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Drugs: towards sound prescribing and pricing

In Mali, uninformed self-medication is widespread, much prescribing is faulty, drug prices are often too high, and the distribution of drugs leaves much to be desired. It is expected that, through a new procurement policy, the situation will improve.

In 1985 a survey of the prescription, supply and consumption of drugs in Mali revealed that:

- practitioners were prescribing in an inconsistent manner because their diagnoses were unreliable;
- symptomatic treatment was being given;
- unqualified people were being allowed to prescribe;
- training and information were of poor quality;
- self-medication was widespread;
- there was no control of drug prices, which consequently varied in an unjustified and incomprehensible manner;
- too many products were on the market, resulting in theft, losses and wastage;
- a lack of competition in the supply system favoured very high prices.

The situation has not changed since 1985.

Self-medication

A survey conducted in 1988–89 in the most densely populated suburb of Bamako showed that, in a sample of 1014 patients, almost 50% both diagnosed and treated themselves (1). They regarded virtually any disease as a fever or as malaria and thought they knew which drugs should be used in treatment. Of the drugs purchased for self-medication, 61% were antiparasitic, antifungal, analgesic, antibiotic or sulfonamides; nivaquine accounted for 88% of the antiparasitic and antifungal products, acetylsalicylic acid for 95% of the analgesics.

Unfortunately, 15 years after the establishment of a national training school for doctors and pharmacists, dispensaries are still run by unqualified personnel and nearly half the patients who seek treatment do not consult professionals.

Deficient prescribing

Legally, a pharmacist can dispense any product if prescribed by a physician, or, in accordance with restricted lists of drugs, by a dentist or midwife.
However, many other people, among them nursing aides, birth attendants, laboratory technicians, pharmacy managers, and failed students, often have no hesitation in prescribing drugs. Professional associations were established in 1985 but have made no attempt to control this situation.

The 1988–89 survey revealed that, of the drugs purchased for treatment of the ten commonest conditions (malaria, measles, diarrhoea, skin infections, headaches, coughs, conjunctivitis, abdominal pain, gastritis and parasitic infections), 54% were dispensed without prescription and used for self-medication while 18% were prescribed by unqualified people.

The training of physicians and nurses in the treatment of disease leaves much to be desired and nothing is done to update their knowledge. Prescribing is therefore of mediocre quality even when done by recognized professionals. At one health centre, for example, it was found that 10% of items prescribed by nurses were ineffective while 2.7% were of doubtful indication; for physicians the corresponding values were 4.1% and 1.2% (2). A study on prescribing by nursing aides and birth attendants showed that at least 60% of prescriptions for quinine salt, acetysalicylic acid, sodium benzylpenicillinate and chloroquine tablets carried no indication of dosage (3).

Some studies now under way concern antibiotic treatment, particularly for sexually transmitted diseases. Poor prescribing and poor compliance are having serious effects, especially in the capital city; pathogens are frequently resistant to common antibiotics and may be difficult to bring under control.

**Uncontrolled prices and supplies**

According to the law the retail prices of drugs throughout the country should be 1.95 times their cost prices. In practice, however, prices to the public vary from one pharmacy to another and are generally very much higher than the official ones. There is no doubt that managers are selling drugs for more than the official list prices and that some of the products on sale do not come from the People's Pharmacy of Mali (PPM).

**Specialties versus generic products**

High drug prices are linked to the procurement by the PPM of 86% of its supplies by direct contract and to the fact that these are specialties except for about 30 essential drugs manufactured by the Malian pharmaceutical facility. The PPM has every interest in buying at the highest prices since its retail prices are determined by multiplying the cost, insurance and freight charges by 1.95, as stipulated by the government. Moreover, physicians and others often prescribe products recommended by company representatives.

At Bankass and Koro health centres, on the other hand, drugs are purchased as generic substances from a non-profit-making European wholesaler, and that the retail prices were calculated by multiplying the free-on-board prices by 2.5, to cover the cost of transport, insurance, handling and administration. Over a year we found that in health shops the value of the drugs consumed by the populations of Bankass and Koro was a third to a quarter of what would have been charged if comparable drugs had been sold at PPM retail prices. This discrepancy was partly due to the selection of the products and partly to their prices. Similar figures were obtained at two other health centres. These results have been confirmed by analysis of two open tenders conducted by the PPM in 1986 and 1987 (4). If the PPM had systematically procured its supplies through open tendering on the
Essential Drugs

Funding of recurrent costs of health care in Mali, 1986.

<table>
<thead>
<tr>
<th>Source</th>
<th>US $ (millions)</th>
<th>%</th>
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<td>Public funding</td>
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<td>Government</td>
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<td>Development operations</td>
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<td>Clandestine private practice</td>
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<td>Transport costs</td>
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<tr>
<td>External funding</td>
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1In 1986 US $1 was equivalent to 330 CFA francs.

international market, it would have achieved savings of 34% and 45% in the purchasing of specialties in the respective tenders.

It was concluded from these studies, and from an investigation into the drugs most frequently used at one national hospital, that it would be possible to organize pharmaceutical supplies at a third or even a quarter of the cost currently borne by the population. This was taken into account in studies on the funding for the recurrent costs of health care (5–7). The table shows that three-quarters of the total cost fell on the people and that the major factor was the high cost of drugs. A procurement policy whereby essential drugs were purchased following open tendering on the international market would reduce by about 40% the charges borne by the people and the State.

* * *

A new page is likely to be turned in Malian pharmaceutical policy. It is expected that a contract will be agreed by the State and the PPM on the following lines.

- The PPM will supply the country with 68 essential drugs at the best prices through procurement by tendering on the international market, without breaks in supply, and will withdraw specialties and combinations from its catalogue.
- The PPM will improve distribution from the central store to the districts, the community and private health facilities.

These steps will lead to management problems in the PPM, whose gross profit will fall sharply. They will also affect distribution, at a time when large numbers of private pharmacies are springing up as they see the possibility of profiting from the present pricing policy.

References


