**Introduction**

The Pfizer Global Health Fellows Program is an international corporate volunteer program. Through the GHF program, Pfizer colleagues are paired with leading international development organizations in short-term assignments in key emerging markets designed to transfer their professional expertise in ways that promote access, quality and efficiency of health services for people in greatest need.

This annual essay collection illustrates how Pfizer’s Global Health Fellows are working together with partner organizations in underserved communities to solve global health challenges.

To learn more about the Pfizer Global Health Fellows Program please visit www.pfizer.com/ghf.

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**Background**

The Academic Model Providing Access to Healthcare (AMPATH) is a partnership between Kenya’s Moi University School of Medicine, Moi Teaching and Referral Hospital, and a consortium of U.S. medical schools led by Indiana University. Providing both clinic- and community-based pharmacy services, the initiative addresses health care system barriers, like lack of education and poor infrastructure, which prevent the dissemination of high-quality care in resource-deprived Kenya. Over the last 10 years, AMPATH has successfully scaled HIV care across Western Kenya, establishing a network of over 27 health centers and treating over 130,000 HIV-positive patients. Through its academic model, AMPATH has integrated patient care, medical education, and research to not only deliver improved health care but also develop sustainable health infrastructure and knowledge.

Kenya has struggled relentlessly to meet the challenges of the HIV pandemic. Closing gaps in patient access to opportunistic infection (OI) medications is critical to further improving patient outcomes. At the same time, the Ministry of Health (MOH) and AMPATH are determined to extend existing HIV programs into models of primary care and chronic disease management capable of meeting the health challenges of communities that go beyond HIV.

**The Challenge**

The most daunting obstacle AMPATH faces to reach these goals is the severe limitation of available drugs within the MOH supply chain. Most MOH facilities face significant stock-outs of key medications, with essential drugs frequently unavailable to patients. This forces patients to seek out medicines in the commercial sector where prices can be 10 times as high and drugs are often of questionable quality or counterfeit. Most patients are unable to pay commercial prices and therefore go without needed medicines, or can only afford a portion of their prescription and are undertreated.

**The Community Revolving Fund Pharmacy Model**

To ensure reliable and affordable access to medicines, AMPATH will partner with the MOH and each community to implement Community Revolving Fund Pharmacies (CRFP) at each health facility. These pharmacies will act as a back-up and will provide patients medicines only when there are stock-outs at the MOH pharmacy. Patient co-pays will be slightly higher than government co-pays, but substantially lower than prices at commercial pharmacies. Co-pays will be collected in an independent bank account and be used to re-stock the CRFP, ensuring sustainability beyond the initial stock of drugs.

The first CRFP is being piloted at the Mosoriot Rural Clinic Health Training Center and will be deployed to all other AMPATH facilities.
Community Revolving Fund Pharmacies: An innovative solution to provide better access to pharmaceutical drugs to the Kenyans patients

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2011 Global Health Fellow

Key characteristics of the model include:

- **Distinct**: The operation of the CRFP will be distinct from the MOH pharmacy or the dispensing of anti-retroviral drugs from the AMPATH pharmacy to ensure separation of stock, records and cash.

- **Pricing**: To encourage use of the MOH pharmacy and to ensure sustainability of the CRFP, pricing for drugs will be slightly higher than government co-pays, about 10 percent in most cases.

- **Fee Waivers**: Fee waivers will be granted to indigent patients based on set criteria and processes that will be developed with MOH and community leadership.

- **Governance**: The CRFP will be a nonprofit entity and governed by a Management Committee made up of representatives from MOH, AMPATH and the community.

- **Drug Procurement**: AMPATH will facilitate drug procurement to ensure efficient drug re-supply and access to good drug tender prices. AMPATH will store drugs centrally and manage supply to CRFPs as needed.

**Mosoriot CRFP Pilot Data**

On April 4, 2011, the first CRFP pilot was implemented at Mosoriot Rural Health Training Center (Western Kenya). The key finding for the first three months of operations was that there was high demand for drugs due to MOH pharmacy stock-outs. Over 1,500 prescriptions were filled over the first 12 weeks. The inventory and financial management have been strong.

The Mosoriot Pilot, even at the initial stage, has shown that AMPATH and the MOH are capable of working together to implement the CRFP concept and successfully increase access to affordable, quality medicines in the case of MOH stock-outs and rigorously track all medicines and moneys. The initial three months of data indicate that this model will be sustainable and with sufficient revenue from drug co-pays to re-purchase inventory.

**My Mission**

My professional background in project management was very useful as I worked with the AMPATH project team on developing a business plan and a comprehensive plan of action for carrying out this initiative over the 27 AMPATH health centers.

My daily responsibilities were the management of the pilot site and the long-term strategic plan to open the pharmacies in all rural health centers. I developed the infrastructure, set up drug management, defined and implemented best practices.

**Getting Started**

AMPATH's goal is to implement the Revolving Fund Pharmacy concept in the 27 AMPATH sites in Western Kenya for OIs drugs and in the initial seven PHC and CDM pilot sites for other drugs. The peak drug demand is expected to be reached within a five-year period of time. AMPATH will seek a one-time donation from a consortium of pharmaceutical companies in order to start the supply of medications required to create the CRFPs. The total funding request for medications will cover the initial stocks of pharmaceutical drugs and the cost of infrastructural needs for auditing, security and informatics. The initial stock will provide a source of income to the CRFP which will allow supplying replacement drugs.

AMPATH will establish a secure warehouse and distribution system for CRFP drugs. This warehouse can receive drugs from the donor community and purchase drugs at best price in partnership with the MOH.

**Sustainability and Key Success Factors**

The CRFP model is designed to be self-sustaining. By charging affordable co-pays to patients and managing drug procurement through a tender process that can access low-cost medicines, continued donor support will not be needed after peak demand has been reached. The key success factors of the Revolving Pharmacies program will be community engagement and inventory and financial management; therefore, AMPATH is putting a strong focus on these areas to guarantee this program will be a success.
**Conclusion**

AMPATH is well-positioned to pilot CRFPs on a wider basis and this will be a critical first step toward expanding primary health care and chronic disease management to the broader population. CRFPs will also strengthen AMPATH's existing HIV/AIDS work by providing more reliable and affordable access to medicines for opportunistic infections.

Furthermore, as primary health care and chronic disease management take on a larger role in global health, this initiative can demonstrate a sustainable model for improving access to medicines for other health care programs. The distinct power of this model is that donor support will not be required in the long term, and the capital investment to start up CRFPs will pay back substantial dividends in better health outcomes for thousands of Kenyans in the Western Kenya region.

**Key Learnings**

This project highlights the importance of improving the pharmaceutical drug supply chain and drug dispensing in developing countries. Reliable supply chain and distribution systems will reduce the level of bad quality or counterfeit medicines. Such a model would provide a better access to pharmaceutical drugs at affordable prices for patients in countries with an unreliable drug supply. It would therefore have a real impact for the local population.

The CRFP program will also enable pharmaceutical market growth through implementing a robust dispensing system and supporting the development of health care programs which can increase the pharmaceutical drug consumption. The global pharmaceutical industry can support this initiative by participating in the consortium of pharmaceutical companies to start the supply of medications required to create the CRFPs. Beyond this participation, a challenge for the industry will be to supply branded and generic drugs at competitive price to the Community Revolving Fund Pharmacies.