

ACCESS TO MEDICINES AND VACCINES

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Sector Wide Procurement | NDoH



Cape Town
16 -19 July 2017

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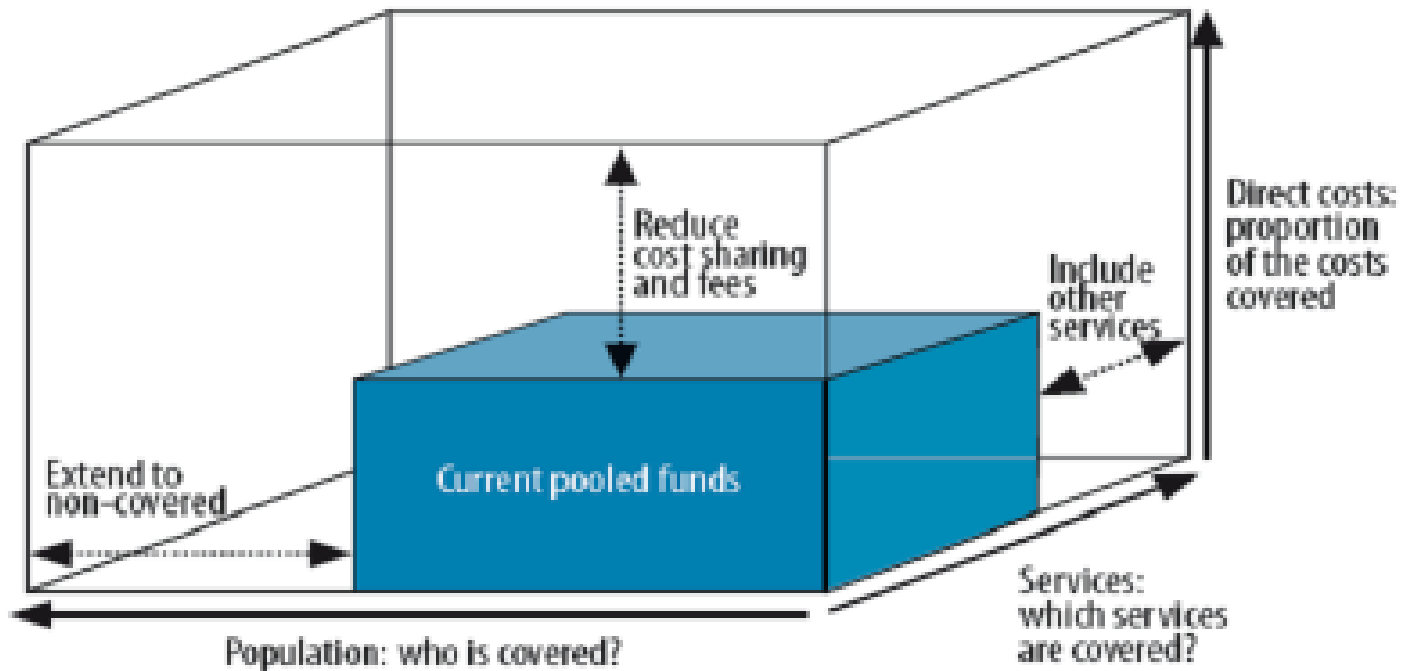


health

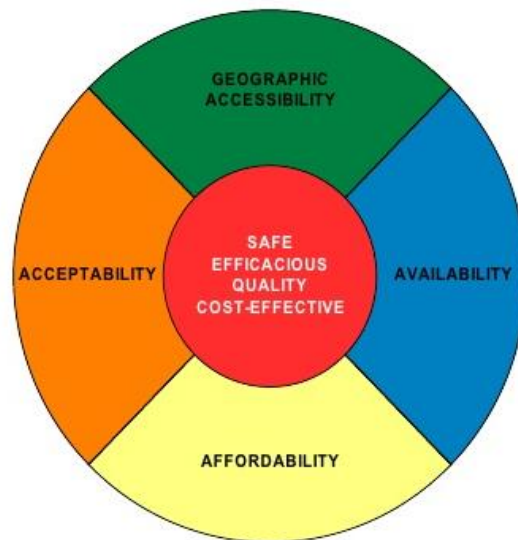
Department:
Health
REPUBLIC OF SOUTH AFRICA

Dimensions of coverage

- **Who** is covered?
- For which **services**?
- For what portion of the **cost**?



Dimensions of access to medicines



Reforms required to improve coverage as well as access to medicines



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NHI Principles

- Right to access health care
- Social solidarity
- Health care as a Public Good
- Equity
- Affordability
- Efficiency
- Effectiveness
- Appropriateness

NHI White Paper 2017, Pg. 18, Section 2.3



Who is covered with NHI

The **right to access quality health services** will be based on **need and not socioeconomic status**. NHI will seek to **protect the poor and vulnerable** populations to ensure that they gain as much as those who are better off at every step of implementation, in pursuit of moving towards Universal Health Coverage (UHC).

*NHI White Paper 2017, Pg. 18, Section 2.2
And Section 5.2 (Population Coverage)*



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What services will be covered: Selection

A process of **priority setting** and **health technology assessment (HTA)** will be used to inform the decision-making processes of the NHI Benefits Advisory Committee to determine the benefits to be covered.

The range of services will be regularly reviewed using **the best available evidence on cost-effectiveness**, allocative, productive and technical efficiency and HTA.

NHI White Paper 2017, Pg. 35, Section 113



Current Involvement of HC Funders in Selection

National Essential Medicines List Committee (NEMLC):

- Representative from Council of Medical Schemes (appointed in Jan 2017)

Adult Expert Review Committee:

- Representative from Discovery during review of 2015 edition
- Representatives from Discovery and GEMS appointed in 2017 for review of 2019 edition

Tertiary Review Committee

- Previous and current representation from Liberty Life and Medscheme



Improved accessibility

Chronic stable patients...will not be required to travel long distances and wait long hours for their medication. **There are several alternatives that are more efficient, including the use of chronic medicine pre-dispensing and delivery to a point closest to the patient.**

NHI White Paper 2017, Pg. 36



Chronic Medication Dispensing and Distribution (CCMDD) programme. **Currently over 1.5million patients enrolled.**



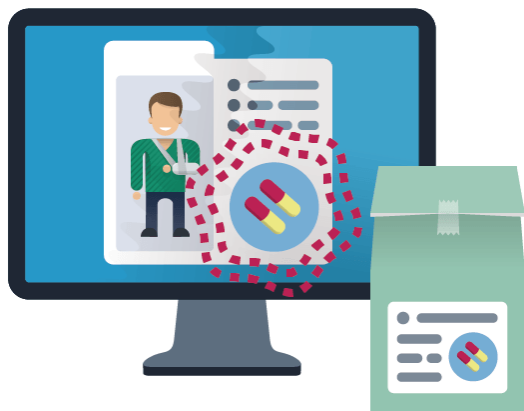
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Use of Electronic Systems: Efficiency

- ePrescribing, dispensing & patients management systems
- Formularies and Standard Treatment Guidelines



PHC Clinical Guide
Open Medicine Project Medical

This app is compatible with all of your devices.

Add to Wishlist Install

ANAEMIA, IRON DEFICIENCY

DESCRIPTION
A common cause of anaemia in younger children and women of childbearing age. A full blood count showing a low MCV supports the diagnosis of iron deficiency anaemia. A full blood count is not required for children unless referral criteria allow are present.

NOTE
Iron deficiency anaemia in children > 5 years of age, adult males and non-menstruating women, is generally due to occult or overt blood loss.

This app contains the Primary Health Care Standard Treatment Guidelines and Essential Medicines List for 2015, of the National Department of Health of South Africa. It includes a searchable list of the latest guidelines, decision-support tools and a directory service. A medication stock-out reporting feature is also included. Content updates will follow. This app is aimed at doctors, nurses and pharmacists working in the primary care setting of the South African public sector health service.

4.4

135 total

Helpfulness All Devices All Versions

Atle995 February 13, 2016
★★★★★
Love it well organized. Quite concise for PHC

Sibie Mbatia December 4, 2015
★★★★★
Great work...

Johan Marais April 9, 2016
★★★★★
Fantastic, Fantastic

Kamilla Padayasee December 1, 2015
★★★★★
Great app - very informative

Motshabi Lelaka April 16, 2016
★★★★★
Tb and Hiv management Excellent

Ntshay Pitya November 28, 2015
★★★★★
Best! enjoy it.

guyton classen April 6, 2016
★★★★★
wow, this is so nice.....

Thembeka moson May 4, 2016
★★★★★
Really helpful to health science students!

EMeIA: Essential Medicines Electronic Access

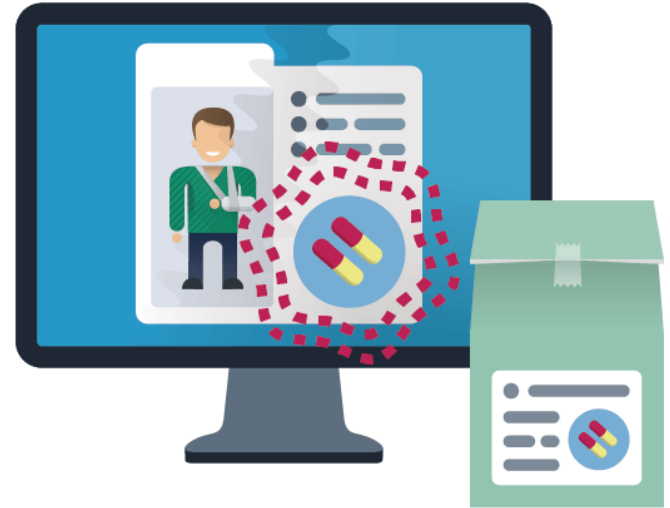
Leveraging innovative technology to support electronic management of:

- Selection processes
- Formulary management
- Standard regimens available for prescribers
- Rational medicine use interventions
- Adherence support



ePrescribing Tool: Efficiency = Access

- Improve HR efficiencies by reducing unnecessary administrative duplication by professionals in the care continuum.
- Reduce administrative costs of acquiring and verifying prescriptions.
- Reduce health system costs associated with medication errors and irrational prescribing.



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ePrescribing Tool: Efficiency = Access (2)

- Patient convenience – prescription ready when they arrive.
- Verification of registration & privileges
- Rational medicine use (efficiencies)
 - ICD 10 and STG based prescribing.
 - Triage
 - Green – pre authorised
 - Amber – Needs clinical review
 - Red – Needs authorization



ePrescribing Tool: Efficiency = Access (3)

- Paper based users.
 - Verification
- Bar coded prescription pad or stickers
- Prescription items
 - Reverse engineering
 - Pick items
 - Scan bar code
 - Match with STG – ie STG
- Increased fee for pharmacist reduced for prescriber



- Question – will the private sector partner with the NDoH this time?



Master Data Management supporting Access to Medicines

- Integrated network of systems and processes
- Master Health Product Catalogue
- Master Supplier Catalogue
- Master Facility List
- Electronic data interchanges
- Barcode technologies for 'track and trace'

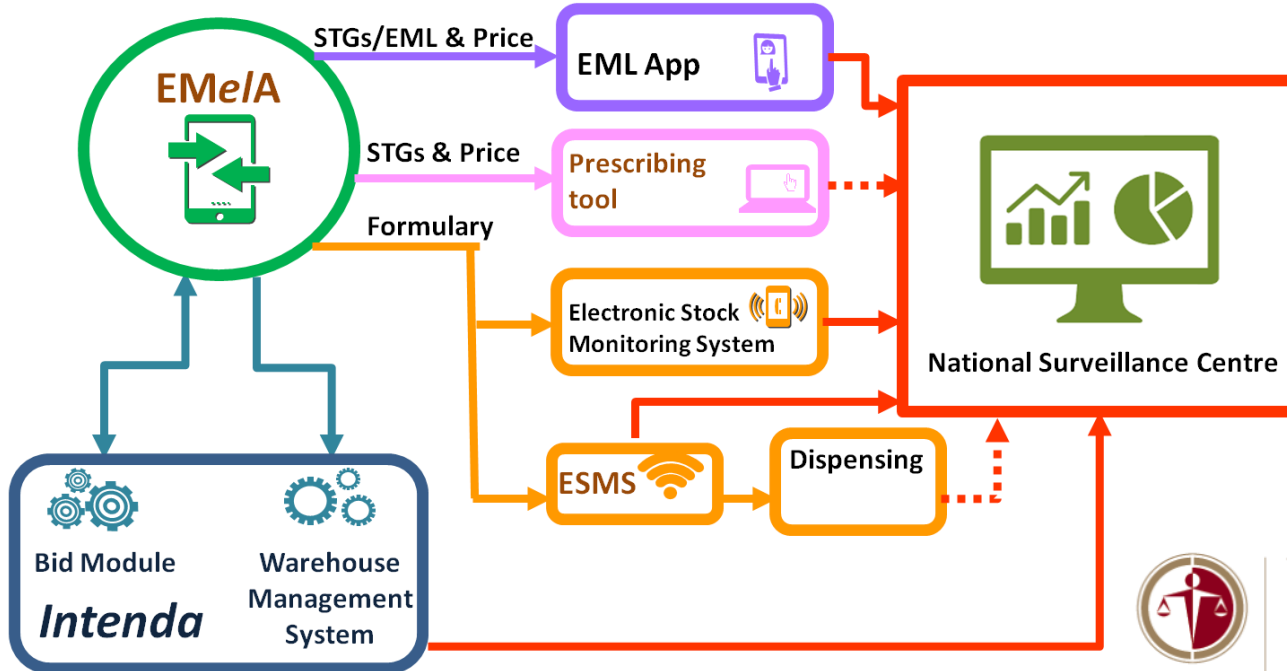


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Integrated System Approach



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Visibility & Analytics Network

Improved information about patient numbers & treatment = improved analytics for:

- Selection & rational medicine use interventions
- Supply chain planning
- Budget forecasting
- Service delivery quality and performance monitoring








Demand Planning

Pipeline Analysis Tool (PAT) Summary Dashboard

% Items Reported

May 2017		June 2017		July 2017
Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2
74%	65%	64%	59%	80%


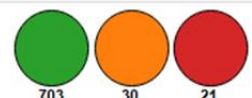
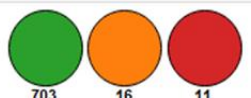
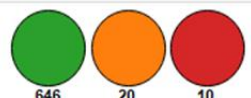

% of Items Reported by Score

May 2017		June 2017		July 2017
Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2
 83% 6% 11%	 81% 6% 13%	 85% 5% 10%	 82% 6% 12%	 80% 7% 13%

% Suppliers Reporting

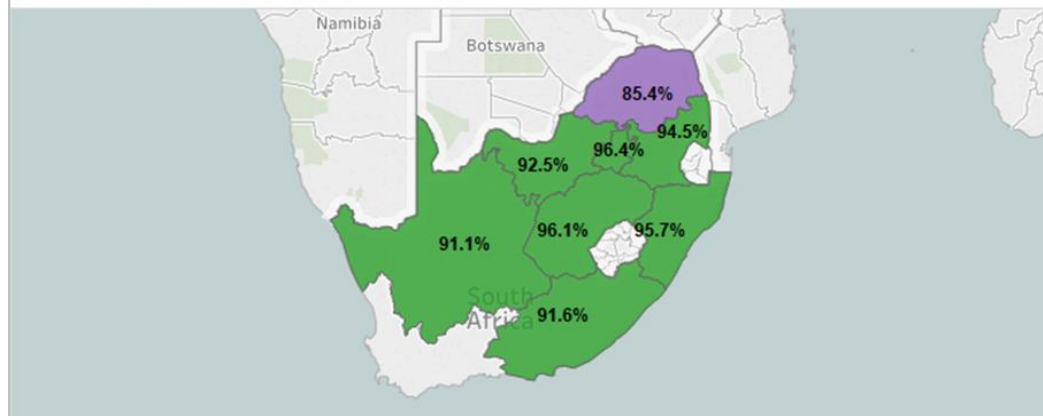
May 2017		June 2017		July 2017
Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2
73%	69%	72%	67%	70%

Number of Items which fall under Green Amber and Red according to the additional Analysis

May 2017		June 2017		July 2017
Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2	Weeks 3 & 4	Weeks 1 & 2
 805 23 19	 703 30 21	 703 16 11	 646 20 10	 877 32 29

Stock Visibility Systems

Medicine Availability Summary (Overall)

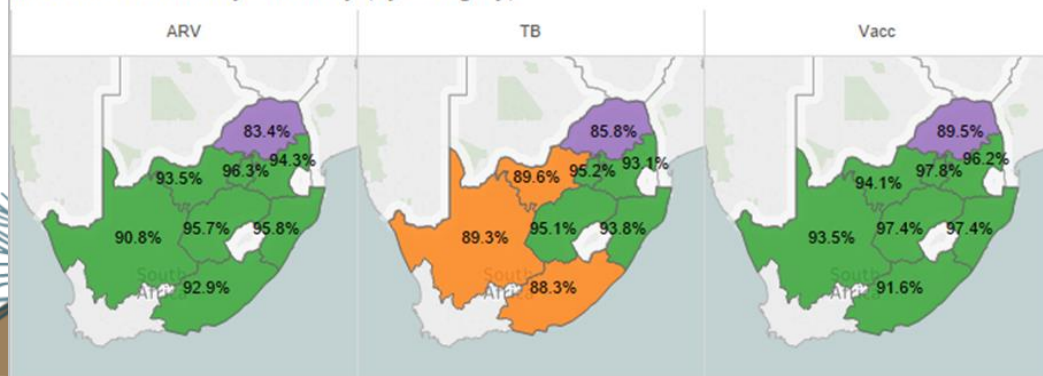


Top 10 Items Reported Out of Stock: Nationally

Item name	VEN	Number of Facilities	Alternatives Available%
Zidovudine 50mg/5mL 200 mL	E	272	46%
Efavirenz 50mg 28/30 Capsule	V	259	59%
Albendazole 400mg 3 Tablets		11	75%
Bupropion 150mg 14 Tablets		2	42%
Zidovudine 50mg/5mL 200 mL		0	59%
Rifampin 150mg 14 Tablets		7	75%
Rifampin 150mg 14 Tablets		2	79%
Rifampin 150mg 14 Tablets		8	80%
Albendazole 400mg 3 Tablets		4	57%
Diphtheria, Tetanus, and Pertussis Vaccine		166	43%

List of products alternative packs maybe availbale

Medicine Availability Summary (By Category)



Reporting Compliance

Province	Facilities Reporting (%)	Facility Stock-Update Completeness (>80%) (%)
Eastern Cape	82.2%	64.2%
Free State	75.9%	69.4%
Gauteng	88.8%	78.8%
KwaZulu-Natal	70.9%	62.5%
Limpopo	54.8%	17.5%
Mpumalanga	85.3%	72.4%
North West	80.0%	70.8%
Northern Cape	81.4%	78.2%

THANK YOU



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