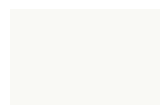


The costly access to essential medicines *in Kenya*

Voices of consumers on affordability and availability



Health Action International Africa



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We have every hope that this booklet will find wide use in Kenya, and in other countries throughout the region, as a tool to be used in advocating for increased access to essential medicines.

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Introduction

Between August and December 2007, Health Action International (HAI) Africa conducted a rapid qualitative survey to gather testimonies from consumers about how they fulfilled their medical needs. This exercise was informed by findings from earlier studies on medicine prices and availability, which indicated that only about 30 percent of Kenyans had access to essential medicines, and that high prices and poor availability were the major factors limiting access.



The testimonies were provided by people from urban and rural environments in different parts of the country. The places visited were: Maseno, Kisumu, Nairobi, Mombasa, and Takaungu. The survey respondents represented a range of income groups; they included small business operators, a small-scale farmer, a grocer, teachers, a thespian, and volunteer community workers and staff working in private firms.

More than half of the survey respondents had no medical insurance, either because they could not afford the premiums, or because they were not informed about health insurance. The survey also established that many households paid for their medical bills out of pocket. With poverty as a widespread problem, many individuals and families were unable to afford medical treatment. For some, that meant choosing between buying food or to purchasing medicine.

Most of the respondents appreciated the Government's effort to provide free and subsidised treatment through public health facilities. However, they complained about frequent stock outs of medicines in these institutions. When medicines were unavailable people were forced to look for them elsewhere, usually at private retail outlets. Unfortunately the prices of medicines in the private sector were beyond the financial means of many of them. Rural areas were found to be more affected in this respect.

According to some of the people interviewed, the high medicine prices were the main contributing factor to the proliferation of quacks taking advantage of people's desperation. The quacks were quick to step in to fill the gap by providing '*cheap*' treatments to desperate patients who found that they could not afford conventional medicines. The survey found this as a prevalent problem in Nyalenda in Kisumu town and Kibera in Nairobi.

This booklet highlights the stories of 12 individuals who took part in the qualitative survey. Their personal testimonies provide vivid evidence that accessing medicines is not easy for many Kenyans. As prices continue to soar, more and more Kenyans have to resign themselves to the fact that if they fall ill they may not be able to afford the required treatment. This is aptly summed up in the words by one respondent who said: "We pray hard not to fall sick".

Stories from medicine users



HABIBA Mohamed

When she told her story, Habiba Mohamed was aged 30 years, had two children, and resided in Kibera, Nairobi. As environmental activist, her work involved promoting a technique that used solar energy to disinfect water and prevent waterborne diseases. This work earned her a small allowance which she depended on as her main income. When

Habiba fell ill some time in 2007 and was required to buy medicine worth KSh 4,000, the cost was beyond what she could afford from her small earnings.

“ I fell ill in mid-2007 and the doctor at the government clinic diagnosed amoebiasis. He prescribed some medicines, which I was given. I took the medicine as advised, but I didn't get cured. So I decided to go to a private clinic for a second opinion.

At the private clinic, they did some [laboratory] tests and then told me that I had typhoid. The doctor gave me a prescription to take to the pharmacy within the clinic. When I took it there, I was told that the prescribed medicines would cost KSh 4,000. I protested and told them that I couldn't afford to pay that much. So they gave me back the prescription and I left without buying the medicines.

I went to look for a cheaper chemist downtown, and I eventually found one selling the same medicines at KSh 1,800. But even at this lower price, I still could not afford to buy all the medicines at once. It took me about three weeks to pay for the full course of treatment because I had to buy the medicines in small quantities. I would buy a few tablets worth about KSh200 or so at a time, depending on the amount of money I could raise, until I finally completed the course. ”



DANIEL Makau

"We have found some people dead in their homes because they fell ill and couldn't raise enough money to buy medicines..."

By the end of 2007, Daniel Makau, a water vendor and shopkeeper aged 44 years, had lived in Kibera for 26 years. He earned a modest income running a kiosk business. This, together with some irregular earnings from his **shamba**¹ upcountry, and contribution from his wife's earnings formed the total household income to support a family of more than four children. As a

longstanding resident of Kibera, Daniel has taken part in many local initiatives aimed at improving the lives of Kibera residents and had many stories to tell about availability and affordability of medicines in the area.

“ *In Kibera, people die in their houses because they don't have money to visit a doctor, or to buy medicine. More times than I can count, we have found some people dead in their homes because they fell ill and couldn't raise enough money to buy medicines that would have perhaps saved them.*

Kibera has so many stories... there are fake medicines here too. There are times when I have sent for medicine and I have been brought medicines that have no effect.

Generally, medicines are expensive in private chemists, but there are NGOs² that have set chemist shops that sell medicines at lower prices. However, the problem is that some of these chemists are run by people who are not qualified. So, although some NGOs have been useful in making drugs affordable in this area, it is important that they are vetted to establish which ones are genuine and to ensure that they are supplying quality medicine.

The environment here is quite pathetic. The drainage system is poor, many households don't have running water, and there are masses of uncollected garbage. This is not conducive at all. If the drainage system was improved, running water supplied and the garbage collected, and the environment we live was made cleaner, I believe the cases of illnesses would reduce, thereby reducing the need for medicines.

We need help. Whoever is willing to help us is welcome to come. I only hope that it is not one of those briefcase organizations that are only interested in benefiting themselves and not the community. ”

¹ Swahili word for a piece of land or farm where crops are grown usually on a small scale

² Non-Governmental Organization



WINNIE Akinyi

A mother of three and living on a monthly allowance earned from voluntary work in Nairobi, 28-year-old Winnie Akinyi's monthly income was not enough to enable her to make an outright payment for treatment. This was not an uncommon problem for Akinyi or those living within her neighbourhood. That is why, in early 2007, she had to leave her TV set at the local health clinic as security for treatment received on credit. This unique system was set up by

a non-profit organization to enable residents in low income communities such as Kibera, to access treatment when they did not have ready cash.

“Before, some clinics used to give out medicines without demanding instant payment as long as one surrendered his or her ID³ and returned later to pay their bills in full and reclaim their ID. However, after a while the clinic administrators realised that some patients did not honour their pledges; they would abandon their IDs at the clinic and apply for new ones, just to avoid paying the bills.

These clinics still offer treatment, but now, if we don't have money, we hand over a household item, such as a chair or any other personal property, as security until we pay off the outstanding amount. This is a good arrangement because it allows us to pay for medicines in manageable instalments.

I have personally benefitted from this credit system. Not so long ago, I had to part with my television set for two months until I raised enough money to pay for the medicines that I was given at a clinic. My bill was KSh 600, which I could not raise immediately. So I took my TV set to the clinic in order to get the medicines. I repaid the money two monthly instalments and got my TV set back. ”

³ National identity card



STEVEN Mutua

Steven Mutua was selling household items at his market stall in Nairobi when we met him in September 2007. The business, which he ran with his wife, was the sole source of their household income. They supported their family of six on the any profit they

made from sales. Steven was unhappy about the high cost of medical treatment. He confessed that he would occasionally forgo buying medicines because they were too expensive for him to afford.

"I simply forget about those medicines and instead pray for God's intervention"

“ I can't tell you how many times I have fallen ill and not had enough money to pay for treatment. My wife and I sell household items at the market; sometimes the business doesn't do well, and sometimes, there are many urgent commitments that all need to be paid for at the same time. This puts me in the difficult position of having to choose between buying medicine or handling the other emergencies. Usually, I have had to delay buying medicines until a later date.

Some medicine prices are beyond our reach. When that happens, I simply forget about those medicines and instead pray for God's intervention, trusting that he will help me get better.

If the government hospitals would provide free medicines instead of expecting us to buy them from kiosks or chemists, we would be much better off. Unfortunately, that is not the case. More often than not, when we go to government clinics, they don't have the medicines we need in stock, so we are told to go and buy them from private chemists, which are expensive. ”



VERONICA Kalunde

By 2007, fifty-one year old Veronica Kalunde, an unemployed single mother of five, had witnessed many tribulations within her neighbourhood as she provided home-based care to people living with HIV. A volunteer worker at an organisation supporting people living with HIV, she too, was living with the condition. Veronica had also been diagnosed with diabetes, but she had had difficulty in raising KSh 1,400 needed monthly to manage her diabetic condition.

“I don’t see how people like us will manage without help from the government”

“ *I only used the medicines [for diabetes] for four months and then stopped because I could not afford them anymore. In fact, not long after that, I had a problem with one of my teeth and needed to have it removed. The doctor I consulted checked my blood sugar⁴ and told me that it was too high. He then prescribed the same medicines I had been given before, but I still didn’t buy them because I couldn’t raise the money to buy them.*

I am not the only one who can’t afford these medicines. A friend of mine was sick some time ago, and when I took her to hospital, she was also found to be diabetic. The doctors gave her a prescription, but when she inquired about the price of the medicines she found they were too expensive. She was told to pay KSh 700, which she didn’t have.

Such problems are common here. The truth is that I don’t see how people like us will manage without help from the government. ”

⁴ Blood sugar concentration or blood glucose level



ONYANGO Wambia

When Onyango Wambia, 57, was diagnosed with diabetes, he knew that he would not be able to afford the medicines needed to manage his condition. The modest earnings made from small-scale farming at his rural home in Maseno West, Nyanza Province, were barely enough to cover the needs of his family of eight. That is why Onyango opted for an alternative method to manage his illness—garlic and ginger. A friend had told Onyango about an alternative therapy, where one eats raw garlic and ginger to keep one's blood sugar under control.

"I eat eight cloves of garlic and several pieces of ginger everyday"

“I was diagnosed with diabetes in 1998. Since then, I have been eating raw garlic and ginger to control my blood sugar because I cannot afford the medicine prescribed by the doctor. I eat eight cloves of garlic and several pieces of ginger everyday. I believe this has helped me manage the diabetes. The ginger and garlic only cost me KSh 10 per day.

With my small income, I cannot afford to buy medicines regularly. Sometimes the medicines are not available anyway. When someone in the family falls ill and medicines are needed, there are usually two problems: either the medicines are not available at the hospital, or I do not have the money to pay for them at the time. Although there is a government sub-district hospital nearby, the medicine stocks frequently run out so we have to buy the medicines at private chemists, where prices are very high.

Often, we have no option but to buy prescribed medicine in small quantities, as and when money is available. That leads to under-dosing, which is a common thing here. Some people resort to buying medicines from market vendors while others like myself rely on medicinal herbs.

Do you know that we used to get free treatment at the sub-district hospital? Now, we have to pay between KSh 30 and KSh 100 for laboratory tests even before we buy the medicines. This is a burden because we just don't have that kind of money.

I would like to appeal to the government to remove all taxes that apply to medicines. The government should also encourage local manufacture of affordable medicines. ”



OBAT Masira

Obat Masira, a 47-year-old professional thespian in Kisumu and father of three, took responsibility of his deceased sisters' children. Together with his wife, Obat has had to care for a large extended family.

"We part with large sums of money for treatment"

“*I have so many people depending on me. When two of my sisters died, I took in their children, so now I have 12 people under my care. Most of them are children.*

We need medicines quite often. Apart from the usual painkillers and medicine for fever and so on, there are some specific medicines which we buy on a regular basis for asthmatic members of the family. The medicines are expensive because we usually have to buy them from a private chemist since the public hospital often runs short of drugs.

Because members of the household suffer from different kinds of ailments, we sometimes part with large sums of money for treatment. For example, sometime in 2006, we needed to buy some medicine but it was too expensive and we didn't have money at the time. As a thespian, I don't have regular earnings. There are times when I am very busy staging shows, and then there are periods of less activity. Ironically, sickness always seems to strike at periods of low activity when there is no money. That is what happened in this particular case. My wife was ill and the medicines needed cost between KSh 5,000 and KSh 6,000. We only had KSh 2,000. We had to buy the medicine in bits, which meant that she wasn't able to take the treatment according to the prescription instructions.

The problem with public hospitals is that medicines are hardly ever in stock. In my opinion, medicines should be made more affordable, whether at government hospitals or at private hospitals. Government subsidy on medicines should be extended to private facilities so that these too can serve low-income groups. ”



AMOS Olum

As an accountant in a church health facility in Maseno location, Kisumu, Amos Olum had noted that every week, at least five patients were unable to pay their medical bills. About half of the outpatients at the hospital could not afford the medicines prescribed despite the fact that prices at the hospital were between 30 to 50 percent lower than retail prices in private chemists.

“On average, about five patients every week cannot pay their bills”

“The main problem in this area is extreme poverty. If you sit in my office for just one day, you will witness what I am talking about. What often happens is that we only get to realise when a patient is being discharged that they cannot afford to pay for the services received. By then, it’s pointless to detain them and demand that their relatives pay the outstanding bill because they obviously won’t be able to raise the money.

On average, about five patients every week cannot pay their bills. This is despite the fact that the medicines provided at our hospital are much cheaper than those in the private sector. You can imagine what would happen if we were a profit making organization; so many more people would not afford to pay. Sometimes we even have to give bus fare to the most needy patients to help them get back home!

We are a church-owned hospital, so we are not out to make a profit. We only add a small mark-up to the medicine prices to make sure that we can break even. In any case, we have a management policy that requires us to provide treatment to whomever needs it, whatever their circumstances. We do not change a prescribed medicine just because it is too expensive. If the medicine is not on medicine formulary list but the consulting doctor has advised that it is the best treatment for the patient, then we have to look for the money and buy the drug for the patient. That is our policy. A patient must be given the medicines he or she needs regardless of the cost. ”



ROSE Jandeka

Rose Jandeka, a street trader, took advantage of a rising interest in medicinal herbs in Kisumu to set up stall at the city's main bus terminal to sell a variety of packaged herbal treatments. Rose had noticed that more and more people were turning to herbal medicines as a less costly alternative. She made good sales in December

"Medicines sold in chemist shops are too expensive"

2007, and when she spoke to us, she confessed that the business had surpassed her expectations. According to Rose, the reason behind the booming trade in alternative treatments was the comparatively high prices of manufactured medicines, which were gradually driving people away from the chemist shops.

“ I sell herbal medicines, which come well packaged and complete with instructions on how they should be used. The products that I sell are quite affordable. People prefer them because medicines sold in chemist shops are too expensive.

The most popular of herbal products are those used for treating skin ailments. There are many skin diseases in this area because of the heat. I also sell herbal treatments for malaria, cough, typhoid, and stomach ache, among many other illnesses.

Business is good. At least I get enough income at the end of the day. On average, I serve about 100 customers in a day. ”



MARGARET Fondo

When we spoke to Margaret Fondo, a primary school teacher in Takaungu sub-location in Coast Province, she was deeply concerned about the availability of medicines in the area. As a teacher, the 44 year-old mother, had a medical allowance which paid for most of the treatment that Margaret and her family of four needed. However, despite having the assurance of a medical allowance, unavailability of medicines within the village and the inconvenience of having to travel far to get medicines was a major worry.

"I am thankful we don't fall sick often"

“ *I am thankful that we don't fall sick often. I say 'thankful' because I know that when someone falls sick they have to spend a lot of money on medical expenses. As a teacher, I have a monthly medical allowance, so I hardly spend money from my pocket on treatment. But even so, there is still a problem in getting medicines. In September 2007, for example, I had a skin rash that needed attention. The local dispensary was out of stock with the medicine I needed, so I had to travel to the next town to buy it.*

Medicines are not regularly available at the the local dispensary. There may be medicines at the dispensary today, and none tomorrow. That is unfortunate because many people rely on the dispensary which is, as a government health facility, is supposed to offer medicines free of charge. The dispensary is also the only health facility in Takaungu. Some medicines, such as malaria medicines and painkillers are usually available. However, medicines for chronic illnesses, such as HIV and AIDS, are hardly ever available. Worse still, there is no chemist shop in Takaungu where people can buy prescribed medicines. If the local dispensary was well stocked, Takaungu residents would not have to travel all the way to Kilifi town to buy medicines.

*To get to Kilifi, one using public transport involves taking a **boda boda**⁵ ride from the village to the main road; that costs KSh 50. After that, one has to spend an additional KSh 50 on a **matatu**⁶ to Kilifi town; that means spending KSh 200 for the round trip. Many people have resorted to consulting traditional medicine-men when they are sick.* **”**

⁵ Bicycle or motorcycle taxi

⁶ Public transport vehicle (usually a 14-seater passenger van)



EMILY Jabiri

“He found that all chemist shops were closed for the weekend”

Emily Jabiri, a teacher living and working in Takaungu sub-location, like Margaret Fondo, had a medical allowance and was covered by the national health insurance scheme. Emily, too, had experienced the inconvenience of medicines not being available in the village. She told us her story which illustrates what Takaungu residents face when medicines are out of stock at the government dispensary, the only health facility in the area.

“As teachers, we get a monthly medical allowance. We are also insured with NHIF⁷, which takes care of a certain percentage of the bill when one is admitted to a hospital. So, the situation is not too bad for teachers.

When I fall sick, I usually get medicine from the local dispensary. If the dispensary doesn't have the medicines I need, then I have to buy them from a chemist. This means travelling to Kilifi town 15 kilometres away because there is no chemist shop in Takaungu. Unfortunately, the chemist shops in Kilifi are closed during weekends, as I once learnt.

I had fallen ill and was diagnosed with pneumonia. The dispensary didn't have the medicines prescribed. It was a Friday evening and rather late, so I had to wait for the following day to send someone to Kilifi to buy the medicines for me. On Saturday, when the person I sent got to Kilifi, he found that all chemist shops were closed for the weekend. I couldn't get medicines until Monday. I had to bear with the illness all through the weekend.

The dispensary should be well stocked with all kinds of medicines because most people here are poor and rely on it for medical care. The majority of Takaungu residents are fishermen and charcoal burners. When the dispensary doesn't have the medicines they need, many of them cannot afford to go to purchase them from private chemists in Kilifi. For most of them, any medicine that costs more than KSh100 is unaffordable. ”

⁷ National Hospital Insurance Fund

SULEIMAN Yusuf



"The shopkeepers keep raising prices at will; there seems to be no controls over medicine prices"

For Suleiman Yusuf, an elderly fisherman living on the shores of the Indian Ocean in Takaungu, life had generally become unbearable. The cost of living had soared and the prices of most commodities, including medicines, had increased almost out of reach. Furthermore, depleting fish stocks meant that he made less income from his fishing activities and therefore had even less to spend on medical care and other necessities. Frequent unavailability of medicines at the local dispensary only made things more difficult for him.

“ I had a chest problem but I couldn't get the medicines I needed from the dispensary.

At the shops, prices of medicines are always going up. The shopkeepers keep raising prices at will; there seems to be no controls over medicine prices. It seems as though each shopkeeper decides the price they want to charge. What you are asked to pay today will not be the same tomorrow.

Life here is very tough . Some of us really have to struggle just to raise a shilling. How are we expected to afford medicine? The government needs to step in and take care of its people. ”

What needs to be done?

The message from the voices

The individuals who narrated their testimonies also made suggestions about the measures that they thought should be taken to improve affordability and availability of medicines in Kenya. A notable commonality in their responses was their expectation that the Government, as the principal agent responsible for public health, should ensure that medicines and treatment were available to all Kenyans. The suggested actions gathered from the testimonies are summarised herebelow –

The Government should:

1. Ensure that public health facilities are always stocked with essential medicines at all times
2. Establish more facilities in a manner that they are proportionately distributed across the country
3. Provide also an affordable outpatient medical insurance cover for all Kenyans
4. Offer subsidies on essential medicines in all health facilities, including those that are privately run
5. Introduce incentives to encourage local production of quality essential medicines to boost competition. Hopefully, competition will bring down prices
6. Introduce incentives to encourage establishment of genuine non-governmental organisations with qualified personnel to provide health care
7. Intensify fight against counterfeit medicines
8. Generate employment to reduce poverty so that the welfare status of Kenyans is improved
9. Enlighten the public on available alternatives that are equally effective and less costly
10. Abolish taxes connected to the supply chain of medicines.