

5. A seven-step approach to improving access to psychotropics

A practical way to improve psychotropics access in a country or an institution would be to follow the seven-step approach outlined below.

Step 1: Organizing the process

A necessary first step is to decide how to organize the process of improving access and the different activities needed to achieve this. At this stage it is also important to identify the interested parties to involve, the resources required, and how these can be obtained. The need for assistance from WHO, donors or countries with relevant experience may also be assessed. This stage can be carried out within a ministry of health, a health institution or a health insurance institution, and with the support of a small committee of selected experts.

Step 2: Assessing the psychotropic drug access system

A thorough assessment of all components of non-functioning access systems is the next step. This process has been well explained in Chapter 4 of this module, and the rationale for examining the different components has been explained in Chapters 2 and 3. The experts to carry out this assessment should come not only from the ministry of health, but also from other disciplines and backgrounds, notably the major mental health institutions and the pharmaceutical sector.

Step 3: Identifying main problems and making a detailed analysis

The assessment carried out in step 2 will allow for a thorough analysis and understanding of the main problems in a psychotropics access system. A detailed analysis of the findings can assist in identifying the major problems and their causes, and potential solutions.

Step 4: Setting goals and objectives to improve access

Once the main problems and their causes have been identified, goals and priority objectives can be defined. For instance, priority objectives may be to improve the selection, affordability and financing of essential psychotropic medicines. Another objective may be to improve the prescribing of psychotropics by health professionals, and use and adherence by PWMDs or the community as a whole.

Step 5: Designing intervention programmes and selecting verifiable indicators of progress

The selection of intervention programmes to achieve the defined objectives is more complex, as it involves choosing from among many different intervention options. The systematic assessment should justify the choices and serve as the basis for decisions. Broad consultation and careful consideration of structural constraints are necessary. Selecting appropriate indicators of progress will enable monitoring and evaluation of the impact of the interventions.

Step 6: Implementing the intervention programme

Any intervention programme needs an overall implementation plan or master plan. The plan may cover a 3- to 5-year period. It should be broken down into annual action plans,

and be developed in collaboration with the institutions involved in its implementation. Key features of a well prepared plan are: defining the activities per component, specifying the responsibilities and major tasks, describing the target outputs and specifying a detailed time frame and budget.

Step 7: Monitoring and evaluating the programmes

Monitoring is a way to continuously review implementation of the activities and to determine whether targets are likely to be met. Evaluation, either midway or at the end of the implementation period, enables an analyses of whether objectives and goals are being or have been met. As explained in Chapter 4, performance indicators are indispensable to objectively measure changes, make comparisons and assess whether the targets are being met. Based on the final evaluation, lessons can be drawn for the future and a new intervention programme designed, or the existing one modified, taking into account the need to avoid any pitfalls of the earlier approach.

Box 20. Applying the seven-step process to the hypothetical country example in box 19

The assessment of the psychotropic access system proceeded as planned and the two-day workshop on Better Access to Mental Health and Essential Psychotropics: The Way Forward was a lively event. Participants expressed considerable frustration over the poor access to psychotropics, but also a number of good ideas on how it could be improved.

The five experts presented their findings, together with options for improvement, as follows:

1. As the National Essential Medicines List had not been updated since 1987, the medicines currently available for the public sector were not the most appropriate. Mental health staff had clearly lost confidence in using some of them, and, as a result, they prescribed a large variety of brand-name drugs, many of them combination drugs;
2. Mental health staff were generally well trained in pharmacotherapy, most of them in the former colonizing power;
3. Far too many PWMDs were institutionalized for disorders that could be well managed in a community setting. A major reason was that the health insurance policy only reimbursed inpatient treatments of mental disorders. As institutional treatment capacity was limited, most PWMDs went without treatment, or had irregular treatment from a variety of providers and with a variety of medicines;
4. Prices of essential psychotropics were far too high. End-user prices of the 17 essential psychotropics on the WHO Model List of Essential Medicines were, on average, 3.73 times the average international world market price (based on the WHO/MSH Drug Price Indicator Guide). These high prices were caused by sub-optimal procurement practices of CMS, characterized by frequent emergency procurements through international shopping. These high prices had led to financing deficits and chronic shortages of all essential drugs, including psychotropics. This, in turn, opened the country to illegal imports of a large variety of brand-name products of doubtful quality.

The workshop identified as priorities the following problems:

1. Sub-optimal procurement practices of CMS;
2. Inappropriate mental health reimbursement policies;
3. A need for general promotion of the essential medicines concept, especially essential psychotropics.

Based on these priorities, four working groups were established to: (a) set up a Medicines Supply Unit in MOH, with the special task of updating the Essential Drugs and Medicines Policy (EDM) and drug legislation; b) develop a new drug procurement system; c) design a new mental health policy with special emphasis on reimbursement systems for community management of mental disorders; and d) design a plan of action, together with a monitoring programme and a set of performance indicators on mental health management in the country. A small seed grant was provided by the World Bank to start the programme.

Key points

The following seven-step process offers a practical approach to improving access to psychotropics:

Step 1: Organizing the process;

Step 2: Assessing the psychotropic drugs access system;

Step 3: Identifying the main problems and making a detailed analysis;

Step 4: Setting goals and objectives to improve access;

Step 5: Designing intervention programmes and selecting verifiable indicators of progress;

Step 6: Implementing the intervention programmes; and

Step 7: Monitoring and evaluating the programmes.