



STRATEGIC MEDICINES PLANNING IN PRIMARY HEALTH CARE

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Abstract

Medicines and pharmaceutical products are indispensable to delivery of public health services in rural communities, cities, and health facilities. In primary health care, auxiliary health workers are responsible for delivery of services, while professional pharmacists have pivotal role in determining medicines needs, setting priorities, procuring, and managing drugs. Health care professionals work in turbulent and unpredictable environments stemming from disparate health demands, structures, and processes. The challenge in many African countries is even greater with limited resources, greater health problems, poor management systems, ubiquity of fake drug distributors, and poor medicines planning. These factors contribute to perpetual 'out of stock' syndrome, proliferation of fake and adulterated drugs, and continued poor health situations. Strategic medicines planning requires broad understanding of health and medicines realities within a context. Pharmacists viewing the community from a holistic perspective promote effectiveness in pharmacy, and facilitate synergy among the various groups to solve intractable medicines problems. Strategic medicines planning (SMP) involves systematic planning by senior pharmacists in the community that considers broad medicine needs and resources necessary in the medium and long term. It feeds the primary health care strategic health plan, and sets direction for medicine planning in wards and communities. Issues considered affect the community and health facilities in the community, such as shape and nature of the pharmacy department, and how to finance it; essential drugs needed in the community; materials and other pharmaceutical products needed and their distribution; pricing of commodities; relationships with the community and other health organisations; relationship with government; and potential opportunities and threats. Hence, it is necessary to advocate strategic medicines planning as important role for professional pharmacists in primary health care.

Key Words: Strategic Medicines Planning, and Primary Health Care Medicines Planning

Introduction

The scope of public health activities is broad and involves preventing disease, controlling infectious disease, promoting health through efforts of the people and health workers, in health facilities and in the community. Pharmacists have important roles in many areas. Indeed, public health

Changing professional mindset

Knowledge, skills, and practices unique to a profession motivate members to individually and collectively struggle for professional identity, and recognition. Pharmacists, the medicines experts and skilled professionals with greater knowledge about medicines, and pharmaceutical

products, their functions and efficacy, set strategic direction in medicines management, and effective delivery of health services in the community.

Each profession strives to improve image and performance by exploring and adopting best practices for professional growth and survival. The professional group and society accord professional role, which depends on the group's behaviour over time. Health systems in many African countries are in transition. In this context, professional pharmacists with understanding of course of change promote improved health care delivery through strategic medicine planning. Professional pharmacists must extricate from traditional confinement, and take bold steps in strategic medicines planning in rural communities where there is critical need. A profession striving for recognition takes on characteristics which equate with the status of traditional professions as law and medicine in order to enhance change in people's perception, and increase rewards (Calder, 2000).

Strategic medicines planning requires broad understanding of health and medicines realities within a context. Pharmacists viewing the community from a holistic perspective are better positioned to promote effectiveness in pharmacy, and facilitate synergy among the various groups to solve intractable medicines problems. Pharmacists must use broadening health care scenarios to demonstrate added value to complement traditional professions such as nursing and medicine. Professional pharmacists have opportunity of unifying, creating a sense of common direction; and helping primary health care managers broaden understanding of interrelationships, interdependencies in community health care delivery, and the need for synergy towards common

goal of quality health service that transcends professional parochialism.

Strategic medicines planning

It is systematic health planning at the highest level in the organisation that considers broad needs and resources necessary for attainment of organisational goals in the medium and long term. Strategic health planning sets direction for lower level planning. Issues considered affect the organisation at large, such as shape and nature of the health care organisation; how to finance the organisation; resource distribution; relationships with the community, other health care organisations, and government; and potential opportunities and threats (Adindu, 2007).

Strategic medicine planning (SMP) in primary health care is therefore systematic planning by senior pharmacists in the community that considers broad medicine needs and resources necessary in the medium and long term. It feeds the primary health care strategic health plan, and sets direction for medicine planning in wards and villages. Issues considered affect the community and health facilities in the community, such as shape and nature of the pharmacy department, and how to finance it; essential drugs needed in the community; materials and other pharmaceuticals needed and their distribution; pricing of commodities; relationships with the community and other health organisations; relationship with government; and potential opportunities and threats. Generally, strategic health planning promotes continual assessment; prepares the organisation for unexpected events; builds health teams with common vision, shared direction, responsibility, and accountability; gives focus in the use of health resources; and motivates for collective work toward better future for all (Barber, 1991).

Strategic medicines planning in primary health care is about developing a vision for pharmacy practice with consideration of the medicine needs of the people, and systematically developing realistic ways of meeting such needs. Strategic medicines plan provides broad framework for long-term medicines operations in the community; capturing needs of all communities and health facilities within a local government or other defined contexts. Primary health care department involved in strategic medicines planning demonstrates readiness for change, and seriousness in identifying issues that facilitate or hamper medicines management in the community through effective information gathering.

Basic steps to Strategic Medicines Planning

1. Constitute team for strategic medicines planning

Primary health care departments in local governments are responsible for planning and delivering services to people in wards and villages. In strategic medicines planning, pharmacists responsible for the drug unit, lead the team, work with those who dispense drugs at primary health care facilities, in the villages, other health organisations in the area and local community leaders, to critically review issues that affect broad aspects of medicines management. Areas for review include procurement, distribution and management; the use and efficacy of drugs; effect of pharmaceutical products on the people; feedback from the people on effectiveness of the pharmacy departments; quality and quantity of prescribing, quality and quantity of drugs available in the market; and potential threats to the people. The senior pharmacist is

responsible for enforcing prescribing, and dispensing guidelines, and promoting quality. SMP team considers a broad range of issues that may include:

1. Size and constitution of the communities, disease patterns, drug needs, and consumption.
2. Types and scope of pharmacy services in the communities and health facilities.
3. Emerging needs in the communities that might lead to expansion or contraction of services.
4. How to generate funds to sustain adequate stock of essential drugs needed by rural communities without necessarily depending on the government.
5. How to mobilise medicines, pharmaceuticals, and personnel, and distribute them effectively to ensure that even inaccessible communities are covered.
6. Relationships with private health facilities, and pharmacists, drug stores, and public secondary health facilities in the community.
7. Potential opportunities and threats within the local government and from outside. For instance people from neighbouring states and countries coming to buy and sell drugs, as well as utilise services.
8. Relationships with the local/ state governments and political leaders.

2. Analyse medicines situation in the community

In developing the strategic medicines plan for the local government, the team gathers information from communities and health facilities; and analyses disease, drugs and pharmaceutical distribution, management, mismanagement, and uses. It examines

and understands strengths and weaknesses of pharmacy in the primary health care setting and how they affect other units and facilities in the community. It tries to find out what the medicines unit is doing well, and what needs to change.

Analysis should cover:

- i. health situation of the various groups particularly the most vulnerable, attitudes about health; and drugs, uses, and abuse;
- ii. health trends, changes in disease patterns, new and emerging diseases;
- iii. existing services in terms of scope, quality, and quantity of programmes in meeting needs of the population;
- iv. composition of the population, availability of basic amenities, poverty level, potable water supply, housing, food supply, traditional health practices;
- v. prescribing standards, guidelines, and quality of prescribing in the health facilities and community;
- vi. mechanisms for effective monitoring of prescribing processes, and efficacy of treatment;
- vii. referral and follow-up systems between community and hospital services;
- viii. communication structure, synergy, teamwork, clear roles, and responsibilities;
- ix. relevant policies, and procedures, initiative, and conflict management;
- x. quality and quantity of personnel for the various services in the community;
- xi. training programme for pharmacists, drug dispensers, and community health workers;

- xii. structured programme for updating different professionals on new drugs and procedures;
- xiii. quantity and quality of pharmaceuticals, equipment and materials available in the health facilities and to community health workers;
- xiv. amount of money available for pharmacy services, sources of funds and their sustainability;
- xv. revenue generation strategies, accounting system, uses, management and mismanagement of funds;
- xvi. costs of various pharmaceuticals and medicines, and procurement strategies; and
- xvii. causes of 'out of stock' syndrome in the health facilities, and why patients resort to buying medicines from chemists and quacks.

3. Analyse political, social and economic factors

The aim at this point is to identify aspects of the environment that will greatly affect attainment of the pharmacy objectives in the rural community. In view of the complexity of the health and pharmacy environment, it is necessary to predict how changes in economic, political, social, cultural, and legal factors could affect pharmacy services.

The medicines planning team reviews:

- i. changes in government drug policies, changes in health policies,
- ii. possible changes in health, drug laws, and government regulations;

- iii. new drugs and pharmaceuticals entering the country, state, and local government;
- iv. changes in family income, level of unemployment, value of local currency; and
- v. possible outbreak of diseases such as cholera, cerebrospinal meningitis, bird flu, and anthrax;
- vi. natural disasters like flood, famine, sand storm, and community conflict;
- vii. pharmacy situation in neighbouring states, and countries; and
- viii. refugees and immigration of people from other local governments, states and countries.

4. Identify critical issues

Information derived from analysis of internal and external situations facilitate discussions and understanding of strengths, weaknesses, opportunities, and threats to pharmacy situation and management in the local government. The planning team does not stop at analysis; members must brainstorm on how the various critical issues connect, the big picture, the linkages, and relationships and how they affect drug needs in different communities, and health of the people. They then outline many important issues, gradually eliminate them until the most important issues are left. It is also useful to collectively decide possible actions for enhancing strengths and opportunities and those for managing weaknesses and threats.

5. Delineate objectives and develop Strategic Medicines Plan

Critical issues that emerge guide articulation of medicines needs and needed services that now form the basis of the strategic medicine plan. Broad objectives, activities, and

indicators are then delineated; budget developed, and mechanisms for monitoring and evaluation agreed. Once the draft plan for the local government is ready, local government, district, and village leaders; health officers, members of other relevant organisations and all those who contributed are brought together to review the draft strategic medicine plan, final document guides all stakeholders.

Develop Operational Medicines Plan

The collectively developed strategic medicines plan guides operational medicines plan at facility and village levels. Officers responsible for managing drugs at the health facilities develop drug plans geared towards ensuring that basic medicines are available to people even in the most rural communities. Pharmacists or drug officers at this level consider issues of provision of safe and efficacious medicaments. The unfortunate 'out of stock' syndrome often compels the poor in rural communities to become victims of quacks, and fake drugs peddlers. Effective drug planning at the strategic and operational levels should mitigate this, and give greater confidence to health care consumers, protect them from re-infection and other problems associated with fake drugs, and misuse of drugs. Planning promotes effective distribution, controls over dispensing, poor inventory, and stymie pilfering.

Medicines quality assessment and assurance

The attainment of health care goals, quality assessment, and assurance is the responsibility of all health care professionals; and drug quality control is additional responsibility of the pharmacists. Pharmacists in rural communities must safeguard the people by ensuring that pharmaceutical products manufactured locally or imported conform to established

quality standards, safety and efficacy; and that products are packaged, labelled, stored and distributed according to stipulated standards. Senior pharmacists in the community determine the best practical, realistic and suitable approaches to quality assessment and assurance.

Actions of health workers, dispensers, and administrators contribute to abuse and misuse. It is the responsibility of pharmacists to push for regulation of over prescription, sale, and indiscriminate use of certain potent drugs by medical professionals in the community. Pharmacists traditionally ensure that prescribing balances safety, efficacy, and value for money for the organisation, and quality of life for the patient. In working with other managers to promote quality assessment and assurance in medicines, pharmacists may well use the opportunity to advocate for establishment of quality assessment and assurance programme in health facilities in the community.

Research and Education

Information derived from analysis of drug realities in the community guide procurement, distribution, and prescription. Continual data collection and analysis are necessary for determining drug needs, uses, abuses, and efficacy for a defined population. Pharmacists in rural communities must conduct research or be actively involved in joint research with other groups to establish community and

national drug priorities based on prevailing problems and needs. Pharmacists in rural communities must embark on public education, and training of other health care professionals including doctors on drug matters.

CONCLUSION

Finally, the practice of medicine or nursing based on disease orientation largely depends on drugs, the fulcrum of pharmacy practice. In many countries in Africa, struggle for power has so fragmented the health system. Pharmacists may well use medicines strategic planning to pull professionals to think, learn, and act together rather than work against each other. Bellingham (2004) suggests a positive attitude to change has led to an integrated approach to medicines management.

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