

Kartong

community pharmacy

functional commerce to create a sponsor independent sustainability in drug availability

Status quo December 2006

Goal: Improving the availability of, essential, quality drugs at reasonable prices in a sustainable way for the community of Kartong, the Gambia.

Participants: Foundation For the Development of Healthcare in Kartong (FOFDHIK)

- Board member Finance: mr. Alhagie Jabang
- Board member: mr. Lamin Jamba Jammeh

Stichting Evenaar (The Netherlands)

www.stichtingevenaar.nl

- Dr. Dirk Rezelman

Farmacie Mondiaal (The Netherlands)

www.farmaciemondiaal.nl

- Harry Sasburg &
- Richard van Slobbe, pharmacists

History: Mr. Rezelman asked Farmacie Mondiaal in 2006 for help to realise a pharmacy at the healthcare clinic (sponsored by St. Evenaar) in Kartong, The Gambia. Kartong is a rural village in the very most south of the Gambia, bordering Sénégal. It has about 10.000 inhabitants but there is a very strong (commercial) traffic with the Cassamanche region in Sénégal. Because of the recently constructed excellent highway densely populated Gambian areas like Brickama and Serrakunda are only 30-45 minutes by car. Seriously trained pharmacists are practically unknown. A pharmacy is merely just a commercial shop and the pharmacist is basically a shopkeeper.

Farmacie Mondiaal was happy to help and found two qualified persons for a field investigation. The research was carried out in a 2 week period in oktober/november 2006.

Practical immediate result: the present pharmacy part of the clinic was reorganised in cooperation with the two nurses and a second hand Dutch pharmacy drawer cupboard has been installed and put to use.

Visits, talks and discussions to and with people at other healthcare clinics (e.g. The Jammeh Foundation for Peace-hospital in Serrakunda and a German sponsored healthcare clinic at Daresalami) as well as existing pharmacies made one thing very clear. There will be a serious money problem if the pharmacy has to operate within the present state funded health care system. In that system patients can come to a clinic, receive medical treatment/advice (including drugs) and pay only a very small amount (5 Dalasi's = Euro 0,15).

Because of lack of funding, or sponsors, patients often don't receive the needed drugs. With a prescription they can go to a commercial pharmacy and buy the drugs themselves. Drug prices in the commercial pharmacies are at a western level (average income in The Gambia = Euro 100,-/month) and therefore drugs are mostly only accessible for a small part of society.

So in order to create a sustainable solution, which is not depending on continuous financial sponsoring, a business model had to be developed that ensures the patients the availability of essential quality drugs at lowest possible prices and a flow of money to the pharmacy in order to buy new drugs. The business model which has taken shape is named 'The Kartong model'. In this model state funding will be abolished which creates the liberty to organize it in such a way that the primary goal can be reached.

The basic idea is that people pay for their drugs but that the prices of the drugs are kept at an absolute minimum. This can be realised by procurement of the drugs at IDA, at the lowest possible world market prices and just making as much profit on the selling of the drugs as is needed to pay for the pharmacy costs.

The Dutch financial pharmacy system was an inspiration for the business model and this resulted in the following idea:

In the Kartong model patients would have to pay:

- The drug wholesale price from IDA
- +
- A fixed pharmacy fee per prescription for
 - Staff
 - Transportation costs
 - Packaging material + other small costs

From the field investigation we learned that public drug prices resulting from the Kartong model are about 50% of the actual commercial pharmacy prices.

For a start only a limited product range of about 50 different drugs will be stocked. Depending on the results the product range can be altered. Getting things working, with new staff and in an unprecedented way, in a successful manner will be challenging enough in this phase of the project.

It is very much realised that for a group of patients this still may be too expensive. But this kind of situation has to be solved in another (political) way and is not part of the idea for creating quality drug availability in a sustainable way.

At the present moment an action plan is being made in close cooperation with the local board and St. Evenaar.

- Challenges:** There are 4 major challenges to expect/deal with:
- Convincing the general public that paying minimal real costs for drugs is necessary in order to have drugs in the real future
 - Theft/loss of stock
 - Financial fraud
 - Possible actions of economic counterparts

Farmacie Mondiaal will try to ensure, through training the staff in the applicable procedures & guidelines, that the risk of theft & fraud can be minimized. On the other hand, the people of Kartong themselves are most and hardest hit when their pharmacy has to close down because of severe irregularities.

The head responsible staff member (head of the clinic) plays a crucial role together with the board of FOFDHIK to make sure that the pharmacy business itself is sustainable.

Future: The plan is to get the first shipment of drugs (a gift from St. Evenaar) into Kartong by the end of January 2007 and that the pharmacy itself will be operational in February 2007.

Farmacie Mondiaal will assist on site the implementation process, make up procedures and guidelines, train staff in using the procedures, evaluate the results and advice (staff and board) on how to proceed or how to deal with problems.

Looking further into the future, and only after successful results in Kartong, expanding and/or new activities can be thought of:

- Expanding the range of products available
- Investigate if an extra role as (regional) wholesaler is needed
- Copy the Kartong model to other communities/countries
- Investigate the possibilities for (small scale) production, mainly dermatics because these are easy to manufacture and expensive in transport
- Training of pharmacy staff pharmaceutically
- Developing a simple pharmacy software tool for logistics and financial administration.

