

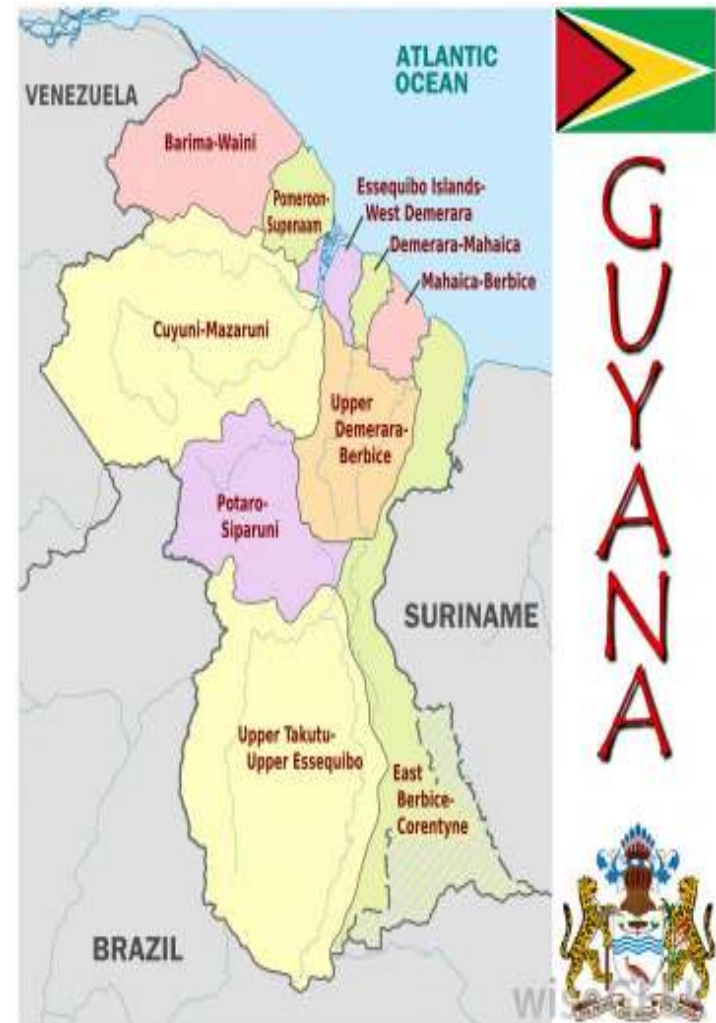


Availability, Access and Gaps for NCD Medicines

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Introduction

- ▶ Population– 747,884 persons (Census 2012)
- ▶ Health care is free to all Guyanese in the public sector
- ▶ Health system is funded by national taxation



Health System Profile

- ▶ Four of the top five leading causes of death are from NCDs (MOH, 2013)
- ▶ 67% of all deaths are from NCDs (WHO, 2014)
- ▶ Strategic plan was developed in 2013 and is currently being implemented



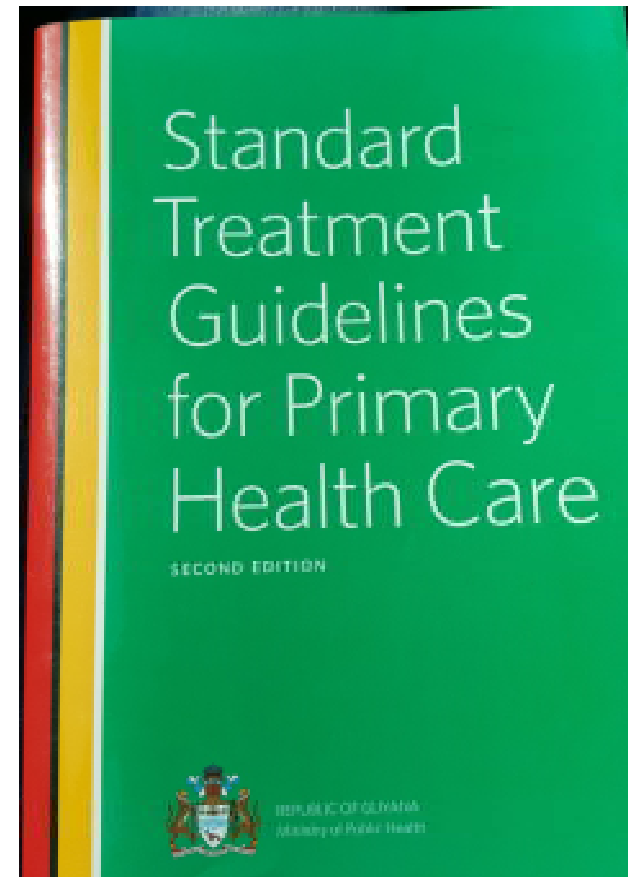
Health System Profile

- ▶ Healthcare is delivered through 5 tier system
- ▶ Decentralized to Regional Health Services Departments
- ▶ There is a disparity in provision of services between the coastland and hinterland regions



Health System Profile

- ▶ Guidelines
 - Standard Treatment guidelines for Primary Health Care (Levels 1–3)
 - Internally developed protocols used at district & regional hospitals & National Referral Centre



Information System

- ▶ Surveillance system is largely paper based at facility level and centrally digitalized
- ▶ Only provides information on incidence.
- ▶ Prevalence will determined by STEPS survey in 2017
- ▶ National registry for Cancer
- ▶ Facility level registers exist for diabetes and hypertension



Information System

- ▶ Logistics Management Information system is paper based
- ▶ Consumption data used to estimate quantities
- ▶ Stock distribution is based on request from the facility but is subject to verification
- ▶ Facilities do tend over-estimate
- ▶ Consumption of data done periodically by LMU



Forecasting Methodology

- ▶ Done regionally & aggregated centrally
- ▶ Done annually with little capacity
- ▶ Distribution issues create artificial shortages



Barriers to Continuous Access

- ▶ Low or non-adherence to STGs w/ no active guiding/ reference medicine body
- ▶ Unclear picture of disease burden
- ▶ Limited capacity of RHS departments to forecast needs
- ▶ Distribution issues create artificial shortages
- ▶ Limited fiscal space to purchase



Barriers to Continuous Access

- ▶ Generics are widely available
- ▶ limited capacity to test the quality of these medicines
- ▶ There is an increasing demand for specialized services



Procurement Practices

- ▶ Procurement is done centrally
- ▶ Suppliers are mostly local and regional and small in number
- ▶ Procurement is prolonged process



Summary of Barriers and Solutions

- ▶ Review of the EML
- ▶ Develop national guidelines for all tiers in the system
- ▶ Strengthen regional capacity for forecasting
- ▶ Strengthen information systems– eGovernance?
- ▶ Expand fiscal space and seek new opportunities to increase efficiency in the system
- ▶ Prioritize the needs

