

OP-44 **AVAILABILITY AND ACCESS TO ESSENTIAL MEDICINES IN PUBLIC HEALTH FACILITIES IN CHHATTISGARH, INDIA**

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**Background** Access to medicines has been listed as one of the six health systems building blocks, and rational drug use as a key ingredient of desirable health policies. In India, access to essential medicines is below 35% with several barriers that aggravate this situation. A dedicated autonomous institution to strengthen procurement and supply as well as rational use of medicines has been suggested as a solution. The Indian state of Chhattisgarh had INR 40.46 per capita out-of-pocket spending (OOP) on medicines and 70.1% of overall household OOP was on medicines in 2011–12. In 2011 the Chhattisgarh Medical Services Corporation was set up to ensure availability of essential medicines. Free generic medicines based on the State Essential Drug List have been guaranteed by the state to all patients in public health facilities. This study was done to evaluate the implementation of this scheme.

**Methods** An analysis of prescriptions and an exit survey of patients who attended public hospitals for outpatient or in-patient services were the primary methods used for this study. Primary data were obtained from 100 public healthcare facilities in 15 randomly selected districts covering 1,290 patients/prescriptions. Quantitative data analysis was done using Excel software. To examine the equity dimensions in the study, we did linear regression for the proportion of medicines purchased outside in different areas (block and district) against social variables such as literacy, sex ratio, percentage of tribal and scheduled caste and geographic variables such as distance from Raipur (state capital) and medicine store houses, urbanisation, forest cover.

**Findings** On average and for the state as a whole, prescription of generic medicines by physicians in public health facilities was 68.9%. However, of the prescribed generic medicines, state average of generic medicines made available to patients by public health facilities was limited to 58.3%. Overall public health facilities were able to provide 64.5% of total prescribed medicines (state average including both generic and branded medicines) to their patients. The rest of the prescribed medicines were likely to be purchased by patients from any outside private provider. Prescriptions with this fraction of medicines were the main source of OOP, being a likely cause of impoverishment.

Availability of generic medicines to patients varied from district to district, with some doing well and others doing poorly. Interestingly the southern division Bastar performed slightly better than other parts of the state. Patients visiting public health facilities were getting their medicine following prescription within 10 minutes. People in areas having high literacy rate were more often purchasing medicines from outside public facilities.

**Discussion & recommendations** While comparing with a prescription audit undertaken earlier, this study shows considerable progress in prescription of generic medicines. Yet, the state has still gaps to address in terms of prescription and availability of generic medicines. Addressing these gaps will help patients, from being forced to purchase medicines from market and also from buying branded (relatively costlier) medicines. Notable here is that high OOP on medicine is amongst the major reason that makes people impoverished.

We would recommend capacity building of doctors, effective institutional arrangements for enforcing the essential drug list and generic prescription practices. Though we did not scrutinise supply chain and other logistics issues in this study, it can be readily assumed that institutional arrangements for strengthening timely and adequate supply within the Chhattisgarh Medical Services Corporation would also have a positive impact.

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