

# FACT SHEET



## THE ESSENTIAL MEDICINES CRISIS IN KENYA

According to WHO essential medicines “*satisfy the needs of the majority of the population and therefore should be **available at all times**, in adequate amounts in appropriate dosage forms and at a price the individual and community can afford.*”

Essential medicines are those needed to treat the most common diseases affecting the population, for example malaria, diabetes, HIV and pneumonia, among others. Essential medicines also include those used for important public health issues, such reproductive health and vaccination campaigns. Countries define and maintain their own Essential Medicines List (EML) as a cornerstone of their national medicine policy and the entire health system.

Although most countries have an EML, the shameful reality remains: **essential medicines are not available for everyone who needs them.** The following facts detail how an ongoing crisis of essential medicines is a big killer in Kenya.

**An essential medicines crisis is looming in Kenya. A major stock-out of essential medicines is already establishing itself in government hospitals and clinics across the country.**

### **Killer Fact: There are not enough medicines in government hospitals**

Essential medicines are available in only 50% of lower level health facilities (dispensaries and health centres) and in about 65% of hospitals in Kenya.<sup>1</sup> It's about to get worse, with the ongoing problems at KEMSA.

### **Killer Fact: Kenyans cannot afford medicines**

Medicines are unaffordable to the majority of Kenyans. A typical wage-earning Kenyan<sup>2</sup> who needs insulin for life would have to work between 3 and 11 days just to cover the cost for a month of insulin treatment, depending on the health facility from which he obtains it.<sup>3</sup>

### **Killer Fact: The cost of medicines cripples household budgets**

Medicines are often the largest health-related expense for poor families. This expense is made worse with medicines being out-of-stock in government hospitals, because families must turn to the private sector where prices are significantly higher. This burden becomes even more difficult to manage in times of increased prices for food and other commodities.

### **Killer Fact: The national Essential Medicines List is outdated**

WHO recommends that countries update their national Essential Medicines List (EML) at least every five years to reflect changing public health patterns and to take into account new and improved treatments. Kenya last updated its EML in 2002. This means the list doesn't incorporate, for example, the change in malaria treatment recommended in the 2007 national malaria policy.

## Campaign partners

**Kenya:**  
CIN Kenya  
Consumer Information Network  
KETAM  
Kenya Access Treatment Movement  
KEPHCA  
Kenya Hospices and Palliative Care  
Association  
EPN  
Ecumenical Pharmaceutical Network

**Malawi:**  
MHEN  
Malawi Health Equity Network

**Madagascar:**  
SISAL  
Sambatra Izay Salama

**Uganda:**  
AGHA  
Action Group for Health Human Rights and  
HIV/AIDS  
HEPS  
Coalition for Health Promotion and Social  
Development  
NAFOPHANU  
National Forum of PLHA Networks in Uganda

**Zambia:**  
NZP+  
Network of Zambian People Living with  
HIV/AIDS

TALC  
Treatment Advocacy and Literacy  
Campaign

**Zimbabwe:**  
CWGH  
Community Working Group for  
Health

### **Regional /International partners:**

OXFAM  
HAI Africa - Health Action International Africa

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### **Killer Fact: Only 5.6% of the national budget goes to health**

Kenya has twice committed to meeting the Abuja targets, in 2001 and again in 2006. These were commitments, among others, to provide 15% of the national budget towards health and to increase access to medicines for the population.

### **Killer Fact: Medicine procurement and supply is not efficient**

Problems within the Kenya Medical Supply Agency (KEMSA), as well as its tense relationship with the Ministry of Medical Services are hampering the procurement and supply of medicines. At least three independent assessments have outlined these problems and recommended concrete solutions. Yet the authorities have failed to implement these recommendations. As a result, KEMSA remains dysfunctional and there is a looming crisis in the supply of medicines to health facilities.

### **Killer Fact: Millions are dying from lack of medicines**

By 2015, over 10 million deaths per year (globally) could be avoided by scaling up certain health interventions, the majority of which depend on essential medicines.

### **Killer Fact: Kenyans use medicines dangerously**

Because government hospitals don't have enough medicines in stock, Kenyans are misusing the medicines they get. More than half of all medicines are prescribed, dispensed or sold inappropriately, and half of all patients fail to take them correctly.<sup>4</sup> This is a crucial public health hazard, and an enormous waste of scarce resources for health and medicines.

### **Killer Fact: Big Pharma prioritizes profits over Kenyans' lives**

The revenue of the top 10 global pharmaceutical companies is more than the gross national income of the 57 lowest-income countries.<sup>5</sup> The pharmaceutical industry have used the power they wield in developing countries to influence policy and undermine access to more affordable generic medicines – all this to protect their commercial interest and enormous profits.

Yet greater access to more affordable generic medicines saves lives: because they cost up to 90% less than their brand-name equivalents, generic medicines can treat more people for the same amount of money spent.

<sup>1</sup> MOH / WHO / HAI Africa. *Monitoring of Medicine Prices and Availability*. Nairobi: MOH, October 2008

<sup>2</sup> wage of the lowest-paid government worker (7466KSh per month)

<sup>3</sup> MOH / WHO / HAI Africa. *Monitoring of Medicine Prices and Availability*. Nairobi: MOH, October 2008

<sup>4</sup> www.who.int/medicines

<sup>5</sup> The World Bank. *World development report: a better investment climate for everyone*. Washington, DC, 2005.

#### **STOP STOCK-OUTS Campaign partners**

##### **Kenya:**

CIN  
KETAM  
EPN  
KEPHCA

##### **Madagascar:**

SISAL

##### **Malawi:**

MHEN

##### **Uganda:**

HEPS Uganda  
AGHA  
NAFOPHANU

##### **Zambia:**

NZP+

##### **Zimbabwe:**

CWGH

##### **Regional:**

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