

POSTER PRESENTATION

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The role of medicine outlets and their practitioners in malaria control in Ghana

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Edinburgh, UK. 20-22 October 2010

Background

Malaria is endemic in Ghana, and contributes significantly to infant and maternal deaths. The pharmaceutical sector and in particular the medicine outlets have been identified as accessible units in the health system, where public health initiatives could be targeted to facilitate greater access to effective interventions for malaria control [1].

Aim

To assess the medicine outlets of public and private sector facilities in Ghana; investigate the availability of anti-malarials and how practices within the outlets conform to national and global policy initiatives for malaria control.

Methods

A cross section of the medicine outlets (n=130) from hospitals/clinics and community-based retail outlets (community pharmacies and licensed chemical shops) in Ashanti and Northern regions of Ghana were selected. From these data were obtained to assess the quality of available infrastructure and settings for pharmaceutical services, the staff resources available, their practices for malaria control and the anti-malarial products available. The indicators used were based on national standards for pharmaceutical services, national malaria control policy and the WHO-led Roll Back Malaria initiative.

Results

The infrastructure and settings for pharmaceutical services were satisfactory in more than 80% of outlets.

Non-policy recommended and mostly ineffective anti-malarials were observed to be highly available and often supplied for malaria therapy, particularly in the retail outlets. The availability of policy-recommended medicines and in particular the artemisinin-based combination products, were rather poor (less than 45%). In addition very few of the outlets (less than 10%) strictly adhered to policy recommendations for the selection and supply of medicines for malaria therapy. On staff resources: greater than 55% had no professional training as pharmaceutical service providers. Majority of the staff assessed (greater than 80%), who included both professionals and non professionals could recognise malaria illness and advice clients on how to avoid further infections. However, very few (20%) and mainly professionals were adequately skilled to both recognise and manage the malaria cases as recommended by national guidelines.

Conclusions

The infrastructure and settings for pharmaceutical services were satisfactory, but could be further improved and appropriately utilized to facilitate access to effective tools and interventions for malaria control. Significant shortfalls were identified regarding the availability and supply of effective anti-malarials. Also majority of the medicine outlets' staff were inadequately skilled to appropriately manage malaria. Pragmatic interventions should be directed towards the medicine outlets and their practitioners to enhance their contribution towards malaria control in Ghana.

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Published: 16 December 2010

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doi:10.1186/1475-2875-9-S2-P61

Cite this article as: Buabeng *et al.*: The role of medicine outlets and their practitioners in malaria control in Ghana. *Malaria Journal* 2010 **9** (Suppl 2):P61.

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