ESSENTIAL DRUGS IN PRIMARY HEALTH CENTRES OF NORTH CENTRAL NIGERIA; WHERE IS BAMAKO INITIATIVE?

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ABSTRACT

Objective: To assess the availability of essential drugs and the perceptions of clients on drugs situation in the primary health centres of Tafa Local Government Area, north central Nigeria.

Methods: Checklist consisting of minimum drugs expected in a generic primary health centre developed by the National Primary Health Care Development Agency (NPHCDA) was adopted and used to assess drugs availability, while Focus Group Discussions were conducted to determine the perceptions of clients on drugs situation in the health centres.

Results: Results show that, all the 3 primary health centres in Tafa LGA do not implement Bamako initiative (BI) and none was operating Drug Revolving Fund (DRF) system. Out of the minimum recommended score of 54 points for the availability and adequacy of drugs and consumables, New Wuse primary health centre in the LGA headquarters scored highest points of 19, while New Bwari and Iku primary health centres scored 13 points each. All these are far below the minimum requirement. Similarly, the results of the FGDs confirmed poor availability of drugs and clients dissatisfactions with the drugs situation in the primary health centres.

Conclusion: This study has revealed that despite Bamako Initiatives put in place in late 80s essentials drugs are still mirages in many of the primary health care facilities in the study area. It is therefore recommended that, any effort aimed at reforming or repositioning primary health care must take into account resuscitating Bamako Initiative by ensuring functional DRF system in all the primary care facilities.

INTRODUCTION

Medicines offer simple and cost effective answer to many health problems in Africa, provided they are available, accessible, affordable and properly used.[1] Availability of drugs is one of the most visible indicator of quality from the household perspective. Study in Nigeria has shown that when health facilities run out of commonly used drugs, visits by patients dropped by 50-75%.[1] To ensure availability of drugs at the primary care level, the Alma-ata declaration of 1978 recommended provision of essential drugs as one of the major components of primary health care.[2,3] In line with this recommendation, many governments in Africa formulated national drug policies, created lists of essential drugs, instituted quality control mechanisms and disseminated information on drug safety and use Despite these efforts however,

in mid 80s a survey on domestic availability of drugs conducted by WHO revealed that about 60% of sub-saharan Africa have no regular access to the drug they need.[4]

However, in September 1987, the WHO (Afro Region) in collaboration with UNICEF proposed measures for providing necessary resources and dealing decisively with problems of health care delivery in many parts of Africa.[5,6] This proposal took place at the annual meeting of African Health Ministers in Bamako, Mali. The meeting popularly known as Bamako Initiative (BI) has the overall goal of providing basic health care as widely as possible using essential drugs as the energizing factor.[6] Nigeria started implementing Bamako Initiative programme in 1989 with the selection of 49 pilot LGAs across the country, national consultative committee was inaugurated with a view to among other things formulating and articulating concepts and policies for BI programme planning and implementation. The role and responsibilities of each

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tier of government was clearly defined, materials, technical and financial resources were injected into the 49 LGAs. At that time it was envisioned that the programme will spread rather rapidly and in the nearest future to all the nooks and crannies of the country.[6]

However, by 1998, it was realized that BI vision was far from being achieved, this prompted the intervention of Department For International Development (DFID) and Petroleum Trust Fund (PTF). The intervention was aimed at accelerating the support of PHC system Bamako Initiative project through strengthening BI structures, capacity building and supply of drugs and materials.[7] Now about nineteen years of implementation and investments in BI what is the situation with respect to availability of essential drugs in the primary health centres?, where is Bamako Initiative?

This study was conducted with a view to assessing essential drugs availability in primary health centres of Tafa Local Government North central Nigeria and also to determine perceptions of clients on drugs situation in the primary health centres.

METHODOLOGY

The study was conducted in Tafa LGA of Niger state in the North central geo-political Zone of Nigeria. It is a semi-urban local government carved from Suleja local government in 1996. The LGA shares boarders with Kaduna state to the east, Federal capital Territory to the south and River Tafa to the north. The LGA has rocky and hilly terrain with Suleja dam situated in Iku district. 80% of the inhabitants are Gwari. The LGA has 4 health districts namely, New Wuse, New Bwari, Iku and Zuba, with 3 primary health centres and 22 dispensaries. All the 3 primary health centres were assessed using standard (minimum drugs for a generic primary health centres) developed by the National Primary Health Development Agency (NPHCDA).[8]

The dispensaries were excluded in this study because the standard for assessing the drugs for dispensaries has not been developed by the agency as such no yard stick for comparing the results. Using this standard a checklist was developed and administered to all the 3 centres. The first section of the checklist contained information on the existence of BI and DRF in the facilities, presence of essential drug list, record of financial transaction for the purchase and sales of drugs and presence of bank account by the health centres. The second section of the checklist consisted of list of 27 drugs and consumables expected to be in a generic primary health centres.

However, to determine the perception of clients on the drugs situation in the primary health centres, Focus Group Discussions (FGDs) were conducted with the groups of 8 female clients each in New Bwari and Iku primary health centres. The agebrackets of the respondents were between 15 and 35 years. All the discussions were conducted after explaining the objective of the research and obtaining informed consent from the clients.

Scoring Criteria

The minimum drug and consumables package consists of 27 items; ONE (1) point was awarded for any of the drug available in the centre, whereas ZERO (0) was awarded where the drug was not available. Furthermore, since the principle of DRF encourages continuous replenishing of stock in order to ensure constant availability of drugs ONE point was also awarded for any drug that was sufficient enough to last for a period of 4 weeks depending on the consumption pattern in the health facility. Thus, a facility scored TWO (2) points where a particular drug was available and in sufficient quantity. Therefore, since there are 27 items in the list, the maximum score a facility could have was 2 x 27= 54, where all the drugs and consumables were available in sufficient quantities, while the minimum score was 0 x 27 = 0, where none of the drugs or consumables was available.

For the purpose of interpretation where facility scores up to 54 points is regarded as GOOD since the facility has met up with a minimum requirement, where facility scores 27 and above with most of the drugs and consumables available is regarded as FAIR, but where a facility scored less 27 is regarded as POOR.

RESULTS

Results show that all the 3 primary health centres in Tafa LGA do not implement BI and none was operating DRF system. None of the facility had any bank account or any evidence of record for keeping transactions of purchases or sales of drugs. Similarly, none of the facility had any form of involvement with community in drug management.

Table 1 shows that, out of the minimum recommended score of 54 for the availability and adequacy of drugs and consumables, New Wuse primary health centre in the LGA headquarters scored highest with 19 points, while New Bwari primary and Iku primary health centre scored 11 points each.

Table 1: **Scores On Drugs And Consumables In The Primary Health Centres**

		Scores		
S/NO	DRUGS/CONSUMABLES	New Wuse	New Bwari	Iku
1	Amplicillin caps	1	0	1
2	Amphicillin Syr	1	0	0
3	Benzyl Benzoate	0	0	0
4.	Choramphenicol eye oint	0	0	0
5.	Choroquine phosphate Inj.	1	1	1
6	Choroquine syr	1	1	2
7.	Chloroquine tabs	2	1	0
8.	Chlopheniramine tab	0	1	1
9.	Co-trimoxazole tabs	0	0	0
10.	Co-trimoxazole syr	0	0	0
11.	Fansidar tabs	0	0	0
12	Gentian violet	0	1	1
13	Mebendazole	0	0	0
14.	Metronidazole	2	0	0
15.	ORS/Salt sugar	0	0	0
16.	Paraldehyde Inj.	0	0	0
17	Paracetamol tabs	2	2	2
18	Paracetamol syr	2	2	2
19	Procaine penicilline	1	0	0
20	Quinine inj.	0	0	0
21	Tetracycline oint.	0	0	0
22.	Needles/Syringes	1	1	0
23	Cotton wool		1	1
24	Gloves	1	0	0
25	Anti-septic	1	0	0
26	Sutures	0	0	0
27	Ergometrine	2	0	0
	Total score	**19**	**11**	**11**

Table 2 shows the summary of responses of clients on the drug situation in the primary health centres. "no drugs in the clinic always", "we don't get drugs here whenever prescribed", "they always ask us to go to the chemist and buy", "sometime we go to chemist straight because they always have drugs", we really need drugs in this facility", "where there are no drugs people hardly come to seek for services", "major problem of this facility is lack of drugs", "people get frustrated whenever there are no drugs".

Table 2 **: FGD Responses Of Clients On The Level Of Drugs In The Primary Health Centres**
RESPONSES

- No drugs in the clinic always
- We don't get drugs here whenever prescribed
- They always ask us to go chemist and buy drugs
- Sometime we go to chemist straight because they always have dugs
- We really need drugs in this facility
- Where there are no drugs people hardly come to seek for services
- Major problem of this facility is lack of drugs
- People get frustrated whenever there are no drugs

DISCUSSION

One of the primary responsibilities of primary health care system outlined in the National Health Policy of 1988 is to ensure easy access to health care by all people through provision of all components of primary health care including referral system.[1,2] Some of these components include inter alia; provision of maternal and child services, control of locally endemic diseases, treatment of minor ailments and injuries and provision of essential drugs.

Provision of essential drugs is very crucial to any health system, because availability of drugs in health care facility is a sensitive indicator of quality of care. In line with the need to ensure availability of drugs, Bamako Initiative was adopted as the key to revitalizing PHC in Africa. At that time it was envisioned that the programme will spread rather rapidly and in the nearest future to all the nooks and crannies of the country.[6]

From this study, all the 3 primary health centres in Tafa LGA were not implementing BI, none had DRF system or essential drugs list and none possessed any bank account or records showing any transactions pertaining to purchase or sales of drugs. Similarly, none of the facilities involved the communities in any issues pertaining to management of essential drugs in the health facilities. With regards to the availability of essential drugs in the primary health centres, all the 3 centres did not possess minimum requirement developed by the NPHCDA , as shown in table 2, out of the total score of 54 points, New Wuse had the highest score of 19, while New Bwari and Iku primary health centres scored 11 points each. This finding is certainly not surprising as none of the facilities was implementing BI. Uzochukwu et al in south east Nigeria had established that, essential drugs are more available in PHC facilities where BI drug revolving programme has been operational than the facilities where BI is not yet operational.[9]

Looking into specific drugs and consumables, it is pathetic to observe that only paracetamol tablets and syrups were available in sufficient quantities in all the centres hence scoring 2 each. This is followed by chloroquine tablets which were available in sufficient quantities in New Wuse and Iku primary health centres, while in New Bwari they were available but not in sufficient quantities hence scoring on 1.It is also important to note that, despite high prevalence of diarrhoeal diseases, worm infestations and skin diseases in rural communities of Nigeria Oral Rehydration Solution (ORS) and drugs like Mebendazole and Benzyl Benzoate were not available in all the primary health centres.Another important finding worthy of note from this study is lack of availability of gloves and antiseptics.

As shown in table 1, only New Wuse health centre had hand gloves and antiseptics which were not even in sufficient quantities hence scoring one for each while other health centres had none hence scoring zero each. This is a very bad news especially in this era of Universal Safety occasioned by high prevalence of HIV/AIDs and Hepatitis B infections.[10]

Furthermore, one of the major components of primary health care system is treatment of minor ailments and injuries. From the finding of this research, it is nearly impossible for this to be achieved as none of the health centres possessed simple sutures for treatment of lacerations and injuries.

Absence of essential drugs in PHC had been documented by many researchers in Nigeria. For instance, Olumide et al [11] in assessment of PHC in all the six geo-political zones in Nigeria had found out that most of the primary health centres had no essential drugs.[11] This study has also been corroborated by the study of assessment of primary health care in Giwa and Sabon Gari LGAs in Kaduna state conducted by the Department of community medicine in collaboration with UNICEF Zone C.[12]

In the same vein, Erinosho[4] established that, despite BI which has been adopted in the country with the aim of improving drug supplies in the publicly-funded health care facilities in the country, health care institutions are still unable to make drugs available to their consumers. So the concept of drug revolving scheme remains a mere abstraction.[4]

Recent situation analysis of health sector in Nigeria by the Federal Ministry of Health as a prelude to health sector reform programme has shown that, a very high proportion of primary health care facilities serve only about 5-10% of their potential patients load, due to consumers' loss of confidence in them, among other causes.[13] Since drug availability is one of the sensitive indicators of quality of care, the problem may be attributable to erratic supply of drugs in the PHC system. As shown in table 3 from the results of the FGDs, some the respondents had acknowledged the fact that, lack of drugs is a contributory factor to the poor utilization of the primary health centres. This is captured from their assertions; "Sometimes we go to chemist straight because they always have drugs" , "Where there is no drugs people hardly come to seek for services" , "People get frustrated whenever there are no drugs" With the lost of 90-95% of the patients load by the primary health care facilities, it is therefore not surprising that Nigeria's overall health system performance was ranked in the 187th position among the 191 United Nations member states by the World Health Organization in 2000.[13] This is evidenced from Nigeria health status indicators which are worse than

the average for sub-Saharan Africa. For example, infant mortality rate is 115/1,000, under-5 mortality rate is 205/1,000, and maternal mortality ratio is 948/100,000 (range 339/100,000 to 1,716/100,000) .[13]

In conclusion this study has demonstrated that despite Bamako Initiative essential drugs are still mirages in many primary health care facilities in the north central Nigeria. It is therefore recommended that, any effort aimed at reforming or repositioning primary health care must take into account resuscitating the Bamako Initiative through ensuring functional DRF systems in the primary care facilities.

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