A system framework for access to medicines – Implications for research and policy

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World Health Organisation, Geneva

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Outline

1. Access to Medicines in LMICs: current situation and future challenges
2. A multi-layer health system view of barriers to access
3. A system framework for access to medicines: the critical paradigm shifts
4. Stakeholders
5. Implications for research and policy
Access to medicines in LMICs current situation

- Considerable improvement in access to medicines since late 70's
- **Significant problems persist**, especially for the poor and vulnerable populations
  - Inadequate prescription and use
  - Poor quality of services and medicines
  - Unregulated informal sector
  - High proportion of health spending in general and OOP in particular
- **Fragmented vertical approach to access to medicines**
- **Disconnect between the pharmaceuticals and other health system building blocks**
The WHO Health System Strengthening Framework:
- Defining essential health system functions
- "Verticalization" of building blocks?

Access to medicines in LMICs challenges

• **On-going challenges**: communicable diseases, neglected diseases, high burden of mother and child mortality and morbidity, constraints in system resources: human, financial etc.

• **New challenges**: non-communicable diseases, aging population, escalating costs, widening inequities

• **Opportunities**
  - Strong movement around universal coverage and social health protection
  - New IT capabilities and opportunities for health systems
  - Increased attention on the crucial role of human resources
  - Focus on national planning processes
  - Innovations in community participation and role of consumers
  - Increasing attention on evidence for decision making

Maryam Bigdeli - Alliance for Health Policy and Systems Research
"Multiple, dynamic relationships between building blocks are essential for achieving better outcomes"
**A multi-layer health system view of barriers to access medicines**

**Source:**
Adapted from Hanson, K. et al., 2003. Expanding access to priority health interventions: a framework for understanding the constraints to scaling-up. *Journal of International Development, 15*: 1-14.

Populated with access to medicines barriers identified in the literature between 2000-2010

[PubMed systematic search on access to medicines and access to health in LMICs]

<table>
<thead>
<tr>
<th>Level at which constraints to access operate</th>
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<tbody>
<tr>
<td>I. Individual, household and community</td>
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<td>II. Health Service Delivery</td>
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<td>Level of the health system</td>
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| **I. Individual, household and community** | Physical barriers (geographical location, opening hours)  
Perceived quality of medicines and health services  
Inadequate health seeking behaviour and demand for medicines  
Inadequate use of medicines  
Social and cultural barriers (stigma related to poverty, ethnicity, gender, etc.) |
| **II. Health Service Delivery** | low quality of health services, including staff capacity and motivation, infrastructure etc.  
Competition between public and private health service delivery  
Low level of funding for service delivery  
Weak supply of medicines, low availability  
Inadequate prescription and dispensing  
Low quality / substandard medicines  
High medicine prices |
| **III. Health Sector** | Weak governance of the health sector affecting all building blocks:  
* Absence of stewardship over a pluralistic health system, including private and informal health sector  
* Absence of partnership with civil society or civil society participation in governance  
* Weak human resources planning and capacity development  
* Weak health information system and capacity for monitoring and evaluation  
* Low level of funding for health, inefficiency in the use of funds, low coverage of pre-payment and social protection schemes, over-reliance on donor funding  
Weak governance of the pharmaceutical sector affecting all functions: Registration, selection, procurement, distribution, licensing of pharmaceutical establishments, inspection, control of medicines promotion, etc. |
| **IV. Public policies cutting across sectors** | Low public accountability and transparency  
Low priority attached to social sectors  
High burden of government bureaucracy  
Conflict between trade and economic goals for pharmaceutical markets and public health goals |
| **V. International and regional level** | International donors agenda, including for medicines  
Weak regional development and economic cooperation mechanisms  
Unethical use of patents and intellectual property rights  
Research and development not targeting disease burden in LMICs |
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| II. Health Service Delivery | Overall low quality of health services, including staff capacity and motivation, infrastructure, etc.  
Ineffective use of human and financial resources  
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WHO-MSH 2000 "Ferney-Voltaire"  
Address barriers mainly at service delivery level with consideration of user's perspective
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**WHO-2004**  
Address barriers mainly at pharmaceutical and health sector levels
A system framework for access to medicines: the critical paradigm shifts

1. Adopting a holistic view on demand-side constraints:
   • Beyond the individual user
   • Inclusive of households and communities

2. Considering the multiple and dynamic relationships between all building blocks of the health system at service delivery level

3. Considering multi-layer leadership and governance:
   • Beyond just health sector governance
   • Inclusive of local, national (above health sector) and international contexts
I. Individuals, households and communities

Physical and natural resources, social and human capital, financial resources

II. Service delivery

III. Health sector

IV. National Context

V. International Context
Vulnerability context of individuals, households and communities: natural, physical, social, human and financial capital (Obrist et al 2007)

Harnessing resources available at the community to support other patients or build collective networks: expert patients, community health workers (Van Damme et al 2008, Haines et al 2007)
Multiple and dynamic relationships between all building blocks of the health system at service delivery level (van Olmen et al 2010)
Stakeholders

Priority setting for health policy and system research agenda in access to medicines

- 17 Countries in 4 regions
  - Timeframe: September 2010 – September 2011
  - Grey and published literature search: local, regional and international databases
    - Identify existing research and research gaps
  - Key Informant Interviews at country and regional level (multi-level stakeholders)
    - Identify priority policy concerns in access to medicines
    - Identify priority research questions in access to medicines
- Global level Key Informant Interviews
  - International organizations
  - NGOs
  - Academia
## Preliminary Results of Key Informant Interviews

### Top 3 priority policy concerns

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<td>Regulatory aspects, including HR and capacity</td>
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Additional issues:
- Transparency and accountability (corruption)
- Interconnection between issues – adaptive systems
- Engagement of all stakeholders – global action
- Monitor effects of policies and interventions
## Preliminary Results of Key Informant Interviews

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- Funding mechanism, incl. SHI is more important than funding type and amount
- OOP
- Sustainability
- Efficiency

Additional issues:
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- Interconnection between issues – adaptive systems
- Engagement of all stakeholders – global action
- Monitor effects of policies and interventions
Level I—Individuals, households and community
Community representatives, civil society organizations, patients groups, community health workers
Build networks of expert patients

Level II—Service delivery
Health service managers
Prescribers, pharmacist, laboratory services
Engage private sector, reach out informal sector

Level III—Health sector
Policy makers, regulators, decision makers
(registration, selection, guidelines, formularies, laboratory services, surveillance systems, social health insurance managers etc.)

Level IV—National level
Finance, trade, customs
Education, rural development
Media

Level V—Regional and International
Pharmaceutical companies
Global health partnerships
New partnerships

Medicines promotion
Implications for research and policy - 1

- Policies and interventions can use any entry point but should keep the wider picture in mind:
  - What are the contextual pre-requisites for a given policy or intervention?
  - What are the wider system effects?
  - How will the system react?

"A systems perspective can minimize the mess; many of today's problems are because of yesterday's solutions"

Dr. Irene Akua Agyepong, Ghana Health Service
Ministry of Health, Ghana, 2009
Implications for research and policy - 2

- A collective systems thinking exercise is required among an inclusive set of stakeholders — *Systems thinking for health systems strengthening*. AHPSR, WHO 2009
  - Revisit policies and interventions with a system-wide perspective:
    - How successful are they really?
    - How could system-wide perspective help reach long-term sustainable results?
  - Redesign

Anticipating relationships and reactions among the sub-systems and the various actors in the system is essential in predicting possible system-wide implications and effects.
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Second Global Symposium on Health Systems Research

• **When ?** 31 October to 3 November 2012

• **Where ?** Beijing, People's Republic of China

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• **Timelines:**
  
  Call for abstracts from Dec 2011 to April 2012  
  Program finalized in June 2012  
  Registration opens in June 2012