



What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

KEEPING THE DRUGS FLOWING

Introduction

The Concept of Essential Drugs. In a 1975 report to the 28th World Health Assembly (WHA), the Director-General reviewed the main drug problems facing developing countries and outlined a range of new drug policies, based in part on the experience gained in some countries where essential drug schemes have been implemented.

In 1981, an action-oriented strategy titled the “Action Programme on Essential Drugs” was established within the World Health Organization (WHO) to aid member countries in the selection, procurement, training, information, and evaluation of essential drug policies. The introduction of the action programme was aimed at providing a few specific, essential drugs that would be available on the market and satisfy basic pharmaceutical needs of underserved populations.

Drug Policy. The provision of essential drugs is one of the objectives of Ghana’s Drug Policy, which aims to make essential, effective, safe, affordable drugs available to meeting the needs of the entire population and ensure the rational and efficient use of drugs. In 1971, hospital services were introduced through the Hospital Fee Act which removed subsidies and mandated fee collection for all health services.

The Bamako Initiative: The Bamako Initiative was introduced at a meeting of African health ministers in September 1987 in Bamako, Mali, with the aim of accelerating primary health care through community financing of essential drugs and other aspects of quality of services. In Ghana, essential drug revolving funds are established to sustain the replenishment of drugs and local operation costs.



CHO may offer injections; a health volunteer cannot

The CHFP Approach: Under the Navrongo Community Health and Family Planning Project (CHFP), Community Health Officers (CHO) and volunteers (Yezura Zenna) have been trained to provide curative, preventive, and referral services to community members. They are provided with drugs for the treatment of minor ailments. CHO treat various illnesses, including maladies that require antibiotic therapy.

From the outset it was decided that the first supply of drugs should be procured by the Project to serve as the basis of a revolving fund. Drugs flow to communities through two revolving accounts, one for each type of worker: i) CHO provide doorstep services and also provide care at Community Health Compounds (CHC). Funds generated by prescriptions are passed on to supervisors who are responsible for replenishing supplies; ii) Yezura Zenna (YZ) dispense drugs that are maintained in a community pharmaceutical kit managed by a committee. This committee, known as the Yezura Nakwa (YN), manage accounts and replenish YN supplies. Supervisors, in turn, check accounts and replenish YN pharmaceutical kits. Taken together, the CHO and YZ service operations generate resources for the District Health Management Teams (DHMT) to use at the Central Medical Stores for restocking supplies.

Drugs for YZ include Paracetamol for aches and pains, Chloroquine for the treatment of malaria, ORS for diarrhea, Aludrox for abdominal pains, Multivite for improving nutritional inadequacies, Piriton for itching from allergic

reaction to chloroquine, condoms for family planning and protection against STDs/AIDS, Conceptrol (foaming tablet) for family planning, and oral contraceptive pills.

Each community has developed a drug-management system suited to its needs. However, all YZ and YN are trained in recordkeeping and supply management to ensure that drugs keep flowing as needed. When the drugs for each community are collected for the first time, the community decides on the price to be charged. YN training is directed to orienting committees on prices charged elsewhere and procedures for determining appropriate charges for their particular situation. A small profit margin is figured into the cost of each drug and is used to maintain YZ bicycles and provide minimal incentives for the volunteers. Selling prices to community members are reviewed whenever there is an increase in the cost of drugs.

Management for accountability: Drugs are collected from the DHMT/NHRC by the YN and stored in a lockable wooden box. In some communities the YN entrust money to the YZ to pay for and collect drugs at the DHMT/NHRC and, on return, hand them over to the YN before the drugs are reissued to them. The box in most cases is kept with the Chairman, the Secretary, or the Treasurer. In some communities the box is kept with one member of the YN while the key to the box is with another member to ensure security. Maintaining security and transparency is important at all times.

In two communities, Nakolo Central and Boania for instance, where the Chairman and the Treasurer cannot read or write, the box is with the Chairman, and the keys are with the Secretary. When the YZ needs drugs, he goes to the Secretary, picks up the key to the box, and together they go to the Chairman's house and the box is opened in the presence of the Chairman, Secretary, and YZ before drugs are issued. The Secretary then records the quantities of drugs issued into a ledger and locks the box. When it is time for the YZ to pay money from drug sales, the Secretary goes with the YZ to the Treasurer where the YZ settles up and the amount is recorded.

In ten communities the box is kept by the Treasurer who, in some instances, is the keeper of the key. The Treasurer collects money from the YZ for drugs sold and issues him with a new stock. In seven communities the drug box and keys are kept with the Chairman who issues the drugs to the YZ, collects money from drug sales, and then accounts the money to the Treasurer.



Accessibility and affordability are two sides of the same tablet

With an average recovery rate of 83%, overall drug management has been successful. The main problems are with respect to community members who are unable to afford the full course of treatment for ailments such as malaria. Drugs are sometimes dispensed in emergency situations even though payment is not possible and must be deferred.

Conclusion

In general, policies that keep drugs flowing depend upon policies that recover costs. As long as resources are available for replenishing supplies, single management procedures can be developed to ensure sustainable drug flow.

Send questions or comments to: What works? What fails?

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