Evidenced-Based Policy Brief

An Observatory to improve access to medicines against chronic non-communicable diseases in Cameroon?

People concerned by this evidence-based policy brief
Policy makers and their advisors, health managers and other stakeholders concerned by the absence of a formal system of drug information management on chronic non-communicable diseases in Cameroon

Why was this policy brief prepared?
To inform deliberations related to health policies and programmes by summarizing the best available evidence about the problem and the viable solutions proposed

What is an Evidence-Based Policy Brief?
This is a synthesis of research findings involving global evidence derived from systematic reviews and local evidence to inform decision-making and deliberations on health policies and programmes

Systematic reviews: A summary of studies that meet a clearly formulated question using systematic and explicit methods to identify, select and critically evaluate relevant research and to collect and analyze the data from this research.

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Full Report
This Policy Brief is presented in the form of Key Messages
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None.

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The Centre for Development of Best Practices in Health (CDBPH) is a research unit that was established in June 2008 at the Yaoundé Central Hospital. Its aim is to foster knowledge translation and exchange for better health in Africa. CDBPH is a knowledge brokerage unit designed to link health researchers with health decision makers.

This initiative aims to assist researchers by collecting, synthesizing, re-packaging and communicating relevant evidence in user-friendly terms that stakeholders at many different levels can both understand and use effectively. The CDBPH also intends to serve health decision makers by providing capacity building opportunities, providing evidence summaries, and identifying needs and gaps related to Evidence and Practice.

www.cdbph.org

The Evidence-Informed Policy Network (EVIPNet) promotes the use of health research in policy making. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy makers, researchers and civil society in order to facilitate policy development and implementation through the use of the best scientific evidence available. www.evipnet.org

The Alliance for Health Policy and Systems Research (AHPSR) is an international collaboration hosted by the World Health Organization. Since its inception in 1999, the Alliance’s goal has been to promote the generation and use of health policy and systems research (HPSR) as a means to improve the health systems of low- and middle-income countries. Through its work with more than 350 partners around the world, the Alliance aims to make progress towards this goal through three objectives: stimulating the generation and synthesis of policy-relevant health systems knowledge; promoting the dissemination and use of health policy and systems knowledge; and strengthening the capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders. www.who.int/alliance-ahpsr
Key Messages

The problem

- In 2010, the standardized mortality ratio of Chronic Non Communicable Diseases (CNCDs) in Cameroon was 861-882 per 100,000, among which 60% were due to cardiovascular diseases and diabetes and 9% to cancers.
- A recent analysis conducted by the CDBPH came to the following conclusions: (i) lack of a formal information management system on drugs against CNCDs, but a lot of information exchanges amongst the actors; (ii) accessibility of drugs against CNCDs in the public sector, but the prices are expensive and variable in the private sector; (iii) availability of medicines against hypertension and some drugs against diabetes contrasting with the scarcity of drugs against cancer; (iv) uncertainty concerning the rational use of drugs against CNCDs; (v) dissatisfaction of most actors with the current situation and (vi) expression of numerous unmet needs for information and suggestion of remedial measures.

- The underlying factors are socio-cultural, structural and infrastructural.
- The inadequate and inappropriate information sharing not only negatively impacts the effective access to quality medicines, the adherence to treatment and the quality of patients’ care and follow-up, but also increases the incidence of catastrophic health expenditures.

Options

- The exhaustive review of the literature contributes in the identification of health or drug observatories as the best transparent and equitable policy of sharing information in complex systems based on conceptual frameworks, but there is no universal evidence of their effects confirmed by systematic reviews.
- Two options are submitted for discussion, the status quo and a formal information management system in the form of a pilot Drug Observatory.
- The status quo means that each actor strengthens the implementation, monitoring and evaluation strategies of its missions for greater efficiency.
- The Observatory is a unit that collects, analyzes, synthesizes and disseminates strategic information to its audience in a targeted manner.
  This is a knowledge-sharing facilitation service to increase transparency and to foster well informed decision-making.
- Because of the lack of evidence for each option, a rigorous monitoring and evaluation framework is needed. The costs of the status quo option could not be estimated.
  There is provision for a financial support from WHO in favour of the Observatory for a pilot phase of 24 months.
Background

This policy brief has been drawn by the Centre for Development of Best Practices in Health (CDBPH) to prepare deliberations on the relevance of a Drug Observatory (OdM) against chronic non-communicable diseases (CNCDs).

Cameroon, like most African countries, is experiencing an epidemiological transition where endemoepidemic infectious diseases skirt with the CNCDs. According to a global report on CNCDs published in 2010, the standardized mortality ratio of CNCDs in Cameroon was 861-882 per 100,000, among which 60% were due to cardiovascular diseases and diabetes and 9% to cancers.

If national health programmes can alleviate the financial burden of households for the endemoepidemic diseases, it is not the same for the CNCDs, except diabetes for which insulin is subsidized. The expenditures on CNCDs are generally borne by the sole patients and their families. In addition, the treatments are complex and the drugs available mainly in the private sector.

Twenty-seven years after the adoption of the Bamako Initiative, access to drugs remains a real concern in developing countries including Cameroon. The World Health Organization (WHO) estimates that one-third of the world population has no regular access to essential medicines and that nearly half of the prescribed drugs are provided or used inappropriately. Among the twenty barriers to access to medicines identified in Cameroon in 2011, knowledge and preferences of users were the most preoccupying.

The Alliance for Research on Health Systems and Policies based at WHO headquarters has awarded CDBPH a grant to conduct a study titled “Targeted Dissemination of information on drugs through an observatory: effects on knowledge, attitudes and practices of stakeholders in the area of CNCDs” in order to investigate whether the availability of targeted information on drugs against CNCDs to stakeholders could improve accessibility and good use. This policy brief summarizes the results of the situational analysis phase of this research and describes the conventionally accepted functions of a Drug Observatory.
The problem
Assessment of the situation

From October 2013 to February 2014, the CDBPH conducted a survey exploring the knowledge, attitudes, practices and preferences of the people concerned about the management of drug information and access indicators (price, availability, use) to drugs against chronic non-communicable diseases. This was a qualitative and quantitative mixed approach combining (i) a structured literature review and (ii) a survey through questionnaires or in-depth interviews.

The literature review focused on CNCDs, Cameroon's pharmaceutical industry, drug information management systems through: (i) Cameroonian regulations on drugs from 1960 to 2013, (ii) scientific researches on the price, availability and use of drugs, drug information management methods and techniques, attitudes, habits, practices and preferences of the concerned vis-à-vis drug information and (iii) scientific work on the epidemiology of CNCDs, demographic and health data, poverty profile, household income and health expenditures over the period 2000-2012.

We interviewed thirty decision-makers of the supply chain in the ten regions of the country, 134 prescribers, 96 health providers, 432 patients and about fifteen media professionals. Prescribers and providers were employed in public, private non-profit and for-profit sub-sectors operating in region and district headquarters and in various health facilities (national and regional referral hospitals, district hospitals, health centres, procurement services, distribution services, laboratories, hospital pharmacies).

The data on the needs of medicines and household income and spending helped to approximate the socioeconomic status of respondents and divide by income quintiles on the basis of the latest surveys, DHS 2011, ECAM 2007 and PETS 2010 conducted by the National Institute of Statistics.

A database was set using the SPSS software for the descriptive analysis of distribution variables on quantitative data including those related to demography, income, prices, adherence and drug use. Interviews verbatim were analyzed using a thematic grid to: (1) identify the processes and / or mechanisms used to collect, disseminate and receive information on prices, availability and use of drugs against CNCDs; (2) explore the knowledge / habits / attitudes / preferences vis-à-vis the information collected, sent or received; (3) assess the satisfaction vis-à-vis the actual methods, interaction with other actors, weaknesses and barriers, (4) identify information needs.
The purpose of the analysis was to prioritize the influential actors and identify the appropriate actions likely to improve the accessibility and use of drugs against CNCDs.

**Outcomes**

**Access to drugs against CNCDs**

As concerns access indicators to drugs against CNCDs, opinions vary according to the group of actors concerned. The decision-makers considered that prices were affordable in the public sector, but fluctuating and expensive in the private sector. If antihypertensive drugs and some antidiabetics were deemed available, the anticancer drugs were less available; the rational use of drugs was considered to be uncertain. Most prescribers and media professionals were of the opinion that the drugs against CNCDs were expensive but available. According to media professionals, the availability refers mostly to generic drugs. For health providers and patients, the availability of drugs against CNCDs is rather bad. The unavailability of drugs at sales points fluctuated according to wealth quintiles, the wealthiest finding two out of three drugs at the first sales point against 37% for the three poorest quintiles.

**Collection and sharing of information systems**

All participants reported that they took part in the exchange of information through various mechanisms, tools and procedures such as guidelines, dialogue, posters, research, ICT, continuing education, but there was no formal information management system on drugs against CNCDs. The actors mentioned for their involvement in these exchanges were the Ministry of Public Health, procurement services, wholesale distributors, pharmaceutical companies, healthcare professionals, individuals, households and patients' associations. Doctors and health professionals were widely perceived as the main source of information for patients and media professionals. The "information system" used by media professionals works according to their address book, and their ability to find information.

Policy makers, prescribers and media professionals expressed very clearly their dissatisfaction with the current management of information on drugs against CNCDs. The opinion of health providers, however, was mixed whereas three out of four patients showed satisfaction. According to the decision-makers, the management of information on drugs against CNCDs was hampered by socio-cultural (illiteracy of users), structural and infrastructural factors (unavailability of equipment, skeleton staff, inappropriate business knowledge and practices).
Media professionals have emphasized the administrative burden, the reluctance to disclose information, the approximate credibility of sources and the editorial constraints.

**Unmet needs**

Among the unmet information needs on drugs against CNCDs, health providers specifically mentioned the updating of knowledge about drugs, best practices and pharmacovigilance as well as the notification of new drugs and other innovations. As for the policy-makers, the main deficit was on the swiftness of information on drug availability and prices. Prescribers unmet needs concerned the prices and the availability of medicines and updated knowledge on CNCDs. Patients lacked information on CNCDs and on the availability, the prices and the efficiency of drugs against CNCDs.

**Diagnosis**

This inventory diagnoses the lack of a formal drug information management system in general and on drugs against CNCDs in particular. No functional system for the collection and dissemination of information on the prices, the availability and the use of drugs against CNCDs has been indexed by either the literature review or the investigation. Field workers are often unaware of the sources and channels of information on access to drugs against CNCDs. The majority of actors is dissatisfied and proposes various corrective measures to reduce the consequences of the dysfunctionning observed. This finding shows one of the shortcomings of the National Health Information System constrained by fragmentation, non-integration and inability to give information on the performance of the pharmaceutical sub-sector.

"The SYNAME does not have a communication system between its own structures ... As a result, we just have juxtaposed structures. It is called SYNAME, but it is not really a system. " A decision-maker from the central level.

**Underlying factors**

The underlying factors are systemic, organizational and individual. First of all, the systemic factors due to the liberal and deregulated environment that makes the drug a commercial product in a mixed health system which combines a public offer, a denominational nonprofit offer and a private lucrative offer. The drugs against CNCDs, all of which are imported, include the cost of research, innovation and marketing and a major portion of these costs is borne by the private sector.
The drug against CNCDs is both an industrial product, a health product bound to obey certain rules of prescribing once the marketing authorization has been delivered, and finally a social product that should be accessible to all. As such, the determination of the price cannot be left to the market alone, since the conventional functions of the consumer (inquire, choose, consume and pay) are in fact broken down between the doctor, the patient and the third party payer when there is one.

Then, at the organizational level, health governance and financing arrangements in Cameroon are characterized by the absence of regular consultation notably between the main actors of the drugs supply chain and the poor penetration of health insurance schemes that make it difficult to determine a fair selling price, to control the prices set for marketing, and to prescribe and provide drugs against CNCDs.

The instrument creating the National Observatory of Public Health in 2010 stipulates among other tasks, that it should: (a) consolidate information on the manufacturing and importation of the drug, the availability / accessibility and quality control of the drug; (b) guarantee in connection with the relevant structures and services, that monitoring indicators of care benefits tariffs as well as drugs and medical consumables prices are available; (c) develop cooperation with national and international organizations in the field of information and health monitoring. In fact, these functions do not have an operational content.

Finally the individual constraints to which the persons concerned are subject as illustrated in the remarks of some decision-makers interviewed:

“This is cultural, everyone is minding his own business, and nobody communicates with the other!” “Caregivers do not always have time to inform their patients...”

“Health care providers and other staff sometimes do not know much about drugs”.

“Prescriptions are sometimes illegible and / or incorrectly filled”

“Users illiteracy limit access to written information”

In the poorly regulated environment of African countries, health professionals are under the influence of the pharmaceutical industry, which is the only real actress that finances continuing education to the tune of 98%. Medical visitors are the backbone of this training, being a key player in the promotion of drugs. Their influence is considerable on prescribing behavior.

**Consequences**

The inadequate and inappropriate information sharing has negative impacts on the effective access to quality medicines, the adherence to treatment and the quality of patients’ care and
follow-up, and results in an increased incidence of the catastrophic health expenditures, thus worsening the economic vulnerability of households. The survey found that only 50% of hypertensive and diabetic patients reported a good adherence to their treatment. Respondent patients acknowledge a periodic abandonment of medication because of financial difficulties and 48.5% admit to having resorted to traditional medicine as an alternative.

**The Options**

Faced with the dissatisfaction of the majority of actors at the lack of a formal drug information system on medicines against CNCDs and the numerous corrective measures suggested to improve transparency and information sharing, we propose two options for discussion, the status quo and a formal information management system in the form of a pilot Drug Observatory. Indeed, we conducted an exhaustive review of the literature on information sharing strategies in complex systems. The conceptual frameworks identify health or drug observatories as the best alternative, but there is no universal evidence of its effects confirmed by a systematic review. However, case studies, activity reports suggest some efficiency depending on the contexts.

**Option 1: Statu quo**

The status quo means that each actor strengthens the implementation, monitoring and evaluation means and strategies of its missions for greater efficiency, notably:

- a. For policy-makers and prescribers, (i) strengthening the guidance on data sharing; (ii) computerization of the drug management system; (iii) organization of campaigns with the contribution of community relay agents and the media (community radio, print media, television); (iv) posters; (v) the introduction of information on drugs while supervising the different levels (health delegation-district, health facilities);
- b. For health providers, (i) use of posters, dialogues and guidelines and (ii) indication of drug prices to patients by prescribers during the medical consultation;
- c. For patients, (i) further information on CNCDs; (ii) more sensitization campaigns and (iii) further advice and explanations during the consultation and provision of drugs;
d. For media professionals, (i) press releases, (ii) an online information platform accessible to all (journalists and patients), (iii) an information website on drugs, (iv) the introduction of a communication service in health facilities, (v) information of the general public in local languages.

**Option 2: Drug Observatory**

An observatory is both a knowledge-sharing facilitation service to increase transparency in complex systems and a help desk to foster well-informed decision-making. This is a unit that collects, analyzes, synthesizes and disseminates strategic information to its audience in a targeted manner. As such, an Observatory performs three functions: documentation, communication and monitoring and evaluation.

The documentation includes: (1) the introduction and systematic application of methods for collecting and evaluating data on marketing authorizations, import, transfer pricing, stock-outs, the epidemiology of CNCDs by region, the provision of services in the regions, households income, health expenditures; (2) in addition to local data, the Observatory provides scientific information monitoring at the national, regional and global levels in order to relay more digestible systematic reviews, guidelines, economic evaluations, epidemiological trends and research work on CNCDs risk factors; (3) the creation of a directory and a reference knowledge base using appropriate software. A predictable difficulty is access to updated local data on the marketing authorizations, imports, sale prices, stock-outs of drugs against CNCDs, the effective provision of services in the regions, households income and health expenditures. The lack of regional epidemiological data on CNCDs will be offset by projections from national and international data.

Communication has specifically targeted the distribution and dissemination of information through various media (emails, policy briefs, policy dialogues, periodic newsletters, mainstream newspapers, Facebook page, Twitter message, accessible website for free, posters, conferences and press releases, e-portfolio, booklets, audio and video commercials and documentaries). The interaction with the media may in addition include a participation in radio or television debates. An online forum may be launched. The interaction with the concerned is envisaged in the form of policy dialogues on the occasion of international days dedicated to CNCDs to make visible the challenges of access to medication. The medical language and jargon constitute potential barriers to communication. Indeed, the publication of messages in French and English will not be enough since some of the people concerned do understand or read neither one nor the other.
The cultural differences could hinder the assimilation of messages and the plurality of ethnic and religious backgrounds could generate differentiated messages perceptions. Because of the disparities in securing ICTs, messaging channels will be adapted according to the target.

**The monitoring and evaluation** of activities is intended to ensure that its functioning is efficient and effective and above all, that it will be possible to draw lessons for its scalability for all chronic diseases and its sustainability.

The purpose is to keep a journal of inputs, processes, procedures and products of the Observatory as well as interactions and the way it is used by the target audience during the pilot phase. The secretariat will keep an activity log, a diary of interactions and solicitations, recommendations and feedback from stakeholders. Quarterly surveys will be conducted from the virtual interface.

**For more information**


Don de Savigny and Taghreed Adam (eds) 2009. Pour une approche système du renforcement des systèmes de santé. Alliance pour la Recherche sur les Politiques et les Systèmes de Santé/OMS


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