Rapid Assessment of the Pilot Phase of Integration of Herbal and Orthodox Medical practices in selected facilities

March 23 – April 5, 2012

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BACKGROUND

- Traditional medicine (TM) has existed and has been practiced in human societies well before modern medicine.
- Herbal medicine contributes significantly to the GDP of many developing countries.
- In some developing countries, about 80% of the population rely on TM for their primary health care needs.

Background (cont)

- The popularity in the use of TM is partly due to its attachment to belief systems, its accessibility and affordability in health resource poor settings.
- Increasing public demand for herbal medicine has also led to interest among health policy makers on the possibility of integrating herbal and modern medical practice in one health system.
- Despite the wide use of TM over the years, its formal acceptance and integration into the mainstream medical system in Ghana has been a great challenge.
- The MoH has been preparing for the pilot of integration of approved TM services in selected facilities.

Based on WHO recommendations and in line with country-specific studies and observations, the MOH / GHS initiated the policy on institutionalizing herbal medicine services on pilot bases in 2010.

To date 13 out of 18 pilot centres are ready for operations.

It became important at the beginning of 2012 to undertake a study of the status of implementation to inform and strengthen the take-off strategy of the policy.

This study became possible between March 26th and April 7th 2012.

Objectives

The specific objectives of the assessment were to:

- Assess the Herbal Medicines Practitioner's Work Environment (consulting room)
- Assess record keeping practices
- Review patient records
- Assess acceptability of integration of herbal medicines practice
- Assess the management of herbal products

METHODS

- A semi-structured questionnaire was administered to a cross-section of health care providers including Herbal Medical Practitioners (HMP) , Medical Officers, Nurses and Pharmacists at selected 9 pilot sites in 6 regions.
- Data was collected on the working environment of HMPs, consulting room record keeping, management of the herbal medicines and patient record review using semi-structured questionnaires.
- Data was processed with MS Excel and the results presented using graphs and tables where appropriate.
- Open ended questions were themed and analysed.

Rapid Assessment of DM Integration, March 2012

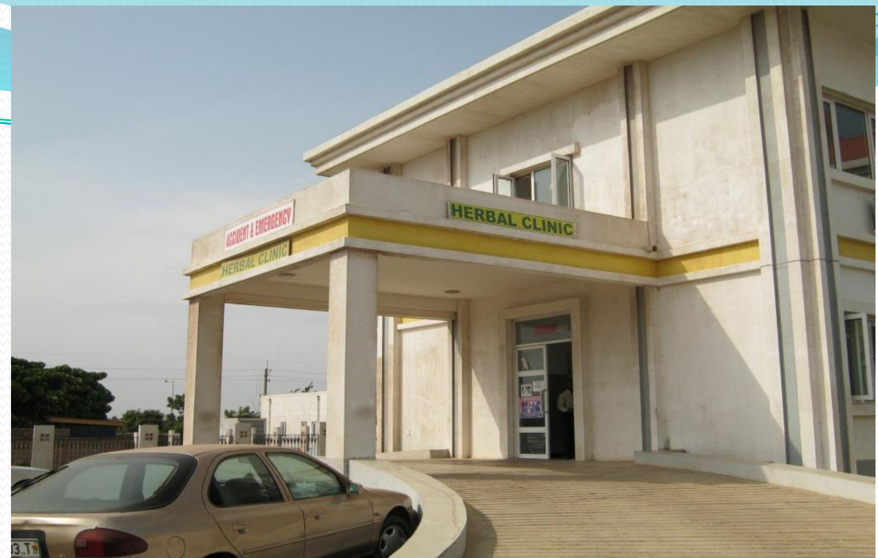
Overview

- 9 (nine) facilities were surveyed in 6 regions
- 3 facilities started the pilot in 2011
- 4 in 2012
- 2 are yet to start

Scope

Region	Facility	Start Date
Central	Cape Coast Metropolitan Hospital	Dec 12, 2011
Volta	Ho Regional Hospital	Jan 301, 2012
Brong Ahafo	Sunyani Regional Hospital*	Yet to Start
Ashanti	Obuasi Municipal Hoispital	Mar 12, 2012
	Kumasi South Hospital	Sept 2011
Eastern	Eastern Regional Hospital*	Yet to Start
	Tafo Govt Hospital	Jan 15, 2012
Greater Accra	Ledzokuku Municipal Assembly Hospital (LEKMA)	Feb 2011
	Police Hospital	Feb 2012

HERBAL MEDICINE UNIT, CAPE COAST

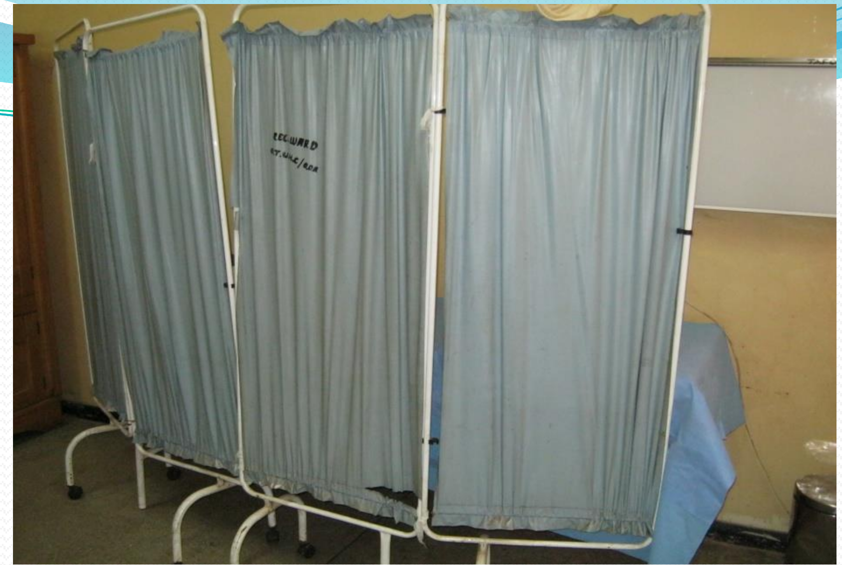


HERBAL MEDICINE UNIT, LEKMA

HERBAL MEDICINE UNIT, KUMASI SOUNTH HOSPITAL

HERBAL MEDICINE UNIT, HO MUNICIPAL HOSPITAL

HERBAL PRACTIONER IN ACTION



THE COUCH IN HERBAL PRACTIONER'S CONSULTING ROOM

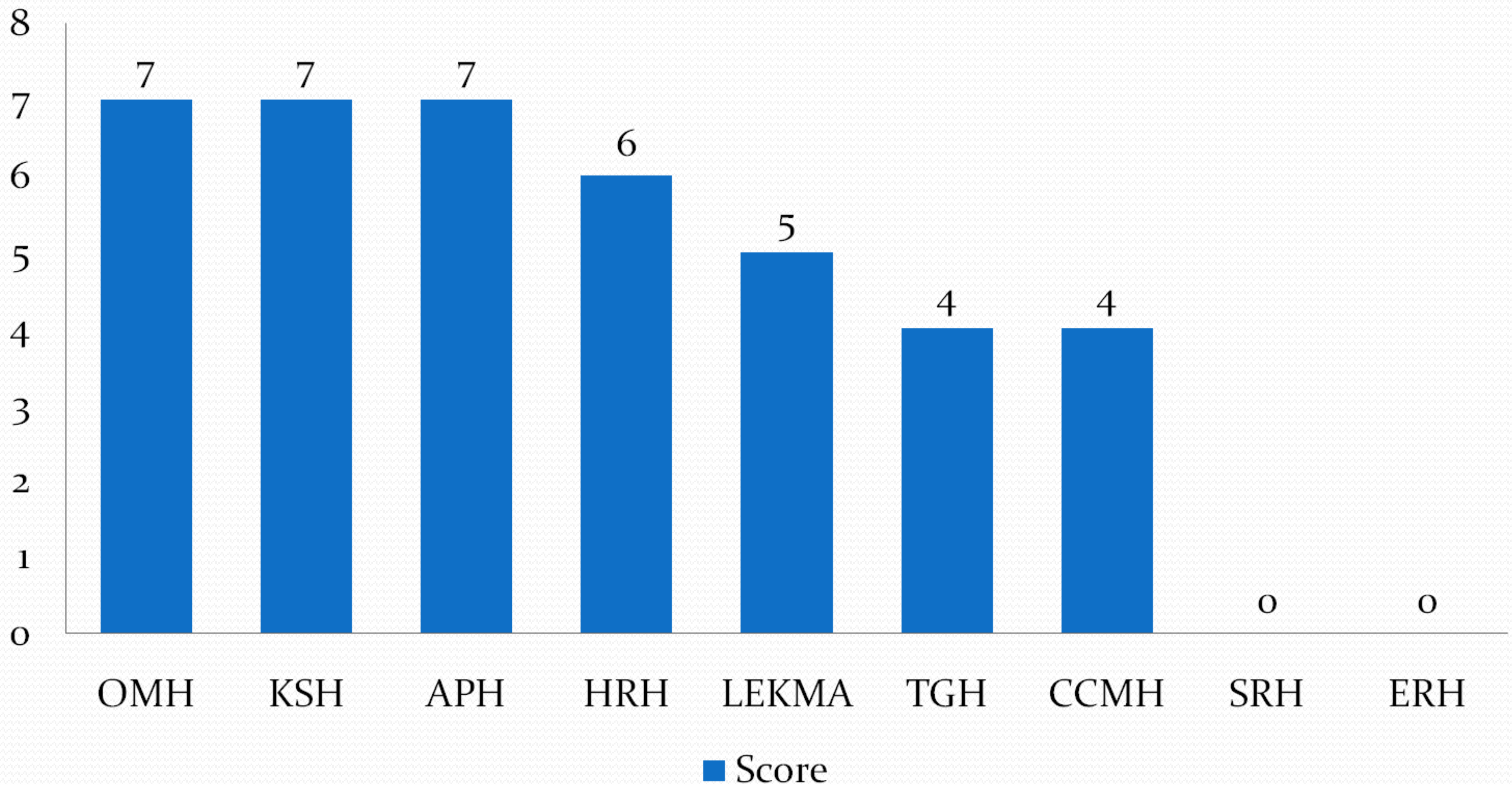
PHARMACIST IN ACTION

THE HERBAL MEDICINES

Cumulative number of Cases seen to date

Region	Facility	# Cases seen
Central	Cape Coast Metropolitan Hospital	65
Volta	Ho Regional Hospital	16
Brong Ahafo	Sunyani Regional Hospital*	-
Ashanti	Obuasi Municipal Hospital	12
	Kumasi South Hospital	98
Eastern	Eastern Regional Hospital*	-
	Tafo Govt Hospital	33
Greater Accra	Ledzokuku Municipal Assembly Hospital (LEKMA)	570
	Accra Police Hospital	12

Working Environment of HMPs



Gaps

- Absence of
  - Consulting Room Nurse
  - Examination Couch
  - Visual Privacy
  - Auditory Privacy
  - Consulting Room

Record Keeping

- Six out of Seven functional facilities have a Consulting Room Register
- Only 4 facilities fill all the columns completely
- Reasons for not filling the columns:
  - Reported poor handwriting of the HMPs
  - Nurse reportedly did not fill in the diagnoses

Herbal Products

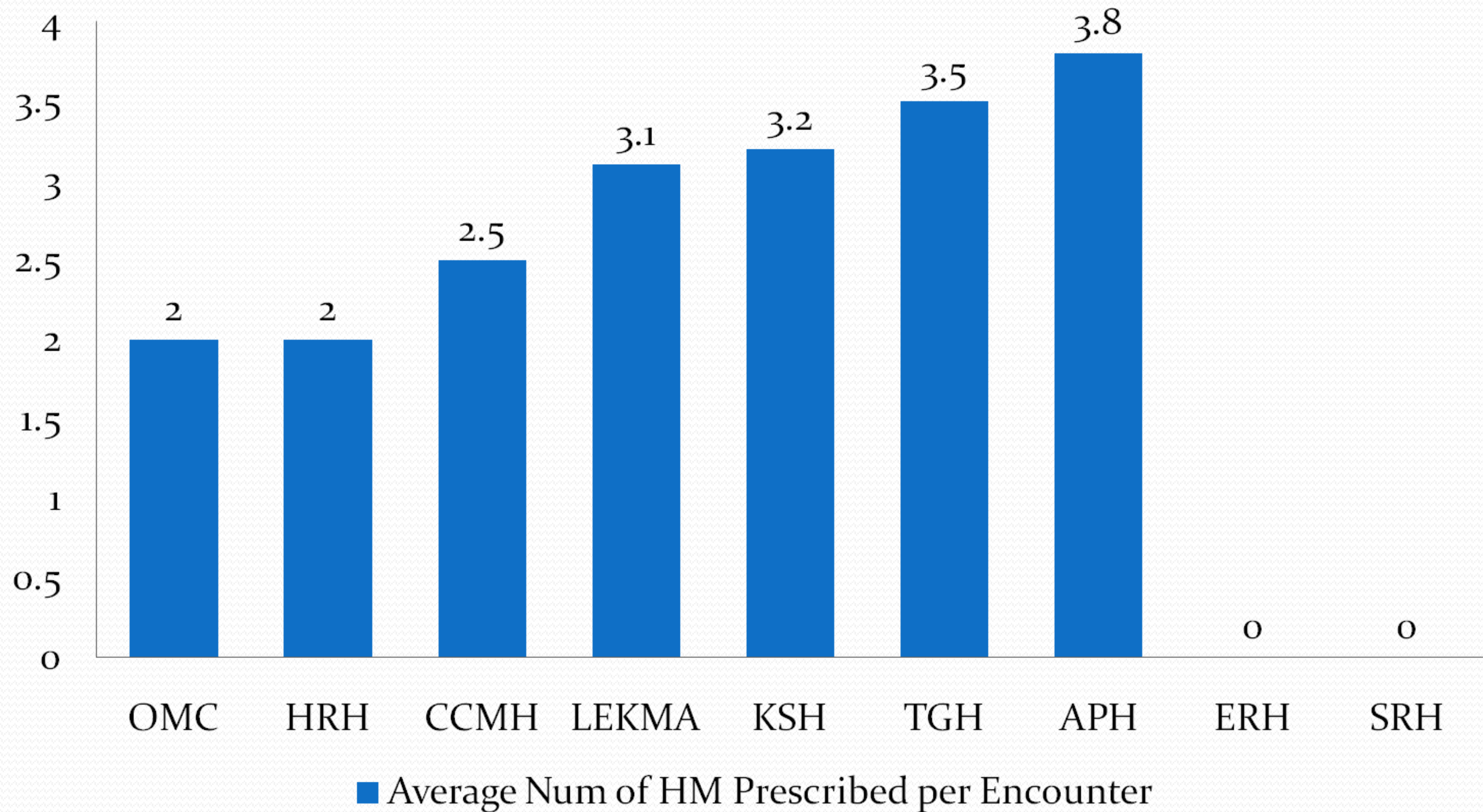
- In all facilities, not all HMs available and in use were registered with FDB
- Some of the drugs procured from CSIRPM; some of the products are pending registration
- Two main sources of procurement are: CMS and CSRIPM
- Six out of the 7 functional facilities procure their Herbal Medicines according to the MOH list
- Facilities were holding between 17 and 23 HM out of the 86 on the MOH list
- All HMs are kept in the Hospital Pharmacy according to policy

RECORD REVIEW – Consultation Process

- History taking, Physical examination and Laboratory investigations are done universally by all the seven functional facilities

- Five out of Seven facilities use separate folders for client consultation but one facilities uses both separate and common folders

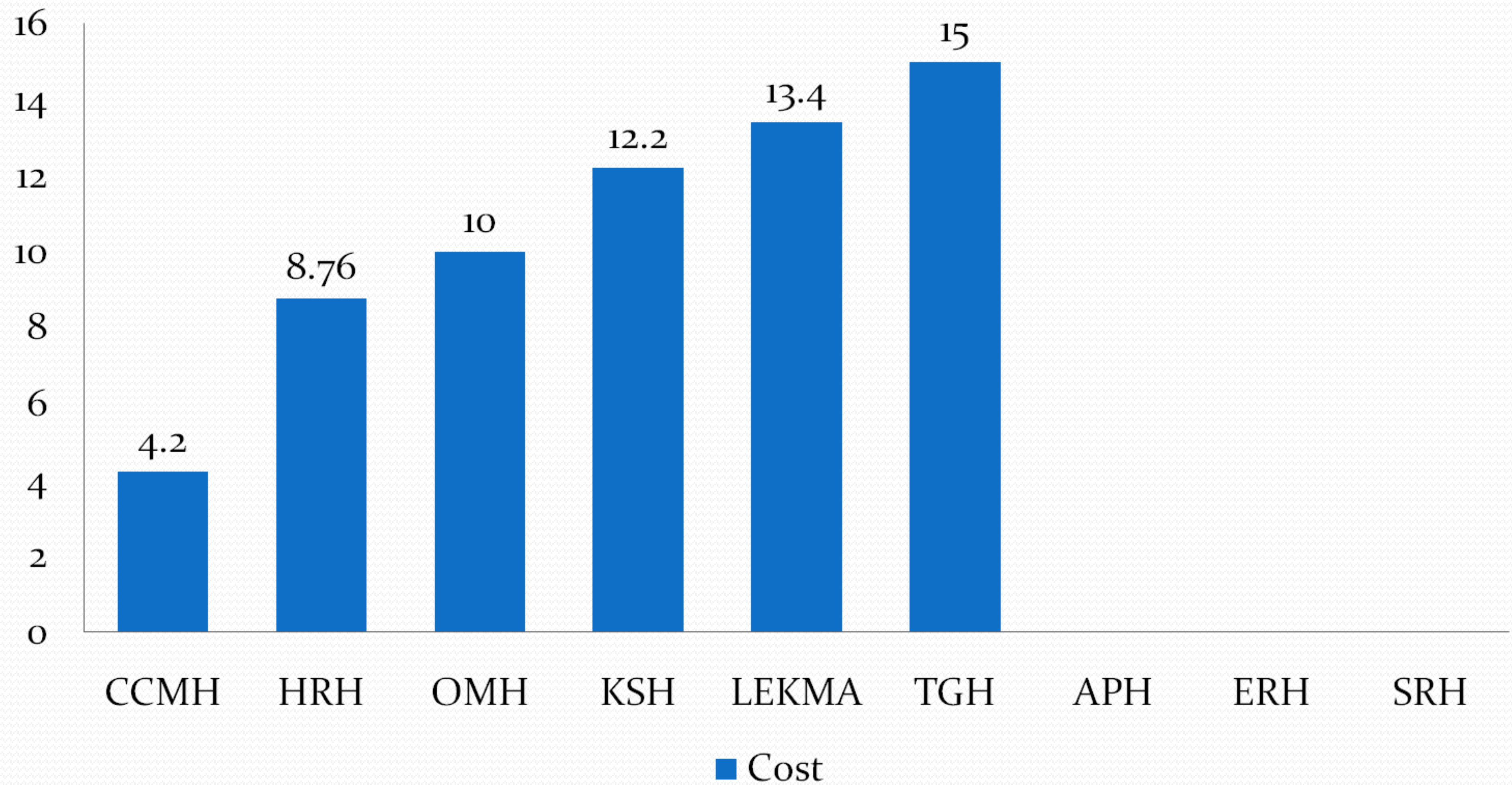
RECORD REVIEW – Rational Herbal Medicine Use



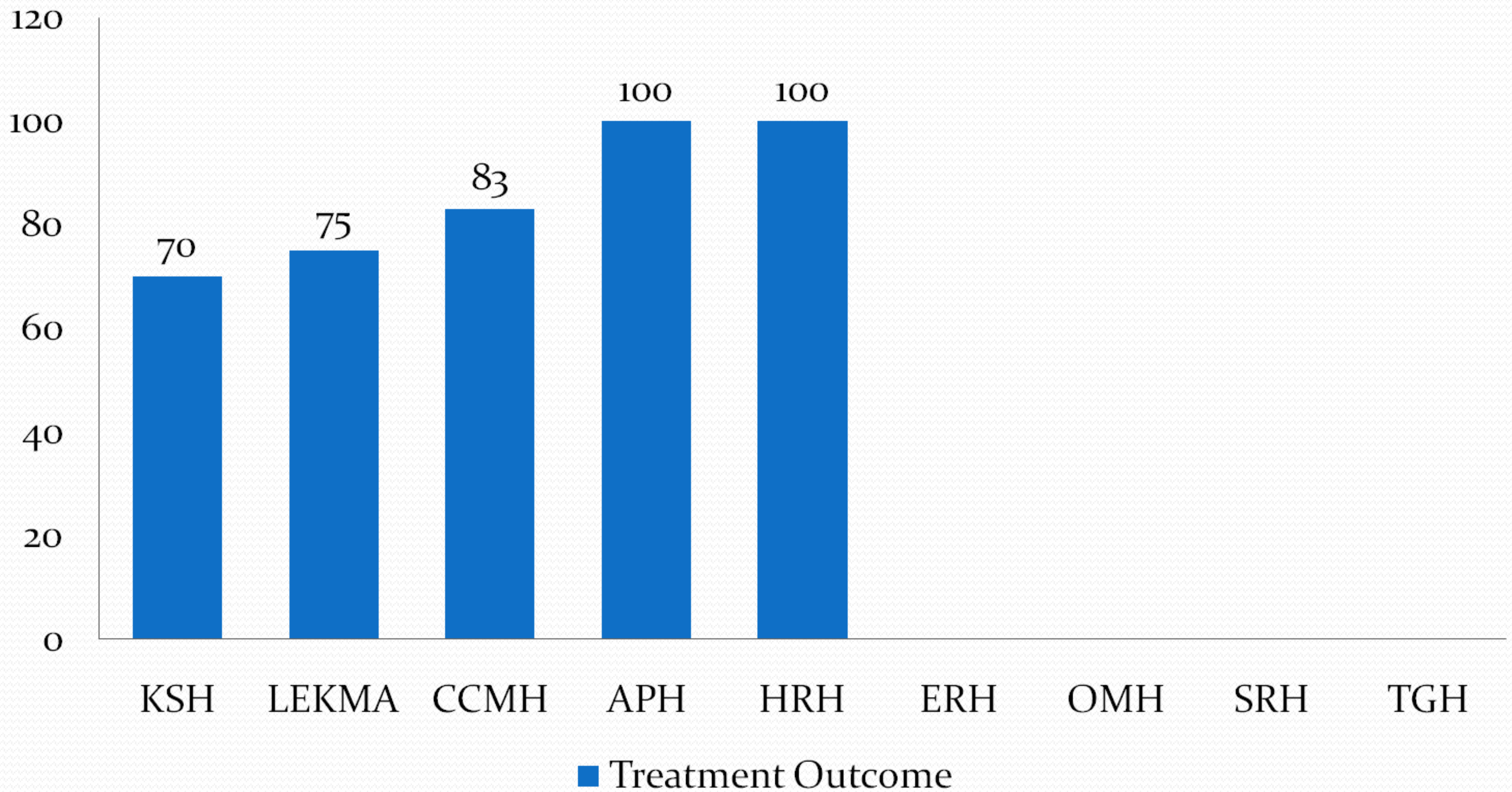
RECORD REVIEW – Rational Use of Herbal Medicines

	CCM H	ER H	OMH	KS H	LEKM A	AP H	HR H	SR H	TG H	Ave r
% HM Prescribed with full name	92	-	100	100	35	100	100	-	100	89.6
% HM Prescribed with stated dosage	80	-	100	91	0	100	97	-	14	68.9
% HM prescribed with stated duration	24	-	100	91	0	100	97	-	7	59.9
% Prescriptions with prescribed non-OTC drugs	8	-	0	0	20	0	0	-	0	4
% of Prescription with written diagnosis	100	-	100	100	100	100	100	-	100	100
% of HM dispensed at Facility Pharmacy	88	-	100	100	86	82	75	-	43	82.0

RECORD REVIEW – Cost of Treatment



RECORD REVIEW – Percentage Treatment outcome



RECORD REVIEW - Pharmacovigilance

- 806 cases seen in 7 facilities over period of review
- Reported 3 cases of ADR
- No FDB ADR forms completed
- Verbal report of 1 case of swollen lips

Referrals

<u>Orthodox to Herbal Practitioners</u>

- Five facilities reported referrals from Orthodox Practitioners to HMP over the period of review
- A minimum of 12 referred-in cases were documented:
  - Severe cough and un-controlled Hypertension; BPH; For continuation of care; Patients on malaria who cannot tolerate ACT drugs; Malaria not responding to Rx; Arthritis; Erectile Dysfunction; Complicated Diabetes Mellitus; Myalgia; Primary Infertility;

Referrals

Herbal to Orthodox Practitioners

- All HMPS refer cases to the orthodox practitioners
- A minimum of 21 cases were referred to Orthodox Practitioners over the period
- Cases referred included:
  - Cyesis; Ruptured Ectopic gestation; Complicated malaria; Acute UTI; Acute Abdomen; Threatened Abortion; Incomplete abortion; Pylonephritis (Acute); Hypertensive crisis; Hernia; Prostatitis; Otitis externa; congestive cardiac failure; uterine fibroid;

Reasons for Referrals

- Needed confirmation from orthodox practitioner;
- ANC not included in list of conditions permitted by policy
- Cases were above competence
- Practitioner requested Specialist attention
- Specific Herbal Medicines for treatment not available
- Emergency cases
- Case required surgical Intervention;
- Policy (client below 6 years)

Acceptability of the Integration by Core Clinical Care Staff

- Integration acceptable to 94.4% (N=54)
- Reasons stated by respondent included the following:
  - Confidence in Herbal Medicine
  - It is part of Health Policy
  - It will help streamline traditional practice
  - The herbal medicines to be used are approved by FDB
  - It will help reduce pressure on orthodox practice

Acceptability of the Integration by Core Clinical Care Staff

- Reasons for non-acceptability to the 5.6% include:
  - “The move will be seen as endorsement that will only encourage the proliferation of 'quack' herbal practitioners who claim cure for every condition”
  - “I don’t know how to apply it to my surgical practice”

Would you recommend integration of HMP into OMP in other facilities?

- 94.4% say yes
- Reasons:
  - 'For patients to have a choice;
  - For the nationwide acceptance of herbal medicine into the mainstream health care delivery system;
  - It would increase public confidence in the practice;
  - Health workers will become better informed on herbal medicine practice;
  - Scientific herbal medical practice to be officially enjoyed nationwide;

Would you recommend integration of HMP into OMP in other facilities?

- To avoid some patients falling prey to quack herbal drugs;
- It is less expensive, less side effects; It enhances economic stability as importation of drugs will be reduced;
- It is an alternative to orthodox medicine and may provide solutions to disease we cannot manage;
- Yes, if the medicine can be refined and active ingredients, side effects stated clearly.

Conclusion

- The work environment of the Herbal Medical Practitioners in the pilot facilities is acceptable
- Majority of HMP in the facilities are diligently keeping good records, a few are not
- Not enough FDB registered herbal medicine products are available at the facilities
- Integration of HMP into the OMP is highly accepted and recommended for scale up by core clinical staff

Recommendations

- Consulting Rooms with adequate facilities should be provided to all HM practitioners
- Thorough record keeping and the use of common register at the consulting room (HMP and OMP) is recommended
- HMP and OMP practitioners should use same folder to improve better continuity of care
- Cost is a limiting factor to access. NHIA should pay for the service component of herbal medical treatment.
- Adequate education and sensitization of all staff in the facilities and the general public about scientific herbal medical practice
- Service conditions including mechanization of HMPs should be addressed as soon as possible

Thank You

ACKNOWLEDGEMENT

- Hon Minister of Health
- Hon. Deputy Minister of Health
- Chief Director of Health
- Regional Health Directors
- Heads of All Pilot Centres
- MOFEP and MDBS