

SURVEY OF THE KNOWLEDGE AND APPLICATION OF ESSENTIAL AND NATIONAL DRUG LISTS AMONG HEALTH PROFESSIONALS IN ADDIS ABABA

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ABSTRACT: It is a well known fact that proper understanding and clear identification of main areas of obstacles in the implementation of essential drug policy and rational usage of drugs is the backbone for achieving pertinent and radical solutions to the problem. This paper examines the knowledge and application of Essential and National Drug lists among health professionals in Addis Ababa. A mean value of 89 (77.4%) of the total health service providers who respond to the questionnaire defined Essential and National Drug lists correctly. The majority 90.4% of the surveyed health professionals could see indispensable advantages in limiting unnecessary duplication of brand named drugs through the implementation of Essential and National drug lists.

INTRODUCTION

Drugs can be loosely defined as medical substances in the treatment and prevention of diseases. They include locally prepared remedies as well as highly purified pharmaceuticals, synthesized in modern factories. Whatever their form, drugs play an important role in health care service.

In most of the modern societies, people and health workers have considered the free market of drugs a condition for higher quality of health system. Less attention was given to the quality of the products, and to the safety and efficacy of drugs.

In fact a high proportion of "new drugs" does not consist of real therapeutic innovations -and this is true particularly in those countries where governmental control is loose. It has never been proven that a large variety of drugs for a given disease provide any greater benefit for public health than a more selected number of products. On the contrary, the existence of a large number of drugs may cause confusion at all levels of the therapeutic chain and represent a waste of manpower and money (1). The idea behind the concept of essential drugs is not that of depriving health workers and customers the 'right' to choose drugs and treatment, but to provide the majority of the population with effective, safe and less expensive drugs easily accessible for better drug treatments.

The concept of essential drugs was launched in Ethiopia in 1985, and followed by the publication of the first National Essential Drugs List and sub-lists for the different levels of the health institutions. The implementation of the lists was intended to extend the accessibility of the most needed drugs to those population sectors whose basic health needs could not be met by the existing supply system (3).

Ethiopia is one of the member states of the World Health Organization (WHO) that accepted the essential drug policy and drafted its own National and Essential drug lists. But, as it is true with other third world countries, the National and Essential drug lists have certain implementation problems.

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MATERIALS AND METHODS

A survey has been carried out through a designed questionnaire given to 195 health professionals (doctors, health officers, pharmacists, druggists, pharmacy technicians and nurses) working in 12 health institutions located in Addis Ababa.

Out of the 12 hospitals, 12 health centers and 10 clinics found in Addis Ababa under the Ministry of Health, 5 hospitals, 3 health centers and 4 clinics were randomly selected.

All doctors, health officers, pharmacists, druggists and pharmacy technicians in the selected health institutions were included in the survey assuming that they are the responsible groups to prescribe or dispense drugs accordingly. Regarding nurses, we have considered those working in sampled health centers and clinics who are in charge of prescribing drugs and are responsible for coordinating the activities of the health institutions.

A questionnaire containing 25 questions, both open and closed type, was distributed among health professionals through heads of departments, volunteer individuals and in some cases directly to the concerned health professionals. More than two weeks was given to all respondents to fill and return the questionnaire.

RESULTS

Out of 195 questionnaires distributed among health professionals 115 (59%) were carefully filled out. The remaining 80 (41%) did not respond for various reasons.

Of the 115 respondents, 89 (77.4%) defined National and Essential Drug Lists correctly and the majority 103 (89.6%) of the sample population could see indispensable advantages in limiting unnecessary duplication of brand name through the implementation of the National and Essential drug lists. 106 (92.1%) of the sample group of health professionals who responded to the questionnaires declared that they use Mims Africa and other manufacturer's pamphlets as their source of drug information.

30 (26%) of the surveyed professionals mentioned that they were not well informed about the drugs and pharmaceutical items including the quantities of drugs produced locally and imported from abroad. Also a significant number responded that they lacked information on the cost of individual drugs to consider cost as one factor during prescribing.

35 (30.4%) of the study group said that they have tried to teach and orient patients and other member of the society about National Drug Policy with emphasis on the benefits of the use of essential drugs. On the contrary, 80 (69.6%) of the study group did not do this activity. 71 (61.7%) of the sample group responded that they do not carry out any group discussion on rational selection and proper use of drugs for clinical application, in their respective health institutions.

86 (74.8%) of the sample responded that they prefer generic names to brand names for the following reasons:

1. Brand name products are more expensive due to the research funds added upon them for slight modifications from their generic counterparts.
2. Sometimes the component ingredients are not genuine.
3. Since each patent owner gives new brand names to the same generic product previously well known, they created confusion due to the duplication of names.

DISCUSSION

A large proportion of the sample group have understood what is meant by National and Essential Drug Lists which will give good opportunity for the successful implementation of the objectives of Essential Drugs Programme in Ethiopia. In addition, even though, a smaller number of the sample group still see no advantages of the implementation of National and Essential Drug Lists, the majority of the sample group have accepted and appreciated the indispensable advantages of the implementation of Essential Drug list. The concept of Essential drugs should be well understood and accepted through out the health professionals and the list of Essential Drugs should be used as a guide for health professional involved in the diagnosis and treatment of diseases as well as those concerned in the selection, procurement, distribution and storage of

drugs.

The concept and implementation of Essential Drug Policy is obviously linked with the concept and application of generic drug products. In this aspect the result obtained in the survey is quite encouraging and still further effort should be undertaken to make the result as high as 100%.

CONCLUSION AND RECOMMENDATIONS

The pertinent authorities of the Ministry of Health are urged to provide the necessary pharmaceutical and medical reference books in each health institutions - hospitals, health centers, clinics -of the country.

All health professionals who are directly or indirectly involved in activities such as prescribing, distribution and dispensing of drugs should be made aware of the importance of National and Essential drug lists. To achieve this purpose, physicians and pharmacists, in particular, are urged to do their best to understand the concept of essential drugs, since they are the most responsible groups in prescribing and dispensing in the clinical environment. Their effort should be backed with the provision of the necessary reference materials and literature.

The pharmacists should act as the main sources of drug information in the clinical environment. In collaboration with physicians and active participation in the implementation of clinical pharmacy - they could be the center for drug information.

The physicians also should be well aware of this valuable and beneficial aspect of collaborative clinical work. A clinical discussion is also recommended to include physicians, pharmacists and nurses of pertinent departments.

The budget for the provision of drug information service should be considered as vital as that of drug budget and properly implemented. The absence of drug information service and relevant medical and pharmaceutical reference books in health institutions can be a handicap to health professionals who would like to update their knowledge. This is particularly true of hospital pharmacists.

All pertinent health professionals of the country should be involved in teaching and orienting the public, patients and professionals about importance of Essential Drug Policy and its implementation. In addition to this, they are required to carry out organized clinical group discussions on drugs among themselves.

Prescriptions are recommended to be written in generic names rather than in brand names for the benefit of patients and for proper implementation of the Essential Drug Policy.

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List of Health Institutions

1. St. Paul's Hospital
2. Yekatit 12 Hospital
3. Tikur Anbessa Hospital
4. Ethio-Swedish Pediatric Hospital
5. Minilik II Hospital
6. Kazanchis Health Center
7. Anbessa Clinic
8. Addis Beer Clinic

9. EELPA Clinic
10. Arada Clinic
11. Sheromeda Clinic
12. Public Pharmacy Number 4

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