

Access to Internationally Controlled Essential Medicines in sub-Saharan Africa

[Internationally Controlled Essential Medicines](#) (ICEMs) are those listed as essential by the [World Health Organization](#) (WHO), but are also controlled by United Nations (UN) [Drug Control Conventions](#) due to their potential for misuse or because they are a precursor for illicit drugs. ICEMs are indispensable medicines for important care fields, such as anaesthesiology, palliative care, epilepsy, and mental health. In sub-Saharan Africa (SSA), many people don't have adequate access to ICEMs, leading to needless suffering. The outlook, however, is not totally bleak. In Kenya, for example, access to ICEMs has improved to some extent, especially in the field of palliative care. However, despite Kenya's improvements, studies still indicate a major ICEMs treatment gap.

To ensure access to ICEMs in SSA, more knowledge is needed about factors that influence their accessibility. Therefore, HAI intern, Denise de Kant, undertook research to identify existing barriers and facilitators of access to ICEMs in SSA, and to learn lessons from Kenya specifically, using a mixed-method approach. The below poster shows the main results of Denise's study. Although some countries have already made some improvements in certain care fields, the ICEMs treatment gap in SSA remains substantial with many challenges to overcome. The knowledge and recommendations provided in this study can be used by countries in SSA to develop strategies to further improve access. Concerted efforts of advocates, donors and local organisations are necessary to tackle the identified barriers and to ensure access to ICEMs for everyone in need.

Overview of findings in Denise de Kant's research:

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ICEMs, what are they?

- To ensure access to ICEMs in SSA and Kenya, more knowledge is needed about barriers (-) and facilitators (+) that influence their access.

Figure 1. Access to ICEMs from a health system perspective (adapted from Bigdeli et al., 2013)³



- Literature in English from 2009-2019
- Search string: SSA countries + terms describing access + ICeMs and related care fields
- Search conducted (by supervisor in 2019) in PubMed, Web of Sciences, Scopus, and Embase
- 61 articles included covering 20 countries in SSA

Figure 2. Countries covered by the literature review

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- 7 semi-structured interviews with local key-experts:
 - Advocates, health professionals (anesthesiologists), regulatory officials
- Thematic content analysis coding using Atlas.ti

"Yes, when we had the stock-out last year patients were calling and crying and saying please bring me morphine. I'm waiting on morphine, I'm dying in pain." (Participant 1)

Component	Level 1	Level 2	Level 3	Level 4
<ul style="list-style-type: none"> (-) Lack of knowledge & negative perceptions around ICEMs and associated conditions 	<ul style="list-style-type: none"> (-) No knowledge of care fields, concerns for addiction 			
<ul style="list-style-type: none"> (-) Shortage of (trained) health professionals (fear for addiction), stock-outs, lack of policies and funding (+) In some countries education programs, national policies, and robust pharmaceutical supply systems are in place 	<ul style="list-style-type: none"> (-) Shortage of health professionals, stock-outs (+) Increase of training programs, facilitating policies, Kenya Medical Supplies Authority, affordability, universal health coverage 			
<ul style="list-style-type: none"> (-) Restrictive drug policies in place (+) National advocates and activist in several countries, nurse prescribing in Uganda 	<ul style="list-style-type: none"> (-) Drug policy focused on misuse (+) Friendly drug policy, national organizations advocating for access 			
<ul style="list-style-type: none"> (-) Dependency on international funding 	<ul style="list-style-type: none"> (-) Struggles with finding enough funders (+) Collaboration with UN body 			

- Creating awareness and improving education
- Task-shifting approaches
- Strengthening pharmaceutical supply systems
- Increasing affordability (local reconstitution morphine)

- First study to provide overview of access to all ICEMs in SSA
- Lack of articles for some care fields + finding participants
- First insight into access to ICEMs according to key experts

Conclusion: Although some countries made improvements with access to ICEMs, treatment gap remains substantial.

References

1. MCR (2015). Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes. Available from: https://www.mcr-uk.org/documents/line-approval-and-treatment-PCR_Access_Summary_0115_availability_Europe.pdf
2. WHO (2010). WHO Model List of Essential Medicines 2010 List WHO Model List of Essential Medicines. Geneva, Switzerland: World Health Organization.
3. Bagnall, M., Jacobs, B., Tomson, G., Liang, X., Sheffer, A., Dujardin, R., & Van Damme, W. (2013). Access to medicines from a health system perspective: Health policy and planning, 28(7), 692-704.

IV. International level

International Policy

III. National level

National Policy

II. Health Sector Level

Health System Resources

Access to ICeMs
Availability – Accessibility – Affordability – Acceptability Quality

Human Resource

Pharmaceutical Supply Systems

Health Financing

I. Society Level

Attitudes and Perceptions

Donors' Agenda & Funding

Health Sector Policy

