

# Informal expert consultation on coordinated procurement of antidotes in the South-East Asia Region

## Summary Report

12-13 February 2018, Ramathibodi Hospital, Bangkok, Thailand

### Background

Ensuring access to antidotes is a health security issue that can reduce preventable deaths. In the WHO South-East Asia Region (SEAR) improving access to these life-saving medicines, which have potential risk of shortages, was identified as a concrete step by Member States of the 70<sup>th</sup> Regional Committee (Sept 2017). The National Antidote Project in Thailand is an example how efficient national public health systems can ensure the availability of antidotes and improve the clinical capacity for case management of poisonings.

An informal expert consultation was organized with experts from India, Maldives, Sri Lanka, Thailand and Timor-Leste to learn about country experiences and challenges, gaps faced when trying to ensure uninterrupted access to antidotes and discuss potential pathways for coordinated procurement of antidotes in the South-East Asia Region, with support and leadership from Thailand.

### Informal Consultation Objectives

1. Discuss coordinated procurement focused on improving availability of lifesaving antidotes in the South-East Asia Region.
2. Understand how Thailand and other countries have improved availability of antidotes through improved procurement and distribution systems.
3. Discuss potential pathways for joint coordinated procurement of antidotes by interested countries with central organizational support by Thailand.
4. Agree on next steps for joint procurement of antidotes by interested countries and necessary approval processes to initiate participation.

### DECISIONS FROM THE MEETING

**AIM:** To initiate a collaborative mechanism for coordinated procurement of antidotes in the South-East Asia Region with Thailand serving as a regional hub to supply agreed antidotes either on a regular or on emergency response basis.

#### Criteria for selection of antidote

- Listed on current WHO Model Essential Medicine List and/or countries' national essential medicines list, or when country is considering adding it to its national essential medicines list
- Difficult to source (limited suppliers); commonly experienced shortages or at high risk for shortages

#### Eight selected essential antidotes

- Activated Charcoal
- Dimercaprol
- Methylene blue
- Penicillamine
- Sodium calcium edetate
- Sodium nitrite
- Sodium thiosulfate
- Succimer

### Key Partners

#### Beneficiaries

- Populations of SEAR Member States

#### Key stakeholders

- National procurement agencies, poison centers and medicines regulatory agencies

#### Leadership & coordination

- Ramathibodi Poison Center (RPC), Faculty of Medicine, Ramathibodi Hospital, Mahidol University
- National Health Security Office (NHSO);
- Government Pharmaceutical Organization (GPO), Ministry of Public Health, Thailand

#### Technical support

- WHO Regional Office for South-East Asia



# Two pathways for coordinated procurement of selected essential antidotes: Emergency response & Planned joint annual procurement

## A) Emergency response

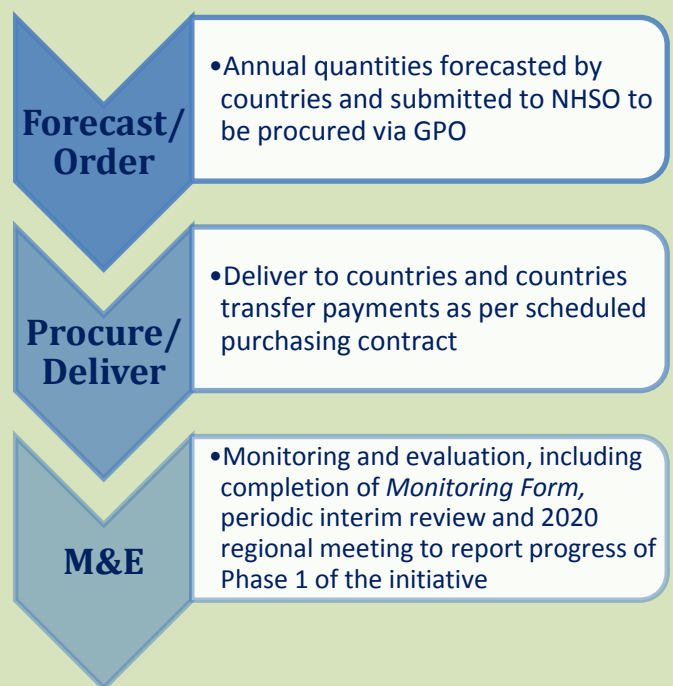
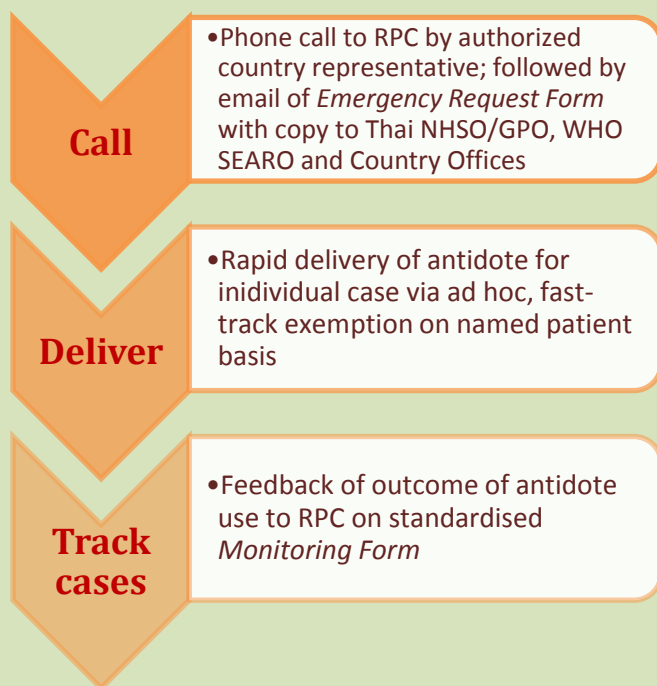


- Fast, flexible, rapid delivery by courier services - Hotline Ramathibodi Poison Center
- Delivery of antidote to country from Ramathibodi Poison Center (RPC)
- Post-payment to NHSO within 2 months
- Fast track importation of antidote via exemption or no objection letter or importation on named patient basis

## B) Planned joint annual procurement



- Well-planned, annually forecasted quantities to be procured by NHSO/GPO Thailand, based on annual contract agreement
- Payment to NHSO within 2 months following delivery
- Promote registration of products by National Regulatory Authority, possibly via joint dossier assessment



### Key principles of collaboration:

- 1. Build on what exists**  
*Leverage capacity of Thailand National Antidote Project*
- 2. Start with small but concrete steps**  
*Identified two pathways and 8 selected antidotes*
- 3. Keep collaboration voluntary**  
*Official invitation to SEAR Member States*
- 4. Build trust**

### Capacity Building:

- Develop and set up risk-based distribution and stock control system for antidotes, based on lessons learnt in Thailand
- Increase awareness about poisoning and its prevention
- Train health professionals in diagnosis and management of poisonings
- Develop and support poison information and treatment centers

### Additional Parallel Activities:

- Demand assessment & action to improve data on epidemiology of poisoning in South-East Asia
- Regional guidelines and clinical protocols
- Evaluation of the impact of the regional initiative

### Immediate Next Steps

1. Inform all SEAR countries of initiative – WHO SEARO to send official letter to Secretary of Health, with copy to national Procurement Agency (including concept note outlining key principles) by 1 March 2018.
2. Country communicates expression of interest to WHO SEARO with copy to NHSO (31 March 2018)
3. Discussion between country and Thailand NHSO followed by contract (April 2018).
4. Develop draft of standard request form to be sent to Ramathibodi Poison Center, in case of emergencies.
5. Develop draft model contract to be used for annual procurement agreement between Thailand and interested countries.