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ACCESS TO ESSENTIAL DRUGS IN A RURAL COMMUNITY IN BAYELSA STATE

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Abstract

Essential drugs program is invaluable in cost-effective healthcare, especially in resource limited settings. It ensures the availability of limited range of affordable, effective and rational drugs to meet basic health needs of the population. An evaluation of access to essential drugs was carried out in a rural community in Bayelsa State using descriptive statistics. The primary health care facility stocked essential [36%] and branded [30%] drugs. The availabilities of anti-malarials, antibiotics and hematinics were 33%, 30%, 33% respectively. About 60% and 51% of the respondents had been advised to buy antibiotics and antimalarials respectively from outside the primary health care facility. There was low patronage by the community due to non availability of drugs [61%], unfriendly staff attitudes [22%), inability of staff to provide healthy life-style education [30%], low drug information including compliance [40%], and inability to afford the drugs [45%]. Concerted efforts must be made by governments to ensure availability of life-saving and health-promoting essential drugs. Training and improvement of work environment and drug supply systems of the health facility will change the attitude of staff especially the line-personnel. Affordability can be improved through community participation especially in this period of low public health budgets.

Kewords: Essential drugs, access, and rural community

INTRODUCTION

In the 1970s, and 80s, the increase in the number and types of marketed drugs in Nigeria led to intense competition between manufacturers for the supply of these products. Consequently, the availability of drugs in the health system was based on response to these competitive activities rather than the actual needs of a large percentage of the population (WHO, 2000; WHO, 2002). There was a mismatch between the number and types of available drugs and improvement in health conditions of the population (World Bank, 1994).

It became necessary, based on World Health Organization Guideline on selection of Essential Drugs, to identify common core drugs [Essential Drugs] which have universal reference and applicability and when used in accordance with appropriate therapeutic guideline, are the most cost-effective for meeting the health care needs of majority of the

population (World Bank, 1994; WHO, 2000).

The selection of Essential Drugs [EDs] or medicines is usually a continuing process, which should take into account changing public health priorities and epidemiological conditions, as well as progress in pharmacology and pharmaceutical knowledge. It should be accompanied by a concomitant effort to supply information and provide education and training to health care personnel on the proper use of these drugs (WHO, 2002).

Application of ED list has proved to be invaluable in improving the quality of health care and reducing costs, yet more than two billion people lack access to the most-needed EDs (Quick *et al.,* 1997). Although there are studies on access, acceptability and adherence to ED list in some states in Nigeria (Akande and Olonge, 2007; Benjamin *et al.,* 2002), there is none in Bayelsa State, and the response of such community to the state of drug supply in its primary health care centre. This study was intended to close this gap. It is hoped that this study will provoke efforts to ensure that the drug supply system guarantees the availability of essential medicines.

MATERIALS AND METHODS

Study area

The location of the study was a rural poor community in Bayelsa State. There was one primary health care center, no registered pharmacy, few patent medicine vendors and sometimes itinerant drug hawkers.

Research Instrument

The annual stock of drugs for the year 2008 was obtained from the Primary Health Center. This was segregated into Essential and non-Essential Drugs. Also, structured, and pretested questionnaires were randomly distributed to different categories of people not below 12 years of age in the community.

Two hundred and thirty-five copies of the questionnaire were randomly given out. Respondents were encouraged to complete the questionnaires on the spot. However, allowances were made for collection of completed questionnaires not later than 24 hours.

The data were analyzed using descriptive statistics.

RESULTS

Of the two-hundred and thirty five questionnaires distributed, two-hundred and twenty were properly completed and retrieved giving a compliance rate of 94 %. The modal age was 17 years and 44 % of the respondents were females (Table I)

The annual Essential and non-Essential Drugs stocked by the P H C were 66 % and 34 % respectively. Of the available EDs, 36 % were generics. The availabilities of anti-malarials, antibiotics, haematinics and analgesics were 33 %, 30 %, 33 % and 67 % respectively (Table II). About 60% and 51 % of the respondents have been advised at least once to buy antibiotics or anti-malarials respectively outside the health facility.

Furthermore, the level of patronage of the P H C by the community was 45 % due to non-

availability of drugs (61 %) non-affordability (45 %), distance (13 %), unfriendly staff attitudes (22 %), inability of staff to provide drug information and counselling (40 %) including lack of relevant health education (30 %)

Table 1: Socio-demographic characteristics

	Frequency (n)	%
1. Age Distribution		
12- 19	81	37
20- 29	54	25
30- 39	27	12
40- 49	23	10
50- 59	20	9
Greater than 59	15	7
2 Sex Distribution		
Male	97	44
Female	123	56
3 Occupation		
Student	88	40
Housewife	47	21
Farmer	43	20
Civil servant	27	12
Others	15	7
4 Education level		
Never gone to school	23	11
Primary	62	28
Secondary	86	39
College of Education	36	16
Polytechnic	9	4
University	4	2

Table II: Availability of EDs and the level of patronage of the PHC

	Frequency (n)	%
1. Availability of Essential Medicines		
Essential drugs (Generics/brands)	72	66
Nonessential drugs	37	34
Generics	39	36
Brands	32	30
Anti-malarial	2/6	33
Antibiotics	3/10	30
Haematinics	1/3	33
Analgesics	2/3	67
2 Level of patronage of the P H C	99	45
3 Causes of level of patronage		
Irregular availability of EDs	74	61
Drug costs	55	45
Distance	16	13
Unfriendly attitude of pharmacy staff	27	22
Non-provision of drug information and Counselling	48	40
Non-provision of relevant health Education	36	30
4 Respondents advised at least once to buy drugs outside the facility		
Anti-malarials	112	51
Antibiotics	132	60
Others	66	30

DISCUSSION

The National 1991 Primary Health Care Essential Drugs list was based on generics. Generic drugs are generally cheaper than the brand

equivalents and provide direct low-cost response to many diseases (Quick *et al.*, 1997). In this study, generics represented 36 % of the EDs available against 100 % availability recommended by the World Health Organization. Also, the result differs from 50% reported by the International Network for Rational Use of Drugs (INRUD) for Nigeria (WHO, 1999). The difference could be because the present study involved a rural poor community and the INRUD figure is a national average. Also the methodologies employed are different.

The availability of drugs is one of the most visible symbols of quality health care to consumers (Ndymugyen *et al.*, 1998). There was poor and irregular availability of most-needed EDs (anti-malarials-33%, antibiotics-30%, haematinics-33% and analgesics-67%) and the level of patronage was 45%. A World Bank Study in Nigeria reported that patient visits in Nigeria drop by 50-70% when health facilities run out of commonly used drugs.

Securing access to EDs depends on sustainable financing, affordable drug prices and reliable drug supply system WHO, 1999). Additionally, drugs must be rationally selected, appropriately used and of assured quality; and staff should be educated and trained on drug information, counselling and how to effectively interact with health care consumers (WHO, 2000). In this study, lack of access to EDs was due to non-availability (61%), non-affordability (45%), staff unable or unwilling to give the relevant drug information and counselling (40%) and unfriendly staff attitudes (22%). The figure for non-availability of EDs is corroborated by 25% and 15% from studies by Akande and Olonge (2007), and Benjamin *et al*., (2002) respectively. Also, Quick *et al* reported that price influenced the decision of 57% of respondents to purchase drugs. Cost recovery accompanied by a fair supply of EDs, better motivated staff and strengthened supervision and control improved the efficiency of health systems (Audibert and Mathonnat, 2008).

Essential Drugs provide cost effective care especially for the rural and urban poor. They should therefore be available at all times in adequate amounts and in the appropriate dosage forms and at prices that individuals and the community can afford. The problem of sustainable finance, affordability and reliable supply could be addressed on a sustainable basis if the community is involved especially in this period of low public health budgets and increased competing sectoral demands.

CONCLUSION

The access of this community to EDs appeared poor. Consequently, there was lack of trust and confidence in the capacity of the health facility to provide health care; people travel long distances to obtain genuine drugs and some patronize patent medicine vendors and drug hawkers. Community participation may be needed in the management of this facility to guaranteed access to EDs.

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