

# **Study of the Efficiency of Village Drug Funds :**

## **Information from Five Provinces**

### **Executive Summary**

Establishing village drug funds is an important primary health care activity. It allows the public to cooperate in the solving of their own public health problems. This is particularly true for people in remote areas, who normally would not have standard drug services that are safe and inexpensive, dispensed by trained personnel to treat disorders and illnesses, particularly since buying medicines to treat oneself is very popular in Thailand. Therefore establishment and support has been given for the efficient implementation of village drug funds and to be a source of basic services to the rural public, who might not have an opportunity to use government provided services. This should be more beneficial to the health of the public than leaving them to their own devices to find medicines, which could prove dangerous to their health.

From research about village drug funds it was discovered that they are very able answer to the objective of providing necessary drugs at the village level. But it was also discovered that drug funds in many areas have problems, weak points, and lack consistent support. This has caused them to buy drugs from private businesses. Sometimes these drugs are of low quality, are inappropriate, and might be dangerous to consumers. Aside from this, some managers of drug funds lack knowledge about drugs and management of the funds. Some areas have lost money and had to be shut down.

This study will offer basic data about the population, illnesses of the users of the drug fund, types and amounts of drugs sold, efficiency of the manager, and the beneficiaries of supplying drugs. Aside from this, the status of the demands of users of drug funds will be shown. This is a way of providing necessary drugs that are in line with the demands of the people, which shows the efficiency of drug funds. This information can be used to review ways of developing the efficiency of

drug funds to increase their popularity and improving the way people look after their own health.

The information used here is the medicines provided by drug funds which the public can buy, with the village health volunteer (VHV) or manager of the drug fund recording the details of drug sales reports. The Handbook of Using Drugs for Primary Health Care (PHC) was prepared and provided to the VHV and drug fund managers, who were examples in the efficiency evaluation report in five provinces: Ayuthaya, Suphanburi, Lamphun, Nakorn Ratchasima, and Pattalung. The length of time that information was recorded was from August 1988 to March 1989. The recordings and returning of reports was on a volunteer basis.

Information that VHV reported included age and sex of the person who was ill, symptoms, type and amount of drugs sold, and the amount of money received for the drugs. The number of reports that were complete and analyzable amounted to 493. There were 42,560 transactions. This does not include contraceptive pills under the National Family Planning Program, Ministry of Public Health.

People using the fund between the ages of 0-4 years amounted to 10% of users. Those aged between 15-59 amounted to 60% of users. The elderly accounted for 11% of users. The most common symptoms were fever and headache. Next was respiratory illnesses and gastrointestinal tract disorders. Other symptoms reported include results of accidents, skin diseases, muscle pains, vitamin deficiency, and exhaustion.

When reviewed by age group, children aged 0-4 and 5-9 years had colds and coughs the most. People older than 10 years to retirement age had fever and headache the most. The disorder that most increased with age was gastro-intestinal disorders. Sore muscles, aching necks, vitamin deficiency, and exhaustion had percentages that increased with the age of the patient. The medicine most often dispensed was paracetamol, seeing 300 tablets sold per month from each drug fund. Following were allergy medicine, cough syrup, children's fever syrup, and

aspirin. *The sales figures for paracetamol and aspirin were 1 in 3 of all medicines sold.* This shows the popularity of consumption of analgesics for rural people. Although this study doesn't show the consumption of private analgesics, if the government control isn't good enough, VHV might sell private analgesics in the drug fund in answer to public demand.

Aside from analgesics and allergy medicines, another group of medicines with a high sales percentage is medicine for digestive problems such as Stomachica mixture, Sodamint tablet, Oral Rehydration Solution, Salol et menthol mixture, including vitamins such as B-complex, vitamin B1 and multi-vitamins. This shows the symptoms of vitamin deficiency and the popularity of the belief of taking vitamins to improve health.

Rural people usually buy medicines in small quantities to relieve the present symptoms. If it is medicine in a tube or bottle they will buy only one tube or one bottle. The exception is Alumina magnesia suspension for stomach disorders, Camphorated opium tincture, and Ammonium bicarbonate mixture for kids which usually sells 3 bottles at a time. But tablet and capsules usually will have an amount less than pharmaceutical packaging, like Sodamint tablet. The exception is the popular medicines paracetamol, aspirin, and vitamin B1, which are usually sold at a volume slightly higher than pharmaceutically packaged. Problems that might occur are receiving medicines with less the recommended amount such as antibiotic, medicine for diseases of the stomach, or using analgesics at too high a volume or for too long.

Information that shows efficiency of the drug funds in servings as a source of drugs for curing minor symptoms is the appropriateness of drugs sold for people's symptoms. In this study it was found that in 3 of 4 cases the appropriate medicine was given for the symptoms described; only 10% were inappropriate. The remaining 15% cannot be decided.

But when looking at the appropriate dispensation of drugs for children under the age of ten using the drug fund, almost 20% received appropriate medicines, a level lower than adults. This might be because of using drugs not in the PHC list such as chlorpheniramine syrup or using medicines for adults to treat children. As for the expenses for buying drugs from the drug fund, they are very convenient for the public, offering good drugs and low prices. The public spent an average of only 5-6 Baht per visit.

### **Recommendations:**

1. From the VHV reports used in this study, a lot of useful information was made available. There should be support for VHV to learn a reporting system and how they evaluate the public's demand of the drug fund themselves. This will develop the buying system to one with enough drugs and drugs appropriate to public demand.

2. There should be analysis of VHV reports in the area of drug types and amounts to learn demand and prepare enough reserves to prevent the public from buying private medicines, which could be dangerous to their health as well as stopping drug fund managers from selling private drugs in the drug fund.

3. From information showing the popularity of analgesic consumption, their should be a study of consumption of some types, particularly from the private sector, in order to find ideas and criteria for controlling sales and consumption of possibly dangerous drugs.

4. Some drugs have very low sales figures because they are difficult to buy or other drugs can be used instead. These should be cut from the PHC drug list such as magnesium sulphate, senna tablet and enema. At the same time more popular drugs could be added such as chlorpheniramine syrup for kids.

5. Amounts of single sales should be fixed, particularly tablets and pills. There might be some changes to fit the demands of the public, but the amount should be able to cure the symptoms.

6. More information about illnesses should be given to VHV, particularly selling medicines to cure symptoms of children under the age of five.