POLICY **Brief**

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Essential medicines availability in primary health care facilities

Insights from the KHFA 2018

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Executive Statement

Access to essential medicines forms a core part of the Universal Health Coverage. Primary health facilities (dispensaries, health centres and primary hospitals (level 4) provide the first point of interactions between patients and the health system. Availability of medicines at this level therefore becomes key to health services provision. Assessment of availability of medicines is usually based on availability of some tracer essential medicines at any given time. For the purposes of this health facility assessment, data for 25 essential medicines. On average health facilities had just about 10 of these tracer medicines and they varied across various facilities. None of the facilities assessed had all the 24 tracer medicines. Mental health and TB medicines are generally lacking in primary health facilities. The low availability of medicines could be due to lack of prioritization of medicines by availing the required budgets but also could be due to poor quantification and forecasting based on facility needs. To make fore we need to do proper forecasting and quantification based on the Kenya Essential Medicines List and also ring fence finances for procuring these medicines.

Introduction

The right to health is a fundamental human right guaranteed in the Constitution of Kenya. Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Sustainable Development Goal 3.8, of which Kenya is a signatory, states that there should be "access to safe, effective, quality and affordable essential medicines and vaccines for all" as a central component of Universal Health Coverage (UHC) (Wirtz et al. 2017).

What are essential medicines?

Medicines, for treatment, prevention and/or rehabilitation of health conditions that satisfy the priority health-care needs of the population.

What is the challenge?

Access to essential medicines is limited in developing countries mainly due to high costs.

Almost 60% of health expenditure goes towards purchase of medicines, and in developing countries about 90% of the population purchase medicine through 'Out of pocket' (WHO 2015) Even where the medicines are available they are skewed towards the larger hospitals (level 4,5 and 6 hospitals) and the private sector facilities mainly in urban areas.

Availability of essential medicines in primary health facilities, (dispensaries and health centres) is usually generally lower due to lack of dedicated budgets for Health Products and Technologies (Rathish et al. 2017). UHC is focused on using the primary health approach to cover all populations.

Key Messages

- On average all health facilities only have half of the 24 essential medicines with primary health facilities only have a third of essential medicines
- No facility had all the 25 essential medicines
- In primary health facilities
- Four out of five primary health facilities do not have mental health medicines
- Two out of every three health facilities lack drugs for management of post-partum hemorrhage.
- Primary health facilities generally lack TB medicines. Less than half of primary health facilities stock these medicines compared to seven in every ten hospitals stocking these medicines.
- Quantification based on county needs has to be made routine.
- Ring fencing of resources for health products.

What efforts are in place to correct this?

There are several policy documents which outline the strategies to ensure availability of essential medicines in lower level facilities. This include;

- Health Products and Technologies is an one of the investment areas in the Kenya Health Policy 2014-2030(Ministry of Health 2014). And the Kenya Health Sector Strategic Plan 2018-2023.
- A central regulatory body – Pharmacy and Poisons board which ensures quality of medicines
- A central procuring authority (Kenya Medical Supplies Authority KEMSA) which delivers medicines up to the dispensary level.
- Revision of documents to refocus them to primary health care like Kenya Essential Medicines List (KEML 2019).
- The Health Products and Technologies Supply Chain Strategy 2020-2025

Where are we falling back?

Despite the various strategies, essential medicines still seem to be mainly available in larger facilities. This is partly due to:

- Inadequate quantification of the requirements due to lack of requisite personnel (pharmacist and pharm techs). (in lower level facilities) and linking this budgetary allocation.
- Inadequate prioritization and funding for essential medicines.
- Referral to higher level facilities due to lack of essential medicines

There is an urgent need to ensure availability of essential medicines at the lower levels, this will not only increase access to health services, but also make the referral mechanism more efficient.

This policy brief describes the variation of availability of 24 essential medicines across the country and provides some recommendations to bridge the gap on this variation.

Methodology

This policy brief uses findings from the Kenya Harmonized Health Facilities Assessment (KHFA) 2018/19, as well as evidence from review on documents such as Annual health sector performance report and the joint health facilities assessment reports. Publications essential medicines were used to complement the findings.

The KHFA assessment entailed a comprehensive study of availability and readiness of health facilities in Kenya to provide services using a modular approach.

The modules applied included: Availability, Readiness, Management support systems, Quality of care and Community health systems.

The survey population included 2,980 facilities with representation across counties, ownership levels (public, private, FBO/NGOs) and facility types (dispensary, medical clinics, health centres, primary hospitals, and secondary hospitals).

For essential medicines assessment on availability of 24 essential medicines spanning communicable and non-communicable diseases were assessed.

The availability and readiness of health facilities to offer specific health interventions (Maternal, new-born, child, and adolescent health; through consideration of tracer items medicines and commodities.

Findings

Availability of general essential medicines

On average,

- All health facilities (2980) had less than half (44%) of the essential medicines
- None of the health facilities had all essential medicines available
- Dispensaries and health centres had only third and half of the essential medicines respectively compared to hospitals which had 70% of essential medicines.

Availability of service specific commodities.

In general, as shown in figure 1;

- Seven out of ten primary health facilities had essential medicines for infectious diseases with
- Less than half of the health facilities have medicines for management of non-communicable diseases

Only one in five facilities having essential medicines for mental health conditions.

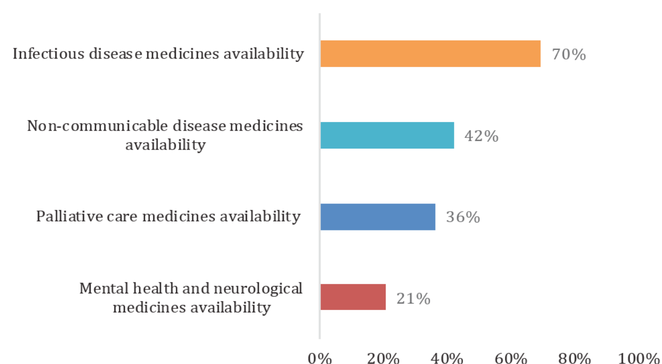

Figure 1 Percentage of health facilities with service specific essential medicines

1 WHO guideline on country pharmaceutical pricing policies. Available at *https://apps.who.int/medicinedocs/documents/s21016en/s21016en.pdf accessed on 17th March 2020*

2 CVS; amlodipine tablet or alternative calcium channel blocker, aspirin cap/tab, beta blockers, enalapril tablet or alternative ACE inhibitor, simvastatin tablet or other statin, thiazide, Antibiotics: Amoxicillin syrup/ suspension/dispersible tablet, ampicillin, ceftriaxone, gentamicin. Respiratory system: beclomethasone inhaler, salbutamol inhaler. Psychiatric conditions: carbamzepine tablet, fluoxetine tablet, haloperidol tablet. Anti-diabetics: glibenclamide tablet, insulin regular injection, metformin tablet. GIT: omeprazole tablet or alternative, oral rehydration solution/zinc sulphate tablet or syrup. Reproductive health: injectable magnesium Sulphate, oxytocin injection, 3Amoxicillin syrup/suspension/dispersible tablet, ORS/zinc, Paracetamol suspension, Ampicillin powder for injection, Ceftriaxone powder for injection, Ceftriaxone powder for injection

Family planning commodities

- Female condoms are available in only one in every three health facilities. Mandera County has no female condoms in any of the health facility.
- Implants are generally available but only one in four facilities have implants in Meru County.
- Emergency contraceptives are available in half of the health facilities but in Kericho county, only one in ten facilities have emergency contraceptives

Maternal health commodities

- Two out of every five facilities do not have oxytocin to facilitate safe delivery in pregnant mothers.
- Magnesium Sulphate for management of eclampsia is only available in in a third of health facilities. Kericho which has one of the highest maternal mortality has only one in ten facilities having magnesium Sulphate.

Newborn health commodities

- Only a quarter of health facilities had gentamicin injection with Elgeyo marakwet virtually having no facility with gentamicin.
- Half of the health facilities had no corticosteroids which are key for newborn management of respiratory conditions
- Chlorhexidine, a key drug in prevention of newborn infections was only available in half of the health facilities.

Child health commodities

- Only half of the primary health facilities have tracer commodities for childhood illnesses
- (ORS/zinc) for management of diarrhea in children are available in eight out of ten health facilities
- Amoxicillin dispersible tablet mainly used for pneumonia management is only available in half of health facilities with Bomet County having only one in four counties.

TB management medicines

- TB medicines are more likely to be available in Level 5 and 6 hospitals compared to primary health facilities. More than half of hospitals have TB medicines compared to
- Only a third of primary health facilities stoking the medicine.

Mental health commodities

- Only two in every three primary health facilities stocking this medicine.

Palliative care commodities

- Morphine is only available in one in ten health facilities mainly in hospitals.
- Only half of level 4 hospitals had morphine compared to all level 5&6 hospitals stocking it.
- Morphine is unavailable (5%) in the rural health facilities compared to urban areas.

Non-communicable disease medicines

These are medicines for Diabetes (metformin), hypertension (enalapril), respiratory systems (salbutamol inhaler)

- Less than half of primary health facilities stock these medicines compared to seven in every ten hospitals stocking these medicines.

Conclusions

Generally, essential medicines are likely to be stocked in higher level facilities (mainly hospitals) this could be due to inadequate quantification of medicines as a probable cause of lack of medicines at the county level and more specifically at the facility level. Insufficient funding for health products in general has also been a problem which has led to low availability of essential medicines.

Recommendations

- Wide dissemination of the Kenya Essential Medicines List which states what medicines can be stocked at what level.
- Proper quantification of medicines requirement from hospital, subcounty to county level through training on quantification.
- Ring fencing of health products budget at the county level.

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