The Kenya National Drug Policy
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FOREWORD

In 1963, at independence, Kenya's Population was about eight million. The resources available at that time were adequate to fund a free drug supply system in the public sector. The law controlling pharmaceuticals was evolving from a simple set of legal notices, but drug supply to public institutions was operating smoothly.

Thirty years later the population has trebled. Our health institutions have expanded in size and numbers. Appreciation of the effectiveness of modern medicines has grown and, with it, the demand for public health services and for pharmaceuticals has also grown. New diseases have appeared, creating demand for more specialized medicines. Finally, the element of drug abuse and misuse has come on the scene. It has therefore become necessary to formulate a Kenya National Drugs Policy.

Since the early 1980s Kenya has been a leader in the field of essential drugs. The 1981 Kenya Essential Drugs List was one of the first comprehensive essential drugs lists in Africa. The National Essential Drugs List has been revised, most recently in May, 1993. The Essential Drugs Programme, started by the Ministry in the early 1980s, is widely recognized as a pioneer in kit system distribution and rational drug use training for rural health facilities. In 1985, Kenya hosted the WHO workshop on The Rational Use of Drugs, whose contribution to enriching the essential drugs concept has become known internationally as, "the Spirit of Nairobi."

Within this background, it is fitting that Kenya now consolidate its experiences in the field of essential drugs into a National Drug Policy. The goal of the National Drug Policy (NDP) is to ensure that pharmaceutical services in the country meet the requirements of all Kenyans for the prevention, diagnosis and treatment of diseases using efficacious, high quality, safe and cost-effective pharmaceutical products. This Policy will guide legislative reforms, staff development, and management improvements for pharmaceutical services into the next century. By implementing this policy we shall make a substantial contribution to the provision of quality health-care in the public, private, mission and NGO sectors.

HON. JOSHUA M. ANGATIA EGH. MP.
MINISTER OF HEALTH
15 July 1994

ABBREVIATIONS

AIE Authority to Incur Expenditure
Board The Pharmacy and Poisons Board
DMS Director of Medical Services
1. GOAL AND OBJECTIVES OF THE NATIONAL DRUG POLICY

1.1. The Goal of the National Drug Policy

The goal of the National Drug Policy (NDP) is to use available resources to develop pharmaceutical services to meet the requirements of all Kenyans in the prevention, diagnosis and treatment of diseases using efficacious, high quality, safe and cost-effective pharmaceutical products.

1.2. Specific objectives of the NDP

(1) To ensure the constant availability of safe and effective drugs to all segments of the population.

(2) To provide drugs through the government, private, and non governments sectors at affordable prices.

(3) To facilitate rational use of drugs through sound prescribing, good dispensing practices, and appropriate usage.

(4) To ensure that the quality of drugs manufactured in Kenya and those imported into Kenya meet internationally accepted quality standards.
To encourage self sufficiency through local manufacture of drugs for consumption and export.

To ensure that the provision of drugs for veterinary services is consistent with this policy.

2. PUBLIC SECTOR DRUG SUPPLY

2.1. Essential Drugs List

The Essential Drugs List is a fundamental element in promoting rational drug use and controlling health care costs.

The Kenya Essential Drug List (KEDL) will be updated regularly by the National Pharmacy and Therapeutics Committee. The Director Medical of Services (Chairman) and the Chief Pharmacist (Secretary) will appoint the National Pharmacy and Therapeutics of 18 members representation from the following individuals and groups:

1. Ministry of Health Headquarters and Medical Supplies Coordinating Unit
2. Provincial Medical Officers of Health
3. Medical practitioners and pharmacists representing Provincial Hospital Pharmacy and Therapeutics Committees
4. Medical practitioners and pharmacists representing District Hospital Pharmacy and Therapeutics Committees
5. Clinical and Pharmacy Departments of the public universities, including a clinical pharmacologist and clinical pharmacist
6. Kenyatta National Hospital Pharmacy and Therapeutic Committee
7. Mission and private health institutions

The KEDL will be updated regularly but not later than every two years by the National Pharmacy and Therapeutics Committee. The products in the list will be identified only by their generic names (INN – International Non–proprietary Name).

The criteria for selection of drugs in the KEDL are:

1. Quality, safety, efficacy and cost
2. Intended level of care at which drugs will be utilized
3. Epidemiological profile

The KEDL will be the basis for the following activities:

- public education and information,
- public sector procurement, prescribing, and dispensing,
- medical education,
- in–service training programmes for health professionals,
- selective support for the local pharmaceutical industry,
- pricing policies, and
- control of drug donations.
2.2. Essential Medical Supplies and Appliances

An Essential Medical Supplies and Appliance List will be developed by the Ministry for the purpose of standardizing procurement, distribution, and supply management at Ministry hospitals, health centres, and dispensaries. Specifications and quality standards will be developed for each item on the Essential Medical Supplies and Devices List. This list will be used to encourage local production of essential medical supplies and devices, to guide prices of these essential items and to facilitate importation of these items. The Essential Medical Supplies and Appliances List will also be recommended to private, mission, and NGO health facilities.

2.3. Financing

The Ministry of Health will make an annual budget for drugs and medical supplies that is based on a rational and reasonable determination of Ministry’s needs for Pharmaceuticals and medical supplies. This determination will be established on a per capita basis. Year-to-year adjustments will be made on the base per-capita requirement according to changes in the utilisation of Ministry health services and changes in the purchasing power of the shilling. The drug budget will be separated from other budgetary needs, such as salaries, and, once voted, will be available for payment of supplies as and when needed.

The AIE holder for pharmaceuticals and other medical supplies will be a senior health professional at Ministry of Health Headquarters, either the Director of Medical Services or the Chief Pharmacist/Director of Pharmaceutical Services. This will ensure effective procurement based on prevailing health care needs. The AIE holder will also provide contingency funds to District Medical Officers of Health in emergencies.

Treasury allocations are meant to cover basic recurrent drug requirements. Facility Improvement Funds (FIF – “cost sharing”) revenue may only be used to supplement Treasury allocations in case of shortfall in drug availability and for emergency purchases of drugs. The laid down Government of Kenya procedures must be followed for all purchases using FIF revenue.

A revolving fund will be established to purchase drugs and medical supplies. Essential drugs will receive priority for allocation of available foreign exchange. Ministry of Health, Ministry of Livestock Development, Treasury, Ministry of Commerce and the Central Bank of Kenya will coordinate prioritisation of Essential Drugs in the allocation of foreign exchange.

2.4. Procurement

Pharmaceuticals for the public sector will be purchased according to current Good Pharmaceutical Procurement Practices, which included the following key elements:

1. Drugs will be procured by generic name (INN), and the products must be registered in Kenya.

2. Procurement priority will be given to drugs on the Kenya Essential Drugs List and KVEDL. Drugs not on the KEDL will be procured only if they fit into one of the following categories:
   a. drugs for diseases not catered for by the KEDL, or KVEDL,
   b. drugs for use in institutions with specialized medical personnel.

3. Pharmaceutical requirements will be calculated annually and updated periodically throughout the year, based on demand. An annual procurement plan and schedule will be made according to actual resources available and realistic delivery times.

4. Drugs will be purchased by competitive tender. Tenders will be open only to suppliers who have been pre-qualified by the Ministry of Health. Suppliers will be pre-qualified (approved in advance) by a technical evaluation committee from applications received through a regular open pre-qualification process.
The National Drug Quality Control Laboratory will regularly test the quality of products procured by the Ministry. In addition, other data generated by the NDQCL will be used in the supplier pre-qualification process.

A formal supplier monitoring system will be established with objective standards for drug quality and service performance. Suppliers whose product quality or service fall below standards will be deleted from the list of approved suppliers.

Supply terms will be specific to pharmaceutical products, particularly with respect to specifications, shelf life, labelling, packaging and related issues.

2.5. Distribution

The Ministry is responsible for ensuring that pharmaceutical products are distributed safely, efficiently, and promptly to Ministry health facilities. Ministry pharmaceutical supply services, currently provided by the Medical Supplies Co-ordinating Unit (MSCU), will include zonal pharmaceutical stores and incorporate the Essential Drugs Programme (EDP).

Allocation of drugs and medical supplies will be based on actual facility workload. Additional drugs, supplementary to the KEDL/KVDEL, to be designated as "Secondary-Scheduled Drugs," will be made available to the specialist units of the health institutions.

Private sector involvement in administration, storage, or transport will be encouraged wherever it is found to improve distribution efficiency and reduce costs.

3. DRUG SUPPLY BY THE PRIVATE SECTOR & NON-GOVERNMENTAL ORGANISATIONS

3.1. Adoption of the Essential Drugs Concept

The private sector including mission, and NGO sectors provide a substantial part of the Health Care delivery system. Therefore, health services provided by these sectors will also be actively encouraged to adopt the Essential Drugs concept and, specifically, to make use of the Kenya Essential Drugs List, Kenya Veterinary Essential Drugs List, and Essential Medical Supplies and Appliance List.

Quality, safety, efficacy, and medical need will remain essential pre-requisites in the selection and procurement for drug in these sectors.

3.2. Generic Labelling

All labelling for both locally produced and imported pharmaceutical products will carry the generic (INN – International Non-proprietary) name in letters at least two-thirds the size of the brand name.

The Ministry of Health will undertake educational campaigns to promote use of products on the Essential Drugs List, to promote prescribing and dispensing by generic name, and to promote awareness of the essential drug concept. Separate campaigns will be aimed at the public and health professionals.

3.3. Institutional and Retail Pharmacy Services

All institutions providing pharmaceutical services will have physically separate areas designated, "Pharmacy," licensed by the Pharmacy and Poisons Board. All institutions providing Pharmaceuticals services will have a
pharmacy department managed by a pharmacist or pharmaceutical technologist registered by the Pharmacy and Poisons Board.

All private and non–governmental agencies procuring pharmaceuticals should follow current Good Pharmaceutical Procurement Practices.

Opening of retail pharmacies in rural and under–served urban areas will be encouraged through the development of tax relief and other incentives.

3.4. Prescribing and Dispensing

Prescribers will be encouraged to prescribe by generic name and use the Essential Drugs Concept.

At the dispensing level, a less expensive generic equivalent may be substituted unless the prescriber had indicated, "do not substitute" on the prescription.

A prescriber who wishes to dispense will be required to obtain a dispensing licence from the Pharmacy and Poisons Board.

Over the counter (OTC) drugs will be made available through licensed outlets in approved packaging carrying printed instructions for use as approved by the Pharmacy and Poisons Board.

The dispensed medicines shall be put in a package which shall bear the following information: name of the patient, name of the product, instruction for use and precautions, name and address of the facility from where the medicine is dispensed.

3.5. Drug Donations

Drug donations from both international and local sources must comply with the provisions of the Pharmacy and Poisons Act and the provisions of this policy. Clear guidelines for drug donations will be prepared.

3.6. Financing and Pricing of Drugs in the Private and NGO Sectors

Programmes will be developed to provide for payment of prescription drugs through the National Hospital Insurance Fund, NSSF and/or private health insurance. The private and public sectors will promote a viable and sustainable medical insurance scheme as a mutual commitment to a comprehensive social welfare programme.

Alternatives to the current tariff (percent mark–up) system of compensating pharmacists/pharmaceutical technologists will be explored to find ways of making Pharmaceuticals more affordable.

To encourage cost awareness, all drug distributors and manufacturers will be required to provide their local wholesale price list to the Ministry of Health according to an established timetable. The Ministry will publish these official prices at least once yearly and more often as appropriate. In addition, a mechanism will be established to exchange information with other countries on prices of individual pharmaceutical products.

Generic prescribing and substitution as well as selective drug registration should also control the usual drug costs paid by patients.

4. VETERINARY DRUG SUPPLY
4.1. Selection and Supply of Veterinary Drug

The veterinary pharmaceutical services will be subject to the provisions of the Kenya National Drug Policy. The Ministry responsible for veterinary services shall be involved in the implementation of this policy.

The Essential Drugs concept shall equally apply in the control and utilization of veterinary drugs. The Veterinary Essential Drug List (KVEDL) will be updated regularly by a National Veterinary Drugs and Therapeutics Committee as constituted by the Ministry of Health and the Ministry responsible for veterinary services.

Procurement of veterinary drugs will conform Good Pharmaceutical Procurement Practice to ensure efficiency procurement and distribution of drugs in veterinary pharmaceutical services.

Utilization of Veterinary drugs in the private sector will comply with veterinary practices. The pharmaceutical inspectorate will have responsibility of monitoring drug utilization in this sector.

Generic prescribing will be adopted for veterinary drugs based on categories of prescribers specified in the Veterinary Essential Drugs List. Dispensing of Veterinary drugs will adhere to provisions of this policy.

Training in Veterinary Medicine will include detailed information on the National Drug Policy, the Veterinary Essential Drug List, and application of these concepts to veterinary practice.

4.2. Financing

The Ministry responsible for Veterinary Services will make an annual budget for veterinary drugs, that will be based on a rational determination of drugs usage. The drugs budget will be separated from other budgetary needs, and be available for payment of suppliers as and when required.

The Chief Veterinary Field officer will hold all AIEs for veterinary Pharmaceuticals for effective procurement.

5. REGULATORY CONTROL

5.1. Drug Control and Administration

The Minister of Health, through the Pharmacy and Poisons Board, is vested with the powers of controlling the pharmacy profession and the trade in drugs and poisons. The Department of Pharmacy of the Ministry of Health is responsible for administering drug control activities and for managing public sector drug supply. Drug control and administration activities will be supported by adequate numbers of qualified professional staff, specialised training, proper physical facilities, adequate transport, sufficient budgetary provisions, and necessary legal provisions.

A grant will be solicited from the Treasury to assist in the operation of the Board. The money from Treasury and any other money collected by the Board (Drug Registration and issue of various licences) will be used for running Board activities and implementing Board programmes.

5.2. Drug Registration

Pharmaceutical products intended both for the Kenya market as well as products intended for export will be registered with the Pharmacy and Poisons Board. The following criteria will be used in the registration:

1. Proven quality, safety and efficacy.

2. Specific medical need; new drug entities and drug combinations should have an added advantage over the already registered product.
(3) Proposed wholesale and retail prices; products whose prices are excessive compared to those already registered for the same therapeutic indications will not be accepted.

(4) Unique characteristic of the drug product such as life-saving and orphan drugs. Orphan drugs are products for rare conditions for which the small size of the local market would make registration otherwise commercially unattractive.

The registration fee will be waived for orphan drugs. New investigational drugs will be considered for exemption from normal registration requirements in order to facilitate their availability for clinical studies.

5.3. Scheduling of Drugs

Scheduling of drugs is one of the essential elements of the Pharmacy and Poisons Act. It involves classification of drugs into various categories or schedules according to the level at which the drug can be prescribed and dispensed.

Drugs will be scheduled according to the following revised categories and packages must carry indication of appropriate categories in bold letters.

PART I – May only be dispensed by a registered pharmacist.

Schedule I – Prescription Only Medicine (POM) – Prescription from a registered medical practitioner, dentist, or veterinary surgeon is required. Such drugs may be dispensed in limited quantities without prescription only by a registered pharmacist and only in an emergency, where a registered practitioner is not available.

Schedule II – Pharmacy Only Medicines (P) – Prescription from an authorized prescriber is required.

PART II – May be dispensed by pharmacists and other authorised person as listed below.

Schedule III – Drugs in this schedule will be dispensed by a registered pharmacist without a prescription or by a pharmaceutical technologist on prescription from any authorized prescriber.

Schedule IV – Over the Counter Medicines (OTC) – OTC medicines will be sold in authorized outlets without a prescription.

5.4. Pharmaceutical Inspectorate

A Pharmaceutical Inspectorate will be established under the Pharmacy and Poisons Board to inspect drug outlets at regular intervals to ensure compliance with laws and regulations regarding storage and dispensing of pharmaceutical products.

The Pharmaceutical inspectorate will be answerable to the Board through the Chief Pharmacist/Director of Pharmaceutical Services. The inspectorate will consist of staff from the Ministry of Health and from divisions of Veterinary Services.

5.5. Clinical Trials

Clinical trials are an essential part of drug development. The Pharmacy and Poisons Board will approve protocols for clinical trials for new drugs and established guidelines for clinical trials involving drugs already registered in Kenya.
5.6. Traditional Medicine

Traditional medicines will continue to be an essential part of the nation's culture and will need to be harmonised with its health care systems.

The Board through its committees will determine the suitability of the medicines and provide specifications for the practice and utilization of the medicines.

5.7. Professional Associations and Professional Ethics

All professional bodies handling drugs will maintain and enforce specific code of ethics to regulate the conduct of their members in drug utilization. Codes of ethics for various professions dealing with drugs will be provided to the Pharmacy and Poisons Board.

Disciplinary actions on unethical practices regarding drugs will be communicated to the Pharmacy and Poisons Board by the respective professional bodies.

6. RATIONAL DRUG USE

6.1. Prescription Practices

All prescribers will be categorized and the respective range of drugs that they will be expected to prescribe will be specified. Prescriptions must contain the following information: name and age of the patient; name, dosage, and duration for all drugs on the prescription; and the full name and initials, qualifications/designation, and signature of the prescriber.

The levels of practice and prescribing for the lower cadres (human and veterinary) will be defined or incorporated in the various Acts. These Acts will be harmonized to avoid conflicts and to safeguard the public. The respective professional licensing bodies shall maintain a list of registered prescribers.

6.2. Treatment Guidelines

Treatment guidelines for hospitals and outpatient health facilities in Kenya will be regularly updated and made available to government, private, mission and other health services. The use of these guidelines will be encouraged through information campaigns and pre-service and in-service training.

Standard treatments for Kenya's health centres and dispensaries will continue to be periodically updated and published by the Essential Drugs Programme in the Handbook for Rural Health Workers and as a wall chart.

Clinical Guidelines for Diagnosis and Treatment of Common Hospital Conditions in Kenya that was recently developed will form the basis for diagnosis and treatment at provincial, district, and sub-district hospitals. The Clinical Guidelines manual shall be regularly updated.

The two sets of treatment guidelines will form the basis for revisions of the National Essential Drugs List as well as for various training programs on rational drug use.

6.3. Generic Prescribing

All procurement and prescribing of drugs in the public sector and all prescriber training in medical, paramedical, pharmacy, veterinary and paraveterinary schools will be based on the use of generic names.
The use of generic names on prescriptions will also be encouraged for the private and mission sectors.

6.4. Education and Training

All pharmacology and therapeutics training in medical, paramedical, pharmacy, veterinary, paraveterinary, dental and nursing schools and all prescribing in teaching hospitals will be based on the Essential Drugs Concept.

The curricula of these institutions will include detailed information on the national drug policy, the concept of essential drugs, the Essential Drugs List, the use of generic names, the drug supply system, and rational prescribing. Various licensing bodies shall establish continuing education programmes, attendance at which will be necessary for renewal of professional licences.

6.5. Pharmacy and Therapeutic Committees

Each health institution must have Pharmacy and Therapeutics Committee (PTC) consisting of the Medical Superintendent/Medical Officer In−Charge (Chairman), Pharmacist In−Charge (Secretary), consultants and other members of the medical staff, Nursing Officer In−Charge, and other health professionals as appropriate. The PTC members will elect a vice–chairman empowered to chair meetings in the absence of the chairman. The PTC will be responsible for overseeing drug selection and formulary management, policies on prescription, drug utilisation review, and policies on dispensing and administration of drugs. All drugs available at major health institutions must be approved by the PTC. The PTC should also establish policies for promotional activities by drug company representatives and evaluate their promotional material.

6.6. Drug Information

A drug information system will be established under the Chief Pharmacist, Ministry of Health. All products must be accompanied by product literature inserts with adequate information as to the indications, pharmacology, side effects, toxicology, special precautions, and contra–indications.

6.7. Drug Advertising and Promotion

Promotion and advertising of drugs to health professionals must be ethical, factual, educational, and balanced in approach and designed to impart non–exaggerated information to prescribers. These principles apply equally to symposia and other scientific meetings.

Promotional materials must be in good taste and not in any way offensive to any segment of society. Major warnings as regards the dangers of using the advertised product must be given in the advertisement in a manner that they are noticed and clearly understood. Professional group images or symbols are not permitted in advertisements. Cap 244 provides for stiff penalties for misleading and exaggerated claims in any advertisements.

All advertisements will be approved by the Pharmacy and Poisons Board. A drug product must not be advertised or launched before the registration procedures are complete and the advert approved.

Promotion and advertising of drugs to the general public must be limited to drugs legally available without prescription and should help people to make rational decisions on the use of drugs. Advertising must not be addressed directly or indirectly to children, and it should not encourage unnecessary or excessive use of medicinal drugs.

Free samples of products registered for sale in Kenya may be provided only in modest quantities to prescribers and only on request from the prescriber. Free samples should not be sold to the general public.
The minimum qualification as a medical representative should be a pharmaceutical technologist, clinical officer, registered nurse or livestock officer, for veterinary drugs. Employers are accountable for the statements and promotional activities of their medical representatives.

7. QUALITY ASSURANCE

7.1. National Quality Control Laboratory

The National Quality Control Laboratory will verify the quality of pharmaceutical products imported into Kenya, produced in Kenya and exported from Kenya.

7.2. Good Manufacturing Practices

All manufacturers will be required to adhere to internationally accepted standards for current Good Manufacturing Practices (GMP).

The location, architectural design and construction of a pharmaceutical factory will be subject to specified minimum requirements. Such requirements should be consistent with standards which will meet international validation criteria acceptable to the Pharmacy and Poison Board.

The Pharmacy and Poisons Board will establish criteria for personnel to man quality assurance and production sections of a pharmaceutical manufacturing facility.

Adherence to GMP and quality assurance policies will be enforced by the QA−GMP team in the Pharmacy Inspectorate of Department of Pharmacy, according to international guidelines.

7.3. Certification Schemes on the Quality of Pharmaceuticals

The WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce will form the basis for a national certification scheme for the import and export of Pharmaceuticals. The Preferential Trade Area (PTA) Certification Scheme will be incorporated into this national scheme.

8. DRUG ABUSE

The Dangerous Drugs Act Cap. 245 will be amended to create two acts, one for the medicinal use of dangerous drugs and the other for illicit trafficking. The act for trafficking will be handled by the Narcotics Bureau under the direction of the Minister of Health.

Chemicals likely to be used in the manufacture of drugs of abuse will be controlled under appropriate legislation.

Information on Drug Abuse will be disseminated to the public in a language understandable by all. Educational efforts will be expanded to include liaison with the District Development Committees; education, information and communication to all the susceptible groups (particularly youth and students); multidisciplinary drug information seminars throughout the country to educate all cadres of health personnel; and use of all the media of communication including print and electronic as well as traditional media such as songs, dances, poems, and drama.
9. IMPORTATION AND EXPORTATION OF DRUGS

9.1. Importation of Drugs

Importation of all pharmaceutical products for both human and veterinary use will be strictly limited to products registered through the Ministry of Health. Importation of pharmaceutical products will approved in advance by the Ministry of Health. The products will be included in part (b) of schedule to import restrictions order of the Import, Export and Essential Supplies Act Cap. 502. Veterinary products must conform to Animal Disease Act Cap. 364.

The importation of Pharmaceuticals and pharmaceutical inputs (raw materials) will be considered for exemption from duty and Value Added Tax. For purposes of importation, duty exemptions, and exemptions from Value Added Tax, family planning commodities such as condoms and intrauterine devices will be considered essential pharmaceutical products.

There will be adequate designated storage facility for drugs, including cold storage, at all ports of entry. These facilities will have supportive services for Drug Inspection purposes.

The Ministry of Health will maintain information on drug imports and local production to help determine the national drug consumption and requirements.

To facilitate stabilization of the prices, imports of pharmaceutical products will be financed through the official Central Bank Exchange Rate.

9.2. Exportation of Drugs

Drugs for export and re−export must be registered in Kenya and be appropriately certified. Products for re−export must conform with National certification scheme, and be regulated to maintain strategic stocks in the country.

The Pharmacy and Poisons Board will compile a list of authorized exporters of human and veterinary drugs. Any complaints concerning the quality of drugs exported will be directed to the Pharmacy and Poisons Board for appropriate action.

10. LOCAL PRODUCTION

10.1. Local Manufacture

The local pharmaceutical manufacturer will be given incentives such as duty remissions, in the development of local production of pharmaceutical both for local and export markets.

10.2. Patents

Patent laws applicable to pharmaceutical products will be reviewed and revised as necessary to balance the need to support the development of local production, the need to respect international property rights, and the need to protect consumers from excessively high pharmaceutical prices.
10.3. Research and Development

Pharmaceutical research and development will be encouraged to support local production.

Efforts will be made to encourage the full development of local pharmaceutical manufacturing technology, including (a) the manufacture of active ingredients (basic chemicals), (b) the manufacture of pharmaceutical excipients, and (c) improved manufacture of appropriate packaging technology.

All pharmaceutical companies operating in Kenya will be expected to contribute to pharmaceutical research and development in terms of (a) funding, by redirection of the Development Levy from the Kenya Bureau of Standards to the Pharmacy and Poisons Board, (b) manpower development by re-directing the training Levy Funds, and (c) contract Research and Development to institutions and individual scientists. Companies will be encouraged to provide research grants.

Grants given for pharmaceutical research and development will be considered for tax relief.

The priority areas for drug research and development will be developed jointly with the Ministry of Health Division of Research and Development, the Division of Pharmacy, the Department of Veterinary Services (for veterinary drugs), and other concerned parties in universities, research institutions and the private sector. A current inventory of research in the field of drugs will be established.

11. MANPOWER TRAINING AND DEVELOPMENT

The existing Pharmacy training programmes shall be developed and expanded to meet the objective of the National Drug Policy.

The current training of Pharmaceutical Technologists will be phased out and a two year diploma level course will be established to train Pharmacy Technicians. Provisions will be made to allow the existing Pharmaceutical Technologists to proceed to University and attain standards registerable by the Pharmacy and Poisons Board for practice as pharmacists.

Postgraduate training at local universities will be expanded to encourage self sufficiency in various pharmacy specialities. Provisions shall made allow for career advancement in public sector.

12. LEGISLATION

The Pharmacy and Poisons Act as well as other relevant Acts will be amended as necessary to support implementation of the National Drug Policy. Penalties imposed for contravention of provisions of Cap. 244 will be reviewed and revised as appropriate.

13. MONITORING & EVALUATION

The Department of Pharmacy in the Ministry of Health will establish and maintain a monitoring and evaluation unit which shall include representation from the Ministry responsible for veterinary services. The unit shall oversee the implementation of the NDP and defining indicators for measurement of progress towards achieving policy objectives.

14. INTERSECTORAL AND TECHNICAL COOPERATION

A central committee will be formed under the Pharmacy and Poisons Board to enhance the exchange of information between the concerned ministries, institutions and NGOs on matters pertaining to the National Drug Policy. The ministries represented should at least include Local Government, Planning, Health, Agriculture and Livestock, Finance, Commerce, Wildlife, Environment, and Office of the President.