Medicines Availability and Accessibility under Performance-Based Financing (PBF): Lessons from Three Nigeria State Health Investment Project (NSHIP) Implementing States

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Introduction

Medicines occupy strategic role in a health system. In economic perspective, medicines are derived demands: consumed for maintaining health, preventing ill-health, treating diseases and managing chronic complications that could lead to more suffering, morbidity and mortality. Hence, it is one of the indicators used to assess a health systems efficiency and effectiveness. As such, timely use of medicines is imperative in any given health care delivery systems. This explains the rapid increase in the essential medicines list from 204 molecules when it was developed by World Health Organization (WHO) in 1977 to about 374 molecules as at 2013. Evidences have shown that medicines availability have reverted epidemic of ‘killer diseases’ (HIV/AIDS, Malaria, respiratory diseases, cardiovascular diseases, childhood diseases, diarrhea diseases). Achieving essential medicines requirement could enhance country’s chances in reaching Universal Health Coverage (UHC). However, desirable progress has not been made in low and middle income countries (LMICs) including Nigeria despite of several interventions and hence reaching UHC may become wishful thinking. Hence, the government of Nigeria has commenced the pilot of Performance-Based Financing (PBF) under the Nigeria State Health Investment Project (NSHIP) in the selected three States and this has introduced measures to ensure continuous availability of essential medicines in the project implementing States. This paper therefore assesses the effect of PBF in ensuring efficient essential medicines management (EMM).

Material and Methods

The WHO’s equitable access to essential medicines framework was adapted and used to assess the medicines access in the PBF implementing States in Nigeria. All the health facilities in the pre-pilot LGAs are sampled from the three project States. Information regarding drug funding under PBF, drug expiration, indigent patients’ (vulnerable or poorest of the poor) drug consumption and tracer drugs list were collected for the assessment. Simple descriptive statistics (mean/average, percentage, graphical representations) were used for data analysis.

Results

The study found that: more than 95% of the sampled PBF health facilities have efficient essential medicines management: tools, financing, autonomy and supervision; identified and confirmed indigent patients have 100% access to all medicines at zero cost; non-existence of medicines expiration and informed community. The study concluded that the PBF under the NSHIP has made significant impact on essential medicines subcomponent of the health systems over previous interventions such as drug revolving fund (DRF) scheme and this may trigger roadmap to UHC. The study recommended that PBF approach should be adopted for essential medicines management in Nigeria.