

Vinculada desde el año 2.000 a la Organización Panamericana de la Salud, OPS/OMS. Ha sido Coordinadora del proyecto de Protección Social en Salud de la OPS y la Agencia Sueca para el Desarrollo Internacional, ASDI. Gerente del Programa de Protección Social en Salud y líder del equipo de Sistemas y Servicios de Salud de OPS/OMS en Haití. Actualmente es Coordinadora del equipo de Sistemas y Servicios de Salud de la OPS/OMS-Ecuador.

Ha participado en varios estudios científicos y es coautora de varias publicaciones, entre las que se destacan: "Social Determinants of Access to Medicines in 3 Central American Countries"; "Esquemas de protección social en salud para la población materno-infantil: lecciones aprendidas de la región de América Latina"; "Diálogo Social como Herramienta para la Extensión de la Protección Social en Salud".

Pertenece a varios grupos de expertos: Punto Focal del Área de Sistemas de salud basados en la APS para la cooperación técnica en Haití; Grupo de Salud del Migrante de OMS; Asociación de Economistas de la Salud de Chile; Red de Expertos para la mejoría del acceso a medicamentos de la OMS.

Obtuvo su título como Médica-Cirujana graduada en la Facultad de Medicina de la Universidad de Chile. Tiene un Diplomado en Gestión de Instituciones de Salud y un masterado en Ciencias Médicas otorgado por la Escuela de Postgrado de la Universidad de Chile. Es master en Gobierno de instituciones sanitarias por la Universidad Abierta de Cataluña.

Social Determinants of Access to Medicines in 3 Central American Countries

Acuna, Maria Cecilia (1); Marin, Nelly (1); Mendoza, Adriana (1); Landman, Celia (2); Azeredo, Thiago (2)

acunamar@paho.org

1: Panamerican Health Organization, USA; 2: Oswaldo Cruz Foundation, Brazil

Problem statement: Health systems' equity, efficiency, and quality as well as patients' satisfaction will be difficult to achieve without making medicines accessible for all those who need them. One of the biggest gaps identified in reaching the MDGs by 2015 is the progress towards achieving access to essential medicines. Although this issue has been analyzed from different perspectives—such as price, availability and quality of medicines—the factors that influence people's behavior regarding access to medicines have been poorly explored. This study examines social determinants that affect people's behavior in relation to seeking and obtaining the medicines they need.

Objective: Assess the impact of social determinants on access to medicines

Design: Cross-sectional study

Setting: The study was conducted at the national level in Guatemala, Honduras, and Nicaragua. It examines both the public and the private sectors.

Study population: A total of 2,779 households were selected through a random sample. An average of 36 public health care facilities with their respective pharmacies, 5 public warehouses, and 30 private pharmacies per country were selected through a convenience sample.

Intervention: Data collection conducted from December 2007 to April 2008 included household and health services surveys and review of secondary sources. Stakeholders of all 3 countries and local PAHO officers were involved in all phases of the study. Each country was a unit of study and the results were compared among them.

Outcomes measures: Impact of the economic condition and characteristics of the household as well as sex, age, ethnic background, education level, and employment status of the head of the household over the seeking behavior/demand for and access to health care and medicines

Results: The outcomes of the multivariate logistic regression model using principal components show that the main determinant of exclusion from access to medicines is the lack of access to institutional care (OR 4.102, CI 95%); other determinants of access to medicines are the characteristics of the household (OR 0.747, CI 95%), the head of the household being employed in the formal economy (OR 0.707, CI 95%), and the socioeconomic condition of the household (OR 0.462, CI 95%)

Conclusion: Formal employment, good socioeconomic conditions, and basic amenities in the household (potable water, sanitation, electricity, adequate number of bedrooms) foster medicines seeking behavior and increase the probability of accessing medicines. On the contrary, exclusion from health care is a powerful predictor of lack of access to

medicines. Policies to improve access to medicines should take these findings into account.

Funding source: Swedish International Development Agency