

# Assessment of Pharmaceutical Situation in Jamaica

Thomas-Osborne, Princess (1); Lewis-Graham, Cyntia (1); Ivama, Adriana Mitsue (2); Lucia Luiza, Vera (3); Souza, Paula Pimenta (3); Dennis, Andre (1); [ivamaadr@cpc.paho.org](mailto:ivamaadr@cpc.paho.org)

1: Bureau of Standards and Regulations, Ministry of Health, Jamaica; 2: Pan-American Health Organization/World Health Organization (PAHO/WHO), Office of Caribbean Programme Coordination (OCPC); 3: Nucleo de Assistencia Farmaceutica/National School of Public Health/Fiocruz, Brazil

## Problem Statement

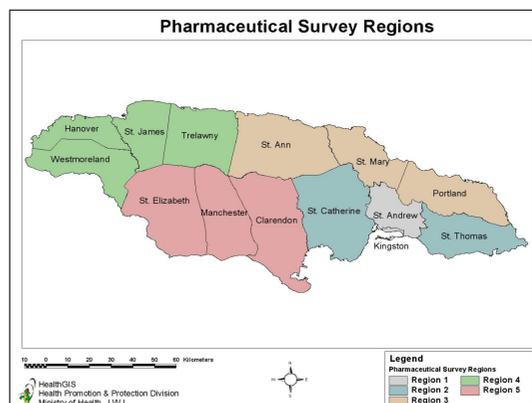
Jamaica, a middle income country with a population of 2.6 million. It is the largest of the English-speaking Commonwealth Caribbean Islands, is divided into three counties that are subdivided into 14 parishes. The average population density was estimated at 660 per square mile. Health care in Jamaica is provided by the Ministry of Health (MoH), the private sector, and other non-governmental organizations.

## Design and outcome measures

**Design:** A cross-sectional study was undertaken from July 2009 to May 2010 using WHO Level II methodology of health facilities and household surveys. Analysis was done with Epidata and Excel.

**Outcome measures:** For most selected indicators, results are presented as a percentage of total surveyed facilities or households.

## Settings and Study Population



### Within each region

5 - 6 public health facilities  
2 - 6 private pharmacies close to the selected public health facilities

805 households divided into those within 5km, 5 - 10km and more than 10km of each selected public health facilities

1 national medicines warehouse.

## Objectives

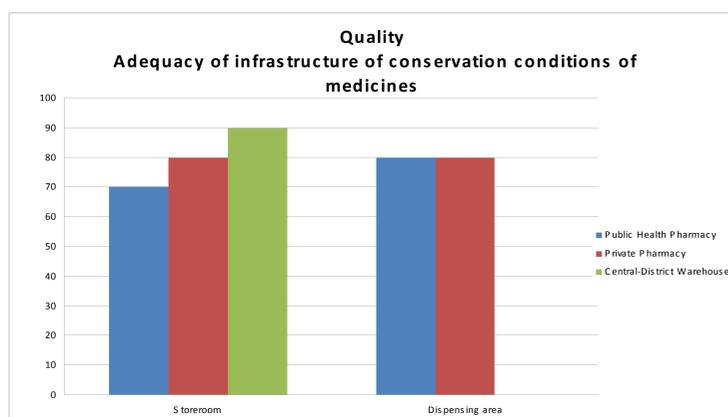
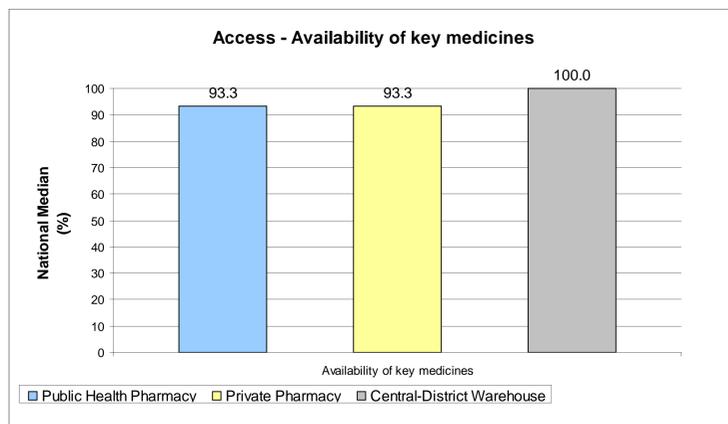
### General Objective

- ✓ Assess the pharmaceutical situation in Jamaica related to access, quality, and rational use of medicines.

### Specific Objectives

- ✓ To determine the accessibility, affordability and availability of essential medicines, to persons who are seeking healthcare services.
- ✓ To measure the rational use of these essential medicines.

## Key Results



A pharmacist was found in almost all (96.2%) private pharmacies, but only six in each ten public pharmacies.  
Physicians were found in almost all visited facilities (96.6%)  
Four in every ten senior physicians declared to have attended a rational use related training in the previous year

Indicator	National (Median)	25th Percentile	75th Percentile
<b>Prescribing indicators</b>			
Average number of medicines per prescription at public health facility dispensaries(SF6)	4.0	3.0	4.0
Average number of medicines per prescription at public health facilities(SF7)	2.9	2.4	3.0
% patients prescribed antibiotics in public health facilities	33.4	30.0	50.8
% patients prescribed injections in public health facilities	8.4	3.3	20.8
% prescribed medicines on the essential medicines list at public health facilities	85.3	80.4	89.8
% medicines prescribed by generic name (INN) at public health facilities	41.9	25.1	46.1
<b>Patient care indicators</b>			
% medicines adequately labeled at			
public health facility dispensaries	100.0	92.2	100.0
private pharmacy	95.5	91.2	98.6
% patients know how to take medicines at			
public health facility dispensaries	73.3	63.3	84.6
private pharmacy	90.0	76.7	96.7
Prescription medicines bought without prescription	0.0	0.0	0.0
<b>Facility specific factors for the rational use of medicines</b>			
Availability of Standard Treatment Guidelines at public health facilities	46.4		
Availability of VEN list at public health facilities	35.7		

## Conclusions

It is highly recommended that the National Pharmaceutical Policy be developed to address the main challenges and constraints identified, such as quality of medicines and services with adoption of Good Pharmacy Practices. Even though the availability was high, the stock-out and storage conditions need to be addressed. The results also show that managerial and economic policies concerning pharmaceuticals should be improved. Promotion of rational use of medicines is necessary, including improving prescribing by the INN; updating the VEN list, the therapeutic formulary, and the STGs based on the concepts of essential medicines and evidence-based decision making is also needed.

## Acknowledgements

All support from Ministry of Health, specially the Standards and Regulation Division team  
Technical support from  

- ✓ PAHO/WHO
- ✓ WHO Harvard Collaborating Center in Pharmaceutical Policy

 Support of the directors/heads and staff members of participating health facilities