



# Future Health Systems

Innovations for equity



*Innovations and knowledge for future health systems for the poor*

## Policy Brief

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### **Organizational and regulatory functions of the Nigerian Patent Medicine Vendor's Association. How can it be used to improve malaria management?**

Patent medicine vending in Nigeria transcends the contemporary period dating back to colonial times. It has remained a primary source of care especially for poor people in urban and rural communities. The Association of Patent Medicine Vendors (PMVs) has a long history, it is now a national body with many members. This body has received little attention from researchers. Its importance has been invisible to policy makers even though the activities of its members have continually being regulated. Not surprisingly, the link between the government regulatory bodies and the association is weak. A recent study by the Future Health Systems (FHS) consortium identified PMV associations as having potential important roles to play in providing information, influencing PMV behaviour and procuring drugs, but the government knows very little about PMVs or their associations. This makes it difficult for government regulators to understand how best to work with the association on the availability, labelling, dispensing, marketing and pricing of medicines sold by PMVs. For the many Nigerians who use PMVs, it is difficult for them to know if they have access to quality treatment and prevention services. Information on the PMV association is critical for promoting evidence-based decision making by regulators, program managers and policy makers.

As a way of bridging this gap, a team from the University of Ibadan undertook an exploratory study among the officers of Patent Medicine Vendors Association (PMVA) in Oyo State, Nigeria at the state, zonal and local government area (LGA) levels to explore the organizational and regulatory practices of the association in relation to the management of malaria, using an exploratory research design. This study was conducted between March and July, 2009. The main findings are as follow:

#### **A. Social Organization**

##### **Organization and Objectives**

- The PMV Association oversees the operations of the patent medicine vending business in Nigeria's marketised health system.
- The PMV Association was registered by the Nigerian Government in 1962, though it was in existence since pre-colonial days.
- The objectives of the association are to enhance the wellbeing of their members, ensure compliance with regulatory laws, cooperate with regulatory agencies, educate their members and ensure quality service to the people.

- The association is guided by a constitution that spells out its operational guidelines.
- Officers of the association, elected through a stepwise process from community to LGA, state and national levels, serve for a period of two years in line with the constitution.
- These officers coordinate the associationsq activities through a committee system at all levels (LGA, Zonal, state and national) and are referred to as executive officers.
- The schedule of associationsq meetings varies across different levels. Monthly meetings are conducted at the national and states level, while at the zonal and LGA levels, meetings are bi-monthly. Community level meetings are variable.
- Only registered members are allowed to attend the meetings and are expected to pass across any information shared in meetings to other members who are unable to attend such meetings.
- The national executives have the greatest decision making power followed in descending order by states, zones and LGAs and communities.

## Membership

- The criteria for membership of the association include registration with the appropriate authority, evidence of training, age, required level of education and recommendation by a member of the association who is of good standing.
- The association has no relationship with non-members who are also not entitled to the benefits of full membership such as protection from harassment by regulators, education, and training.
- Social functions such as naming ceremony, house warming and burial of aged parents are a major component of the association's way of relating to members under the welfare section of the constitution. Social functions advertise the image of the association.

- Non-members are not entitled to the benefits of memberships such as protection, education, and training among others.
- It is not common for registered members to leave the association as long as they still are selling drugs.

## Regulatory Practices

- Sanction is a major way of discouraging poor performance, ensuring adherence to regulatory guidelines and rules. The association has guidelines for the conduct of its members which are enforced through disciplinary actions.
- Disciplinary actions include fines, suspension from meetings, refusal to honour erring membersq invitation to social function and outright dismissal.
- A special association taskforce is responsible for enforcing the rules at all levels. Its activities include checking, confiscating, and destroying expired drugs found in PMV shops, reporting erring members who break the associationsq rules to committees over closing shops with serious violations until a fine is paid.
- Occasional rewards are given to PMVs that consistently adhere to association rules. Rewards include a certification of recognition

## B. Perception of Anti-malarial Drug Policy

- All PMVA members complained about the frequent changes in policy with regard to malaria treatment.

## C. PMV Knowledge of Artemisinin-based Combination Therapy (ACT) and anti-malarial service delivery practices

- Association officers have little knowledge of the new anti malarial treatment guidelines in respect to the use of ACT for the management of uncomplicated malaria.

- The officers reported that members of the association provide many different anti-malarial drugs.
- ACT is not readily available to association members because it is the most expensive of all anti-malarial drugs.
- The majority of members are concerned about fake drugs, especially anti-malarial drugs and encourage association members to engage in bulk-purchase to reduce opportunity for buying fake drugs for subsequent sale.

#### ***D. Suggestions for improving Association members malaria service delivery***

Key suggestions from the officers include the following:

- The use of dedicated GSM line to overcome communication problems in reporting the incidence of fake drugs and in sharing information about problems encountered by members including those related to anti-malaria policy.
- The use of simple and rapid counterfeit drug detection equipment by the association members as a way of preventing them from inadvertently purchasing fake drugs at the point of purchase.
- Capacity enhancement for improved performance of PMVs through:
  - Institutionalized competency-based training.
  - A jointly-designed regulatory framework and co-regulation by government regulators and the PMV association to ensure members' adherence to best practices.
  - Enactment of enabling laws to give institutionalized training of PMVs and co-regulation required legal backing.

#### ***Conclusions***

This study has shown the organizational and regulatory functions of the PMV association, perception of malaria treatment service delivery among members, and suggestions for improvement. The findings on the organization and pattern of regulation of members of the association could be used in designing a new and stronger regulatory framework that is driven by the association. This would most likely ensure greater success of government regulators' desired compliance with all aspects of service delivery by the PMVs including those on anti-malarial treatment.

A major concern is that while PMV association had existed a long time in Nigeria, no government has been able to translate their existence into opportunities for improving Primary Health Care (PHC) services thereby providing robust opportunities for making health care more accessible. This is especially relevant to the poor and the ambitions of meeting the Millennium Development Goals (MDGs).

#### ***Recommendations***

Based on the findings of this study, strengthening the PMV association through a public-private partnership initiative is highly recommended. Specifically, the strong internal regulation of the association should be used as a springboard for enhanced regulation. This would ensure a tangible outcome of the activities of the government regulatory agencies, reduce the prevalence of substandard and counterfeit drugs, and encourage best practices among association members nationwide. This is a pro-poor strategy

Second, a combination of institutionalized training, use of information technology and rapid pharmaceutical diagnostics is critical for strengthening the association's regulatory environment for enhanced delivery of preventive and curative malaria services

Third, in-country research groups with in-depth knowledge of the PMV association should be

strengthened to conduct objective and robust evaluation of the effectiveness of the enhanced regulation, training and use of information technology and rapid pharmaceutical diagnosis by PMVs.

Finally, implementing these recommendations will help the poor to get quality antimalarial services to prevent and reduce disease progression, reduce wasted expenditures on ineffective treatment with likely impact in poverty reduction.

### **Further Studies**

In addition to the finding of this exploratory study, future studies should be conducted on the following

- PMVs apprenticeship training and competence evaluation of trainees
- Assess how the issue of co-regulation can be best managed.
- Commonalities and differences between drug hawkers and PMVs.
- Effectiveness of PMV institutionalized training
- Effect of PMV Association's internal regulatory framework

### **Future Health Systems**

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*The aim of Future Health Systems (FHS) Research Programme Consortium is to find ways to translate political and financial commitments of government to meet the health needs of the poor. The consortium addresses the fundamental questions about future health systems and work closely with actors who are leading the transformation of health systems in their own countries. Our research themes are:*

- *Protecting the poor against the impact of health-related shocks*
- *Developing innovations in health provision*
- *Understanding health policy processes and the role of research*

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