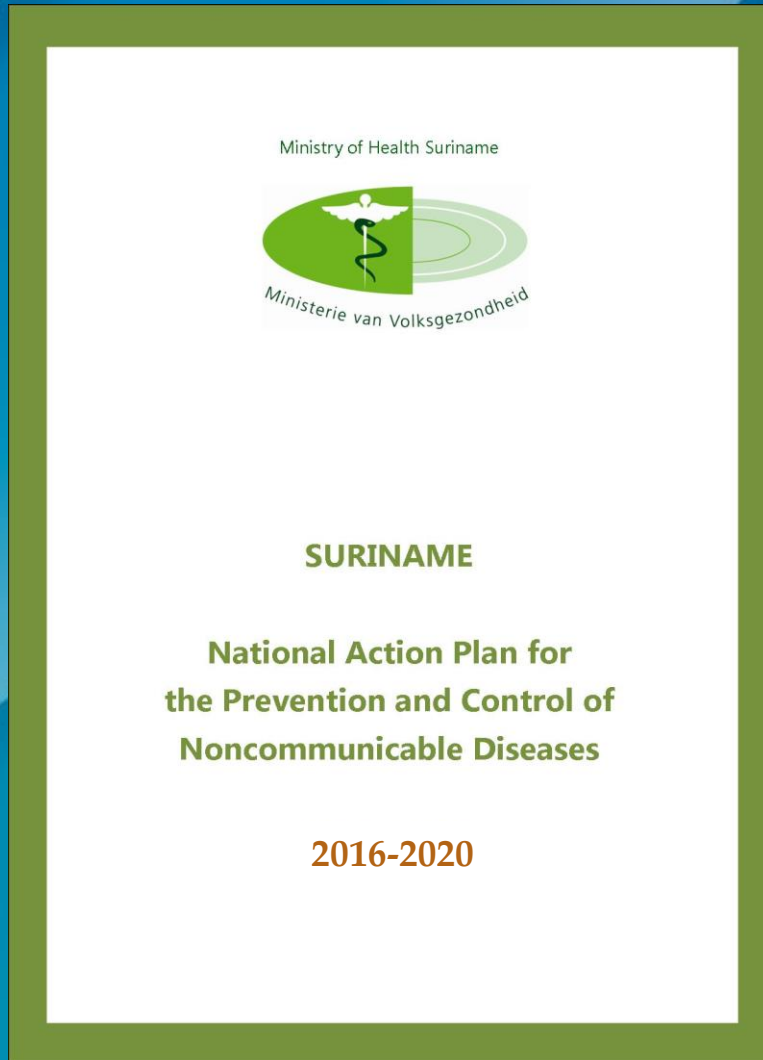
Deaths due to Cancers, 2000 - 2013



# NCD Plan 2016 – 2020

## 4 Strategic Areas

1. Coordination, Policy & Legislation
2. Promotion of Healthy Life Style
3. Integrated prevention and Control of NCDs and Risk Factors
4. Surveillance, Monitoring, Evaluation & Research





# Start Anti-Tobacco awareness walk

# Education: Campaigns

Sranan  
Lus' A Skin

Health  
Promotion  
....Districten Tour....





# Launch Health Promotion district Tour





# Health Promotion district Tour (Wanica)





A group of people, including an elderly man in a pink shirt and glasses, are participating in a health promotion activity in a community center. The man is in the foreground, looking down at his hands. Behind him, several women are standing in a line, some wearing bright green shirts. The setting appears to be a large, open hall with a polished floor and large windows in the background.

# Health Promotion district Tour (Wanica)

# Launch: Promoting drinking of water under school children





# One Stop Shop



# Care

- National Action Plan for prevention & control of NCDs
- Patient-centered care
- Delivery of basic NCD health care at the primary level
- Adaptation of payment systems
- Quality assurance
- Education/training of appropriate health care work force
- Risk factor reduction
- *intersectoral and multidisciplinary approach (HiAP)*



Langa wan anu  
gi wan moro gosontu Sranan

## Chronic Disease Risk Factor Surveillance

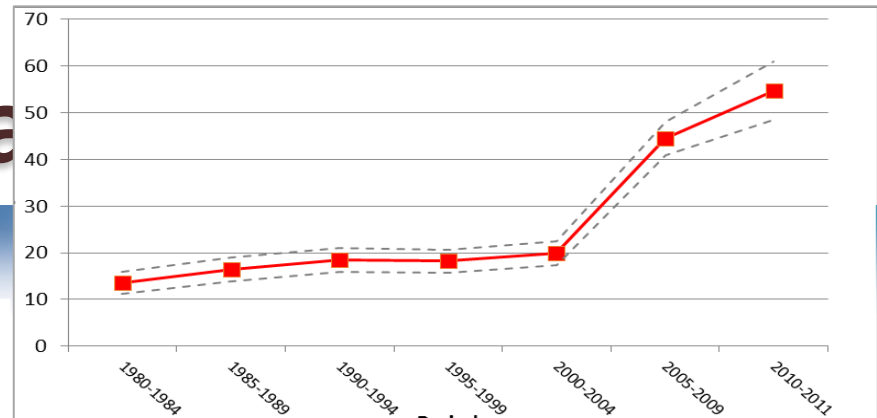
**DATA BOOK FOR SURINAME**



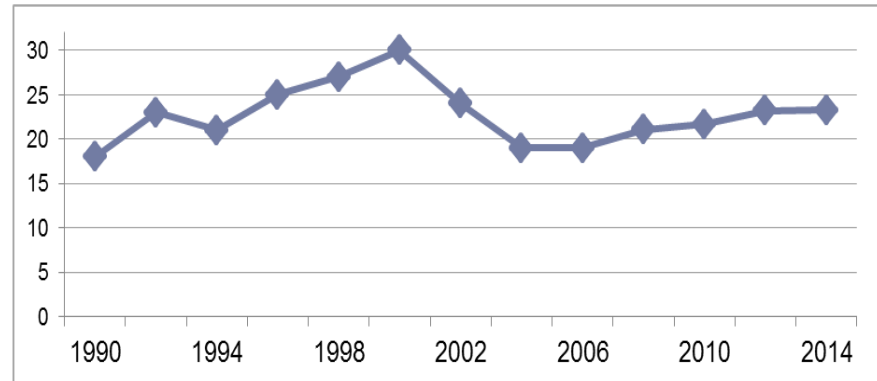


Ca

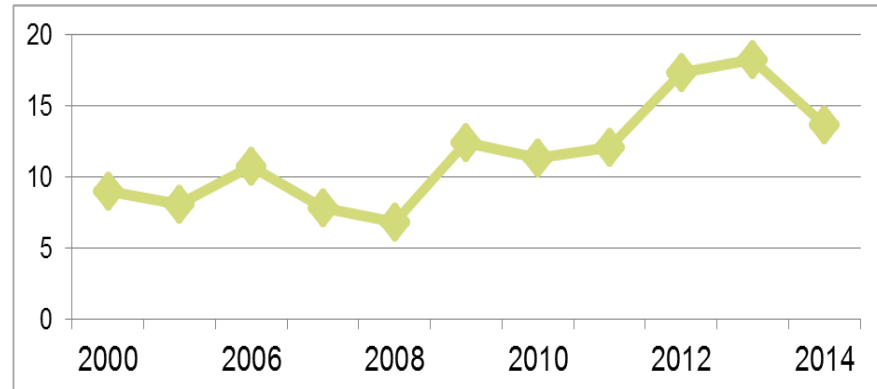
Breast



Cervical



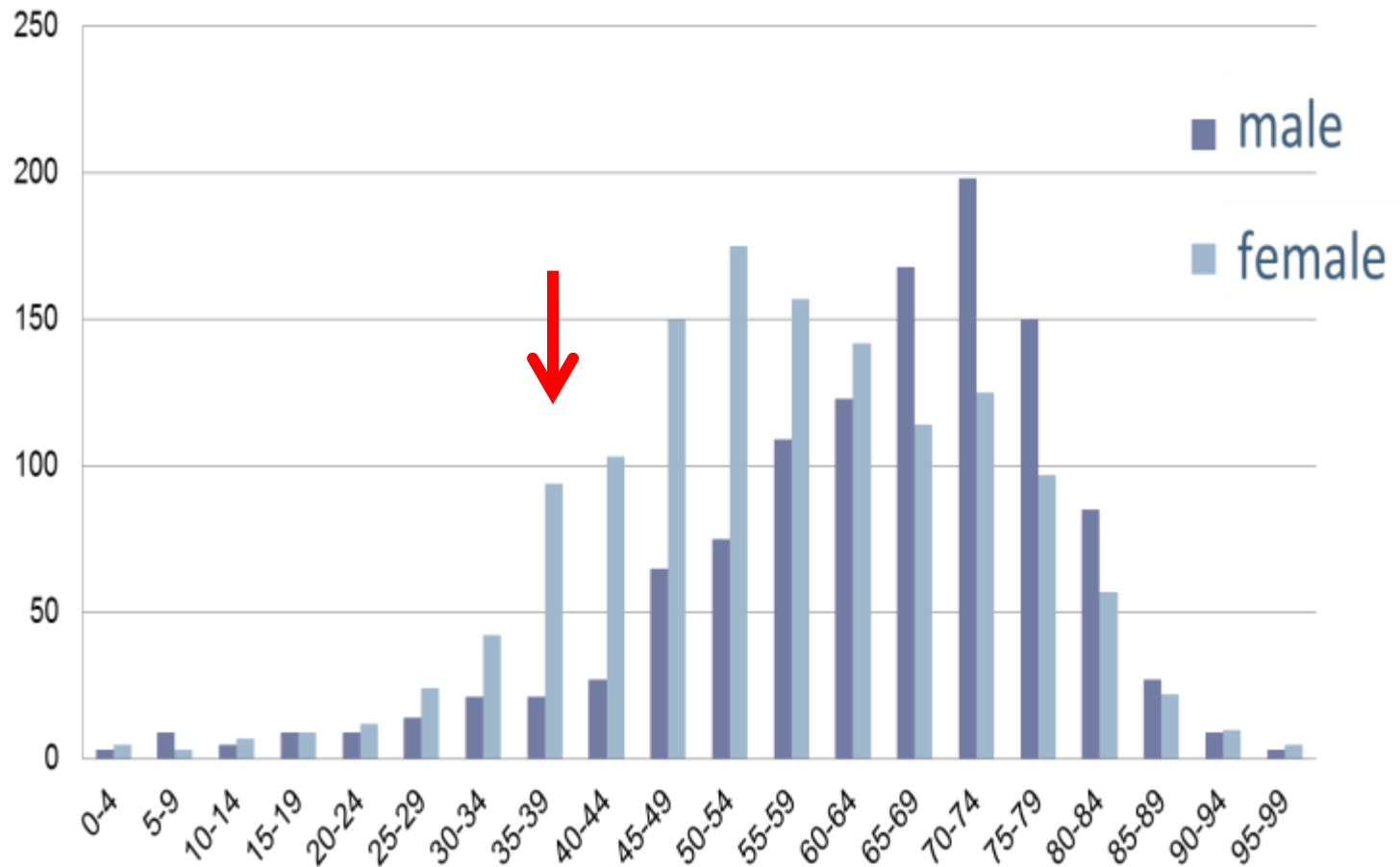
Intestinal



# Kanker

|                                    | Developed<br>countries<br>wereld | Suriname |
|------------------------------------|----------------------------------|----------|
| Cancer<br>incidence<br>per 100.000 | 286                              | 160      |
| Cancer deaths<br>per 100.000       | 108                              | 98       |
| Case fatality<br>rate              | 38%                              | 62%      |

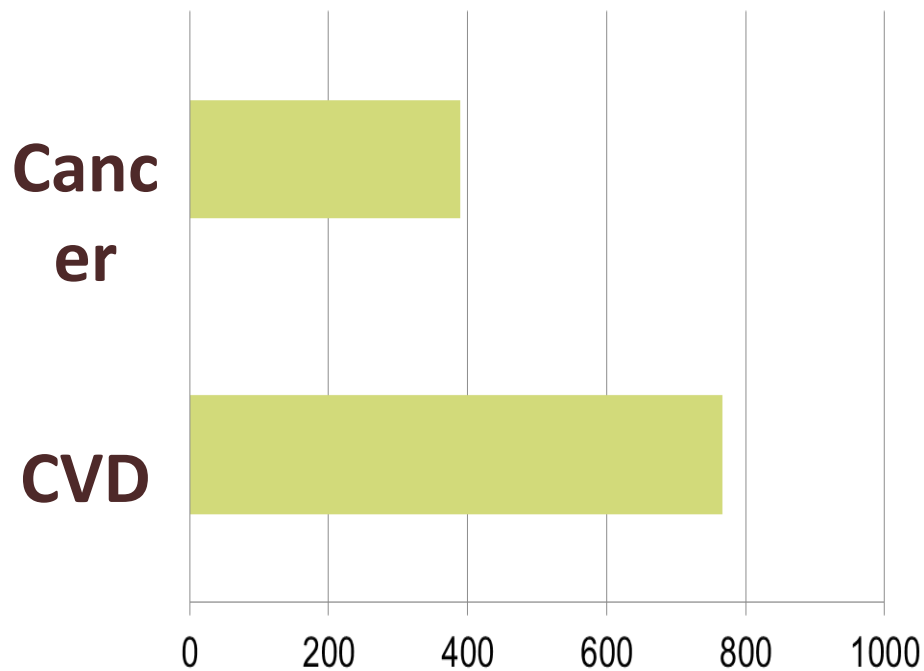
# Cancer incidence - age



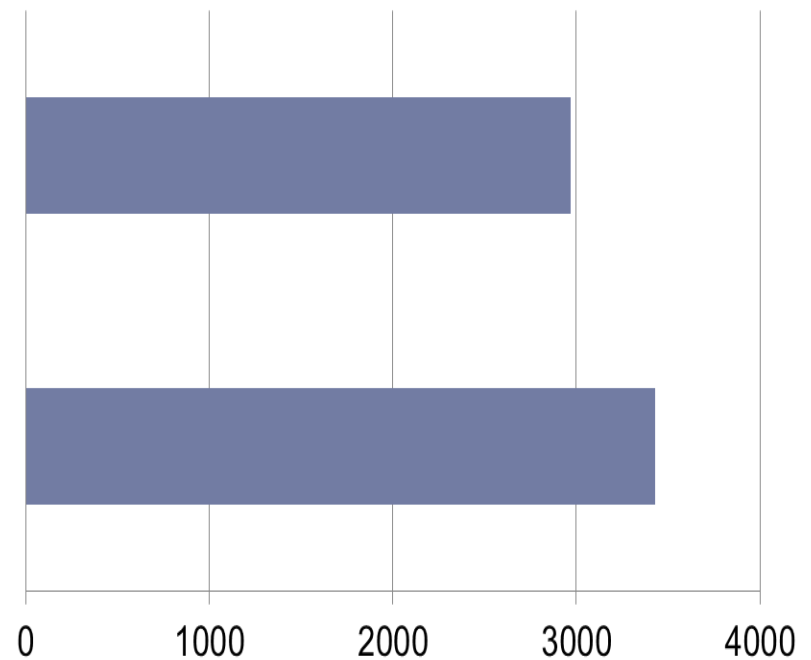


# Death & years of life lost - 2011

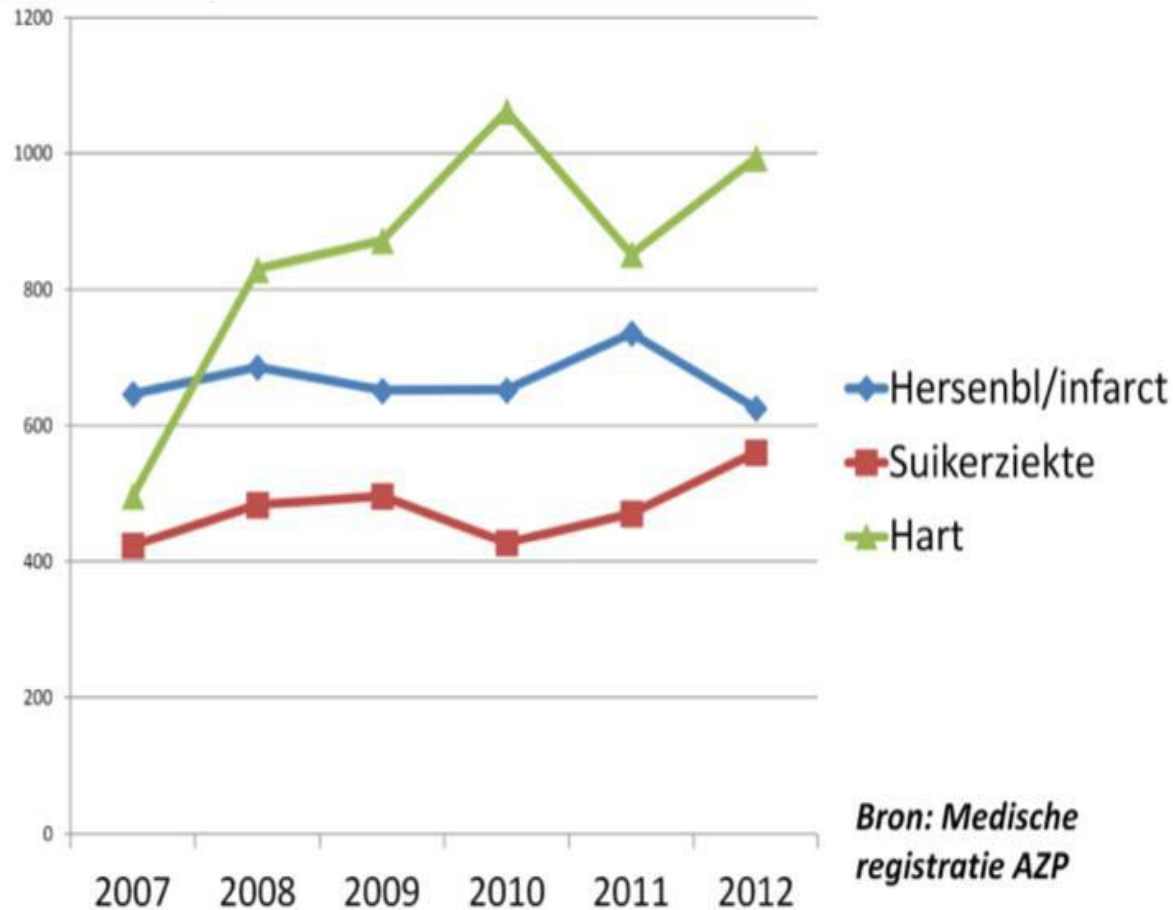
Deaths



YPLL



# Hart- en vaatziekten



# Medicines

What do we have in place and what not?



# SURINAME HC system

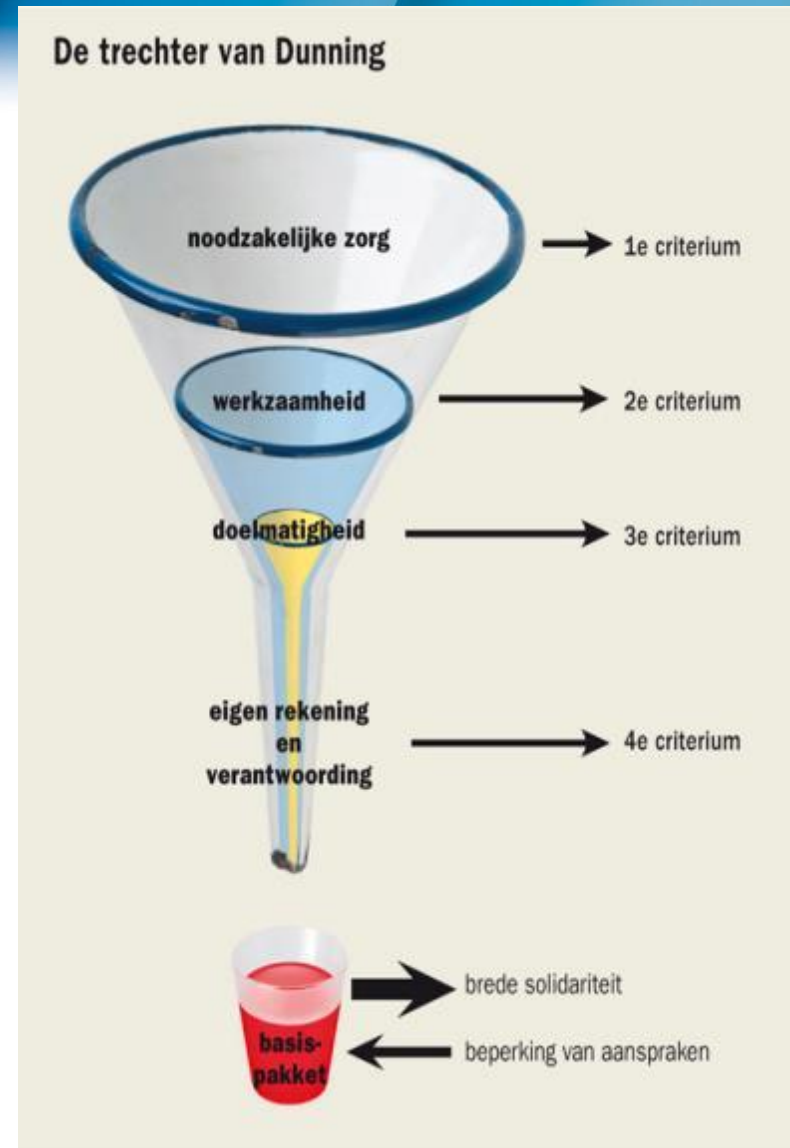
- Has a National Medicines Policy
- Has an essential medicines list ( $\pm 500$  items); Public Health programmes as well as an established need of specialized items
- Has BGVS, a specialized government agency tasked with the import/manufacture, storage and distribution of health care products
- Also complementary: Private Import & distribution companies
- Is implementing UHC, which by law makes the EML the basis of any insurance scheme, thus increasing access to essential medicines
  - Funding limits for certain essential medicines ie. for renal disease and oncological therapy
  - Strong penetration of multi-source products in the market

## MEANWHILE

- The HC system has been affected by the world and national economic crisis
  - On going negotiations to obtain loan agreements, a.o. for basic goods s.a. medicines
  - Specific conditions s.a. minimum contract amounts, procurement methods s.a. open international tenders

# Basis pakket: prioriteiten stellen

- Necessary Care
  - Need
  - Equity
- Efficacy
- Cost Effectiveness
- Own Account and responsibility



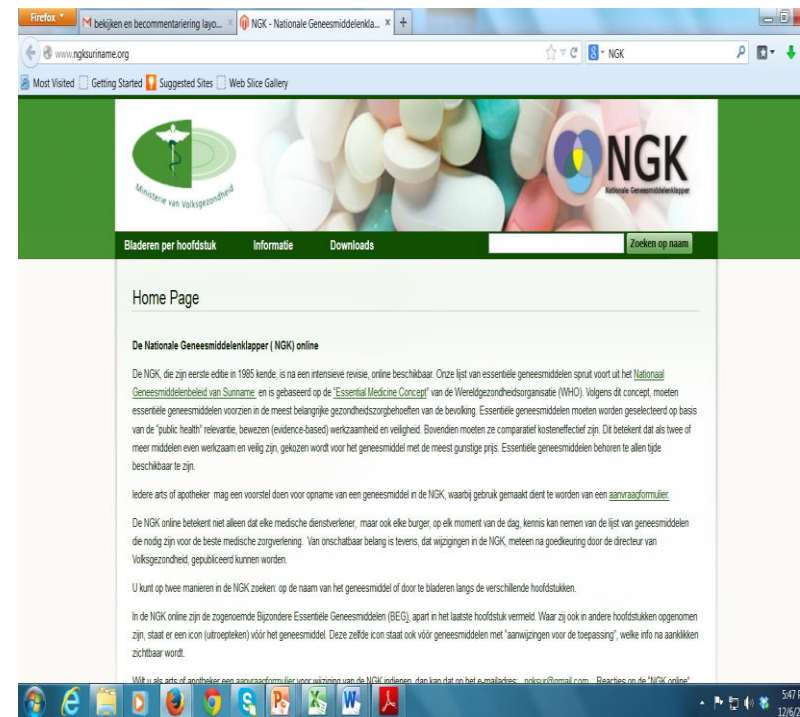
# NMP – Policy components

1. Implementation and management
2. Traditional medicine
3. Funding
4. **Procurement and distribution**
5. Medicines legislation and regulation (Quality)
  - Additional quality note (2010)
6. Rational medicines use (prescription, dispensing and use - STGs)
7. **Selection (EML)**
8. Research and development



# Concept Essential Medicine in Suriname

- 1985: 1<sup>st</sup>e national list of essential medicines
- Goal: Support rational medicine use
- Online:  
<http://www.ngksuriname.org>
- In legislation regarding UHC







**BGVS** 

# BGVS 2016:

## Public Health function

### A. General

- ✓ Fullfill tasks given by law (Decree E-37)
- ✓ Fullfill role in implementing National Medicines Policy

### B. Assisting MOH programmes/projects

- ✓ MOU's and regular consultation with relevant MOH agencies/departments (for a.o. HIV/AIDS, malaria en TB)
- ✓ Purchasing, quality control, storage and distribution of ARV's, TB medicines, antimalarials
- ✓ Emergency stocks (e.g. oseltamivir, nifurtimox)
- ✓ Fulfilling role as intermediary/specialized MOH entity for purchasing from UN - agencies

# BGVS: guiding principles



The guiding principle is the **National Medicines Policy**.

- Portfolio: EML
- Quality: whenever possible for every purchase:
  - Registered medicines, CoA, QC-check in BGVS QC-lab
- Purchasing and distribution:
  - Target: 100% EML available at any time
  - Price: competitive, compare with international price-indicators; fixed prices for a longer duration of time (target is at least six months)
  - for optimal patient compliance consistency in dosage form and package is preferred; whenever possible pack size for easy dispensing at pharmacy level (blister)
- Finance:
  - BGVS does not aim at maximalisation of profit; Pricing policy
  - BGVS assists MOH in the execution of Public Health programmes by financing programme purchases
- Disposal of pharmaceutical waste



# BGVS: current procurement practices

- Portfolio: “monitor”. Currently approx. 470 dosage forms
- Of these: approx. 85% EML, 15% other
- Steps in purchasing process:
  - “Bestel advies” : indication to start purchasing process .  
For items with stock of 9 months or less
  - Quotation and evaluation of quotations
  - Draft PO
  - Approved PO sent
  - Payment (in case of prepayment)
  - Shipment , receiving of documents, preparation for clearance from customs
  - Clearance from customs
  - Transport to and receipt on BGVS premises; transfer to warehouse
- Quantities purchased: typically one year supply
- Purchasing methods used: DC, IS



# AZP: top-clinical care

- approx. 170 medicines
- AZP pharmacy purchases from a wholesaler in the Netherlands
- BGVS has a role in paying the invoices
- List includes products for top-clinical use in other hospitals

# Other important factors

- HCD Public Private partnership based on cost recovery mechanism
- Medicines supply is
  - a two tiered system for urban population
  - Three tiered system for rural and interior communities (MM and RGD)
  - Specialized mechanisms for PH programmes
  - KISS
- Uses a pull system, except for specialized programmes ie malaria and when there are shortages
- Import based; no local manufacturing (extemporaneous compounding & few galenicals)
- Has an NRA & pharmaceutical laboratory and is one of 5-6 CARICOM countries that does registration based on an evaluation of QES

# Barriers

- Political (non) expediency
- Human Resources & System is not geared towards Continuum of Care and related competencies and complexity
- Complexity and currents demand for Care
  - CVD and related comorbidity
  - Cancer
  - Palliative Care
- Costs
  - HTA assessment
- Quality Assurance
  - NRA
- Fractionated System

# PAHO SF Mission progression & conclusions

- Contextualizing presentations
- PAHO SF set up; operational procedures; product portfolio & TA possibilities; Capital Fund use (loan to pre-finance procurements); procurement cycle & cut of dates
- BGVS product portfolio
- Initial product selection for procurement; updated list to be send by PAHO SF
  - Cytotoxic medicines (approx. 15)
  - Antiretroviral medicines (approx. 15)
  - Immunobiologicals (approx. 3)
  - High Cost medicines ( ie taxanes; hepatitis C; monoclonal antibodies)
- Registration documentation & efforts
- Alignment with IsDB/ITFC loan