Monitoring of Pharmaceutical Sector

Group Discussion for Pharmaceutical Sector

Basic health service is one of the essential components of rural health development scheme. Access to health care for 70% of country population residing in rural areas has been improved through the expansion of the health infrastructure and health manpower in terms of basic health staff and voluntary health workers, i.e. community health workers and auxiliary midwives. Basic health staff are providing health care services in terms of maternal and child health care, nutrition promotion, school health, environmental health, expanded programme of immunization and disease control activities, such as TB, Malaria, HIV/AIDS, Leprosy and other communicable diseases, including emergency response in case of disaster. They also have to collect data on health and health related sectors and to report monthly for monitoring, supervision and mid-year and yearly evaluation.

Now, most of the countries including Myanmar require doing the survey in pharmaceutical sector, and need to review pharmaceutical implementation plans and adjust the strategies and activities in areas where problems were identified according to survey results. Therefore, Monitoring of Pharmaceutical Sector Survey had been conducted by Myanmar Essential Medicines Project with financial support of WHO. The general objective of the survey is to monitor the access, quality and rational use of key medicines (15 items). The following indicators were monitored by this assessment.

(a) Access is measured in terms of the availability of essential medicines.

(b) Quality is represented by the presence of expired medicines on pharmacy shelves and adequacy of handling and conservation conditions of medicines.

(c) Rational use of medicines is measured by examining prescribing and dispensing habits, implementation of key strategies such as Standard Treatment Guidelines (STGs) and Essential Medicines Lists (EMLs) at public health facilities.

Key findings

Key medicines were more available in private drug outlets (76.33%) than the public health facility pharmacies. Regarding with quality of medicines, although no expired medicines were found in private outlets, 2.08% of expired medicines were found in public health facility pharmacies. However, on adequacy of conservation condition and handling in store rooms, national average score in public facility was higher (45.7%) than private outlets (19.5%), while in dispensing rooms, the score was (8.5) for public health facility and (6) for private outlets. Therefore, conservation condition and handling of medicines in both public and private pharmacies were not adequate.

Information on rational use of medicines in the public facilities showed that Essential Medicine List and Standard Treatment Guideline were present (85% and 90%), average number of medicines per prescription was considered to be adequate (3.65) and nearly 50% of medicines were prescribed by generic name. Adherence to Myanmar National List of Essential Medicine (MNLEM) and physicians prescribing habits was needed as (57.46%) were included in the MNLEM. On measuring the quality of care for common conditions, the prescribers followed the recommended treatment guidelines/protocols for pneumonia and respiratory tract infection cases but did not follow guidelines for diarrhea cases.

Other additional information stated that 75% of private drug outlets were dispensed by untrained staff and only 5% were dispensed by a pharmacist.

To overcome the weakness of pharmaceutical sector, it is needed to strengthen supply system management at all level public health facilities, to promote rational use of medicines and to do monitoring survey in other States and Regions to cover the whole country.