



PHARMACEUTICAL SECTOR IN KENYA.

Access to and affordability of essential medicines in Kenya



INTRODUCTION

Developing the pharmaceutical manufacturing sector is a core part of building a progressive and sustainable health-care system that can respond to routine needs and emergencies.

In this analysis, we explore the current state of the pharmaceutical industry within Kenyan Pharmaceutical Sector across 47 Counties focusing on trends, challenges, and opportunities for growth.

Our goal is to:



 Compare access to essential medicine



 Analyze trends in cost of medicine

• Relation with insurance.



 Examine relationship between government spending and chronic illness.

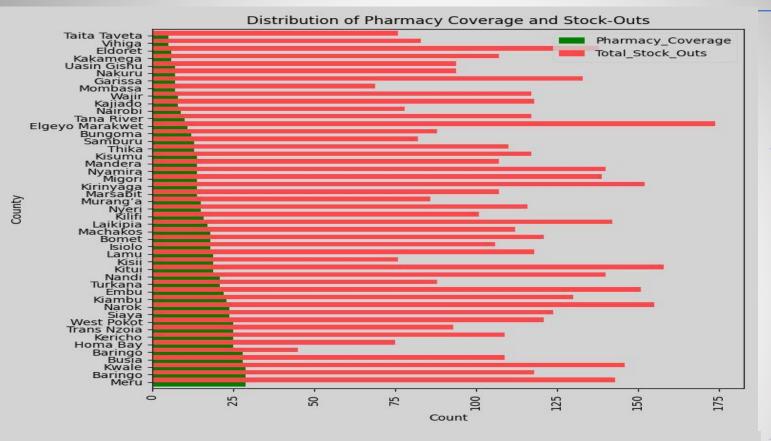


Examine counterfeit drug cases

• Relations to import

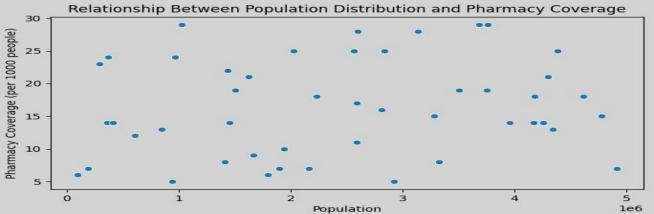
The data will offer valuable insights for stakeholders in the health sector, policy-makers, and investors interested in improving pharmaceutical accessibility across the country.

ACCESS TO ESSENTIAL MEDICINES ACROSS COUNTIES



Stock-outs significantly exceed pharmacy coverage

Significant disparities in access to essential medicines, healthcare infrastructure, and pharmaceutical services Eg Rural vs Urban.



Population size is not the primary factor influencing the availability of pharmacies



Trends in the cost of medicines



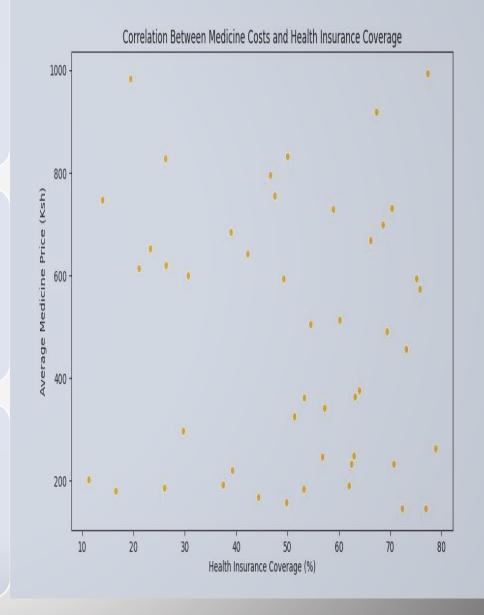
Medicine prices vary widely, with some medicines priced as low as close to 100 Ksh (146)and others reaching close to Ksh 1000.(993)



There are two main price ranges where medicine prices are concentrated, around Ksh 200–300 and Ksh 600–700

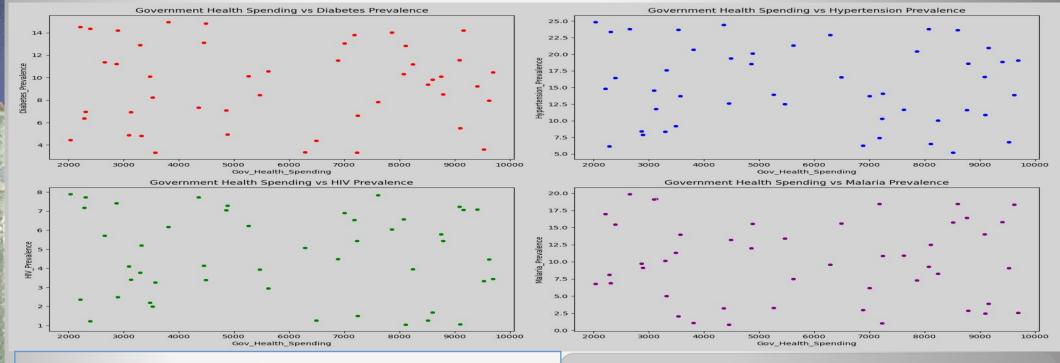


There is no relationship between medical prices and health coverage insurance





Relationship between government health spending and chronic illness prevalence



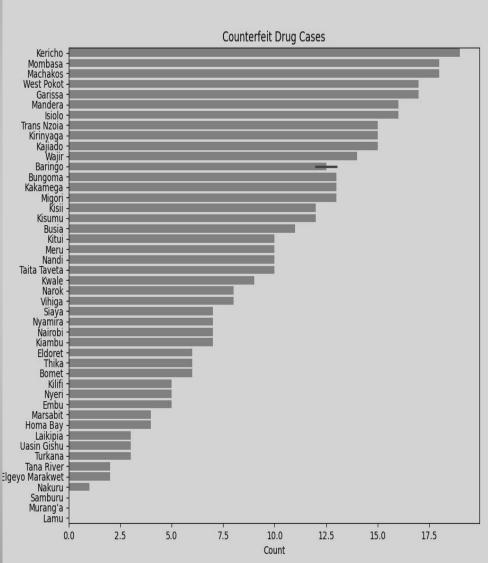
	Gov-Spending D	Diabetes	Hypertension	HIV	ſ	Malaria
Gov-						
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n	-0.104960955	-0.07395173	5	1 0.2	8553574	-0.10117
HIV	-0.049276421	-0.04690396	3 0.28553	357	1	-0.18153
Malaria	-0.04232854	-0.00680103	3 -0.1011	.74 -0.	.1815306	1

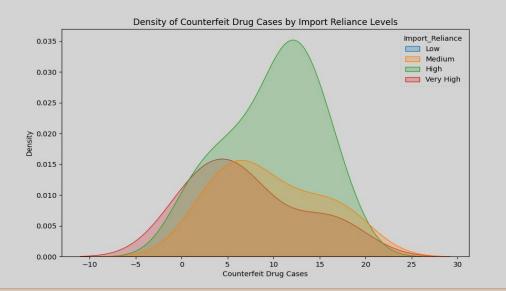
ncreased government health spending has little to no direct impact on chronic illness

It's possible that other factors like healthcare delivery efficiency, lifestyle changes, environmental factors, or access to specific programs are more crucial in controlling chronic illness rates than general spending alone.



Patterns in counterfeit drug cases and how they relate to import reliance.





High import reliance is associated with more frequent counterfeit drug cases, while low import reliance counties have fewer issues.

Imports should increase regulation at very high reliance levels or more stringent checks on imports.

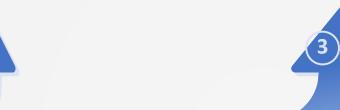


CONCLUSION

Stock-outs significantly exceed pharmacy coverage

There is no relationship between medical prices and health coverage insurance

Increased government health spending has little to no direct impact on chronic illness







Significant disparities in access to essential medicines, healthcare infrastructure, and pharmaceutical services



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RECOMENDATIONS

Strengthen Pharmaceutical Supply Chains

Encourage Public-Private Partnerships

Capacity Building and Training

Regulatory Framework and Policy
Reforms

Promote Local pharmaceutical manufacturing.



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