



ELSEVIER

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

National transparency assessment of Kuwait's pharmaceutical sector



Dalia A. Badawi^a, Yousif Alkhamis^{b,*,1}, Mohammad Qaddoumi^c,
Kazem Behbehani^d

^a Director of Healthcare Planning & Development department, Dasman Diabetes Institute, Kuwait

^b Senior Healthcare Planning & Information Team leader, Dasman, Diabetes Institute, Kuwait

^c Assistant Professor of Pharmacology and Therapeutics at Kuwait, University School of Pharmacy, Kuwait

^d Director General, Dasman Diabetes Institute, Kuwait

ARTICLE INFO

Article history:

Received 16 October 2014

Received in revised form 10 June 2015

Accepted 3 July 2015

Keywords:

Governance of medicine

Pharmaceuticals

Corruption

Kuwait

WHO

ABSTRACT

Objectives: Corruption is one of several factors that may hinder the access to pharmaceuticals. Since Kuwait has the highest per-capita spending on pharmaceuticals in the region, we wanted to evaluate the level of transparency in its pharmaceutical sector using an established assessment tool adapted by the World Health Organization.

Methods: Standardized questionnaires were conducted via semi-structured interviews with key informants to measure the level of transparency in eight functions of the public pharmaceutical sector.

Results: The scores for the degree of vulnerability to corruption reflected marginal to moderate vulnerability to corruption for most pharmaceutical sectors. The perceived strengths included availability of appropriate laws, the presence of clear standard operating procedures, and the use of an efficient registration/distribution system. Weaknesses included lack of conflict of interest guidelines and written terms of reference, absence of pharmaco-economic studies, and inconsistencies in law enforcement.

Conclusions: Findings reveal that few functions of Kuwait pharmaceutical sector remain fairly vulnerable to corruption. However, the willingness of Kuwait Ministry of Health to adopt the assessment study and the acknowledgement of the weaknesses of current processes of the pharmaceutical sector may assist to achieve a transparent pharmaceutical system in the near future.

© 2015 Elsevier Ireland Ltd. All rights reserved.

Abbreviations: CMS, Central Medical Stores; COI, Conflict of Interest; CT, Clinical Trials; EML, Essential Medicines List; GCC, Gulf Cooperation Council; GDP, Gross Domestic Product; GGM, Good Governance for Medicines; IEC, Independent Ethics Committee; KDFCA, Kuwait Drug and Food Control Administration; KI, Key Informant; MOH, Ministry of Health; NA, National Assessor; SOP, Standard Operating Procedure; TOR, Terms of Reference; WHO, World Health Organization.

* Correspondence to: P.O. Box 1180, Dasman 15462, Kuwait.

Tel.: +965 2224 2999x2029.

E-mail address: yousuf.alkhamis@dasmaninstitute.org (Y. Alkhamis).

¹ www.dasmaninstitute.org.

1. Introduction

Pharmaceuticals are important for the health and well-being of populations [1]. However, poor access to pharmaceuticals remains a major global health problem [1]. Several factors contribute to the problem of unequal access to pharmaceutical products and these include market failures, government inefficiencies, costly drug prices, poverty, poor health infrastructure, and corruption. It has been estimated that two thirds of medicine supplies in hospitals are lost globally through corruption and fraud

Table 1
Healthcare and pharmaceutical indicators of Kuwait.

Indicator	2011	2012	2013
Population (millions)	3.12	3.30	3.40
Nominal GDP ^a (US\$ billions)	160.0	183.10	183.00
GDP per capita (US \$)	51,202	56,329	54,330
Healthcare expenditures (US\$ billions)	4.20	4.80	5.35
Health expenditures per capita US\$	1346	1454 ^b	1573
Health expenditures per capita US\$ – GCC ^c average	1093	1197	NA
Government (public) health expenditure (US\$ billions)	3.50	4.00	4.40
Private health expenditure (US\$ billions)	0.70	0.80	0.95
Government sector health expenditure as a % of total	82.20	82.50	82.40
Healthcare expenditure as a % of GDP	2.60	2.60	2.92
Pharmaceutical sales (US\$ billions)	0.67	0.68	1.03
Pharmaceutical sales per capita (US \$)	214.75	206.00	302.95
Pharmaceutical sales as a % of health expenditures	16.70	14.32	19.30

^a GDP: Gross domestic product.

^b Second highest after Qatar (\$2029) among GCC in 2012.

^c GCC: Gulf cooperation council.

NA: Not available.

Source: BMI report 2014, WHO and World bank. [3,8,9].

[2]. Furthermore, the World Health Organization (WHO) estimates that up to 25% of pharmaceuticals consumed in developing countries are counterfeit or sub-standard [3].

The high value of the global pharmaceutical market coupled with the complex processes and various steps involved in the pharmaceutical supply chain make it increasingly susceptible to corruption and unethical practices. Corruption in the pharmaceutical sector can have a negative effect on national health budgets and health priority of the country leading to limited access to essential medicines, waste of limited public resources, illegal pharmaceutical promotion, and unsafe medicines [3,4].

Kuwait provides its citizens free health services that may extend to medical treatment abroad. Expatriates are required to purchase health insurance plans that are heavily subsidized by the government to access most health services [5]. However, expatriates have access to all drugs except a limited list of expensive drugs which they purchase from the private sector. Considering the high expenditure policy on healthcare services, Kuwait government may continuously face huge health demand and financial burden. For example, approximately 2.5 million patients have attended outpatient clinics at public hospital in 2011 and a similar figure was reported for private hospitals. [6] The Ministry of Health (MOH), which is the sole provider and regulator of such health services, had a reported operating budget of roughly \$5.3 billion in 2013, with 20% of this budget (\$1.03 billion) allocated only to the purchase of pharmaceuticals (Table 1) [7].

In Kuwait, pharmaceuticals are mainly imported from abroad and include drugs, herbal medicines, nutritional supplements, medical devices, and cosmetics. They are regulated by Kuwait Drug and Food Control Administration (KDFCA), a division of MOH, to ensure that the medicines registered fulfil the required quality, efficacy, and safety standards.

Approximately, 20% of pharmaceutical products in terms of volume are manufactured locally through Kuwait Saudi Pharmaceutical Industries Company, the country's only generic producer in Kuwait [7]. The pharmaceutical

sector in Kuwait is relatively small contributing to only 0.68 \$billion in sales in 2012 coming in third in the Gulf Cooperation Council (GCC) region after Saudi Arabia (\$ 5.05 billion) and UAE (\$1.55 billion), respectively. The total pharmaceutical market size of GCC was estimated at \$8.5 billion in 2012, a huge contrast with that of the US (\$398 billion) or Europe (\$288 billion). However, Kuwait Pharmaceutical sales per capita in 2013 is among the highest in the GCC region at \$303 [10]. Health expenditures are expected to further increase to \$9.5 billion by 2017 due to a continuous growth in population as well as increased prevalence of chronic diseases [7].

Several global institutions such as the World Bank, the WHO, and the UK Department for International Developments have developed tools or programs to assess weak links within the pharmaceutical system [11]. The WHO assessment tool, first developed by Cohen et al. [12] and later modified by the WHO, utilises standardised questionnaires to assess vulnerability at key decision points in the pharmaceutical system. Since 2004, the WHO has undertaken the *Good Governance for Medicines (GGM) Program* aiming to reduce corruption in the pharmaceutical system “through the application of transparent, accountable administrative procedures and the promotion of ethical practices among health professionals” [13]. A three step approach has been identified in implementing this initiative that includes: (i) a national assessment of transparency and vulnerability to corruption; (ii) the development of a national program on GGM; and (iii) implementation of the program. A total of 26 countries have conducted the WHO GGM assessment study using this instrument tool to evaluate the level of transparency and vulnerability to corruption in their pharmaceutical system [13–16].

The purpose of this study was to utilize the WHO assessment tool to assess the perceived level of transparency and potential vulnerability to corruption that exists in eight essential functions of Kuwait's pharmaceutical sector namely: registration, licensing, inspection, promotion, clinical trials, selection of medicines, procurement, and distribution.

Download English Version:

<https://daneshyari.com/en/article/6239028>

Download Persian Version:

<https://daneshyari.com/article/6239028>

[Daneshyari.com](https://daneshyari.com)