



Over the counter (OTC) drug use; Narrative Review for Ethiopian Community based Health Insurance Schemes Policy Suggestion

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ABSTRACT

Over the Counter Drugs are drugs that are sold with non-prescription, which means they are sold without a prescription from health providers. They are also referred as non-prescription drugs. In Ethiopia studies reported that most illiterate, very low income people are utilizing OTC drugs commonly analgesics/antipyretics, anthelmintic, antacid and others more. According to the review of different studies, benefits of these drugs outweigh their risks, low chance of misuse or abuse. In 2012, Ethiopian Food, Medicine, Health, Administration and Control Authority (EFMHACA) revised more than 93 OTC (non-prescription) drugs which are believed to be safe enough and well-tolerated when used without prescription but specified to be dispensed by pharmacy personnel with a sufficient counseling about the condition as well as the medicament besides the maximum quantity dispensed at one time. It also considered the importance of OTC drugs in increasing access as well as the potential of the public to make a more active role for the management of minor and common illnesses in their own and authorized to be used to treat a condition that does not require the direct supervision of health providers. However, the practice of OTC drug use has neither been listed under the benefit nor the non-benefit package of community based health insurance (CBHI) schemes in Ethiopia. Hence this review wants to highlight about the issue of OTC drugs use and to provide suggestion for further research and consideration by policy makers in the CBHI schemes design or directive and in the promotion of the practices of responsible and regulated OTC drugs use in Ethiopia.

Keywords: Community based health insurance, OTC drugs

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INTRODUCTION

Over the Counter Drugs are drugs that are sold with non-prescription, which means they are sold without a prescription from health providers. These drugs are sold directly to the consumers as compared to prescription drugs, which require a prescription. They are also referred as non-prescription drugs¹.

Most common illnesses in poor countries like Ethiopia are managed by self-medication². Self-medication encompasses the utilization of pharmaceutical treatments like drugs purchased without prescription and drugs purchased by recompiled old prescription, drugs shared from friends/neighbors/relatives or reused leftover drugs kept at home (Pakistan reference), practice of non-pharmaceutical treatments like change in life style or diet, use of physiotherapy or exercise, psychological and physiological support, and utilization of traditional medicines. Similarly, self-medication with Prescription only drugs like antibiotics, antimalarial, antihypertensive and diabetic drugs are also being commonly utilized¹⁻³.

Studies in Ethiopia reported that most patients/caregivers are utilizing OTC drugs like analgesic/antipyretic which are commonly taken, followed by antibiotics, antimalarial and anthelmintic, antacid and others more. Most of these patients are illiterate and have very low income. Majorities of self-medications are used for headache/fever followed by upper respiratory infection, gastrointestinal disorder, gastritis, parasitic infection. Though most of these OTC drugs are purchased from drug venders and pharmacy, they are also available in not authorized shops, and some people are also practicing self-medication using leftover drugs from previous illness, neighbors and relatives and commonly these patients are self-medicating due to factors like prior experience and the non-seriousness or communes of the illnesses, socioeconomic factors, lifestyle and ready access to drugs are also another determinants for self-medication⁴⁻⁷.

In Ethiopia, several efforts have been made to promote the rational use of essential medicines. Among these, the publication of essential and national medicine lists, the introduction of the Standard Treatment Guidelines (STG) for all tiers of health facilities and revision of OTC drug lists are the most notable⁸.

In 2012, more than 93 OTC drugs classified into 25 therapeutic categories were revised and legally authorized by Ethiopian Food, Medicine, Health, Administration and Control Authority (EFMHACA) to be sold without prescription for the treatment of conditions that do not require the direct supervision of health providers. The authority proved that these drugs are safe enough and well-tolerated when used without prescription but have to be dispensed by registered

pharmacy personnel with a sufficient counseling about the condition as well as the medication besides the maximum quantity dispensed at one time⁸. The authority and different studies also stated that benefits of these drugs outweigh their risks and reflected the importance of OTC drugs use in increasing access as well as the potential of the public to make a more active role for the management of minor and common illnesses in their own, low chance of misuse or abuse, positive outcome on communities or patients wellness and productivity, in improving health behavior and control of symptoms particularly for those patients who are suffering from chronic diseases. Additionally, practicing 'responsible' and regulated OTC drugs use economically benefit patients/caregivers to remain at their own routine work, to save time and travel costs. Also, they can save their unnecessary spending that might otherwise be charged for the consultation, laboratory diagnosis and imaging and for additional prescribed drugs. This Practice also contributes for health facilities in reducing patients waiting time through saving health providers time that spend unnecessarily for consultation, diagnosis, dispensing and the like¹⁻⁸. However, the practice of OTC drugs use is poorly regulated and the policy is not well communicated and strictly followed by both consumers and dispensers that might result in misuse of these drugs then in interacting with prescribed medicines, food products, duplication of therapies, over dosing; for example, If a patient has been self-prescribed diclofenac for fever, and if the dentist has prescribed other NSAIDs (like ASA or Ibuprofen) for the same patient, it could lead to overdosing of NSAIDs, and result in the risk of GI bleeding and may aggravate hypertension. In another example, patient who self-prescribed antacid should avoid taking ciprofloxacin within 2-3 hours because the antacid drastically reduce the absorption of ciprofloxacin⁹. Additionally unsupervised and unregulated OTC drug use might result in delaying for access to formal health care and consequently lead to unnecessary expenditure³. Though different studies also stated that irresponsible and unregulated OTC drugs use can possibly result in wasteful spending to governmental and private health insurances³, no reviews have been conducted yet regarding the impact of community base health insurance (CBHI) schemes design on OTC drug use in Ethiopia.

Community based health insurance scheme in Ethiopia is a non-profit scheme organized community members voluntarily in order to improve financial access and utilization of health services of members by reducing out of pocket payment at the point of receiving care through risk pooling between the better off and the poor as well as the healthy and the sick by comprising mainly the rural and urban informal sector populations. The Federal Ministry of Health Ethiopia designed directive that provides legal backing and promotion of the community based health

insurance (CBHI) schemes in 2008 and launched a pilot CBHI schemes in June 2011 in 13 districts then the government satisfied by the pilot results and scaled up to 185 districts three years later (in 2014)¹¹⁻¹³. According to the recent national performance report, achievements have also been scored and schemes members' enrollment rate and health service utilization (effect on health seeking and treatment behavior) was increased to 52.4% and 0.7 visits per capita for insured vs 0.3 for the national average successively¹²⁻¹³.

Regarding the benefit package, the schemes cover basic health services including essential drugs provided both at outpatient and inpatient departments of public health facilities. Beneficiaries may seek care in private facilities unless a particular service or drugs are not obtained at public health facilities. The CBHI directive put treatment abroad, treatment with large cosmetic value such as artificial teeth, plastic surgery, dialysis, and kidney transplant and in vitro fertilization to be excluded from reimbursement. A referral procedure was established and beneficiaries are expected to get keep the tiers of health service delivery, first visit health centers and should get referral letter from each of the public health facilities if they want to seek care at the next higher public health facilities. If referral procedures is not followed members are expected to cover the 50% of the costs of their health care provided. However, in the directive that is providing legal backing and promotion of the community based health insurance (CBHI) schemes, the practice of OTC drugs use have neither been listed under the benefit nor the non-benefit package of the schemes. Moreover, CBHI schemes, their beneficiaries and contracted health providers are less aware about authorized OTC Drugs use and they have not also been contributing the promotion and regulation OTC drugs use and the schemes are not aligned / networked with the regional regulatory, public health facility based drug and therapeutically committee (DTC) and EFMHACA's OTC drug policy. So far there have been no records, reports, mechanisms to address the issue of OTC drug use complaints, and auditing of these drugs used by schemes beneficiaries¹¹⁻¹³.

CONCLUSION

The practices of OTC drugs use have neither been listed under the benefit nor the non-benefit package. Therefore, the practices of these drugs use should be considered under the CBHI schemes design or directive besides schemes have to play their role in the promotion of the practices of responsible and regulated OTC drugs use. Additionally, if the CBHI schemes want to prevent self-medication with OTC drugs ensuring that their beneficiaries are accessible to prescription drugs the directives should be revised to implement in this way and should also

consider financial incentives for the pharmacy personnel and prescribers. Furthermore, research has to be conducted to outweigh the benefit and losses associated with the inclusion and exclusion of OTC drugs use from the CBHI members benefit package.

For some members, who are probably indigent, fill sick and are far away from the contracted health facilities and live in mountainous and remote areas, who are not accessible for prescription or OTC drugs, mechanism has to be designed to make them accessible.

As CBHI schemes, their beneficiaries and contracted health providers are less aware about authorized OTC Drugs use, information, education and communication has be delivered to strictly follow the countries OTC drugs regulation and to practice informed OTC drug use. Moreover, CBHI schemes together with their respective district health offices and health extension workers have to teach the community about who is authorized to dispense OTC drugs, where OTC drugs must be sold and the national lists of authorized OTC drugs. The schemes have to align with the regional regulatory, public health facility based drug and therapeutically committee (DTC) and EFMHACA's OTC drug policy and they should regularly monitor and evaluate the practices of OTC drugs use of their beneficiaries.

REFERENCES

1. https://www.google.com.et/?gws_rd=cr,ssl&ei=5Q7bVefFLcvx-QGKgK-wCA#q=over+the+counter+drugs+wikipedia.
2. PW, G. (2000). Children and Medicines: self-treatment of common illnesses among Luo schoolchildren in Western Kenya. Pub Med.
3. Industry, W. S.-M. (n.d.). Self- Care and Self -Medication. Crissier: Swizerland.
4. Tadele Eticha, K. M. (2013). Self-medication Practice in Mekele. Mekele, Ethiopia: PLOS.
5. Tefera Abula, A. W. (n.d.). Self-Medication in three towns of North West Ethiopia. The Ethiopian Journal of Health Development.
6. Sultan Suleman, A. K. (n.d.). Assessment of Self-Medication practices in Asendabo Town, Jimma Zone, and South Western Ethiopia.
7. Edao Sado, T. G. (n.d.). Drug Utilization at Houshold Level in Nekemte Town and Surrounding Rura Areas, Western Ethiopia. OALib Journal.
8. Over-the-Counters Medicines List for Ethiopia. (2012). Addis Ababa, Ethiopia: Food Medicines and Health Care Administration Authority Ethiopia.

9. Food, M. a. (May 2012). Principles and Processes of Medicines Good Dispensing Practice, Second Edition. Addis Ababa.
10. J, C. (2013). Cost Containment and Obesity Prevention: the states of Obesity.
11. Ethiopia, F. M. (2011). A Directive to Provide Legal Backin for Piloting and Promotion of Community Based Health Insurance. Addis Ababa.
12. Zelelew, H. (April 2015). Community Based Health Insurance as Pathway to Universal Health Coverage: Lesson from Ethiopia. Port au Prince, Haiti: USAID/HFG.
13. Ethiopia, F. M. (2015). Anual Performance Report. Addis Ababa.



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