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:*
Access to Internationally Controlled Essential Medicines (ICEMs) in Sub-Saharan Africa (SSA) and Kenya: A literature review and key-expert interviews

1. Background
- ICEMs are indispensable medicines needed to provide essential care.
- 92% of morphia is consumed in high-income countries where only 17% of the world population live.
- In SSA access to ICEMs is problematic.
- In Kenya, results of studies vary.

2. Conceptual framework

3. Methods
- Literature review (SSA)
  - Literature in English from 2000-2019
  - Search string: SSA countries + terms describing access + ICEMs and related care fields
  - Search conducted (by supervisor in 2019) in PubMed, Web of Science, Scopus, and Embase
  - 61 articles included covering 20 countries in SSA

4. Results
- No knowledge of care fields, concerns for addiction
- (-) Lack of knowledge & negative perceptions around ICEMs and associated conditions
- (+) Shortage of health professionals, stock-outs
- (+) Increase of training programs, facilitating policies, Kenya Medical Supplies Authority, affordability, universal health coverage
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5. Discussion & conclusion

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

Conclusions: Although some countries made improvements with access to ICEMs, treatment gap remains substantial.
Figure 2. Countries covered by the literature review