



Making medicines more available

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Key Messages

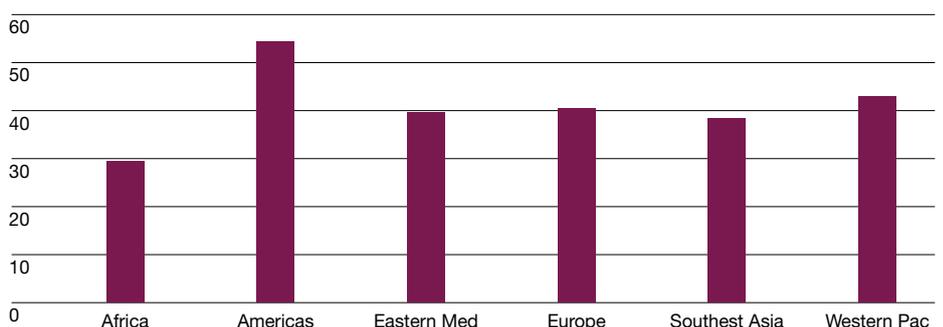
- Essential medicines lists and national medicines policies have not been adequately supported by practical implementation strategies for improving access to medicines
- Many new, highly effective treatments are not yet widely available in developing countries because pharmaceutical procurement and distribution systems do not function well
- Several simple interventions have been shown to improve availability of medicines in low income settings
- In some countries systemic problems need addressing, including support for linking evidence and policy to drug

Background

National pharmaceutical authorities require practical tools that go beyond lists of Essential Medicine lists to improve patient access to medications

- In the 1970s, the World Health Organization (WHO) developed a list of 'Essential Medicines' as a framework for making these medicines universally available. The 'Essential Medicines' initiative has improved access to medicines. However, progress has slowed, and the availability of life-saving medicines remains inadequate in low income settings
- In the past 20 years many new medicines important for maternal and child survival have been identified. Many of these – particularly those without a global sponsor – are not yet widely available because pharmaceutical procurement systems have weak links with policy and evidence, and because global agencies have bypassed routine procurement and distribution channels
- In the Pacific, there have been particular problems in introducing new, effective medicines, such as zinc sulphate. The introduction of other essential medicines,

Public sector availability of 15 essential medicines in the WHO regions (Cameron et al)





such as anti-retroviral therapy, and fixed dose combination therapy for tuberculosis has been initiated and supported by external agencies, but this has not strengthened existing pharmaceutical procurement and distribution systems

- Several practical interventions for improving the availability of medicines have been proposed in the published literature. However, surprisingly few have been systematically evaluated.

Policy options

Improved access to medicines can occur without significant increases to national drug budgets by supporting basic pharmaceutical system interventions.

We assessed a range of such interventions. Evidence was strongest for structured supervisory visitation programs and Community-Directed Interventions

Recommendations

Develop mechanisms to ensure that pharmaceutical procurement and distribution respond to clinical and public health evidence, and to recommended Essential Medicines. Improve communication and make available useful current technical resources available, including:

- The UNICEF Supply Catalogue [https://supply.unicef.org/unicef_b2c/app/displayApp/\(layout=7.0-12_1_66_67_115&carearea=%24ROOT\)/.do?rf=y](https://supply.unicef.org/unicef_b2c/app/displayApp/(layout=7.0-12_1_66_67_115&carearea=%24ROOT)/.do?rf=y)

- International Drug Price Indicator Guide <http://erc.msh.org/mainpage.cfm?file=2.1.cfm&module=DMP&language=English>
- Priority medicines for mothers and children 2011 <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>

Invest in programs of structured supervisory visitation programs. Structured supervisory visits by pharmacy staff to primary healthcare facilities can improve stock management skills, inform central pharmacy staff of needs in peripheral health facilities, support training around a number of drug-related areas, such as rational prescribing and support implementation of national standards.

Explore possibilities for community-directed interventions within the Asia-Pacific context. **Community directed interventions** encourage communities to establish their own, locally appropriate measures for the supply of medicines and health services; local leaders then take responsibility for the ongoing management of the system.

Support large-scale, operational field research to evaluate those pharmaceutical interventions which currently lack evidence. These include staff training programs and uniform national pharmacy standards.

For further information and resources see: www.wchknowledgehub.com.au

References

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Further reading

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