



## “PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

Inaugural Conference of the African Health Economics and Policy Association (AfHEA)  
10th – 12th March 2009 - Accra, Ghana

### **Parallel session 5: Drugs / Medicines: economics and policy**

---

#### **PS 05/10**

#### **Patent medicines vendors - a resource for tuberculosis case detection.**

By Dr. Obi, Ikechukwu Emmanuel<sup>1</sup>, Professor Onwasigwe C. N.<sup>2</sup>

<sup>1</sup>. Senior Registrar. Department of Community Medicine, University of Nigeria Teaching Hospital (UNTH), P. M. B. 01129, Enugu, Nigeria.

<sup>2</sup>. Lecturer/Consultant. Department of Community Medicine, University of Nigeria Teaching Hospital (UNTH), P. M. B. 01129, Enugu, Nigeria.

---

#### **Aim:**

To train patent and proprietary medicines vendors to recognize a suspect case of pulmonary tuberculosis and refer to a tuberculosis diagnostic and treatment service.

#### **Objectives:**

To determine the referral input from patent and proprietary medicines vendors on new clients presenting with cough at tuberculosis diagnosis and treatment services, as baseline.

- To train patent and proprietary medicines vendors to recognize a suspect case of pulmonary tuberculosis and refer to tuberculosis diagnostic and treatment services.
- To determine the effect of this training on the knowledge of patent and proprietary medicines vendors of a suspect case of pulmonary tuberculosis.
- To observe the post intervention referral input from patent and proprietary medicines vendors on new clients presenting with cough at a tuberculosis diagnosis and treatment service.

#### **Methodology:**

An intervention on patent and proprietary medicines vendors in a local government area as study group, with patent and proprietary medicines vendors in another local government area, same state as control. The study period was six months from June to December 2007. Data on sources of referral of new clients with cough were collected from one tuberculosis diagnosis and treatment service center each, in the study and control areas for a two month period. Knowledge on recognition of a suspect case of pulmonary tuberculosis was assessed in both the study and control groups. The study group were then trained (by lecture and role play) on recognition and referral of a suspect case of pulmonary tuberculosis and issued pre-written

referral notes to facilitate referral to the tuberculosis diagnostic and treatment centre in the study area. The control group received a health talk on recognition of diarrhea and the benefit and method of early rehydration with oral rehydration salts or salt sugar solution. Data on sources of referral of new clients with cough were collected from the same tuberculosis diagnosis and treatment service centers, in the study and control areas over another three month period. Knowledge on recognition of a suspect case of pulmonary tuberculosis was re-assessed in both the study and control groups. The referral input from different sources in both areas and any change in the knowledge of a suspect case of pulmonary tuberculosis were analyzed between the study and control groups and within the groups.

**Results:**

Patent and proprietary medicines vendors initially made no referral input to new clients with cough at the centers. Post-intervention, a referral input of 8.2% of the total number of new clients were from the patent and proprietary medicines vendors in the study area ( $\chi^2 = 5.53$ ; Fisher's Exact  $P = 0.018$ ). 71.4% of these clients were sputum smear positive. Knowledge of a suspect pulmonary tuberculosis case rose from a percentage total correct score of 49.2% to 77.7% post intervention.