MANAGEMENT OF URETHRAL DISCHARGE IN PHARMACIES IN THE ASHANTI REGION – A BASELINE SURVEY

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SUMMARY
Sexually transmitted infections (STIs) impose great morbidity on the population and they facilitate the transmission of the human immunodeficiency virus (HIV). Adequate management of STIs apart from reducing the reservoir of infections has been linked with a reduction in the incidence of HIV infection. Thus health workers in Ghana are being trained in the management of STIs through the syndromic approach. Prior to the introduction of this training to pharmacists in the Ashanti region, a baseline survey was conducted on the management of STIs in pharmacies in the region, using the simulated client approach. In general the overall management of STIs by the pharmacists was poor. Only 34% and 8% of pharmacists adequately gave treatment for gonococcal and chlamydia urethritis respectively. None of them treated urethral discharges correctly according to the syndromic approach. Condom promotion and partner notification was poorly done. Addressing these deficiencies will help greatly in reducing the burden of STIs in the population.

Keywords: Syndromic management, sexually transmitted infections, pharmacists

INTRODUCTION
A community randomized trial of strengthened syndromic management of sexually transmitted diseases (SMSTD) in primary healthcare clinics in Tanzania reduced HIV incidence in the general population. This has led to an increased focus on how best to integrate such STIs management services into comprehensive HIV prevention programmes in developing countries. In Ghana, the syndromic approach to the management of STIs was adopted in 1996. This approach which is easy and simple to use, makes it possible for many health workers, not only clinicians, to manage STIs and is being used in many countries. The Ministry of Health has been training health workers in the syndromic management of STIs, with the early efforts focused mainly on clinicians in the public sector. However, only 20% of patients with STI related symptomatology report to public sector health facilities for treatment, with the rest being seen in the informal sector, dominated by community and private pharmacies. Thus training clinical officers in the public sector alone will deny many patients access to adequate care.

In many developing countries, preference for health care (including STI care) in the informal sector is due to convenient location, no consulting fees, and less “social distance” between consumer and provider. Often the first and sole providers of STI treatment, pharmacists can thus play a critical and timely role in the early management of STI.

Pharmacists in Ghana are being trained in the SMSTD. Between April 1997 and December 1997, a total of 276 pharmacists received this training in the Greater Accra region. The National AIDS control programme facilitated this training with support from the Canadian International Development Agency’s (CIDA) West Africa Project to Combat AIDS/STD.

CIDA plans to extend this training to the Ashanti Region. Prior to this, baseline information on the current practices of pharmacists in the region in the management of STIs was collected. This would enable trainers address needed areas for training subsequently.

METHODS
The study was based on the simulated client approach. Training for the simulated clients before the study included reviewing a conversation guideline outlining different scenarios that could come up during their interaction at the pharmacy shops. Ten male clients were trained to report at selected pharmacy outlets presenting with symptoms of urethral discharge. They were given money to purchase drugs and any condoms that they were offered. When an injection was offered, they were to reject it asking for an equivalent oral medication. They entered the pharmacies, looked around suspi-
ciously, waited for other clients to leave, and then told the pharmacists that they had observed a purulent fluid from the penis. After each simulated client interaction in a pharmacy shop, a standardized questionnaire documenting details of the interaction was completed. To minimize the chances of detection, all interviews were completed within a week and no simulated client went twice to the same shop.

Using random sampling with fixed probabilities per outlet, 100 pharmacy outlets in the Ashanti Region were drawn from a comprehensive list of 208 obtained from the Pharmacy Council, for the study. The number of pharmacies studied was necessitated by logistic constraints.

Aspects of syndromic management evaluated at the pharmacy shops were: history taking, drug treatment for urethritis, condom promotion, and partner notification, in accordance with the UNAIDS (Joint United Nations Programme on HIV/AIDS) Sexually Transmitted Infections services indicators 1 and 2 (STI 1 and 2)\(^6\) used in the evaluation of STD case management.

History taking involved clients being asked details of the discharge i.e. consistency, colour, how long after sexual intercourse it was noted, and any associated symptoms e.g. dysuria. Drugs deemed appropriate for the management of urethritis were as recommended by the Ministry of Health\(^7\). Issues on condom use deemed adequate were: discussions on history of past and present condom use, and making the condom available for purchase or otherwise to the client. The need to see and manage sexual partners and the importance of doing this constituted partner notification. The study took place between 14-28 January 1999.

RESULTS
Simulated clients visited 96 of the 100 selected outlets. The remaining 4 could not be located from the addresses provided by the Pharmacy Council. Eighty nine (89) of the outlets were in the Kumasi Metropolis, 4 in the Adanse West district (Obuasi), 2 in the Asante Akim North district (Konongo and Agogo) and 1 in the Amansie East district (Bekwai). These represent 4 of the 5 districts in the region with pharmacy shops. No chemical seller shops were visited.

Table 1 lists the parameters evaluated and the percentage of pharmacies offering adequate services.

<table>
<thead>
<tr>
<th>STI service indicator evaluated</th>
<th>Number of pharmacies offering adequate services (%)</th>
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<tbody>
<tr>
<td>History taking</td>
<td>20 (21)</td>
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<tr>
<td>Drug treatment</td>
<td></td>
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<tr>
<td>Gonorrhoea alone</td>
<td>34 (35)</td>
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<tr>
<td>Chlamydia alone</td>
<td>8 (8)</td>
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<tr>
<td>Urethritis (syndromic approach)</td>
<td>0</td>
</tr>
<tr>
<td>Partner notification</td>
<td>10 (10)</td>
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<tr>
<td>Condom promotion</td>
<td>2 (2)</td>
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DISCUSSION
The simulated client method of data collection effectively measures health service provider behaviour as opposed to direct surveys of providers, which are typically burdened by high levels of self reported bias and thus do not reflect true service provision\(^8\). Providers behaviours reported by simulated clients is theoretically closest to actual service provision since the rehearsed setting and "script" used by simulated clients attempts to replicate what providers typically encounter in their practices, thus eliciting authentic responses.

Training pharmacists in the appropriate management of STIs will increase the pool of practitioners with the requisite knowledge to help clients. In this study, less than adequate management was offered to clients with urethritis. The pharmacies performed poorly in all the parameters evaluated. No pharmacy dispensed the recommended drugs for the syndromic management of urethral discharge. The NACP recommends the use of a combination of ciprofloxacin or ceftriaxone (for gonorrhoea) and doxycycline or tetracycline or erythromycin (for chlamydia infection) for this syndromic treatment\(^9\). The adequate treatment of either gonococcal or chlamydia urethritis alone was likewise poor with only 35% and 8% of clients, respectively receiving treatment appropriately.

This indicates that males with urethritis receiving medication from pharmacies likely remained infected and may have to invest additional time and resources for treatment elsewhere. This unfortunate pattern has been documented in several developing countries\(^4,10\). Drugs offered to clients supposedly for the treatment of gonorrhoea included cotrimoxazole, chloramphenicol, spectinomycin, rifampicin and penicillin. Adu-Sarkodie\(^11\) has shown that only 2-10% of gonococcal isolates in Kumasi respond to penicillin, cotrimoxazole, and chloramphenicol and 78% to spectinomycin. Even though rifampicin is a good anti-gonococcal agent, it is not