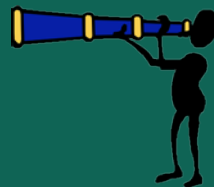




# FACILITY AND HOUSEHOLD SURVEYS - REGIONAL EXPERIENCE (South America; Caribbean; Africa)



**Third International Conference for  
Improving Use of Medicines**

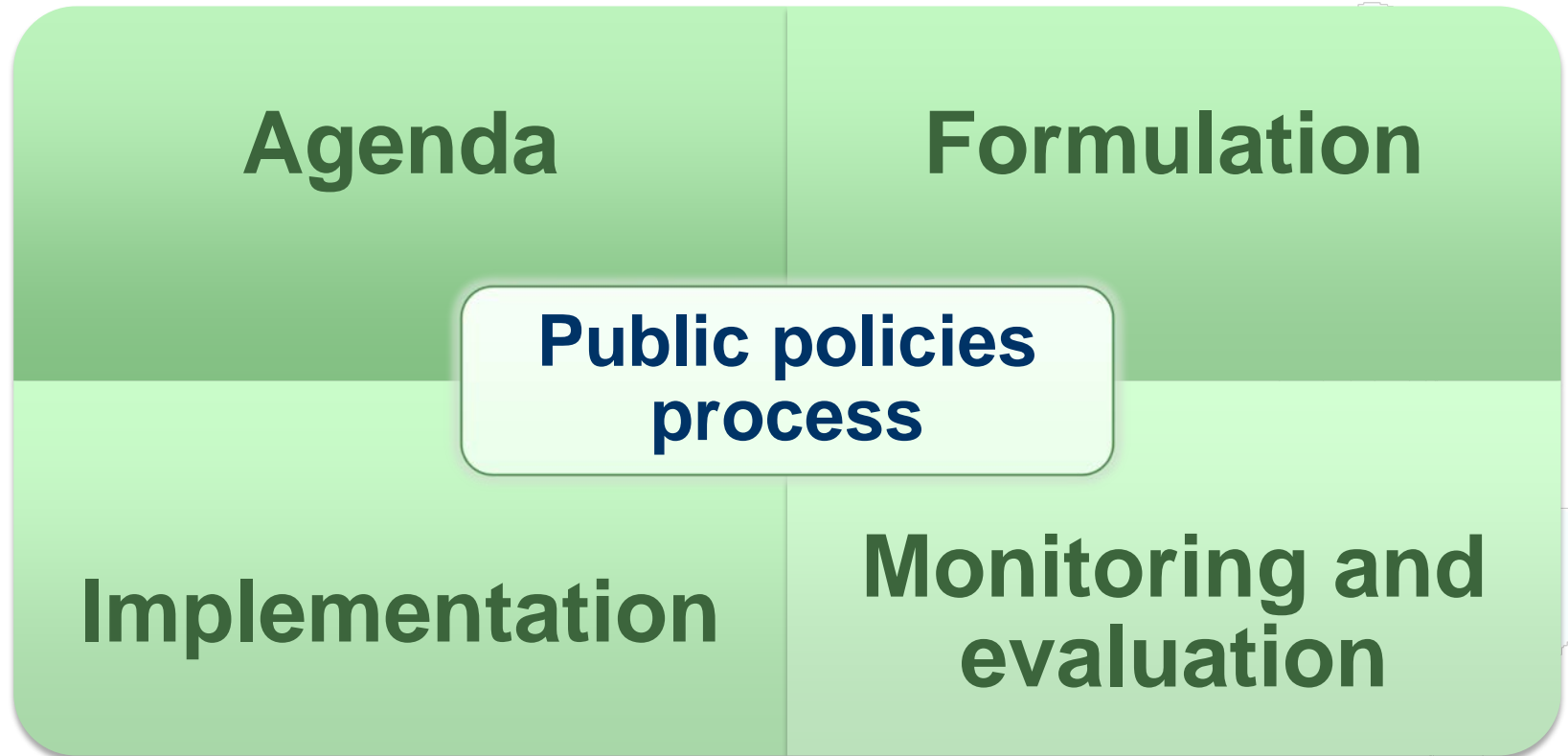
**Vera Lucia Luiza**

PAHO-WHO Collaborating Centre for  
Pharmaceutical Policies – Brazil

Antalya, Turkey

November 14-18th 2011

# Introduction: Medicines policy



# Introduction

- **Agenda** → as a consequence of multiple players work and advocacy, medicines are definitively in the agenda (medicines and pharmaceutical services)
- **Formulation** → Efforts to promote the formulation of NMP are being fruitful → most of countries have now an up to date NMP formulated 85% (40% official)
- **Implementation** → Low information on implementation (how far are initiatives in place a consequence of the NMP? Or are implementation plans being accomplished?)
- **Monitoring and evaluation** → there is an increasing interest from countries on having local data (43% of LMIC have performed an assessment on PS in the last 5 y.)
  - ✓ WHO methodological approaches are frequently used in LAC and Africa

# PSA: WHO package → timeline in LAC

- 2001 – Guatemala – pilot for the PSA (PSA)
- 2003 – Training of around 16 country representatives in DOR (WHO)
  - ✓ 2004 – Application of the methodology in Brazil and Colombia
- 2007 - seven country representatives trained in Jamaica (WHO, NAF and DPM)
- 2008 – six country representatives trained in St Vincent (NAF)



# Approaches used

Country	Completion of data collection	HHS	HFS	Consultant
Guatemala	2002		Y	WHO
Colombia	2003		Y	-
Brazil (whole country)	2004	Y	Y	NAF
Brazil (Goais)	2005		Y	NAF
Dominican Republic	2005 2010*		Y	NAF
Honduras	2007	Y	Y	NAF
Brazil (Espirito Santo)	2007	Y	Y	NAF
Nicaragua	2008	Y	Y	NAF
Guatemala	2008	Y	Y	NAF
Sao Tome and Principe	2008	Y	Y	NAF
Paraguay*	2008		Y	NAF
St Lucia	2008		Y	NAF**
Sao Tome and Principe	2008		Y	NAF
Suriname	2009	Y	Y	NAF
Barbados	2010	Y	Y	DPM
Jamaica	2010	Y	Y	NAF
TT*	planned to 2010	Y	Y	NAF
Peru???	??	??	??	MeTA

14 countries supported by NAF

\* Approach adapted  
\*\* Support only with the report

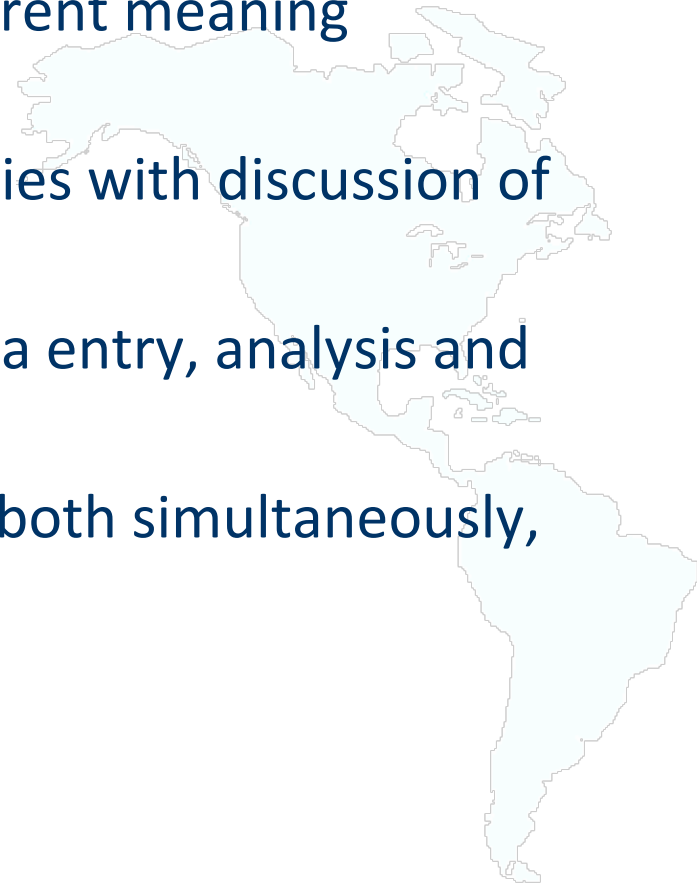
# Concerns related to the general process

- Lack on clear guidance on interpretation of data
- Problems in using the template report
- Sampling → people in LAC frequently often question the sampling
- Problems with the official endorsement of the final report → databases and final report are not shared
- The methodology intends to be easy to apply → nevertheless, few countries are able to use it by their own
- Low use as monitoring process



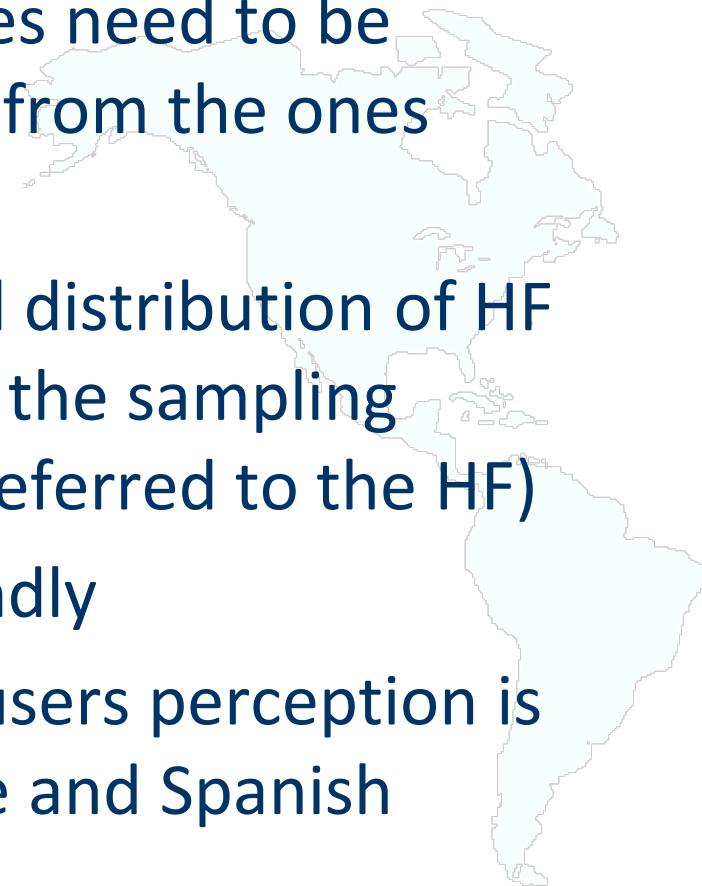
# Concerns related to the current WHO package - HFS

- Indicators with same name and different meaning (availability of medicines)
- People at country level have difficulties with discussion of data and conclusion
- Training of HFS does not address data entry, analysis and discussion
- In most LAC countries people wants both simultaneously, HFS and Price survey



# Concerns related to the current WHO package - HHS

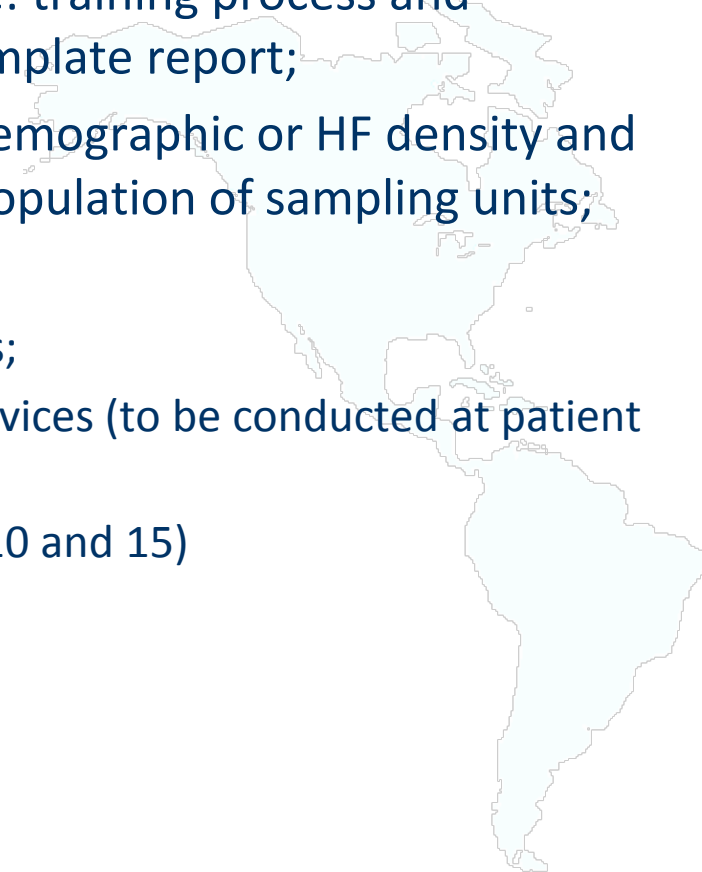
- Question on access to medicines need to be improved (medicines obtained from the ones needed)
- Depending on the geographical distribution of HF in countries is difficult to apply the sampling scheme (probability sampling referred to the HF)
- Tools for analysis are little friendly
- The structure of questions on users perception is hard to translate to Portuguese and Spanish





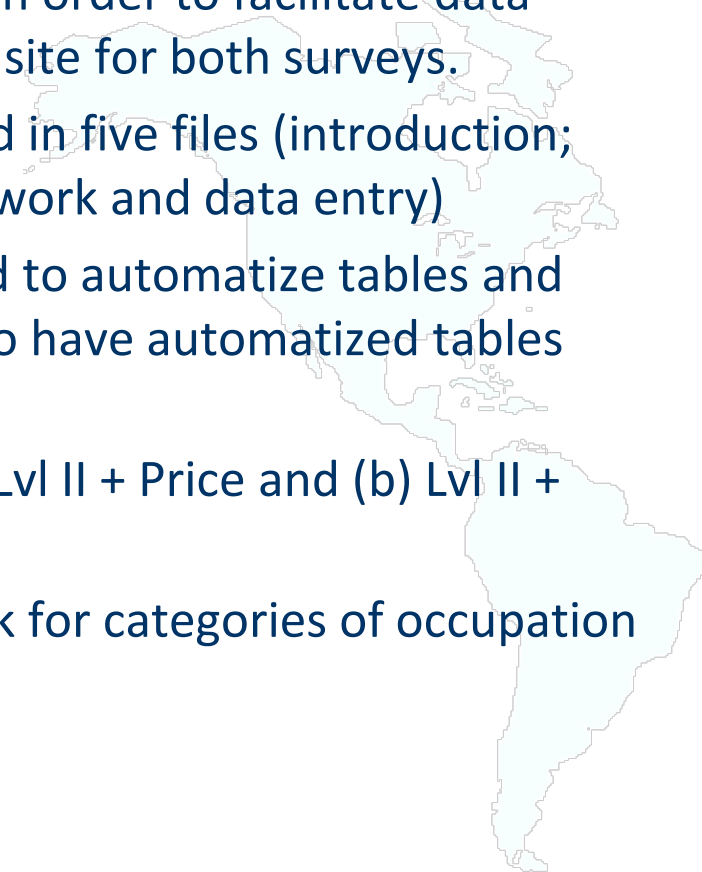
# Changes introduced by NAF in test in LAC

- Combination of Level II and Medicines Price: training process and materials, data collection, database and template report;
- **Sampling scheme:** selection according to demographic or HF density and sample size depending on error and total population of sampling units;
- **Three new indicators** are proposed:
  - ✓ availability of primary health care medicines;
  - ✓ patient satisfaction with pharmaceutical services (to be conducted at patient exit interview) and
  - ✓ % of facilities with expired medicines (SF1, 10 and 15)

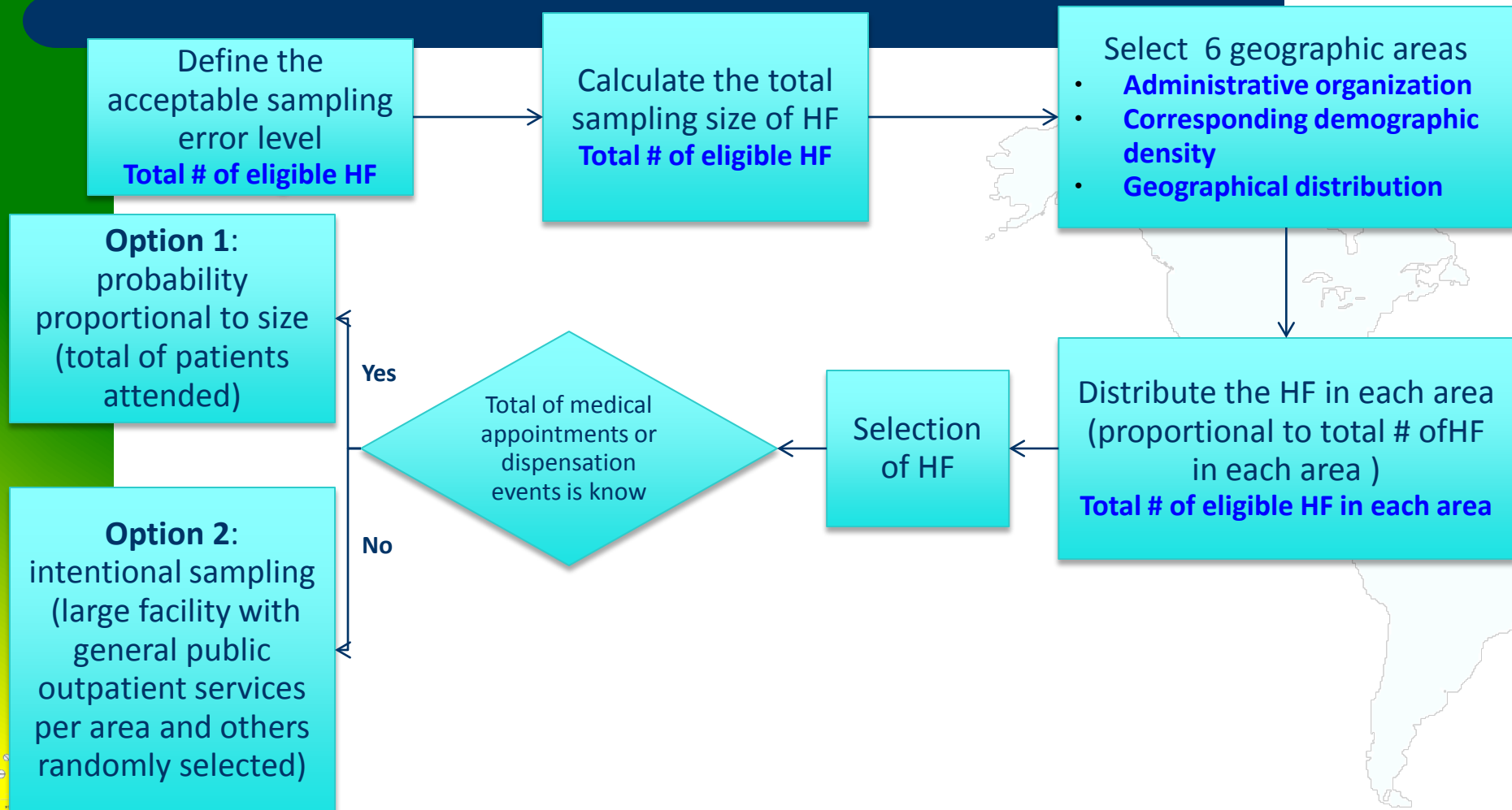


# Changes introduced by NAF in test in LAC (2)

- **Data collection:** the forms were combined in order to facilitate data collection, considering each data collection site for both surveys.
- **Training material:** Slides set were combined in five files (introduction; methods; data collection procedures; field work and data entry)
- **Database:** Level II database was customized to automatize tables and graphs; importation of Price data in order to have automatized tables too.
- **Template report:** 2 different templates (a) Lvl II + Price and (b) Lvl II + Price HHS
- **HHS:** instead of asking for profession we ask for categories of occupation



# New sampling proposal



# Lessons learned

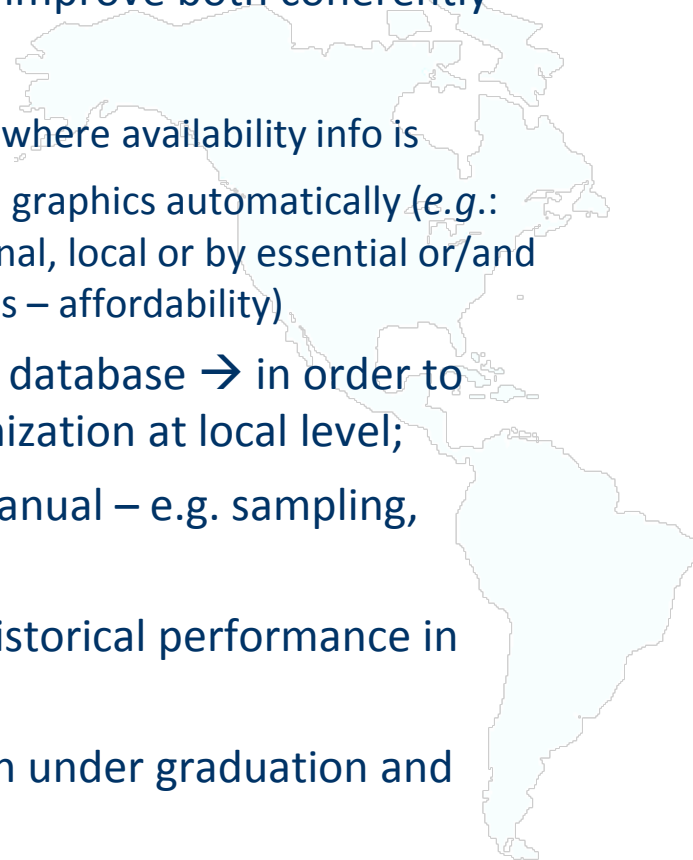


- The combination of the survey provides a broader range of information of both, Medicines Price and Level II and HHS.
- Comparing to the two methodologies separately, one negative aspect is the probable increase in cost and time, depending on the error value decided, for countries densely populated and/or with large territories.
- A better harmonization between the two databases is still necessary in order to facilitate the work at country level and standardize the modus operandi..



# Suggestions to improve the pharmaceutical policy monitoring evaluation process

- Formally integrate Price and Lvl II approaches → improve both coherently
- Combine database set for Lvl II and Price
  - ✓ E.g., inclusion of expiration date in the same form where availability info is
  - ✓ For medicines price and availability data: generate graphics automatically (e.g.: availability by kind of medicines list – global, regional, local or by essential or/and primary health care, prices distribution by quartiles – affordability)
- Provide a password to allow changes in the Price database → in order to protect unintended changes but allowing customization at local level;
- Inclusion of methods detail information in the Manual – e.g. sampling, limitations (may as Annex);
- Review on Level II indicators according to their historical performance in terms of: consistency, missing date etc.;
- Include topics on PP monitoring and evaluation in under graduation and graduation course and scientific meetings.



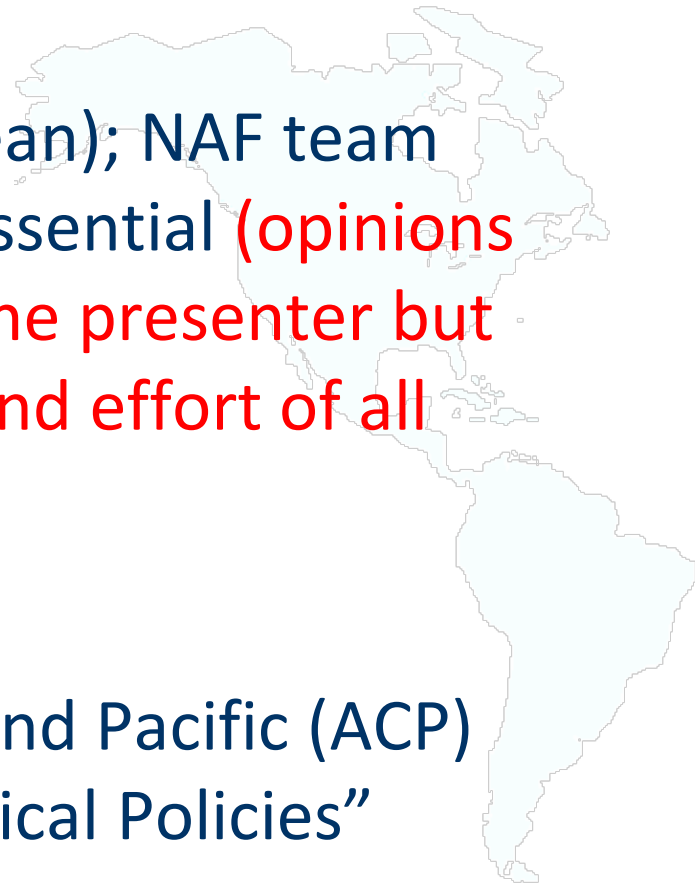
# Acknowledgments and Funding

- **Acknowledgments**

- ✓ PAHO team (HQ and Caribbean); NAF team and national officials were essential (opinions here are a responsibility of the presenter but is strongly based on inputs and effort of all these people)

- **Funding source**

- ✓ EU/WHO Africa, Caribbean and Pacific (ACP) “Partnership on Pharmaceutical Policies”





# Thank you!

