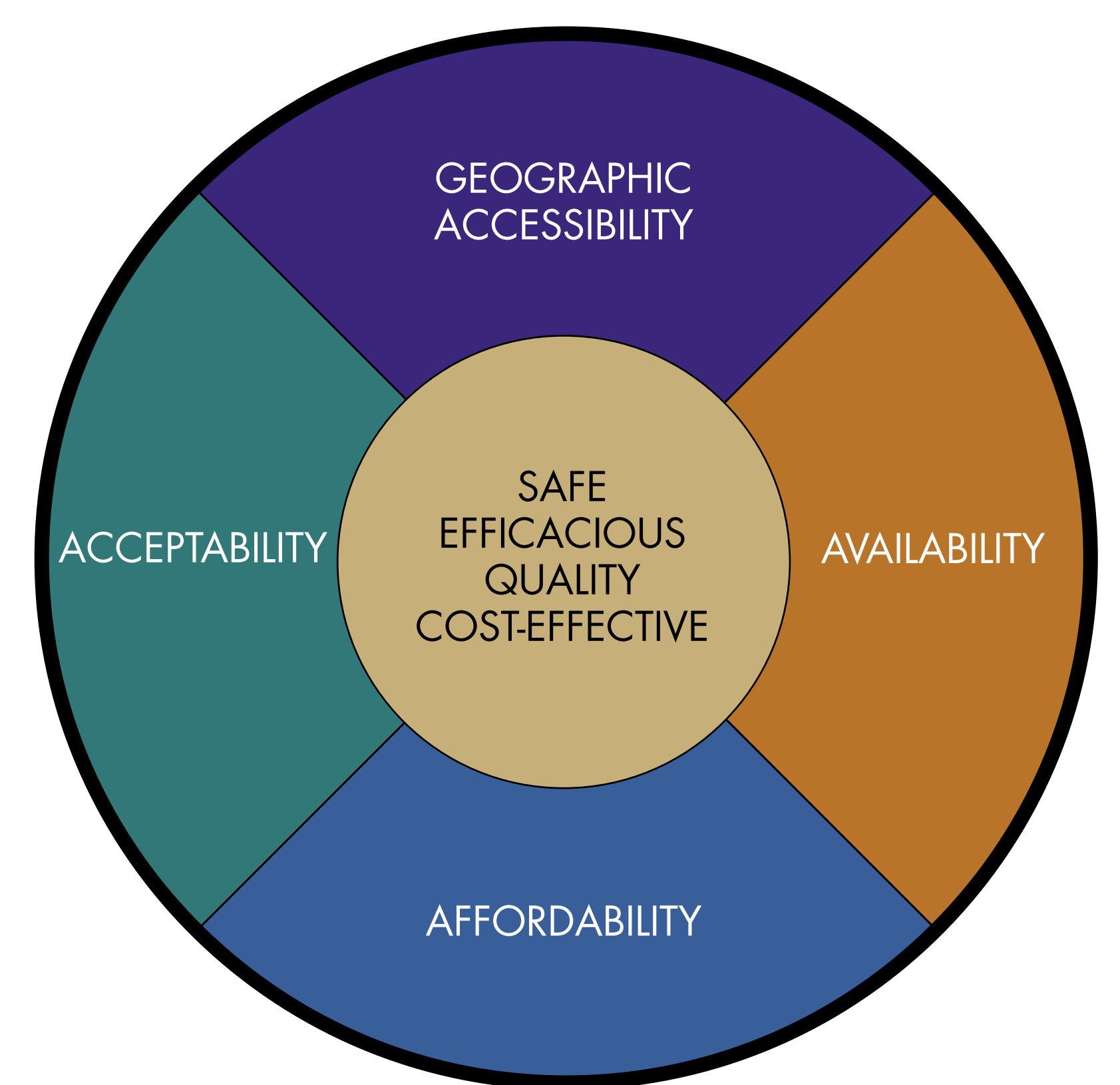


Access to HIV/AIDS-Related Essential Medicines: A Framework for Measurement

Background

Despite its widespread use, the term *access to medicines* is rarely operationally defined and measured. Essential characteristics of a medicine include its safety, efficacy, cost-effectiveness, and quality. Dimensions of access include the medicine's geographic accessibility, availability, affordability, and cultural acceptability. To design strategies to improve access to HIV/AIDS-related medicines, it is necessary to understand the determinants of these dimensions.

Management Sciences for Health (MSH), in collaboration with the World Health Organization (WHO), developed a framework for defining and measuring access to essential medicines and identified core indicators for each dimension. MSH's Rational Pharmaceutical Management (RPM) Plus Program applied this framework to measure access to HIV/AIDS-related medicines as a guide to the design and initiation of an antiretroviral therapy (ART) program in Mombasa, Kenya.



Applying the Access Framework in the Mombasa ART Program

1. Geographical Accessibility

Findings

Because the assessment was limited to Mombasa, typical indicator data for geographical accessibility, such as estimation of the population's proximity to an ARV dispensing site, were not collected.

Actions

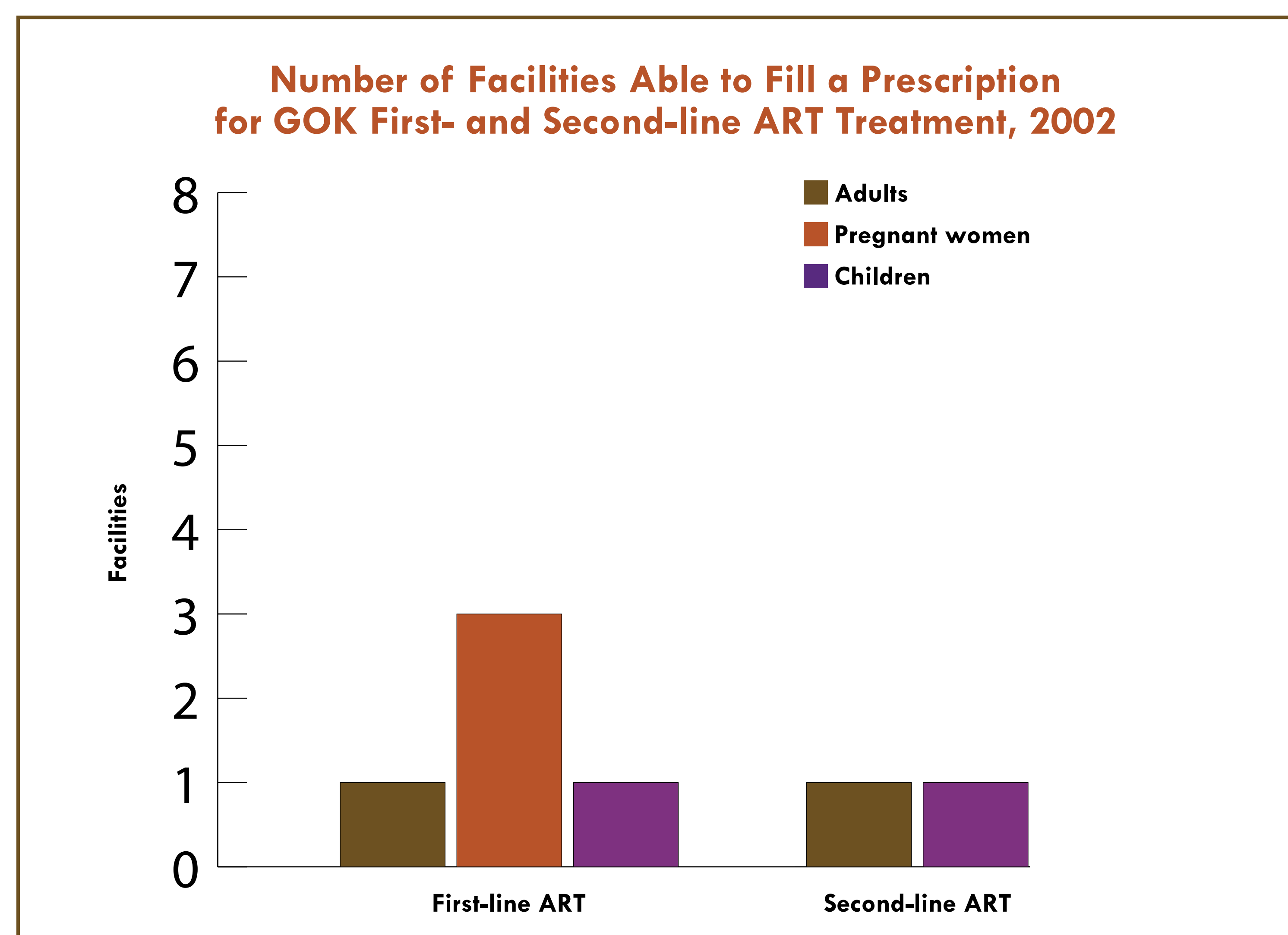
ART was made available at four sites in a single health care system, instead of only one: a regional hospital, a district hospital, a public health clinic, and a nongovernmental health clinic.

2. Availability

Findings

Data were collected using simulated purchases in 23 private pharmacies and inventory review in 2 private hospitals and 6 private pharmacies.

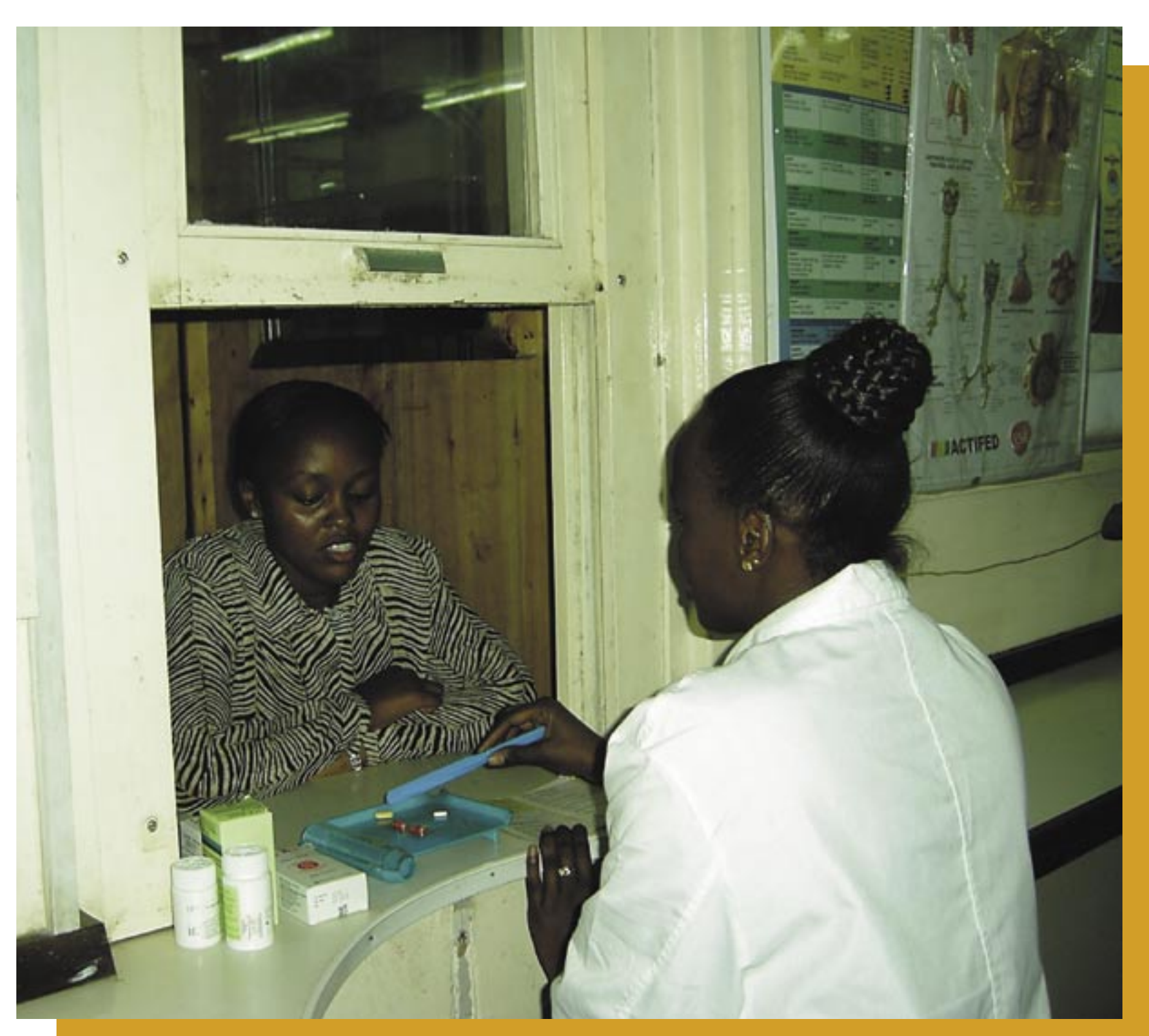
- During simulated purchases, 16 of 23 private pharmacies reported that they did not stock antiretrovirals (ARVs) because their high cost made them too expensive for customers. Only one pharmacy reported having any ARVs available.
- There was no indication of ARVs being available from unlicensed drug sellers.
- Of 13 ARVs assessed, stock availability was erratic at the private hospitals and private pharmacies.
- Very few sites had the stock available to implement Government of Kenya (GOK) first- or second-line treatment guidelines for men, women, or children, or even had the guidelines on site.



Actions

The following actions were carried out to enhance good availability.

- Established sensitive inventory management system and procurement system to respond quickly to scale-up challenges and assure stock availability
- Decreased the likelihood of stock-outs by—
 - Installing secure storage cabinets
 - Establishing an internal audit committee to regularly monitor stock availability
 - Establishing an eligibility committee to monitor patients starting ART
- Trained prescribers on using the GOK treatment guidelines, resulting in more accurate quantification of medicine and commodity needs; provided guidelines



Time and space for confidential counseling are important

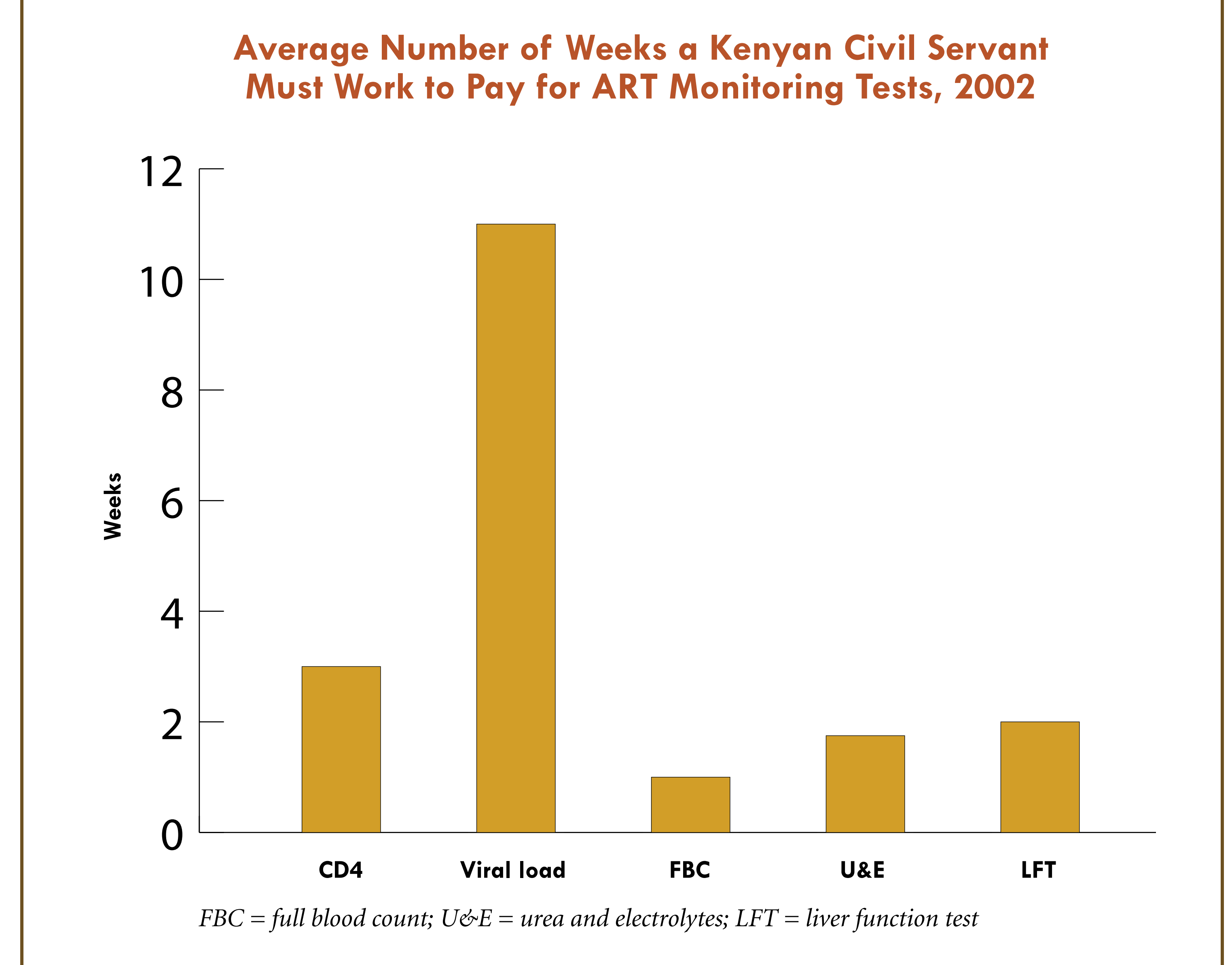
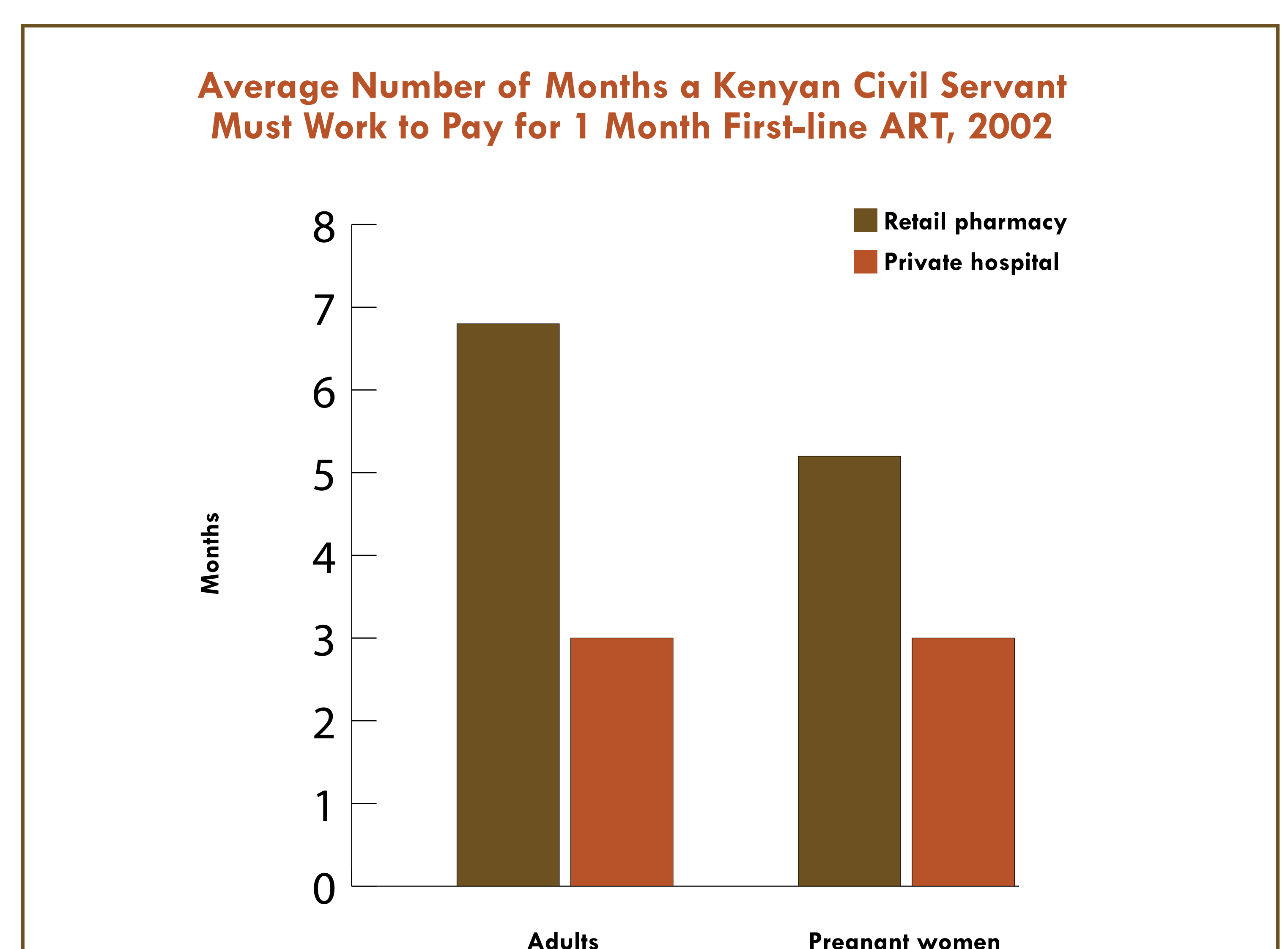
For more information please contact—

Web: www.msh.org/rpmplus
E-mail: rpmplushiv@msh.org

3. Affordability

Findings

To assess affordability, the cost of ARV regimens at private pharmacies and hospitals and the cost of laboratory monitoring tests at private hospitals were each averaged. Average costs were then compared with the monthly salary of the lowest-rank GOK civil servant (Group A) (which was about KSH 2,880, or USD 36, in 2002). Affordability determined availability, as pharmacies stocked what patients could afford. Also, drug interruptions were related to affordability.



Actions

The cost of medicines is typically the primary determinant to access and adherence to an ART program. Because drugs dispensed through the Mombasa ART program are free to patients, however, other program access dimensions became more important.

The cost of laboratory monitoring tests needed to support ART was found to be prohibitive. Policy changes resulted in free monitoring tests for the first Mombasa ART center, but other facilities may still charge patients.

4. Cultural Acceptability

Findings

From in-depth interviews with patients, confidentiality, stigma, and lack of information and understanding were found to be potential constraints to participating in an ART program.

Proportion of Patients Reporting (n=11)	Factors Affecting Acceptability of ART in the Community
5/11	Concerns about confidentiality
3/11	Knowing others on ARVs
8/11	Lack of adequate community education on ART and HIV

Actions

- Fear of social stigma was reduced by providing counseling booths for confidential consultation for all patients.
- Pharmacy staff were trained in counseling, and ample time was allotted for patients to consult with pharmacy staff.
- Regular patient satisfaction monitoring was implemented.
- Observation of medication counseling for quality was instituted.

Overall

Nurses regularly check with patients on problems accessing ARVs, such as transport costs, availability, and cultural acceptability.



Kenya Ministry of Health