IDENTIFICATION OF PRIORITY ISSUES IN THE POLICY OF ACCESS AND USE OF MEDICINAL PRODUCTS IN THE REPUBLIC OF CONGO

Mokoko JB(a*), Ntsama EC(b), Itiere FA(a), Ondzotto G(a)

(a) Faculté des sciences de la santé, Université Marien Ngouabi Centre Hospitalier et Universitaire de Brazzaville Congo

(b) Centre pour le Développement des Bonnes Pratiques en Santé ; Hôpital Central, Yaoundé Cameroun

_____

ABSTRACT

The identification of priority research questions in the field of drug access and use policy in francophone countries of Central Africa, low- and middle-income countries in the Congo was carried out by a national investigator in Brazzaville, Pointe Noire and Kinkala from February to April 2011. Four (4) questionnaires were developed to collect the perceptions of various stakeholders in access to medicines in Congo namely individuals / households, opinion leaders, drug professionals and decision makers. Each questionnaire included questions related to the four components of access to medicines: geographical, financial, availability and acceptability. One hundred and ten (110) people agreed to participate, ie 50 individuals / households, 21 drug professionals, 18 opinion leaders and 21 decision makers. The financial component emerged as the main barrier to access to medicines. Public hospitals have been described as offering better prices than private pharmacies; the illicit market for the sale of medicines, alternative medicines and beliefs have been presented as alternatives for those who are unable to pay for drugs in the formal circuit. Concerning the geographical component, the existence of inequalities in the geographical distribution of drug dispensing structures has been declared. In terms of availability, in terms of drug supply, individuals / households and opinion leaders responded that it was common to have to go to several places to meet the needs of a medical prescription. As regards acceptability, various recourse to care has been designated: the hospital, self-medication, traditional practitioners, the illicit market, churches,

Fourteen (14) research questions were developed from the barriers identified in the health system. A ranking in order of priority has been proposed.

_____

INTRODUCTION

Affordable access to quality medicines is one of the essential functions of the health system (1). Access to medicines must be integrated with other systemic aspects such as health financing, human resources, care delivery, health information and governance. WHO estimates that the average availability of essential drugs in these countries is 35% in the public sector and 66% in the private

sector (2). Medicines contribute to a high proportion of health expenditure in these countries, between 20 and 60% (3). In addition, between 50% and 90% of drug expenditure in developing countries comes from household money (4). This unfair financing system creates significant barriers to poor people's access to medicines and can result in catastrophic spending for the most vulnerable households. Patients often use the private and informal sector, particularly in rural areas. Irrational prescription and dispensation is a prevalent problem (5). Despite some progress in this area, for example in price and availability studies (6), data on access and use of medicines are scarce. Even when these data are available, there are few analyzes that are specific to different contexts, and that could guide decision-makers in their choices. The objective of this work is to identify the constraints related to the policy of access, supply and use of medicines by the population.

MATERIAL AND METHODS

It was a prospective, descriptive, cross-sectional and multicenter study (conducted in Brazzaville, Pointe Noire and Kinkala), from February to April 2011. It consisted of a qualitative data collection of one hundred and ten (110) persons having freely consented. Four types of questionnaires targeted a subgroup of the population: individuals / households, thought leaders, drug professionals, and policy makers. Each questionnaire consisted of questions focusing on the four major components of access to medicines: geographic accessibility, affordability, availability and acceptability. Thus, these subgroups had to provide an individual or family vision of access and use of drugs; data on the organization and functioning of their offer and information on all the components of access and use of medicines.

• The inclusion criteria used were:

   o be at least 21 years old -

   o be present in a public or private pharmacy during the survey period (individual / household)

   o work in a pharmacy or hospital pharmacy (drug professionals)

   o act as a decision-maker in the drug circuit (Decision-makers)

   o exercise an activity or occupy a social position likely to confer a collective or community vision on access to medicines (opinion leader)

• The criteria of non inclusions:

   o be under 21 years old

   o being away from a public or private pharmacy during the survey period (individual / household)

   o not working in a pharmacy or hospital pharmacy

  o not have a role of decision-maker in the drug circuit (Decision-makers)

The analysis of the results consisted in identifying the barriers to access to medicines according to the WHO model (8). The variables studied were the selection and rational use of drugs, affordability, sustainable financing and the credibility of the health system. The analysis of the results consisted of an identification of the barriers to access to medicines according to the OMS model (8) with a Microsoft Word 2007, Excel.

RESULT AND DISCUSSION

1. The findings of the survey:

1.1 Questionnaire individuals / households

Fifty (50) people responded to this questionnaire. 24 (48%) women and 26 (52%) men. Thus, it comes out:

• At the individual level, Household and Community,

Regarding the indicator of Selection and Rational Use. The purchase of the drug, the package leaflet, the origin, the expiry date were presented by 56% of those interviewed as indicators of drug efficacy. 22% considered that street drugs were similar to those in the legal circuit. In case of sign of illness at home or close, self-medication was the remedy for 36% of participants. However, in cases of proven illness, 60% of people reported using the hospital. The lack of hygiene was presented as the main cause of diseases by 74%. When it comes to caring for sick people, the pregnant woman and the child, even without money, 60% of people have declared them to be a priority for men and the elderly. As for the child, 38% made the same statement.

• About the financial and geographical accessibility indicator:

Regarding sustainable financing, the proportion of the drug budget was considered important because almost all (78%) declared to pay for their own medicines and judged the prices high. And, at the level of the public and private offer of health care and services, 72% of those questioned judged the prices of the drugs high. For 26%, they were acceptable. 52% of respondents said that they had interrupted treatment for lack of money at least once because of the high prices of medicines in public and especially private structures. Regarding the credibility of the health system, 86% of respondents said that the legal outlet was less than 1 km from their place of service, 6% less than 2km and 2% more than 2km from Participants stated that legitimate drug outlets were located within 2 km of their homes or places of service. Regarding the reliability of the Health System, 64% of those surveyed said they had to travel three places on average to get the full prescription medication and 16% had to go through more than three.

• At the Central level of the Health Sector,

Responses ranged from the areas of affordability indicators, sustainable funding, and health system reliability. Regarding affordability and in terms of sustainable financing, almost all (96%) of respondents highlighted the disparity in drug prices and lack of price controls. For the health insurance system (mutual health), only 4% of those surveyed said they had health insurance. Regarding the reliability of the Health System, 64% of people did not know where to find quality drugs at a lower cost. Similarly, for 64% of respondents, drugs were cheaper for illicit sellers and 34% for hospitals and health centers.

• At the sector level Health Sector Partners

One indicator: credibility of the health system. Solidly pinned following the responses of the participants decrying the existence of an illicit market for the sale of drugs firmly installed and exercising freely. "Street drugs are like those found in the public hospital and private pharmacy" 22% said they were similar and 4% did not express an opinion.

22% said they were similar and 4% did not express an opinion

1.2 Professional Drug Questionnaire

18 people answered this questionnaire. They were Pharmacists, Pharmaceutical Technicians or

Pharmacy Vendors. From the analysis of the answers obtained, we can see:

• At the individual level, Household and Community

Responses to the questions fell within the area of selection and rational use indicators, affordability and credibility of the health system:

Regarding the Selection and Rational Use indicator: 36% of people in self-treatment claimed to self-medicate. 66% of people went to the hospital. There is therefore a strong tendency towards self-medication and the use of alternative medicine and churches. Regarding the credibility of the health system, 65%, the responses suggested deficiencies in the geographic deployment of health services at various frequencies while they reported drug dispensing centers located less than 2 km from their homes. or places of service.

• At the level of the public and private offer of health care and services

The answers to the questions fell within the area of indicators selection and rational use, accessibility • At the Central level of the Health Sector

 The answers to the questions covered the areas of selection indicators and the rational use and reliability of the health system

Regarding selection and rational use, interviewees pointed to shortcomings in the implementation of policies to ensure the rational use of medicines

• At the sector level Health Sector Partners

The answers to the questions were only relevant to the credibility indicator of the health system. The participants thus described the existence of a well-established illicit drug sales market.

1.3 Questionnaire Decision-makers

Twenty-one (21) people agreed to answer this questionnaire. They were the central level of the Ministry of Health, the heads of priority programs in the Ministry of Health, development partners, wholesale distributors, hospital directors and departmental directors of health. When analyzing the answers to the questions, we find:

• At the individual level, Household and Community

With regard to Selection and Rational Use, interviewees pointed out shortcomings of staff in prescribing, dispensing and assisting with rational use. Financial accessibility, respondents said high prices of drugs in public and private structures. Regarding the credibility of the Health System, interviewees pointed to shortcomings in the availability and supply of medicines in public and private facilities as well as weaknesses in the ability of staff to manage

At the Central level of the Health Sector

The answers to the questions ranged from the areas of indicators selection and rational use, affordability, sustainable financing and credibility of the health system.

• On selection and rational use, interviewees pointed to weaknesses in policy making to ensure the rational use of medicines

• Regarding affordability, respondents lamented high drug prices

• Regarding sustainable financing, the lack of a health insurance system for all was criticized

• Concerning the reliability of the Health System, weaknesses in the pharmaceutical regulatory function and the governance of the sector, shortcomings in the human resources of the sector and the lack of local production of medicines were mentioned by the participants

At sector level Health Sector Partners

The answers to the questions were only related to the reliability of the health system. In fact, shortcomings in social protection policies were mentioned by the interviewees Barriers identified at the four (4) levels of the Congolese health system (Annexes 1)

• Table 1: Barriers Identified at Level I of the Congolese Health System

criteria	Barriers: knowledge and preferences of uses	Survey
Selection and rational use	Knowledge and preferences of users: -Detention in homes of drugs that do not should be issued only on medical prescription. -the street drugs are similar to those in the legal sector -faulty knowledge of drug efficacy criteria Recourse to care habits - Self-medication / Traditherapy / Street Medicines Socio-cultural constraints Pregnant women and children have priority	Individual / households, opinion leaders
Financial accessibility **Credibility of the health system**	Inability of individuals and households to pay for drugs Deficiencies in health activities in difficult access areas	Individual / households, opinion leaders decision-makers and drug professionals

• Table 2: Barriers Identified at Level II of the Congolese Health System

Criteria	Barrier	Survey
Selection and Usage Rational	Low ability of teams to prescribe, dispense and help with rational use	Opinion leader, Pharmaceutical professionals, makers
Accessibility financial	Drug price disparity	Individual / Household Leader of Opinion Drug Professionals, makers

Credibility of Health system	Weaknesses in the supply and availability of medicines in public and private structures	Opinion leader, Pharmaceutical professionals, makers
	Inadequate response of health services to patients' needs:	Individual / household, opinion leaders
Adequacy of the answer	- Low ability of health services staff to welcome patients (the street is better).	Professionals of

• **Table 3:** Barriers Identified at Level III of the Congolese Health System

Criteria	Barrier	Survey
Selection and Rational Use Financial accessibility	Weaknesses in implementing policies to ensure the rational use of medicines High prices for medicines in legal structures	Pharmaceutical professionals, makers Individual / household, leaders
Sustainable financing	Non-existence of a health insurance system	Pharmaceutical professionals, opinion leader, decision-makers Individuals / households, Individuals / households, Pharmaceutical professionals
Credibility of the System Health	Weaknesses in the information system	
	Weaknesses in the quality of human resources	Individuals / households, makers
	Weaknesses in the pharmaceutical regulatory function	Individual / household, Professionals of drug makers
	Lack of local production of medicines	

• **Table 4:** Barriers Identified at Level IV of the Congolese Health System

Criteria	Barrier	Survey
Financial accessibility	Absence of aid policy social insurance (health insurance, mutual health, ….)	Individuals / households, Leaders of opinion, Decision-makers
Credibility of the System Health	Presence of an illegal market of sale of medicines securely installed	Individuals / households, Pharmaceutical professionals

Research questions related to the policy of access and use of drugs were set out from the 20 barriers identified in the 4 levels of the health system and the following classification was proposed:

1. What causes dysfunctions in the licit supply circuits of medicines?

2. What are the relevant strategies at the national level in the fight against the illicit sale of medicines?

3. What would be the impact of the promotion of generics and the removal of taxes on the drug? 4. What are the barriers to not using prescribing tools and guidelines?

5. How to promote the rational use of medicines in a context of low purchasing power?

6. What financial mechanisms could improve access to medicines for the poor?

7. What would be the impact of a well-functioning information system on the regulation of the pharmaceutical sector?

8. What would be the result on the access and the rational use of the implementation of a supply plan in the enclaved zones?

9. What would be the impact on the access and use of medicines to take into account socio-cultural aspects in the functioning of health structures?

10. What impact would the access and use of medicines have on integrating traditional medicine into the health system?

11. To what extent staff training could improve performance and efficiency in the procurement system?

12. To what extent can financial and material incentives lead to good prescribing and dispensing practices?

13. How to promote local production of medicines?

Classified barriers

The identified barriers have been grouped and prioritized:

1. Weaknesses in the supply and availability of drugs in public and private structures.

2. The existence of a well-established and freely operating illicit sector.

3. High drug prices in dispensing structures

4. Low capacity of the teams ensured the prescription, the dispensation and the help to the rational use

5. Home storage of medications normally issued on medical prescription

6. Difficulty of populations to have access to medicines, Lack of sustainable funding sources,

7. Absence of social security, lack of social assistance policies (health insurance, etc.)

8. Weaknesses in the application of policies to ensure the rational use of medicines

9. Weaknesses in the deployment of health services in hard-to-reach areas

10. Socio-cultural constraints

11. Weaknesses in the consideration of traditional medicine in the functioning of health structures

12. Weaknesses in the abilities of staff to manage

13. Deficiencies in income and material incentives of drug professionals

14. Lack of local production of medicines Discussion

From February to April 2011, a study was conducted in Brazzaville, Pointe Noire and Kinkala, Congo to identify research questions regarding access and rational use of medicines. The methods and tools used were in the area of health policy and systems research. The aim was to capture the weaknesses of access to medicines and to provide adequate information for decision-making.

It was a descriptive, cross-sectional qualitative study. The methods used did not make it possible to analyze objectively the policies and other acts implemented by the government to improve access and use of medicines in the country but to collect the perceptions of individuals, households, communities, NGOs and policy makers.

Four (4) questionnaires were used to gather feedback from various stakeholders on access to medicines in Congo. Thus, individuals / households cited as the main source of funding for drugs in poor countries, opinion leaders, likely by their position to provide impressions about a community, drug professionals, key players in the system and policy makers .

Each questionnaire included questions on the four components of access to medicines: geographical, financial, availability and acceptability

One hundred and ten (110) individuals agreed to participate, ie 50 (45.5%) individuals / households, 21 (19%) drug professionals, 18 (16.4%) opinion leaders and 21 (19 , 1%) decision makers.

The analysis of the responses according to the 4 components of Access to Medicines shows that:

Regarding the geographical component of access to medicines, individuals / households were generally satisfied. However, the other 3 categories were not. In particular, they mentioned the existence of inequalities in the geographical distribution of dispensing structures. The rural area being disadvantaged in relation to urban centers.

Regarding the financial component, it has been presented as one of the fundamental barriers to access to medicines. Study participants rated it as overall unsatisfactory. Drug prices were estimated to be high for the population without health care systems (health insurance, mutual health insurance). Recourse to the illicit market and traditional medicine were presented as alternatives to

traditional care structures.

In terms of technical expertise of professionals in the sector and governance, the 4 categories agreed that they have weaknesses. The areas cited include: the reception described better in the illicit market compared to the public health facilities and the mixed satisfaction of the personnel in terms of equipment.

Regarding acceptability, recourse to care is diverse. Self-medication is well installed. It is the same for the tradi practitioners, the illicit market. However, in cases of proven illness, individuals / households reported going to the hospital. Medications are bought on medical prescription and / or to have at home just in case.

CONCLUSION

Drugs can reduce morbidity, mortality and improve the quality of life of populations. WHO still estimates that the average availability of essential drugs in low- and middle-income countries is 35% in the public sector and 66% (2) in the private sector. At the end of this work, 20 barriers were identified in the Congolese health system based on the perceptions of policy makers, civil society organizations, patients, communities and prioritized. Related research questions have been developed.

REFERENCES

[1] WHO **2007** Framework for Action for Strengthening Health Systems: Everybody's Business - http://www.who.int/healthsystems/topics/en/index.htm

[2] MDG Gap Taskforce Report (**2008**): Delivering on the Global Partnership for Achieving he Millennium Development Goals.

[3] Cameron et al (**2009**): *Medicines prices, availability and affordability in 36 developing and middle income countries: a secondary analysis*. **Lancet** 2009; 373: 240–49

[4] WHO (**2004**):WHO Medicines Strategy: 2004 – 2007. Countries at the Core'

[5] WHO (**2008**): Medicines use in primary care in developing and transitional countries: fact book summarising results from studies reported between 1990 and 2006.

[6] Data on medicines prices, availability and affordability from WHO-HAI medicines price and availability surveys is now available for more than 36 countries. See: Cameron, A et al (200): *Medicine prices, availability, and affordability in 36 developing and middle-income countries: a secondary analysis*. Lancet **2009**; 373: 240–49

[7] WHO (**2009**): Scaling up Research and Learning for Health Systems: Now is the Time.29

[8] Ntsama Essomba, **2011**. Identification des questions de recherche prioritaires en matière de politique d'accès et d'usage des médicaments dans des pays francophones d'Afrique Centrale, à revenus faibles ou intermédiaires, *rapport de synthèse*.