

Ensuring the Availability and Access to Essential Drugs in Primary Health Care Facilities in Delta State: Challenges and Way Forward

About CPED Policy Brief

CPED Policy brief series is designed to draw attention of stakeholders to key findings and their implication as a research project is conducted. Actionable recommendations for policy influence and results utilization are also presented.

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Introduction

A key challenge of primary health care delivery, especially in isolated rural areas is the provision of equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. Of major importance is the availability of essential drugs because once these are not available rural inhabitants do not care to visit primary health centres. Essential drugs play a crucial role in many aspects of health care. If available, affordable, of good quality and properly used, drugs can offer a simple, cost-effective answer to many health problems such as reducing the burden of excess mortality and disability by increasing access to essential drugs; reducing risk factors for human health by monitoring the emergence of anti-infective drug resistance, and creating safer environments for drug prescription, distribution, and consumption. It is essential for the Delta State Government to take a decisive action on strategies to improve the provision of essential drugs in primary health facilities located in rural areas.

Key Findings on Availability and Access to Essential Medical Products and Equipment in primary health care facilities in Delta State

The findings of the survey of primary health care facilities owned by public and private sectors shows certain basic patterns with respect to the availability of essential medical products and equipment as follows:

BACKGROUND

This policy brief is based on the findings of an on-going research on “*Strengthening the health system in Nigeria through improved equitable access to Primary Health Care (PHC): The Case of Delta State, Niger Delta region*”. The project is funded by Canada's International Development Research Centre (IDRC), Ottawa and the West African Health Organisation (WAHO). The general objective of the research programme is to contribute to a body of evidence on the strengthening of the health system in Nigeria that can influence the development, modification and implementation of policies on equitable access to health care with specific focus on the primary health care component.

The primary focus of this policy brief therefore is to outline the actions that need to be taken to improve the situation based on the findings of the project, for the attention of the Delta State government and other providers of primary health care in the state.

METHODOLOGY

Data was collected from all Primary Health Centres in nine Local Government Areas in Delta State using facility audit questionnaires, interviews with health service providers, Community health workers and community stakeholders in the communities where these PHC facilities were surveyed.

Focus group discussions and key informant interviews were held with various stakeholders on their assessment of PHC services in their respective communities.

- A full package of different types of laboratory test facilities including urinary test, pregnancy test, ova parasite test, blood count, malaria parasite, PCV, and sugar test is available in about 20 per cent of the PHCs and more significantly in private owned PHCs.
- A large proportion of the PHCs do not have beds for the admission of patients when the need arises. In those PHCs which have admission bed facilities, only about 70 per cent are actually functioning.
- Less than 30 per cent of the PHC facilities have regular water supply, i.e., year-round water is supplied by a tap in the facility from a protected or unknown source, or water is supplied from a protected well or pump, and water outlet is available within 500 meters of the facility. One of every four PHC facilities has regular electricity or generator with fuel. Overall, only one of every ten facilities have regular supplies of water and electricity as well as client comfort amenities such as a functioning client latrine, a protected waiting area and a basic level of cleanliness.
- Key informant interviews and focus group discussions with inhabitants of rural communities where primary health facilities are located shows their concern for lack of drug supplies in the primary health facilities located in their localities. They emphasized that lack of drugs is a major challenge in public PHC facilities which tends to discourage users from visiting them. They concluded that patients feel greatly disappointed when the PHCs do not have the essential drugs or equipment needed for their care. The respondents noted that it is the government and not the PHC staff that should be held responsible for the lack of drugs in the PHCs. However some of the participants pointed out that even when drugs are available health staff do not have patience to explain the use of the drugs to them.

Below are extracts from participants during focus group discussions who recounted their experiences of using the primary health care facilities in their various communities as follows:

“The health staff generally do not explain how we

should take the pills. At the health centre they give you medicines but they do not tell you the function of these medicines. All they tell you are take three teaspoons three times a day and keep out of reach of children. But at the private practitioner clinic they explain the function of the pill and guide you properly on how to use them”

“Sometimes the medicines we get from health centres help but most of the times they are useless. Sometimes you can clearly see that they have added water to the medicines. PHC medicines are too weak. You can give those medicines to a child with flu; he or she won't get better. Two weeks can pass without any change. “We want to believe that the medication that we are supposed to be given is used by the health workers for their own purposes” This problem of poor drug supply to patients do force most of us to take a child to the private PHCs where better drugs are provided..... ”

On the other hand, some health staff who participated in the group discussions also blamed the patients for not following the instructions given to them with respect to the use of the drugs and only for them to turn round to blame the health staff. One of the health staff stated as follows:

“.....there was a time when I attended to a patient and gave him the prescriptions on how to take the medication; I had instructed him to take certain painkillers two times a day when he was sweating in an awkward way. It so happened that he took the medication many times within one day and not as I prescribed. He got worse in his condition, in which I was unnecessarily blamed for the failure of the patient to follow instructions.... ”

With respect to other equipment and facilities, the respondents expressed concern about the general lack of basic primary healthcare equipment which was frustrating and discouraging to people who needed care. They complained that the government's inability to provide PHCs with basic medical equipment and supplies discouraged many residents from continuing to seek care in most of the available PHCs. Respondents pointed out that PHC facilities needed to have a laboratory, x-ray equipment, labour rooms, beds, and netted windows. They pointed out that some of the PHCs lacked the equipment to examine pregnant women properly such a vacuum extractor, forceps, sterile gloves, obstetric forceps, an obstetric table, and drugs essential for deliveries.

Policy Recommendations

Based on the findings as outlined above the following actionable recommendations are proposed to the Delta State Government and other providers of primary health care facilities in the state:

- *The selection of essential drugs:* In support of access to essential medicines in primary health facilities, the Delta State Government in line with WHO model list should develop its own standard list that is relevant to the needs of primary health centres;
- *Ensuring a significant essential medicines allocation in the State and Local Government health budget:* Health budgets should be increased to take care of the drug needs of primary health centres;
- *Affordability - an appropriate drug pricing policy:* The selection of drugs should reflect the affordability for rural inhabitants considering their income levels which are low;
- *Efficient and timely procurement procedures:* The frequent lack of drugs in primary health centres can be reduced if a strategy is put in place to ensure efficient and timely procurement of drugs at the state and local government levels. This will ensure reliable procurement to combat counterfeit and substandard medical products, and to promote good governance and transparency in procurement and medicine pricing.
- *Appropriate quality assurance:* Delta State Government must put in place a framework for quality assurance. This suggests the need to monitor the quality and safety of medical products, by generating, analysing and disseminating signals on access, quality, effectiveness, safety and use.
- *Drug distribution and logistics systems:* Remote primary health centres are often not given adequate attention in the distribution of drugs as attention tends to be focused on urban areas and accessible rural communities. This must change by ensuring equity in the distribution of procured drugs;
- *Monitoring and Evaluation:* The Agency shall conduct monitoring and evaluation activities periodically to ensure that the set objectives are achieved.

Conclusion

Essential drugs are indispensable and necessary for the health needs of the population. They should be available at all times, in the proper dosage forms, to all segments of the society including the lowest level. A primary health care system without essential drugs is therefore like a river without water. Availability of drugs in primary health care system promotes trust and encourages participation in the

health care system within the population. The importance of drugs is such that patients leaving primary health facilities will rate the workforce on the services provided, of which drugs form a major component of this service. It is for this reason that any assessment of the performance of primary health care services must include the availability of drugs. In the same way any effective

primary health care programme which does not pay adequate attention to the provision of drugs will be of limited value to the people. There is urgent need for the Delta State Government and other providers of primary health care facilities to respond to this urgent need by adopting the recommendations outlined above.

ABOUT CPED

The *Centre for Population and Environmental Development (CPED)* is an independent, non-partisan, non-profit and non-governmental organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED started as an action research group based in the University of Benin, Benin City, Nigeria in 1985. The action research group was concerned with applied research on sustainable development and poverty reduction challenges facing Nigeria. The research group also believed that communication, outreach and intervention programs, which can demonstrate the relevance and effectiveness of research findings and recommendations for policy and poverty reduction, especially at the grassroots level, must be key components of its action research. In order to translate its activities more widely, the Benin Social Science Research Group was transformed into an independent research and action Centre in 1998. It was formally registered in Nigeria as such by the *Corporate Affairs Commission* in 1999.

The establishment of CPED was influenced by three major developments. In the first place, the economic crisis of the 1980s that affected African countries including Nigeria led to poor funding of higher education, the emigration of academics to advanced countries which affected negatively, the quality of research on national development issues emanating from the universities which are the main institutions with the structures and capacity to carry out research and promote discourse on socio-economic development. Secondly, the critical linkage between an independent research or think tank organisation and an outreach program that translates the findings into policy and at the same time test the applicability and effectiveness of the recommendations emanating from research findings has been lacking. Finally, an independent institution that is focusing on a holistic approach to sustainable development and poverty reduction in terms of research, communications and outreach activities is needed in Nigeria. CPED recognises that the core functions of new knowledge creation (research) and the application of knowledge for development (communication and outreach) are key challenges facing sustainable development and poverty reduction in Nigeria where little attention has been paid to the use of knowledge generated in academic institutions. Thus, CPED was created as a way of widening national and regional policy and development debate, provide learning and research opportunities and give visibility to action programmes relating to sustainable development and poverty reduction in different parts of Nigeria and beyond.

The vision is to be a key non-state actor in the promotion of grassroots development in the areas of population and environment in Africa. **The overall mission** is to promote action-based research programs, carry out communication to policy makers and undertake outreach/intervention programmes on population and environmental development in Africa.

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