

Improving Quality of Care, Human Resources, and Access to Essential Medicines for Neurological, Mental, and Substance Use Disorders (MNS) in Sub-Saharan Africa

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INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Advising the nation/Improving health

Forum on Neuroscience and Nervous System Disorders

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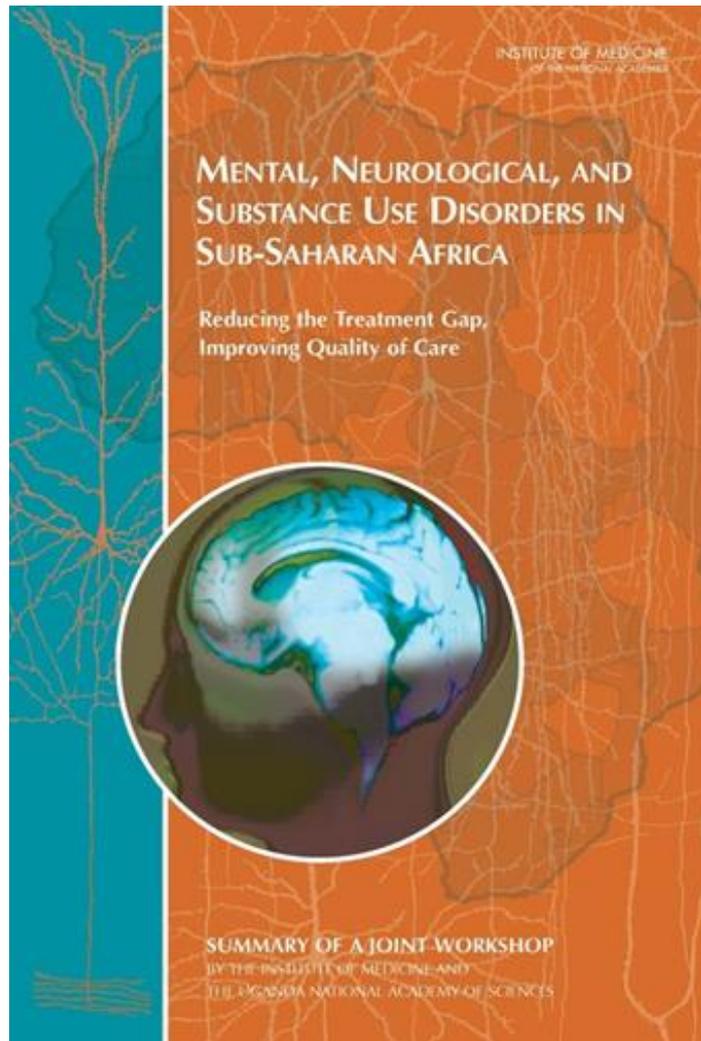


Mental, Neurological and Substance Use Disorders

- Approximately 4 out of 5 people with serious MNS disorders living in low- and middle-income countries do not receive needed health services.
- Sub-Saharan Africa has one of the largest treatment gaps for MNS disorders in the world.



Workshop Planning Committee Members



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MNS in Sub-Saharan Africa: Reducing the Treatment Gap, Improving Quality of Care

**Joint Workshop by the IOM and Uganda National Academy of Sciences
Kampala, Uganda August 2009**

Workshop Objectives:

- Examine the burden of disease for MNS disorders.
- Explore opportunities to improve national, evidence-based policies addressing quality of care and health care systems for mental and neurological disorders. Discuss how to facilitate collaborations among a variety of stakeholders, including policy makers and health care professionals.



Recurring Workshop Themes

- Need to consider all disorders of the nervous system, MNS disorders.
- Expand the use of high-quality, community-based care, and the training of community health workers.
 - Benefit from leveraging skills, expertise, and networks of other health fields (e.g., HIV/AIDS, malaria).
 - The role of information technology in improving awareness, training, and treatment, especially in rural settings.
- Improve the available medication formulary for MNS disorders.
- Support the need for champions who will relay these, and future, needs and concerns to resource providers.



Reducing the Treatment Gap

■ **Critical Barrier #1: Human Resources**

- Examine the **human resource needs** for effective delivery of treatments and improvement of the MNS health care workforce.
- Explore current health professional and non-professional **education programs** in SSA for MNS disorders.
- Identify **training priorities** at multiple stakeholder levels for incorporation.

■ **Critical Barrier #2: Essential Medicines Access**

- Discuss opportunities for achieving **long-term affordable access** to essential medicines for MNS disorders.
- Explore challenges to improve access with a focus on four areas: **demand, supply chains, selection, and financing/pricing**.
- Consider current government, NGO and private group practices including **decision-making strategies**.



Workshop Planning Committee Members

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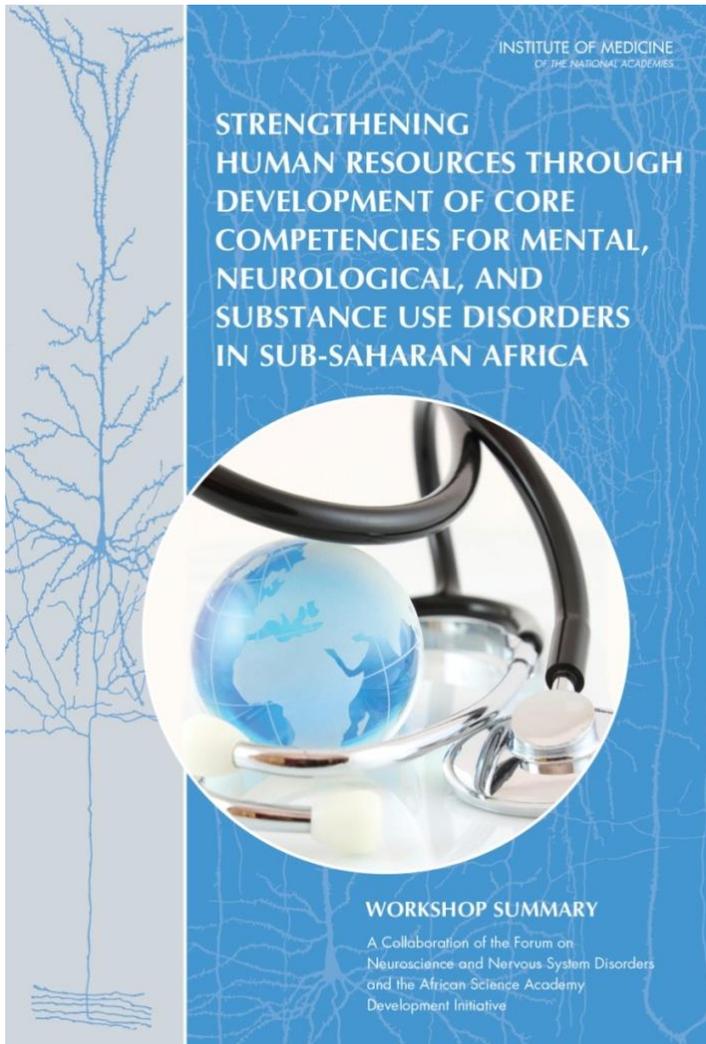
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Strengthening Human Resources through Development of Candidate Core Competencies for MNS Disorders

Kampala, Uganda September, 2012

Workshop Objectives:

- Assess the future needs of MNS health care workers based on provider type, treatment environment and MNS disorder.
 - Examine human resource needs for effective delivery of treatments in a typical African district health care system.
 - Consider core competencies and performance requirements necessary to improve human resource capabilities for MNS disorders (e.g., diagnosis, prescribing of medicines, patient monitoring).
- Discuss potential mechanisms for task shifting and task sharing among human resources and across treatment locations.
- Explore education and training opportunities for acquiring and maintaining core competencies.
 - Consider existing and potential partnerships for:
 - Developing programs to train current providers to reach core competencies.
 - Implementing training programs.
- Consider tangible next steps for the dissemination of identified human resource core competencies and performance requirements.



Core competencies for *which* providers?

Provider Category	Type
Community/Lay Worker	Peer/service user
	Community health care worker/health extension worker
Non-specialized, Non-prescribing	Pharmacist
	Social Worker
	Occupational Therapist
Non-specialized, Prescribing	Clinical/health officer
	Nurse
	Medical doctor/general practitioner
Specialized	Psychiatric Nurse
	Psychologist
	Neurologist
	Psychiatrist



In the end....

111 core competencies for consideration by stakeholders

By Disorder

Depression

Psychosis

Epilepsy

Alcohol Use

Across Providers

Peer/service users

Non-specialized, non-prescribing

Non-specialized, prescribing

Specialized



Workshop Planning Committee Members

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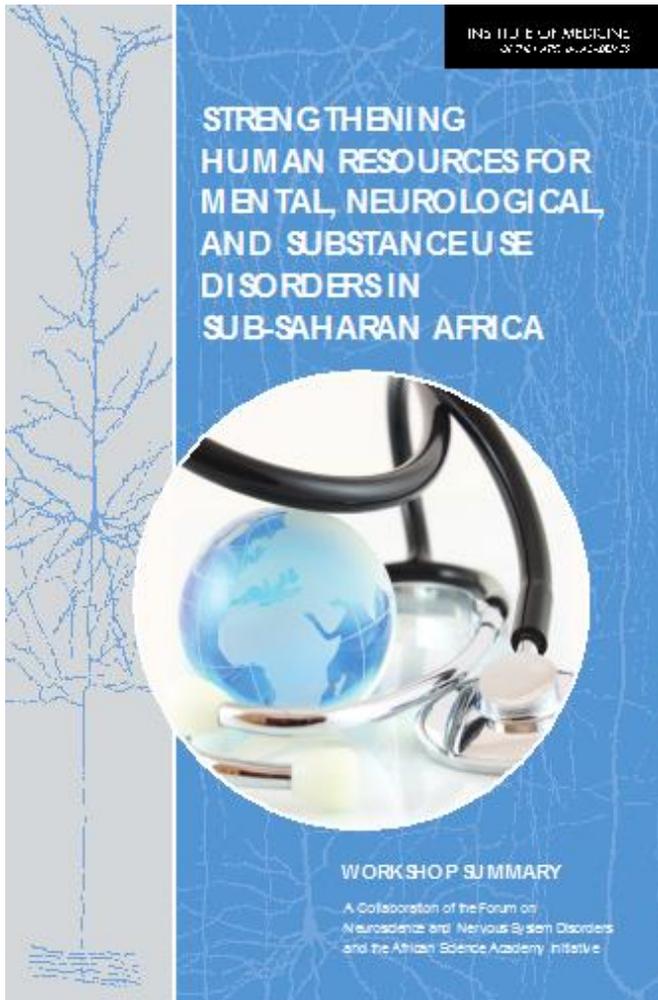
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TEDLA WOLDE-GIORGIS, Ministry of Health, Ethiopia



Improving Access to Essential Medicines for MNS in SSA Workshop

Addis Ababa, Ethiopia January, 2014

Workshop Objectives:

- Identify critical barriers that impact the procurement of essential medicines for MNS disorders.
- Examine successful activities that increase access to essential medicines both within SSA and in other developing countries.
 - Explore acquisition and distribution models for various disease areas.
 - Identify critical components of these models that might be features in SSA programs focused on MNS disorders.
- Consider the role of governments, non-governmental organizations, and private groups in procurement of essential medicines for MNS disorders.
 - Examine current funding and payment practices at each level.
 - Explore the impact of prescription practices on determining priority setting for acquiring essential medicines.



Insufficient Demand

Low demand can be linked to the combination of low perceived need for MNS-specific medical care and inadequate training and education of health care providers and managers about MNS disorders. Implementation of the WHO's mhGAP intervention guide and training modules was suggested by several participants as a potential mechanism to address this barrier and increase demand for essential medicines by health care providers.

The development of national task forces composed of key stakeholders, including government officials, to advocate for and develop training and education plans for MNS disorders. Integration of patient- and family-oriented training into existing community-based programs to develop an informed population was suggested as a potential mechanism to increase demand for medicines. In addition, many participants suggested an outcome of increasing the ability of all levels of providers to prescribe medications might be greater access to prescribers and increased demand.

Inappropriate Selection

The utility of developing coherent and comprehensive national strategies for the treatment and care of MNS disorders. Selection of essential medicines at a national level, and adherence to WHO guidelines, might reduce inconsistencies in the selection and procurement of medicines for MNS disorders. In addition, increased inclusion of medicines that promote adherence might be beneficial along with greater accommodation of a reasonable range of provider and patient medication preferences. Several participants stressed the importance of training and continuing education about MNS treatment guidelines to include key individuals and organizations involved with selection and procurement of essential medicines.

**Summary of comments made by individual speakers*



Ineffective Supply Chains

Effective supply chains could result in better forecasting of need and reduced stock outs or over-stocking of medicines. The development of an information network systems approach might improve availability of data. Increased training on data collection and analysis was suggested by a few participants as a mechanism for improving forecasting and reducing stock-outs and over stocking. In addition, greater allocation of human resources for supply chains and inclusion of supply chain workers in determining needs for health care systems might help improve access across the supply chain. Learning and leveraging information systems of other vertical supply chain programs might be a useful approach. The distribution process could be streamlined through reduction in the number of steps between central warehouses and patient distribution centers, improved transportation, better communication through mobile technology, and increased funds for national medicine supply agencies.

High Pricing/Poor Financing

Development of evidence-based policies and increased resource allocation by governments, NGOs, and manufactures might increase demand and, subsequently, drive down prices. Markets in SSA might be unattractive to manufacturers but that increasing competition and lowering of barriers for entry might lead to decreased prices. Inclusion of MNS medicines on country-specific essential medicines lists and health insurance scheme might increase coverage for these medicines and, again, lowering prices for patients. Streamlined procurement of medicines at efficient prices and passing along of low procurement prices to patients might lead to a decrease in the overall unit cost of medicines.

**Summary of comments made by individual speakers*



Thank You

