

Chapter 1. Introduction

Answers to Exercises

Primary Health Care (PHC) as defined in 1978 is

(Tick all boxes that are right)

- ☐ Access to a doctor in every village
- ☐ A good GP clinic
- ☐ Good hospitals in every village
- ☐ Free health care and medicines
- ☒ essential health care based on scientifically sound and socially acceptable methods and technology, made universally accessible to individuals, families and communities by their full participation

Primary Health Care does NOT include (tick all boxes you agree are NOT part of PHC)

- ☐ Access to safe water
- ☐ Access to community Health Workers
- ☐ Antenatal care
- ☐ Good sanitation
- ☐ Health education
- ☐ Prevention of common diseases
- ☒ Access to free modern medicines
- ☐ Family planning
- ☐ Referral to good curative services when needed
- ☐ Maternal and Child health care
- ☐ Immunisation
- ☐ Good nutrition
- ☐ Community participation in decisions about health services
- ☐ Community support for community health workers
- ☐ Control of communicable diseases
- ☐ Control of epidemics
- ☐ Health workers from the community

Essential Medicines ARE (tick)

- ☐ The most modern medicines available for a disease
- ☐ The cheapest drugs available
- ☐ Medicines that act quickly
- ☐ Medicines to treat poor people who cannot afford to pay
- ☐ Injections
- ☒ Medicines needed for the most common problems in a community that are safe, effective and affordable

Generic medicines (True or false [T or F])

- F** Are not as good as brand name medicines
- F** Do not have to comply with quality control
- T** Are usually cheaper than original brand name medicines
- F** Are only used for poor people
- T** Must meet the same quality standards as brand name medicines

The first Model List of Essential Drugs was published in ? (tick correct year)

- ☐ 1960
- ☒ 1977
- ☐ 1982
- ☐ 1996
- ☐ 2000

National Medicines Policy (True or false [T or F])

National Medicines Policy

- F** always only applies to the Public sector
- F** only needed in poor countries
- T** defines the areas that will be covered by the policy and it should cover activities in public, private, NGO and faith-based (religious) sectors
- F** does not have to match the pharmaceutical legislation
- T** is linked to National Health Policy
- T** is a guide for action throughout the whole pharmaceutical sector
- T** outlines a country's goals, for example improving people's access to good-quality essential medicines and ensuring their appropriate use, and sets out the roles and responsibilities of the main actors in both the public and private sectors.

Registration of medicines to be allowed into the country is important because
(Tick CORRECT answers)

- ✓ it defines medical products that can be imported and distributed and by whom and under what conditions
- ✓ it informs the Customs authorities decide what they should allow into the country
- ✓ it prevents medicines that are not registered from being imported
- ✓ it controls the quality of medicines that can be imported into a country

Chapter 2. Selection of Medicines

Exercises

Essential medicines list (True or false [T or F])

- F** Is made by a group of doctors who decide which medicines they would like to be available
- F** should be made before treatment guidelines are prepared
- T** should be prepared after treatment guidelines have defined the medicines that are needed
- F** do not have to be updated regularly
- F** can be added to by anyone at any time
- T** must be updated whenever new treatment guidelines are prepared
- F** is only useful for the public sector
- T** needs to be available to everyone working in the health sector
- T** its use is a guarantee that products are **excluded** which haven't been properly evaluated, or are known to be quite dangerous, or which have nothing to do with the needs of the population
- T** excludes inappropriate drugs that could be made available by donation

Standard Treatment Guidelines (STGs) (True or false [T or F])

- F** STGs are not needed by doctors
- F** STGs do not have to include the same medicines as the essential medicines list
- T** STGs identify the medicines for the national essential medicines list and ensure the best patient treatment and care
- F** STGs provide the same recommendations for all levels of the health services
- F** STGs are the same for all countries
- T** STGs provide recommendations for use of medicines at different levels of the health service
- T** STGs should be available and adhered to by all practitioners
- F** STGs are prepared by the Ministry of Health
- T** STGs are prepared by a Drugs and Therapeutics Committee
- F** The Drugs and Therapeutics Committee is chosen by the Minister of Health
- F** STGs do not have to be updated
- T** Use of STGs are the best way to make sure the most appropriate medicines are available
- T** STGs help to stop the waste of money on unnecessary drugs or on drugs that are more expensive than equally effective ones,
- T** STGs depend on analysis of disease patterns in a setting
- F** Patient records from clinics are not helpful when making STGs
- F** The Drugs and Therapeutics Committee is only responsible for making STGs

Developing and using standard treatment guidelines

Standard treatment guidelines (STGs) or protocols are a proven way to promote rational use of medicines provided they are: **(which is NOT correct)**

- ☒ Developed by a group of specialists with advice from drug companies
- ☐ Developed in a participatory way involving end-users
- ☐ Easy to read and up to date
- ☐ Introduced with an official launch, training, supervision and wide dissemination
- ☐ in a convenient format, for example a pocket-size book rather than an A4 size folder.

A National Formulary (Tick the CORRECT answer)

- ☐ Is the National Essential Medicines List indicating different levels of use
- ✓ includes the composition, description, method of preparation, uses, precautions, contraindications, adverse effects and dosage for medicines
- ☐ is a list of all the medicines available in a country

Chapter 3. Procurement

(True or false [T or F])

- F Procurement only means buying the needed medicines
- T Procurement is a continuous cycle that includes selection, quantification, tendering, quality assurance, securing finance, placing orders, tracking orders, receiving orders, checking orders, storage, distribution, use, record keeping,
- F Medicines are bought from the closest country
- F Open tenders are always used
- F Restricted Tenders are always used
- F Donations are usually a good source of medicines
- T Manufacturers must provide documentation of Good Manufacturing Process (GMP) before they can offer products
- F Products from companies with good GMP do not need extra quality documentation
- T It is important to have a national donation policy
- T Donors must only provide donations in line with national policy
- F A standard allocation can continue to be used as the list for procurement
- T It is important to specify that products with expiry dates less than 2 years on arrival will not be accepted
- F It is not necessary to have records of how medicines are used before making an order for procurement
- T Careful quantification of needs based on records of appropriate use of medicines according to STGs is the basis of good procurement
- F Stock-outs cannot be avoided
- F Visiting Medical Specialists can always ask you to procure a medicine for a particular patient which is not on the national essential medicines list.
- F It is not necessary to provide any paper work to Customs officers
- T Close links with Customs authorities is very important

Chapter 4. Management of Stock

Exercises

(True or false [T or F])

- T Arrangement of stock by therapeutic category has good advantages
- T Certain products need special storage conditions
- F Heat does not affect modern medicines
- F Stock cards are not needed if you have a computer
- T Regular physical stock checks of all items is important
- F It is not important to look at the date of manufacture of stock
- T The Patient Register is an important source of information to help you work out how much you need to order
- T Adherence to Standard Treatment Guidelines assists maintenance of a reliable supply of medicines
- F A set allocation of medicines is appropriate for providing a reliable supply of stock
- F Waste cannot be avoided
- T It is essential that medicines be used according to the standard treatment guidelines to be able to predict needs and calculate quantities to be ordered.

Pre-packing courses of medicines (Tick the **WRONG** statement)

- T Only one product at a time should be pre-packed
- T Sufficient supplies of the same batch of the product are collected in preparation for pre-packing
- F Batch numbers do not need to be included on the label of the pre-pack
- T Sufficient labels for batch and batch record (quantity packed + 1) need to be ready.
- T The product is repacked and labeled neatly; and the item, quantity and label for each pack is checked.
- T Pre-packs are assembled neatly for checking by the Pre-Packing Supervisor.
- F Pre-packed courses can be handed over to patients with no extra information on the label
- F Pre-packed courses don't have to be included in the patient register

Chapter 5. Rational Use of Medicines

Exercises

Appropriate Use of Medicine is (True or false [T or F])

- F** Prescribing what the patient wants
- F** Prescribing the newest medicine available.
- T** Prescribing the right medicine for the problem in the right dose at the right time and for the right duration
- F** Prescribing as much medicine as the patient can afford to buy
- F** Prescribing what you have most of on stock
- F** Prescribing injections because the patient's think they work best
- F** Prescribing a long list of medicines so some of them should work
- F** Prescribing expensive medicines because the patient thinks they are better
- T** Prescribing according to National Treatment Guidelines

Inappropriate use of medicines CAN occur when (True or false [T or F])

- T** Prescribers lack enough education and training
- T** Prescribers copy inappropriate role models
- F** Prescribers follow national treatment guidelines
- T** Prescribers always use Pharmaceutical industry information about medicines' efficacy
- T** Prescribers get paid for dispensing the medicines they prescribe
- T** There are short consultation times
- T** There is no lab capacity for accurate diagnosis
- T** The right medicine is not in stock
- T** There is inadequate regulation
- T** Regulations are not enforced
- T** Non-essential medicines are available
- T** The National Standard Treatment Guidelines remain in the MoH – are not distributed

A reliable supply of the right medicines can be assured in a health facility by (True or false [T or F])

- F** Re-ordering everything that is on an allocation sheet
- F** Having pre-packed kits of supplies sent regularly
- T** Good record keeping systems for patient use and for stock control as well as a good ordering system
- T** Keeping accurate patient records and using them to guide the monthly orders from the clinics to the medical store
- T** Printed order forms including the medicines and supplies normally found at a particular level of the health service
- T** Providing patients with standard courses of treatment and keeping records that can be added to calculate ongoing needs
- T** Good communication with the warehouse (CMS) to check orders and get information about supplies

Clinical pharmacy includes (True or false [T or F])

- F** having the labels complete so medicines can be handed over to patients or family members with no extra communication
- T** monitoring patient responses to therapy
- F** no particular extra knowledge about medicines
- T** providing medicines information to patients
- T** providing medicines information to other health workers
- T** talking to patients about their medicines
- T** knowing the right questions to ask patients about their medicines
- T** having access to up-to-date comprehensive information about medicines
- T** encouraging patients to return if there is anything they don't understand or have concerns about

Summary of pharmaceutical care steps are (True or false [T or F])

- F** Deciding what medicines the patient should be taking
- T** Assessing the patient's medicine therapy needs and identify actual and potential medicine therapy problems
- F** Always advising the patient to stop taking medicines if there is a problem
- T** Developing a care plan to resolve and/or prevent any medicine therapy problems
- T** Implementing the care plan
- T** Evaluating and reviewing the care plan – discussing with the patient how it is going.

Chapter 6 – Special Programs

Examples of Special Programs:

Reproductive Health Program

Integrated Management of Childhood Illness (IMCI)

Family Planning

Syndromic Management of Sexually Transmitted Infections (STIs) including HIV

National TB programs

Expanded Program on Immunisation (EPI)

Exercises

(True or false [T or F])

- F** It is alright for special programs to be run independently from the other routine programs in a health facility
- F** Trainings for medicines use in special programs can be run without consultation with the department of pharmacy
- T** It is important for pharmacy workers to be aware of the management of special programs.
- T** Medicines for use in special programs must not be introduced without consulting with the National Therapeutics Committee and the pharmacy department so the recommendations do not conflict with STGs and EML
- T** Management of medicines for special programs should be integrated with management of all other medicines
- F** It is not important to talk to the people introducing or managing the special programs
- T** People introducing or managing the special programs must collaborate with the pharmacy department
- F** Medicines for special programs need separate storage warehouses and staff
- F** No records need to be kept about use of medicines for special programs because they will be re-supplied anyway
- T** The range of medicines available at different level facilities might have to be changed to fit with the needs of special programs
- F** Health workers do not mind making different reports for several different programs
- T** The MOH should develop one reporting format for health facilities that covers all activities

Chapter 7. Supervision and support of health workers

Exercises

Supervision of workers in health facilities

(True or false [T or F])

- F** Is impossible because there are never enough vehicles, drivers and fuel
- T** Needs to be included in the budget and work plans
- F** Is needed to check on what they are doing
- T** Helps share new ideas that being discussed
- F** Is to make sure they are clean and tidy
- T** Provides opportunities to talk about any problems there might be
- T** Checks on their storage practices
- T** Provides help if needed about better storage practices
- T** Provides opportunities to talk about ways to maintain reliable supplies of medicines
- F** Makes sure they are working the hours they are meant to
- T** Helps them manage any community problems they might have
- T** Gives an opportunity to talk about problems and needs
- T** Helps understanding about the need for records, filling forms and other things you ask them to do
- T** Keeps remote workers feeling an important part of the team
- T** Gets their ideas about things that might be changed or needed

Chapter 8. Communications: the importance of talking to each other

Exercises

The following are beneficial - true or false [T or F]

- T** Informal information sharing during work and breaks
- T** Awareness of what is going on in other health programs and activities
- F** Getting back to work quickly after a workshop without spending time telling others what you learnt
- T** Sharing information after meeting and workshops
- T** Doing evaluations that include time for discussion
- F** Collecting filled-in forms without wasting time chatting
- T** Sharing results of evaluations
- T** Making provisions for handovers or for coverage during temporary absences
- F** Leaving quietly when you go on leave
- T** Linking with other work groups like HIV, TB, Family Planning, STIs, EPI
- F** Making sure you keep your area of work to yourself
- F** Not talking to colleagues about work during tea breaks
- T** Explaining why there is a change in the treatment guidelines and different medicines need to be ordered