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The Economic costs associated with Irrational Prescribing in children: Implications for reducing Childhood Mortality in South east Nigeria

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Background:

In Nigeria, many children under the age of five still die from acute respiratory infection (ARI), diarrhea diseases (DD), malaria and other diseases that are preventable or treatable with low cost drugs which are mainly bought from Patent Medicine Sellers (PMS). These services which are mainly accessed by the poor are also the first choice in health care and a recognized primary source of orthodox drugs for these Childhood diseases in both rural and urban communities.. One of the reasons for preferring PMS include lower cost and flexible pricing policies. However, in most cases the PMS is unaware of the correct dosages and duration of treatment leading to irrational prescribing. While acknowledging their major role, little has been reported on the economic costs associated with inadequate drug prescribing for childhood illnesses.

Objectives:

To assess the economic costs of inadequate drug prescribing by Patent Medicine Sellers for malaria, ARI and DD.

Method:

A descriptive cross sectional study involving exit interviews with 395 primary caregivers who sought care in patent medicine stores for their children for malaria, ARI and DD in rural Nigerian communities.

Results:

About 80% of the caregivers received treatment for presumptive malaria, 12% for DD and 8% for ARI. The average number of drugs per prescription was 6.8, average percentage of prescription with injections was 72.5%, average percentage of prescription with one or more antibiotics was 59.7% and the percentage of prescription with non essential drugs was 45.9%. The additional costs to the standard treatment were 255 Naira per malaria prescription, 350 Naira per ARI

prescription and 175 Naira per DD prescription. Losses attributable to irrational prescribing averaged 4,500 Naira.

Policy considerations:

Irrational prescribing imposes a considerable economic burden of unnecessary cost on health care users especially the poor who are the ones more prone to malaria, ARI and DD. An effort to train the PMS in rational drug prescription is advocated so as to improve the quality of drug prescription and hence reduce the cost of treatment to caregivers. This is necessary if we are to achieve the MGD goal of reducing infant mortality in Nigeria by the year 2015.