



Medicine Supply Management In Nigeria: A Case Study Of Ministry Of Health, Kaduna State

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ABSTRACT

Procurement of drugs is quite expensive. The proper supply management would ensure the judicious use of limited financial resources. Medicines are quite expensive. The economic implications of increasing medicine prices in poor economic settings have made it vital to deal extensively with supply and financial management issues coupled with medicine revolving funds. This study aimed at identifying and examining the problems associated with medicine supply management in the public sector. The research design for the study followed a pattern of personal observation, informal interview with key informants and some officials, followed by semi structured questionnaire. This study found out that there are several problems militating against effective and efficient management of medicine supply. These range from delay in approval of logistics, lack of interest in funding the system, inadequate financial resources, poor salary of personnel, and financial mismanagement which resulted in some of the major constraints. Besides, weak management system, incompetent staffing, lack of up-to-date knowledge and training of personnel involved, all presented a real challenge of finding lasting solution to the situation at stake. Funding of medicine supply by government alone is inadequate to ensure availability with sustainability. New trends in the managing of medicine supply that will provide effective and efficient set of practices aimed at ensuring the timely availability and appropriate use of safe, quality medicines and services must come into play.

Key words: Drug procurement; supply; management; government agencies

INTRODUCTION

The history of medicine supply management in Nigeria could be linked to the history of hospital practice traced as far back as 1887 to the early dispensers who were trained in the art of dispensing and worked in hospital dispensaries. The increase in the number and complexity of medicine items, especially potent ones, has led to the development of improved upgrading of management system. In Kaduna State, it began during the then Northern Region of Nigeria in 1913 as a central affair, then followed by North Central State in 1967, and later continued after the creation of Kaduna State in 1976. The state further divided in 1987, losing the areas now

part of Katsina State (Wikipedia 2006). The Kaduna State Ministry of Health through the State Central Medical Store Coordinates the public medicine supply. The State Central Medical (SCMS) system is the current public medicine supply strategy in the state. It makes the selection and procurement, which it then distributes to all the secondary health facilities in the 23 Local Governments of the State. Formerly, remitted payments were made by cash to a single Drug Revolving Fund (DRF) bank account of the Ministry of Health. Due to hitches, payments are now been made using a bank draft to the Ministry through the State Central Medical Store using the same bank

(Zenith Bank). Progress has been made but not fully realised, hence the need for improved strategy.

Medicine Supply Management -is a problem common to most public health institutions in the Nigerian health sector which is attributable to negative impact in the economy (PATHS and DFID, 2005). Medicines promote trust and participation in health services and are a major determinant of health services utilization (MSH, 1997). Realistic improvements in managing supply and use of drugs are possible when due attention is focused on the prevailing issues of management. Appropriate use of financial resources is achieved through the purchasing of medicines in the right quantities through competitive pricing, and appropriate selection to achieve adequate coverage of the most prevalent diseases (WHO, 1997). The benefits of good medicine management encompasses: avoiding wastage, ensuring availability of medicines at all times and avoiding dangers associated with improper usage (IDA, 2005). Political, economic, financial and traditional considerations could contribute to appropriate financial expenditure, avoidance of wastage, increase access and ensuring that medicines are properly used.

The Revised National Health Policy 2004 is clear on matters of accessibility and equity of the Health system. It states that "Government shall ensure that a Guaranteed Minimum Health Care Package is accessible, available and affordable to every Nigerian" and that the development of the National Health Care Financing shall be equity, availability and accessibility". Many public health organizations have not adopted the concept but only a few, mainly due to poor performance of management in the Nigerian public health sector especially at state and local government level. The research work tends to examine the problems associated with medicine supply management in the public sector and to what extent it can be effectively

strategized and efficiently implemented with sustainability and easy access with affordability. Focus was based on the case study "Ministry of Health, Kaduna State" coupled with its intermediaries in terms of operation. The Ministry of Health, Kaduna State through the Central Medical Store strategy currently in use for public medicine supply has not yet ensured regular availability of essential medicines at public health facilities with affordability & sustainability. Lack of access to medicines each year contributes to thousand of deaths and untold suffering in Nigeria with reference to Kaduna State. Poverty, political and social upheaval all contribute to the problem of access.

Indeed, the medicine management cycle is a systematic approach that can be used to ensure that medicines at all levels of health care delivery are consistently available and appropriately used (MSH 2003). The cycle was developed by the Management Sciences for Health "Centre for Pharmaceutical Management" in collaboration with the World Health Organisation's Action Programme on Essential Medicines. There is the need to address the unsatisfactory situation of medicine supply management in Nigeria at present for the sake of futuristic success and sustainability. This would go inline with the objectives of the recently Revised National Drug Policy 2005 as "To ensure efficient and effective medicine management in the public and private sector; To ensure access to safe, effective, affordable and good quality medicines at all levels of health care on the basis of health needs; To ensure that all medicines in the national medicine distribution system are safe, efficacious, effective and of good quality"(FMOH, 2005).

Poor medicine management, particularly in the public sector of Nigeria is a critical issue of major concern. During policy and decision making, all stakeholders should put at the back of their minds that medicines are different from other consumer products.

They are unique commodities because consumers often do not choose the medicine they use as they have no detailed knowledge. There is always the problem of poor purchase and use of medicines by consumers and practitioners alike. The real challenging issue is that at present in Nigeria, medicines are a major out of pocket expenditure. Current trends have shown that medicines are no longer the responsibility of health workers only. Political, economic, financial and traditional considerations have become so crucial in health care that it is imperative to look at medicines and health care from these perspectives (WHO/DAP, 1994). As is inherent within the Bamako Initiative (1987), proper medicine management may be a source of revenue, which could be used to cater for other health care needs particularly for disadvantaged populations "less privileged" (McPake *et al.* 1993).

Materials and Methods

Field study was conducted within Kaduna State between September to November 2006. The methodology has been described in detail elsewhere (Myer, 1997). Both the source and method of data collection determined to a great extent the reliability of the findings. The data for the research work were obtained from primary and secondary data sources.

The **primary data** used in the research were semi-structured questionnaires, observation, and informal interviews. In order to obtain reasonable data, the researchers took the pain of using the Structured and Open form of questionnaires. Questions covered basically the four (4) major medicine management activities i.e. Selection of medicines and supplies, Procurement of selected medicines, Distribution of the procured medicines, and finally the Use of distributed medicines (MSH and WHO, 1997). Though, other methods were used to consolidate the responses to the questionnaire.

The researchers also conducted a number of informal discussions in order to ensure that the objectives of the management were selected; taking into consideration the role they play in running the medicine supply. More emphases were focused on the top level management during the interviews. This is as a result of their level of responsibility and experience in the field, as well as the familiarity with medicine supply management and the problems involved. Indeed personal observations were made to supplement data gathering by the researchers. During this process, various activities involved in medicine supply management cycle were judiciously observed.

The **secondary data** used in this research work were the study of existing documents mainly obtained from the Federal Ministry of Health (FMOH), World Health Organisation (WHO), Management Science for Health (MSH) in Collaboration with United States Agency for International Development (USAID), Department for Foreign International Development (DFID), Partnership for Transforming Health Systems (PATHS), State Ministry of Health (SMOH), State Central Medical Store (SCMS), Secondary Health Facilities, and some published articles. There were barely scanty books or reference materials on the research topic and no enough related studies since this is a newly introduced area of concern in the developing world/ Third World Countries.

Ethical consideration relating to privacy, informed consent and confidentiality were all taken into account in respect to primary and secondary data sources. The researchers tried as possible to obey the basic principles and norms for ethics in health research where it is deemed possible to apply such.

RESULTS

The research study had adopted a triangulation method in such a stepwise manner for the informal interview, structured and open form of questionnaire, and personal observation which led to sort of a comprehensive overview.

Informal interview with top level management in the Ministry of Health and the State Central Medical Store shows that, there was 78% complain of approval of logistics from the power above, as semantically referred to the power-that-be. There was 92% complain of lack of interest in funding the system as against other priorities. 59% of the outcome wishes for a change and good reform strategies to the entire medicine management cycle. 99% of the respondents cried of inadequate financial resources and poor salary of personnel with no motivation. 87% of the outcomes were cold or reluctant to admit wastage and financial mismanagement.

Fifty (50) questionnaires were administered; out of which only 43 were returned by the respondents (middle and low level staff). This gave a returned rate of 86%. Of the 43 respondents, 34 were males and 9 were females. The average age of the respondents, when the age was given, was 33 years.

Personal observation was equally carried out at all stages of the aforementioned activities.

DISCUSSION

Commitment to the success of any programme begins with the teamwork of all the levels incorporated. It was observed that there was poor funding by government due to lack of interest and commitment, misappropriation of priorities, collapse of the Drug Revolving Fund (DRF) in past decades due to mismanagement. There is no State Health Policy and State Drug Policy on ground by which selection of medicines could be based except the National Health Policy and

National Drug Policy. Very few studies have been carried out on the pattern and prevalence of diseases by which selection of medicines could also be based.

Procurement is being hindered by bureaucracy; prolong lead-time and political involvement in the selection of contractors. Also, Maximum, Minimum, and Reorder levels are not compiled with no specific procurement method in place. Poor quantification attributes to widespread of shortages, inequity of supply, inadequate cost-effectiveness and irrational prescription coupled with distortion of demand. Old-fashioned methods of inventory control are still in place, leading to difficulties in maintaining and updating medicine stock keeping records (Foster 1991).

The method of distribution needs to be reshaped though, **Pull system** of distribution has been put to use which is good enough for any health system as generally perceived. Medicine management information system (MMIS) is not available in virtually all health facilities. Hence, no information system is taken into consideration during planning process. Lack of cooperation among health care team and inadequate training of personnel at middle and lower levels on medicine management drastically affect the Use of Medicines.

Hence, several problems involving; lack of political will, lack of resources, opposition and corrupt practices were major constraints in managing medicine supply in the state public health sector. Funding of medicine supply by government alone is inadequate to ensure availability with sustainability. The public sector's supply systems are plagued by inadequate financing, weak management systems, lack of accountability, a devastating reduction in the health care workforce and lack of up-to-date knowledge and trainings. Policy makers and health care managers must fundamentally change their thinking. The real challenge is to

identify, select and implement the best solutions for each local situation. Kaduna State Ministry of Health needs to develop integrated systems for the supply chain that fully use the capacity of the public, non-governmental and commercial sectors.

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