

SRHC: Availability, Affordability and Stock-outs - Uganda 2019

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Access to sexual and reproductive health (SRH) services and commodities plays an important role in improving the health of the Ugandan population. Currently, the maternal mortality rate remains high at 336 deaths per 100,000 live births in 2016, and with only 60% of the demand for family planning among women satisfied. National policies on medicine pricing, procurement strategies, health infrastructure and financing are needed to ensure access to medicines, with a target of 80% availability. However, without reliable information on medicine prices and availability, governments are working in an evidence vacuum that impedes their ability to develop and implement meaningful policies. It is clear that robust data must inform the development of evidence-based policies. In order to fill the information gap, an adapted version of the Health Action International/World Health Organization (HAI/WHO) methodology to assess the price, availability and affordability of medicines has been used since 2017 to measure access to SRH commodities (SRHC) in Uganda. In July 2019, the research was conducted in six regions, in a total of 146 facilities across the public, private and mission sectors^[1].

The results of this study show that the availability of SRHC remains a challenge, with overall availability at 36%. It was also found that the availability of commodities is highest in the mission sector (40%), followed by the public sector (38%), and lowest in the private sector (31%). Male condoms were the most widely available contraceptive across all sectors (72% - 93%). In the public sector, implants, intra-uterine contraceptive devices and oral contraceptives ('the pill') were available at 70% or more of facilities.

Availability of crucial maternal health commodities such as oxytocin, misoprostol and magnesium sulphate, used for the prevention and treatment of post-partum haemorrhage and pre-eclampsia, was relatively high in the public sector (69% - 82%), but lower in the other sectors (10% - 64%). Other drugs considered essential for safe pregnancy, such as methyldopa (hypertension) and calcium gluconate (calcium deficiency) had a lower availability across the sectors (8% - 45%).

A relatively high availability for most of the antibiotics used for treatment of sexually transmitted infections (STIs) and other bacterial infections was observed. Lowest availability in the public sector for antibiotics was gentamicin (30%), while in the private sector lowest availability was found for amoxicillin (40%).

Availability of newborn and child health commodities was also inconsistent. Oral Rehydration Salts (ORS), used to treat dehydration, often as a complication of diarrhea, had a very low availability in the public sector (9%), and in its place zinc-ORS co-pack was more regularly stocked. However, even the availability of these co-packs was also low (44%). The

private and mission sectors were more likely to stock ORS and zinc separately. For most of the SRH instruments, some variation in availability was observed, with the public and mission sectors having a better availability than the private sector for almost all instruments.

The study also looked at stock-outs at facilities. In a six-month period prior to survey, stock-outs occurred in 36% of public facilities, 17% of private facilities, and 16% of mission facilities. The average number of days SRHC were stocked out per month was highest in the public sector (seven days), while they lasted 4 days in the private sector, and 6 days in the mission sector.

Affordability of SRHC was calculated using the wage of a lowest-paid government worker. In the public sector all SRHC are free to the patient, so affordability was not an issue. In the private sector 12 SRHC were considered unaffordable, with the mission sector having nine SRHC that were considered unaffordable for a lowest-paid government worker.

Healthcare providers were also asked their views on barriers to access that go beyond availability and affordability. They believed that access to family planning services was the most challenging, followed by maternal health and STI management. Key challenges affecting access to SRHC were frequent stock-outs, issues or delays with the supply of the commodities at the facility, and lack of patient knowledge about SRH services. In the private and mission sectors costs to patients was also a major barrier.

Based on the research findings, the following recommendations were formulated:

- The Ministry of Health should increase availability of ultrasound scan machines and safe delivery kits in public health facilities.
- The Ministry of Health should increase availability of medicines used for management of acute pneumonia as well as those for management of acute diarrhea in children, which are the main causes of under 5 mortality in Uganda.
- The Ministry of Health should consider implementation of the redistribution strategy for SRH commodities across facilities, districts and regions to improve availability.
- In order to improve the supply chain gaps in the country, Government should popularize and enforce implementation of the one warehouse, one facility policy.

[1] Mission sector refers to NfP voluntary sector providers that are outside the public and private sectors.

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