Revolving fund provides sustainable supply of asthma medicines

Benin’s current asthma project has been implemented in six health facilities. Health workers from these sites have been trained in all aspects of asthma management, including diagnosis, treatment, monitoring and long-term management. Sites received peak flow meters, mouthpieces and the monitoring and evaluation forms and tools. Medicines were procured through the ADF and stored at the pharmacy in Cotonou’s National Respiratory Hospital.

Revolving fund proves its worth

Recognising the need for a sustainable supply of asthma medicines for its project sites, the NTP established a revolving fund in 2008, using a one-off capital sum provided by the World Bank. The fund continues to operate today.

The NTP adds a 12% margin to the price it paid for the medicines. Health centres participating in the project then sell asthma inhalers to their patients – at what is still a low price for patients – and the money recovered replenishes the fund. Money collected in the centres is transferred to an account managed by the NTP.

The fund’s capital was further strengthened when The Union donated an order of medicines through the ADF in 2009. Benin’s NTP has recently managed to place two further orders through the ADF and pay for them exclusively from the revolving fund.

Tackling the challenges

One challenge is that patients who are extremely poor are still unable to buy the asthma inhalers despite the low price. These patients may require different solutions. Some have already been given medicines free of charge.

Another is that some healthcare workers still prescribe too many bronchodilators and too few inhaled corticosteroids for patients with persistent asthma. This indicates that not all healthcare workers fully understand the importance of long-term treatment. Their patients are therefore unlikely to be hearing the right messages about how to manage their asthma. The NTP is dealing with this through training, supervision and an increased focus on patient education.

Sometimes, some of the sites receive fewer asthma patients per month than they had planned for. Therefore these sites do not use their stock of inhalers as expected. Over time, this could mean that some inhalers expire, causing a loss for the revolving fund. The NTP is working on how to cope with these fluctuations between estimated and actual demand.

A “decrease” in the number of registered patients returning to the health centre may in fact be a good sign. It may indicate that some patients finally have their asthma under control with their prescribed medicines and that the severity of their asthma has reduced. This would mean they need less medicines and fewer visits to the health centres. A small phone survey among patients lost to follow-up suggested this, but properly funded operational research would allow the NTP to analyse more thoroughly the reasons for patients not returning.

The revolving fund is playing a vital role in the management of asthma in Benin. It has provided a self-financing and a sustainable supply of asthma medicines, so that the health centres can provide ongoing care, and patients can purchase quality-assured medicines at low prices.