

Assessment of Pharmaceutical Situation in Suriname

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Problem Statement

In Suriname, the Ministry of Health is responsible for assuring a functioning health care system. Prevalence and incidence of chronic diseases are increasing and cardiovascular disorders top the mortality list.

Design

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

Objective

General objective: Assess the pharmaceutical situation in Suriname related to access, quality, and rational use of medicines

Specific Objectives

- ✓ to provide data to measure outcomes on **access, affordability** and **availability** of key medicines and **geographical accessibility** of dispensing facilities
- ✓ **rational use** of quality medicines
- ✓ **quality of medicines & services** at health facilities and pharmacies.

Setting and Study Population



Coastal area: 2 Urban districts
6 rural districts

Interior: 2 interior districts

Area 163 820 Km²

- ✓ Urban: 0.5%

- ✓ Rural: 14.5%

✓ Interior: 85%

Population density

Nationwide: 3 Urban: 526

Paramaribo:

Wanica: 194

Rural Interior: Brokopondo: 2

Results

Health Facilities: Access

Availability of key medicines PHF	93.3%
Availability of key medicines Warehouses	100%
Out of Stock duration (days)	54.5
Prescribed medicines dispensed	90%
Travel to PH facilities (hour)	< 1 hour
Cost of treatment (days wage lowest paid worker)	0-1.92

Health Facilities: Rational Use of Medicines

Prescription of antibiotics	13.3%
Prescription of injectables	3.3%
EML present	60%
(S)TG	27.5%
Dispensing medicines without prescription	>15%

Households: Access

More than 1 hour away from PHF	11%
Availability	Good
Cost medicines acute illnesses	SRD10 (USD3.62)
Cost medicines chronic illnesses	SRD17 (USD 6.16)
Insurance coverage acute conditions	75%
Prescribed medicines covered	9 out of 10

Households: Rational Use of Medicines

Medicines at home	79%
# medicines at home	3.5%
Adherence acute care	70%
Adherence chronic care	83%
Experience of care (good)	61%
Popularity brand vs generic	49%

Conclusions

There is very good access to medicines. Nevertheless, quality and rational use are areas with room for improvement. They could be addressed through the updating of the National Medicines Policy and Programme. It is recommended to develop and adopt Good Practices in the medicines supply chain, centred on the patient, community, and families. Special attention can be paid to the promotion of rational use of medicines, such as promoting prescribing by the INN, as well as the development of a National Therapeutic Formulary and active development and dissemination of standard treatment guidelines for the main conditions.

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