



Monitoring access to UN Commission on Lifesaving Commodities in Uganda

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Background:

Everyday 800 women worldwide will die due to complications related to pregnancy and childbirth that could be prevented by proper health services and 99% of these deaths occur in developing countriesⁱ. Inequitable access to life-saving medicines and health supplies is highlighted as a major challenge to save these lives¹. This study conducted in September 2014 and funded by USAID-*Advocacy for Better Health* assessed the status of access (availability, stock out rate and prices) to lifesaving commodities in Uganda.

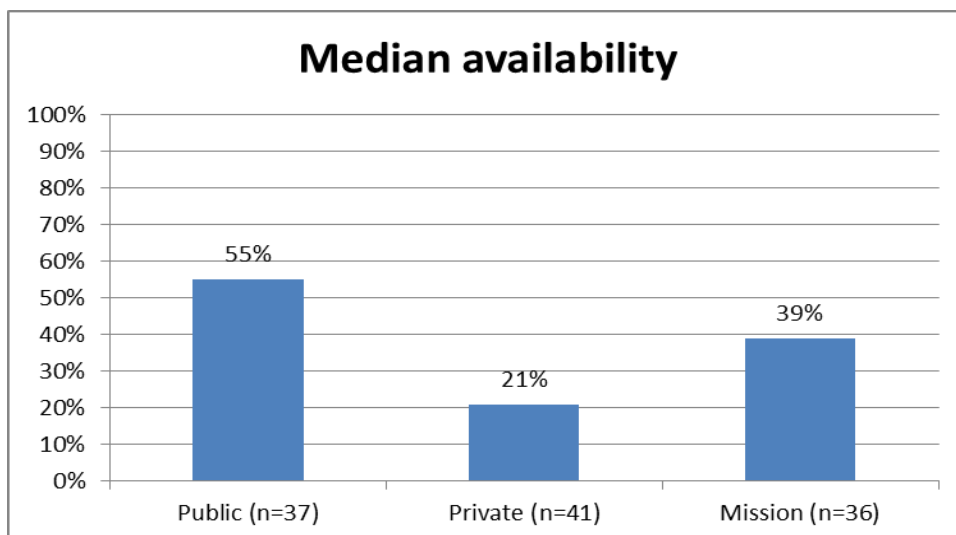
Methods:

The study used a cross-sectional design with quantitative methods utilising semi-structured questionnaire adapted from the standardized WHO/HAI Medicine Prices Monitoring Toolⁱⁱ. There were 114 facilities visited for the survey including 37 public facilities (18 urban and 19 rural), 41 private facilities (32 urban and 9 rural) and 36 mission facilities (18 urban and 18 rural).

Results:

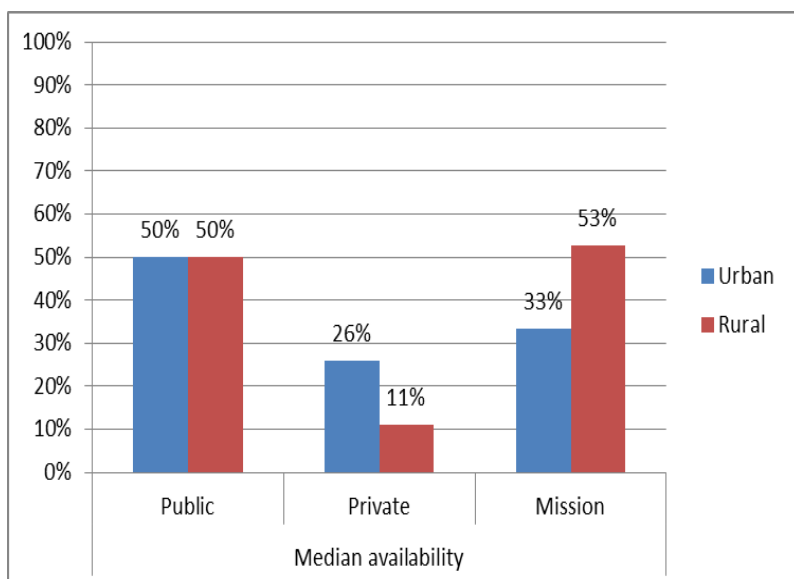
¹ The United Nations (UN) Secretary-General's *Global Strategy for Women's and Children's Health*

1. Absolute medicine availability for all commodities



Overall the public sector had the highest absolute availability at 55%, followed by mission sector at 39% and private sector at 21%.

2. Availability: Urban versus Rural



There was a marked difference in private sector: availability in urban facilities was 15% higher than rural; in mission sector rural facilities had 20% higher availability than urban facilities. This disparity may be explained by income differentials. Ability to pay for services is higher in urban facilities of private sector. However, in rural areas mission facilities have higher demand due to subsidized services where consumers cannot afford private sector.

3. Availability of different categories of EMHS

Medicine	Availability %		
	Public	Private	Mission
Reproductive Health			
Female condoms	24%	7%	13%
Levonorgestrel Implant	42%	11%	22%

Etonogestrel Implant	82%	21%	28%
Levonorgestrel 1.5 mg	6%	7%	0%
Levonorgestrel 0.75 mg Tab	9%	50%	3%

Medicine	Availability %		
	Public	Private	Mission
Maternal Health			
Misoprostol 200 µg Tab	61%	46%	50%
Oxytocin Injection	82%	43%	88%
Magnesium sulfate	67%	29%	69%

Medicine	Availability %		
	Public	Private	Mission
Newborn Health			
Gentamycin Inj.	82%	57%	97%
Procaine penicillin Inj.	21%	43%	47%
Ceftriaxone Inj.	73%	86%	97%
Dexamethasone Inj.	64%	54%	81%
Chlorhexidine 4% gel	64%	29%	59%

Medicine	Availability %		
	Public	Private	Mission
Child Health			
Amoxicillin disp. tab	58%	39%	38%
Oral rehydration salts	39%	100%	88%
Zinc dispersible tablets	15%	82%	50%
Zinc syrup (10mg/5ml)	0%	21%	0%
Zinc/ ORS co-pack	76%	36%	31%

Medicine	Availability %		
	Public	Private	Mission
New born resuscitation equipment			
Training manikin	19%	5%	14%
Neonatal mask with bag and valve size 1 for term babies	68%	7%	42%

Neonatal mask with bag and valve size 0 for pre-term babies	59%	5%	31%
Electric or manual suction pump less than 100mm Hg, 1 bottle.	46%	10%	33%
Suction catheter , CH08, I50 cm, single use, conical tip, Fr# 8, 10	35%	10%	33%
Suction bulb	57%	10%	44%

There has been improvement in public sector availability of maternal health commodities but a reduction in mission sector. However, availability and choice of reproductive health commodities remains poor. WHO and MOH recommended appropriate treatment for childhood Pneumonia were poorly available.

4. Prices and Affordability of treatment

	Unit Price (USD)		Treatment units	Affordability	
	Priv.	Mission		Private sector	Mission sector
Medicine					
Etonogestrel 68 mg /rod x 1 implant	3.03	-	1	1.6	-
Levonorgestrel 0.75 mg Tablet	1.52	-	2	1.6	-
Misoprostol 200 µg Tablet	1.52	0.91	Assume 3	2.4	1.5
Oxytocin Injection 10IU, 1ml	0.61	0.61	5	1.5	1.5
Magnesium sulfate Injection 500mg/ml, 2ml, 5ml, 10ml vials	2.04	1.52		1.1	0.8
Ceftriaxone Injection 1g vial	1.21	1.21	5	3	3
Zinc/ ORS co-pack	0.83	0.61	1	0.4	0.3

The maximum prices of many commodities were 10-15 times higher than the minimum prices.

5. Stock out duration

Commodities	% of facilities that have never stocked			Average stock-out days per month		
	Public (N=37)	Private (N=41)	Mission (N=36)	Public	Private	Mission
Female condoms	46%	41%	31%	7.58	3.83	9.87
Levonorgestrel 0.75mg/rod x 2 Implant	70%	24%	86%	8.23	1.73	38.50

Etonogestrel 68 mg /rod x 1 implant	32%	22%	86%	3.09	1.17	31.27
Levonorgestrel 1.5 mg Tablet	14%	12%	25%	7.14	0.63	8.33
Levonorgestrel 0.75 mg Tablet	5%	71%	25%	8.39	2.13	8.89
Misoprostol 200 µg Tablet	59%	71%	61%	10.31	1.01	4.06
Oxytocin Injection 10IU, 1ml	24%	73%	61%	1.77	1.47	1.49
Magnesium sulfate Injection 500mg/ml, 2ml, 5ml, 10ml vials	46%	85%	64%	8.23	11.00	0.69
Gentamycin Injection 40mg/ml in 1ml or 2ml ampoules	24%	61%	58%	6.27	3.21	0.39
Procaine penicillin Injection 1g in a vial	3%	20%	36%	4.74	0.72	3.51
Ceftriaxone Injection 250mg, 500mg or 1g in a vial	35%	44%	61%	8.17	0.01	0.45
Dexamethasone Injection 4mg/ml in 1ml vial	46%	63%	69%	9.00	0.38	0.76
Chlorhexidine 4% gel or solution	46%	85%	53%	4.88	9.22	2.83
Amoxicillin 125mg or 250 mg dispersible tablets	54%	78%	72%	5.48	0.00	19.97
Oral rehydration salts	54%	29%	19%	5.75	0.06	0.02
Zinc sulfate 10 mg or 20mg dispersible tablets	92%	46%	72%	58.67	0.70	1.98
Zinc sulfate syrup (10mg/5ml)	14%	7%	14%	7.19	5.70	6.94
Zinc/ ORS co-pack	35%	78%	78%	4.42	0.00	15.21
Training manikin with ability to visualize inflation chest rise	89%	44%	92%	15.00	1.56	20.00
Neonatal mask with bag and valve size 1 for term babies	41%	44%	64%	0.00	1.30	0.00
Neonatal mask with bag and valve size 0 for pre-term babies	43%	44%	75%	0.67	1.52	0.00
Electric or manual suction pump less than 100mm Hg, 1 bottle.	62%	44%	69%	0.71	1.67	2.73
Suction catheter , CH08, l50 cm, single use, conical tip, Fr# 8, 10 or 12	73%	44%	72%	0.50	1.30	0.00
Suction bulb	51%	44%	61%	0.06	2.14	0.00

A large number of facilities had never stocked many of the lifesaving commodities surveyed.

Conclusions and recommendations:

1. Urgent attention is required from all stakeholders in all sectors to improve availability and choice of reproductive health commodities to reduce unwanted pregnancies

2. To improve maternal health, scale up of access to Magnesium sulphate is required.
3. To improve child survival, efforts are required to improve availability of Chlorhexidine, Dexamethasone and new born resuscitation equipment.
4. For realisation of Child Survival Strategy, MoH ought to consider urgent education of all providers on appropriate treatment for childhood Pneumonia.
5. Measures to control consumer prices of lifesaving commodities are required to stop consumer exploitation.

ⁱ WHO, 2014. Maternal Mortality Factsheet. <http://www.who.int/mediacentre/factsheets/fs348/en/accessed 11-06-2015> 14:34

ⁱⁱ www.haiweb.org/medicineprices