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Improving access to drugs by poor households through a cost sharing drug scheme: a wealth ranking approach.

[Karkee SB¹](#), [Tamang AL](#), [Gurung YB](#), [Mishra G](#), [Banez-Ockelford J](#), [Saunders P](#), [Rai C](#).

Author information

Abstract

In Nepal lack of drugs in government health institutions has markedly reduced access to essential drugs by poor patients. Despite the implementation of a drug scheme with adequate availability of drugs and with provision of fee exemption for the poor, the poorest people still had no access to drugs. We carried out a wealth ranking process to identify poorest of the poor households in a village. Each of the poorest household was provided with a free treatment card and information about the availability of free service at the local health post. Baseline and post intervention data on service utilisation and prescribing practices were collected using carbon copies of prescriptions. Data were also collected about the attitude of patients, using qualitative interviews. About 1.8% of the total annual patient visits to the Health Post were from cardholder households. The annual health post utilization rate for the poor patients was about 1.2, whereas among other patients it was 0.7. On average, about 2.4 drugs were prescribed to any of the cardholder patients, and 50.8% of prescriptions included at least one antibiotic drug. No injection was prescribed. Within 18 months, the total fee exemption provided to a poorest household was equivalent to about US dollars 1.6. Since the method is valued by local people, and is also feasible to implement through the communities' efforts, it is recommended to initiate it in other drug scheme areas as well.

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MeSH Terms, Substances 

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