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Essential Medicines in Palestine

The Palestinian Essential Drugs List (EML): The Palestinian Ministry of Health (MoH) developed its first essential medicines list in 2000, with technical and financial support from the WHO and the World Bank,[1] comprising 333 basic medications. A committee of MoH and external experts periodically updates the list, which now totals 523 items in the West Bank, and 480 items in Gaza --- differences being due to the range of medical services provided and emerging diseases in each area. Medicines are listed by their chemical name and procured in by tender from suppliers according to best quality for best price (with the exception of certain complex medications for treating HIV, TB, oncology, epilepsy and psychiatric conditions which are always procured abroad). About 40% of MoH medications are procured from Palestinian pharmaceutical companies.[2] Palestine has almost 5,000 brand name medicines registered by the MoH, about half of which are produced in the country.[3]

The cost of drugs and medical supplies is a considerable expense for the MoH, representing the second largest item of total MoH expenditures in 2010. Of USD 352M total expenditures by the MoH, salaries represented 43% (USD 152M) and medications 12.7% (USD 45 M). MoH procurement is carried out centrally in the West Bank; the pharmaceutical suppliers deliver the medications to the Central Drug Stores from where they are distributed to other MoH storage or health care facilities. The MOH in Ramallah is also responsible for delivery of drugs to the Gaza Strip, to be shared on a 60-40 basis between the West Bank and Gaza based on need. It also coordinates and delivers medicines donated to Gaza as charitable donations.

Donations have been crucial, but they do not ensure reliable access to medications. Less than 10% of medicine supplies are donated to the MoH in Ramallah and an unknown quantity are donated directly by in-kind shipment to Gaza via Rafah. The ICRC, UNFPA, Islamic Development Bank, Turkey, WHO and a number of other donors have contributed donations on an ad hoc or emergency basis, primarily to Gaza where the shortages have been greater. Not all donors utilize the EML when making donations, nor coordinate with the MoH. (In Gaza, 22% of medicines donated during or after the last attack in 2008-2009 were expired or inappropriate and needed to be destroyed, and another 20% were a surplus over needs.)[4]

Zero stocks --- a chronic public health problem in Gaza: A three-month stock of medications at PHC level and at central drug store level is necessary to guarantee continued health services. But consistently, the MoH has been unable to provide the medications listed in its EML in sufficient quantities to avoid shortages for the West Bank and Gaza MoH facilities. Shortages affect all Ministry of Health facilities. In Gaza, these provide 40% of primary health care (54 clinics) and 80% of hospital care services (13 hospitals, 1937 beds). Zero stock levels[5] in the Gaza Central

1 Adoption of an EML will encourage use of the first line, most effective, and least expensive medicine for the most common health problems.The 17th WHO Model List was published in March 2011 and is available at: http://www.who.int/medicines/publications/essentialmedicines/en/index.html

2 The question of whether to "make or buy" medications tends to pit national health advocates against national economy promoters. Due to economy of scale, among other factors, international bidding is often cheaper than local offers and often presents better value.

3 "Health Annual Report 2010", Palestinian National Authority Ministry of Health, (April 2011). Annex 149, p. 176.

4 Figures from local Ministry of Health officials, July 2010.

5 Stocks that are depleted to less than 1 month supply at the Central Drug Store (CDS) in Gaza are counted as "zero level stock" prompting an urgent request to the Palestinian MoH in Ramallah for re-supply.

Drug Store have been rising steadily since 2006 (13.6%) and continuing in 2011 (33% as of August); an average of 110 out of 475 drug items were out of stock in 2010 while average 159 items have been out of stock so far in 2011. While shortages at the CDS level may not be immediately reflected at clinic level, reports from Gaza indicate that shortages are systemic, and short term restocking in hospitals and clinics are not sufficient to cope with constant central shortages over time.

Current medications at zero stock level in Gaza are 22% anti-infective, 12% cancer, 9% ophthalmological, 8% gastrointestinal track, 8% psychotherapeutics and anti-convulsants, 6% analgesics and anti inflammatory, 6% cardiovascular, 4% hormones and endocrine drugs and 3% for blood disorders. **Shortages in cancer medications, which represent more than 29% of MoH expenditures on medications, may increase the need for referrals to outside hospitals, increasing costs to the MoH for each cancer patient, for example, by 400%.[6]**

The Ministry of Health in Ramallah cites budgetary restrictions as the main reason for the drug shortages at central level, due particularly to pharmaceutical suppliers being reluctant to resupply when there is a backlog of outstanding payments. The shortages may also be in part due to the increase in the number of items on the essential drug list to 523 (2011),[7] at the same time that the demand has increased as a result of a growing population and the opening of new health facilities. The political rift between Fatah in the West Bank and Hamas in Gaza has also been reflected in the operations of the Palestinian Authority in terms of disrupted communication, planning and sharing of resources. However, the fact that drug shortages existed prior to the 2006 elections as well points to a problem in the supply and logistics chain.[8]

In early 2011, the Norwegian government dispatched two physicians to Gaza to investigate the reasons for the chronic shortages and for the delays in the Ramallah MoH delivering supplies. They followed a delivery of 200 pallets and looked at logistics and monitoring at all levels. They recommended improving logistics (storage, transport and incineration) and monitoring, as well as better communication between the two sides of the MoH, and a stable 3-month stock of supplies to afford the system with more stability. Shortly after their visit, Israel bombed one of the drug warehouses and a large amount of stocks were lost.

The impact of drugs shortage on patient health: Accessibility and affordability to essential drugs is a component of the right to health for all individuals. For poor households globally, the out-of-pocket purchase of medicines is often their largest health care expense and absorbs a high percentage of household income. While the impact of drug shortages may not be detected immediately, the unavailability of essential medications in government clinics, especially in the Gaza Strip where poverty is higher, will negatively affect personal and community health and well being, despite people's coping mechanisms.

Monthly expenditures for patients with common chronic diseases can be a substantial financial burden for poor families if they have to buy patients on the private market. A diabetic patient must spend NIS 200 or more every month for insulin, while patients who depend on blood sugar lowering agents will pay from NIS 40 to 120. Patients who use lipid lowering agents, usually the elderly, will pay from NIS 50-70 monthly. Asthmatic patients will pay NIS 24 for a common inhaler.
Medical Disposables Shortage: Essential medical disposables, which include a wide variety of items such as syringes, line tubes and filters for dialysis or dressing materials, are also crucial for patient care. In August 2011, 186 out of 700 medical disposable items were at zero stock level, including 146 general use items, 28 orthopedic and 12 items for ophthalmological use.

[6] Chemotherapy medications cost the MoH $14 million in 2010, about 29% of the total pharmaceutical expenditure of $50 million for the year, while referrals cost the MoH $100 million, with oncology the second highest reason.
[7] The WHO added 27 new items in 2011 but dropped 21 in light of new research.
[8] A study undertaken in 2004 in Gaza assessed the availability of 12 key drugs for treating common illnesses at MoH Primary Health Care facilities and found only 7.7% of the clinics had full availability of all 12 key medications and 73.4% had partial availability.