Essential Drugs

Mariatou Tala Jallow

Essential drugs in the Gambia

By adopting the Essential Drugs Programme the Gambia has substantially improved the efficacy and efficiency of its pharmaceutical services.

The Gambia is a small West African country with a population of approximately 900 000. In 1989 over half of the 48 physicians registered in the public sector were working in the country’s main hospital. Nurses are thus responsible for most drug prescribing in the public health care system. At the primary care level, village health workers, most of them illiterate, are trained to prescribe a limited number of drugs.

Faced by numerous difficulties in this field the Gambia requested assistance from WHO’s Drug Action Programme in reviewing the pharmaceutical sector and formulating a national drug policy. The problems identified in the private sector were related to ineffective drug legislation and regulation, resulting in an uncontrolled pharmaceutical market. The pharmaceutical supply system in the public sector was hampered by poor management and logistics, insufficient financial resources, and manpower constraints. When the Essential Drugs Programme was introduced in 1984 the main objectives were to achieve regulatory control of drugs in the private sector and the availability of safe, effective and affordable drugs in the public sector.

The impact and progress of the Programme have been assessed. A review was conducted of the national drug policy by interviewing health authorities and examining documents issued by WHO and the Gambia. An evaluation of the Gambian essential drugs list of 1984, highlighting the therapeutic classes and level of use, included comparison with the WHO model list of 1983.

A survey of the pharmaceutical supply system in the public sector dealt with:

- the general situation, with reference to manpower, functions and management;
- specific indicators: drug financing, unit costs, drug consumption patterns, drugs listed for secondary-level facilities before and after the Essential Drugs Programme began, and the average availability of drugs;
- the situation in the private sector before and after the new drug law;

Dr Jallow is Chief Pharmacist, Ministry of Health, Banjul, Gambia.
— the first-year experiences of the drug revolving funds project.

National drug policy


A ten-member Medicines Board was established with the Director of Health Services as the chairperson and the Chief Pharmacist as the registrar and secretary. The functions of the Board include the registration of drugs, the issuing of licences for the importation and sale of drugs in the private sector, and the updating of the essential drugs list in the public sector. A drug inspectorate unit was established to monitor the private sector.

It was considered important that people should be trained to fulfil roles in the pharmaceutical sector. From 1984 to 1991, one pharmacist and nine pharmacy technicians were trained, the latter as a direct consequence of the Essential Drugs Programme. The national drug policy also covers the selection of essential drugs for the public sector, the use of generic names, and regional collaboration on pharmaceutical issues.

The drugs on the Gambian list largely conform to the WHO model list; differences are mostly due to cost factors or limitations in diagnostic facilities and the competence of manpower. Even though the number of drugs has been reduced significantly from roughly 500 prior to the Essential Drugs Programme (1), the present range meets the principal requirements.

The state supply system

Quite fundamental reorganizational changes occurred in the public sector. The adoption of an essential drugs list made an impact on drug logistics, especially with regard to selection and procurement. The problem of diverse prescribing practices has been resolved. However, quality assurance and product control have been a weak element in procurement procedures, with no significant role in drug importation.

Owing to economic constraints there was a trend of declining budgets in the public sector and large fluctuations occurred in the annual drug budget. A key factor influencing expenditure on drugs was the foreign exchange situation, including the devaluation of the Gambian currency. The impact of the Essential Drugs Programme on drug financing had been relatively small. Even though the unit costs of drugs showed an overall decrease since the period before the Essential Drugs Programme (1982–83) and an increase during the period after the

Essential drugs list

The Gambian essential drugs list of 1984 contained 200 substances, and altogether 270 generic drug products were in use. With the qualifications of prescribers as the main consideration, 48 and 11 drugs are listed for the secondary and primary health care levels, respectively.
Programme (1988–89), prices remained in the same range throughout the six-year period studied.

The pattern of consumption of analgesics, antianemics, antimalarials, antibacterials, antacids and vitamins has shown some increase, although occasional fluctuations have occurred. Because an increased number of drug substances is listed for secondary-level facilities, a wider range of common health problems can now be treated than was the case prior to the introduction of the Programme.

A comparison of the period following the first phase of the Programme (1984–85) with that preceding the Programme showed decreased availability for 15 and increased availability for 14 of the 30 drugs considered. For the period following the second phase (1987–88), decreased availability was observed for 24 of the drugs in comparison with the period after the first phase (1984–85). Ten drugs had an average availability below 50% in the period before the Programme as compared to 8 after the first phase and 19 following the second phase.

The private sector

Major changes occurred in the private sector as a consequence of the 1984 drug law. The importation of drugs is now regulated through annual licences and release permits issued to pharmacists in respect of registered drugs. The number of importers fell from over 30 in 1983 to 8 in 1989. The sale of drugs is further regulated through the annual licensing of drug outlets, which are classified according to the qualifications of the person in charge and the types of drug allowed to be sold. Furthermore, a distinction is now made between over-the-counter and prescription drugs. Drug peddling in markets and on the streets has been reduced. The main effect of today's regulatory activities is that the pharmaceutical sector is monitored through the registration of drug importers, drug types and drug outlets.

Drug revolving funds project

In the late 1980s the practice of providing drugs free of charge to patients became difficult to sustain. A drug revolving funds project, based on the Bamako Initiative, was implemented in the public sector in 1989 as an alternative drug-financing mechanism. The patient's contribution towards both consultation and treatment is based on flat-rate fees according to category: children, adults, inpatients, outpatients, antenatal and postnatal women, people with chronic diseases, and so on.

In 1989, the first year of the project, 59% of drug costs were recovered, and full cost recovery is expected by the fifth year.

* * *

By embracing the essential drugs concept the Gambia has taken an important step towards resolving some serious problems. The small size of the country can be an advantage in implementing national programmes, but there are also drawbacks in that the scope for training medical and other health workers is very limited.
The Essential Drugs Programme has had a favourable impact on pharmaceutical activities. The private sector has evolved to become a fairly regulated market, although problems of maintaining regulatory control still exist because of insufficient manpower resources and a weak drug inspectorate.

The objective of ensuring the availability of drugs in the public sector turned out to be relatively difficult to achieve. Administrative and managerial problems in the supply system hampered the progress of the Essential Drugs Programme. The present essential drugs list has its limitations with regard to the treatment of certain conditions, among them asthma, African trypanosomiasis, and parkinsonism. This illustrates the conflict between ensuring reasonable coverage for the bulk of the people and providing advanced care for a small number.

Assessment of the impact of the Essential Drugs Programme on drug consumption and availability was complicated by financial problems, delayed supplies, sometimes unrealistic demands from health personnel, and other factors. The drug revolving funds project has not yet made its potential impact on drug availability and accessibility because of problems relating to management and the fees payable by patients.

A major shortcoming of the national drug policy is that more attention has been given to the selection and provision of drugs than to ensuring their proper use. There have been deficiencies in the provision of information to both prescribers and consumers and in the training of prescribers. Nonetheless, the improvements that have occurred in the pharmaceutical field demonstrate that the adoption of the Essential Drugs Programme was long overdue.

Reference


Acknowledgements

My sincere thanks go to Professor Per Knut M. Lunde and Associate Professor Marit Andrew of the Department of Pharmacotherapeutics, University of Oslo, Norway, and to Professor Yngve Torud of the Institute of Pharmacy, Oslo. I also thank Dr A. B. H. Njie, former Director of Medical Services, and other colleagues in the Health Department in Gambia for their support.