Journal of Current Chemical and Pharmaceutical Sciences

Perspective | Vol 18 Iss 02

Affordability of Essential Medicines and Related Factors in Jimma Zone, Southwest Ethiopian Public Health Facilities

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Received date: February 28, 2022, Manuscript No. tssrcc-22-00001; **Editor assigned date**: March 02, 2022, PreQC No. tssrcc-22-00001 (PQ); **Reviewed date**: March 17, 2022, QC No tssrcc-22-00001; **Revised date**: March 23, 2022, Manuscript No. tssrcc-22-00001 (R); **Published date**: March 30, 2022, DOI: 10.37532/2277-2669.2023.12(2)

Description

Affordability is one of the key dimensions for access to essential medicines, and poor affordability impedes access to treatment in health facilities. The concept of affordability is associated with the issue of impoverishment and catastrophic expenditure. The provision of affordable and appropriate essential medicines is a vital component of a well-functioning health system. The objective of this study was to assess the perceived affordability of essential medicines and associated factors in public health facilities of the Jimma Zone, Southwest Ethiopia. A facility-based cross-sectional study design was employed. The study was conducted from March 28 to April 30, 2018, in the public health facilities of Jimma Zone, Southwest Ethiopia. Based on the WHO operational package for assessing, monitoring, and evaluating a country's pharmaceutical situations, health facilities were selected from each selected district using lower-, middle-, and higher-level criteria, making a total of 30 health facilities. For the exit interview, the total sample size was proportionally allocated for each of the selected health facilities. The data from the patient exit interview were collected using interviewer-administered structured questionnaires. The data were checked for their completeness, edited, and coded. Following this, they were entered into and exported to SPSS version 23 for analysis. Multivariable logistic regression analysis was performed using the backward LR method to identify factors independently associated with dependent variables. Six hundred and six patients participated in the study with a response rate of 97%. Among the total patients, 63.9% characterized the prescribed medicines as not affordable.

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Citation: Kebene FG. Affordability of Essential Medicines and Related Factors in Jimma Zone, Southwest Ethiopian Public Health Facilities. J Curr Chem Pharm Sc. 2022; 12(2):005

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Multivariable Logistic Regression Analysis

The affordability of a single course of treatment for selected diseases is calculated in terms of the lowest paid unskilled government worker's daily wage assuming that the income level of most of the poor is equivalent to the LPGW salary per individual level. The results showed that the treatments for bronchial asthma and adult and child pneumonia were more costly than indicated by a study conducted in Kenya. The variation might be due to the decreased median price of the medicines in health facilities at the time of data collection and the higher daily salary of the LPGW which was approximately US $ 3 as found in a previous study. The absence of a clear medicine pricing policy, high retail markups, and high variation in prices of medicines and the absence of a system of pharmaceutical evaluation influenced to rise pricing of drugs in the health facilities of Ethiopia.

In this study, most figures showed that the selected medicines were not affordable for common illnesses in the surveyed health facilities. This is because a single medicine was assessed, and a high salary was used compared to that reported in other studies in calculations of affordability. While affordability was measured in terms of only a single medicine, this may be insufficient in reality since most conditions are treated with more than one medicine. This observation was confirmed by this study, which found that the average number of the medicines per prescription..

In this study, patients spent an average of US$ 2.32 (2.21 days wage) on medicine through out-of-pocket (OOP), which is high as compared to the expenditure indicated by a study conducted in South 10.36648/2278-0041.10.3.5Wollo, Ethiopia. The mean variation might arise due to the presence of higher number of dispensed medicines per encounter in this study than the previous study. In this study, the average number of medicines per prescription compared to 1.72 in a previous study. When we compare this number with the salary of an LPGW, a patient should work more than two days in order to purchase prescribed medicines. The catastrophic health expenditure and the associated risk of falling into poverty are a direct result of the high cost of medicines.

In this study, 63.9% of the patients characterized dispensed medicines as not affordable. This finding is higher compared to the finding from the study conducted in the Jimma Health Centre which reported 47.8%. The mean variation might arise due to the classification of a different level of the outcome variable in both studies. The outcome variable had three levels in a previous study, while it had two levels in this study. Patients may skip the prescribed medicines due to their high cost, and not taking medications as prescribed can cause serious health problems and unnecessary complications related to the medical condition.

This study found that the number of dispensed medicines was one of the inhibiting factors of the perceived affordability of dispensed medicines in the sampled health facilities. Patients who got more than two medicines per prescription were less likely to obtain the dispensed medicines with affordable prices than patients who got less than or equal to two medicines. The finding of this study is consistent with those of the previous study conducted in South Wollo, which found a negative association. When the number of prescribed medicines increases per prescription, it raises the cost of medicines; hence, patients are less likely to get medicines from the visited health facilities, and increased medicine expenditures raise total health expenditures, thus bringing an economic burden on the patients.