

# Breakout: Access to Essential Medicines

## ► Barriers/Priority Areas

1. Inadequate dissemination and adoption of treatment protocols (0)
2. Absence of health insurance for psychotropic drugs (4)
3. **Length of the procurement cycle (11)**
4. Role of regional pharmacists (1)
5. Challenges with demand forecasting (see also B9) (4)
  1. Avoiding stockouts
6. Centralized procurement/push model (1)
7. **Inadequate funding for medicines (14)**
  1. **no dedicated budget to procure medicines**
8. Integration of pharmaceutical care services and MH (1)
9. No LMIS for psychotropic medicines (see also B5) (2)
10. Low Storage capacity (2)
11. **Quality assurance/pharmacovigilance (10)**
12. Getting RMS to buyback stocks (0)
13. **Lack of clarity around reimbursement process (8)**
14. Absence or limited local production of MH medicines (1)
15. Absence of certain drugs on the Essential Meds drug list (1)
16. Role of private sector insurers and providers (1)
17. Hospital ordering patterns/re-ordering “free” MH drugs (1)





# Breakout Session: Access to Essential Medicines

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## ► Top 3–5 Barriers/Priority Areas

1. Inadequate funding for medicines (14)
  1. no dedicated budget to procure medicines
2. Length of the procurement cycle (11)
3. Quality assurance/pharmacovigilance (10)
4. Lack of clarity around reimbursement process (8)

Combined #1 and #4





## Barrier 1: Inadequate funding for medicines

-no dedicated budget to procure medicines

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- ▶ Action/Opportunity: Remove perceptions that MH meds are “free”: MH medications should be covered by NHIS
  - ▶ Action/Opportunity: Resource Mobilization
    - ▶ Ensure that funds for procurement are released so that suppliers provide the medicines
    - ▶ Resource mobilization: internal and external
    - ▶ Establish a revolving fund to enable procurement of the medicines: reimbursement from the health insurers
  - ▶ MH institutions procure and expense MH meds like other medications
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# Opportunity 1: Inadequate funding for medicines -no dedicated budget to procure medicines

Desired Outcomes	Metrics of Success	Resources	Key stakeholders (*Lead)
Availability and Accessibility of Medicines	<ul style="list-style-type: none"> <li>Amendments of the Mental Health Law/Misclassification of Psychotropic Medications as program drugs</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Negotiations</li> <li>Expertise</li> </ul>	<ul style="list-style-type: none"> <li>MHA</li> <li>NHIA</li> <li>Civil Society Organization</li> <li>Users and carers movements</li> <li>MoH/GHS</li> <li>Pharmaceutical Society of Ghana (PSGH)</li> <li>Professional bodies</li> </ul>
Resource Mobilization (2,3 and 4)	<ul style="list-style-type: none"> <li>Corporate Ghana, Development partners, and Pharmaceutical industries (Local and Big Pharma.)</li> <li>Cost recovery mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Expertise</li> <li>Funding- internal and external sources</li> </ul>	<ul style="list-style-type: none"> <li>MHA</li> <li>MoH/GHS</li> <li>CSO's</li> <li>Media</li> <li>Corporate Ghana</li> </ul>
Integrated service	<ul style="list-style-type: none"> <li>Capacity building in handling mental health products and services.</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Technical and Human Resources</li> </ul>	<ul style="list-style-type: none"> <li>CEO-MHA</li> <li>MoH/GHS</li> <li>Policy makers</li> </ul>



## Barrier 2: Length of the procurement cycle

- ▶ Action/Opportunity: Need to improve appropriate forecasting and improved stock management
- ▶ Action/Opportunity: Initiation of procurement should be done by the Board to decrease variability and improve regular procurement schedule (process currently managed by the Minister)-Link to demand forecasting. Bulk procurement with staggered delivery on a periodic basis (1 yr)
- ▶ Action/Opportunity: Encourage/empower local manufacture of medication: Procure from multiple sources
- ▶ Action/Opportunity: Needs assessment of drug usage





## Opportunity 2: Length of the procurement cycle

Desired Outcomes	Metrics of Success	Resources	Key stakeholders (*Lead)
<p>Improved forecasting and awareness of supply and demand</p> <p>Avoid stock-out</p>	<ul style="list-style-type: none"> <li>Perform an baseline assessment to demonstrate current state and progress</li> <li>Procurement and utilization of an integrated software platform.</li> <li>Logistics information/manag ement system</li> <li>Continuous availability of drugs</li> </ul>	<ul style="list-style-type: none"> <li>Efficient procurement unit</li> <li>A dedicated <b>well resourced procurement office</b> <ul style="list-style-type: none"> <li>Office serves as a liaison with regional districts and providers</li> </ul> </li> <li>Integrated software for management and forecasting                             <ul style="list-style-type: none"> <li>Software platform available to all uses along the pipeline</li> <li>Component of a a more robust MH info system</li> </ul> </li> <li>Training to ensure workforce effectively uses resources</li> </ul>	<ul style="list-style-type: none"> <li>The Mental Health Authority</li> <li>The Drugs and Therapeutic Committee of all user institutions.</li> <li>Procurement Unit</li> <li>NHIA.</li> <li>FDA.</li> </ul>



## Barrier 3: Quality assurance/pharmacovigilance

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- ▶ Action/Opportunity: Ensure post-supply monitoring of the drug quality. Users should be encouraged to report quality concerns and meds should be tested in labs when concerns exists.
- ▶ Action/Opportunity: Food and Drug Authority continue monitoring of quality of MH drugs
- ▶ Action/Opportunity: Care givers should report on side effects
- ▶ Action/Opportunity: Revive drug and therapeutic committees in the health facilities to perform duties of monitoring drug quality and AE's





# Opportunity 3:Quality assurance/pharmacovigilance

Desired Outcomes	Metrics of Success	Resources	Key stakeholders (*Lead)
<p>Good therapeutic outcome through post monitoring surveillance of FDA</p> <p>Awareness of adverse events and quality</p>	<ul style="list-style-type: none"> <li>Percentage of positive outcome to management, e.g. measure a response-after according to protocols and indicators for aggression and psychosis                             <ul style="list-style-type: none"> <li>increased awareness of adverse events</li> </ul> </li> <li>Unexpected Adverse effect rates</li> <li>Frequency of delayed therapeutics outcome</li> <li>Periodic surveys to determine knowledge of Psychotropic side-effects</li> </ul>	<ul style="list-style-type: none"> <li>Use of treatment protocols</li> <li>Pharmacovigilance logistics– labs, imaging for AE's and quality</li> <li>Human Resource development in Pharmacovigilance</li> <li>Liaise with care givers, patients through DTCs on side effects</li> </ul>	<ul style="list-style-type: none"> <li>Hospital management</li> <li>Mental Health staff</li> <li>Food and Drug Authority</li> <li>Clients and care-givers</li> <li>Drug therapeutic committees (DTCs)</li> </ul>



## Barrier 4: Lack of clarity around reimbursement process

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- ▶ Action/Opportunity: Same as #B1: NHIS coverage: monies used to reinvest in medicines
- ▶ Action/Opportunity: Drug revolving fund: Same as #B1
- ▶ Action/Opportunity: Declassify psychotropic medications as program drugs to enable private pharmacies to purchase and stock them

