Access to Medicines

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Access Framework

1. Rational Selection & Use
2. Affordable prices
3. Sustainable financing
4. Reliable health and supply system
Medicines In Health Care Delivery In Myanmar

Situational Analysis; October 2014
• (led by Regional Advisor, SEARO, WHO)
• Medicines supply,
• Medicines selection,
• Medicines use,
• Medicines regulation and
• Medicines policy

Medicines supply
• "Push" to "pull system"
• Government expenditure for medicines 0.2 to 3 US$/person/year
• Availability of key essential medicines - 75-80% in Hospitals, 59% in RHCs & SubRHCs
• Decentralized Procurement System - no economies of scale and inefficient "pull" system
• Computerized Inventory Management System - in process to establish
Medicines selection

- NEML (2010) contains 341 medicines (Essential and Complementary)

- Procurement of Essential Medicines - 90% in the CMSD, 70 - 84% in Tertiary Hosp: and

Medicines Use

- Consumption - greatly increased since 2011
- Average no of medicines prescribed per pt - 3.2-3.3 in public hospitals
- % of prescribed medicines belonging to NEML - 75-89% in public sector and 54% in private sector
- % of medicines prescribed by generic name - 54-73% in public and 26% in private sector
- % of URTI with antibiotics - 73-92%
- Vitamin use - 39-57% in public and 23% in private sector
- Monitoring & Promotion of RU - little
- STG - at primary care level
Medicines Regulation

- FDA - Division to Department, Divisions at States/Regions
- Registered Medicine Products - over 17,000
- Manufacturing Units - 8
- Importers/Wholesalers - 170
- Medicine Retail Pharmacies - over 10,000
- National medicine testing lab - over 1,000 samples/yr (3-5% fail)
- Mini labs - establish in States/Regions
- Post Marketing Surveillance - Suboptimal

Medicines Policy

- National Medicine Policy - not developed yet
- Myanmar Essential Medicines Programme - needs to strengthen
What Should be achieved

National Medicines Policy
• Organize high level medicines policy discussions regarding roles of public and private sectors in procurement and supply, review fiscal requirements, review national medicines policy
• Strengthen MEMP to be the executive division in MoH

What Should be achieved (cont;)

Medicines Regulation
• Strengthen the FDA Department
• Strengthen national laboratory capacity in quality testing of medicines
• Strengthen PMS, Registration Process
• Establish a unit to monitor medicines promotional activities
What Should be achieved (cont;)

Medicines Use
• Develop National STGs
• Establish Hospital DTCs
• Monitor Medicines Use
• Establish Medicines Information Centre
• Public Education & CME on RUM

What Should be achieved (cont;)

Medicines Selection
• Revise NEML and Implement
• Establish system to review for Non-NEML

Medicines Supply
• An efficient, cost effective and transparent supply chain that ensures the availability of quality, efficacious medicines, medical supplies and equipment at all levels to improve health outcomes
Thank you