

Some Observations on Drugs Available for Primary Health Care in Kuwait

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The world market is flooded with thousands of drugs and formulations. Most of these have been dumped on the developing countries. Since the late 1970s there has been an increasing awareness to have more rational and realistic pharmaceutical policy in which essential drugs are available to all the people at affordable prices. The recommendations of the task force of expert group of the World Health Organization on essential drugs have been accepted by a vast majority of member states. The present study, perhaps the first from the Middle East, evaluates the progress of the programme in two states namely Kuwait and Bahrain.

The action programme on essential drugs and vaccines of the World Health Organization (WHO), Geneva, is a programme which addresses all the complex issues involved in the development and implementation of national drug policies. The programme also monitors the activities of the various regions / countries of the world. In one of its recent communications to us we found that about 90% of the member countries from the developing world have prepared a list of essential drugs, in the lines of the WHO model of about 220 essential drugs¹. The actual implementation of the programme remains far from satisfactory. At the inter-country meeting organized by the Eastern Mediterranean Regional Office of the WHO (EMRO / WHO) held at Nicosia, Cyprus in 1984, a core list of 71 drugs and 8 vaccines were identified for use at the primary health centre (PHC)².

In the present study an effort has been made to monitor how this programme is progressing in Kuwait. Our study is based on the data and material collected by one of us (SAS) who happens to be a resident of Kuwait. He made repeated visits and collected the information from Byan primary health centre and the Ministry of Public Health, Kuwait. We have also collected similar data from Bahrain for comparison.

Kuwait today has an official therapeutic manual, the Kuwait Drug Index (KDI) and the current edition (3rd, 1987-88) listed about 2200 formulations. They have included both generic non-proprietary names and trade names which have been listed in alphabetic order. A similar publication is also available from Bahrain's Ministry of Health "Drug Formulary 1987" which has around 1200 formulations listed as in Kuwait Drug Index.

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Table 1 shows the number of formulations available in some of the countries of the developed and developing world. West Germany, Switzerland, USA and even India are flooded with formulations.

The number of drugs available in Byan primary health centre and for primary health care in Bahrain are 115 and 140 respectively. When translated to formulations the numbers are some what more since a drug is available in more than one dosage forms; e.g. capsule, syrup or injections. Figure 1 shows the number of drugs recommended in the WHO / EMRO list and those available in Kuwait and Bahrain for primary health care (Table 1).

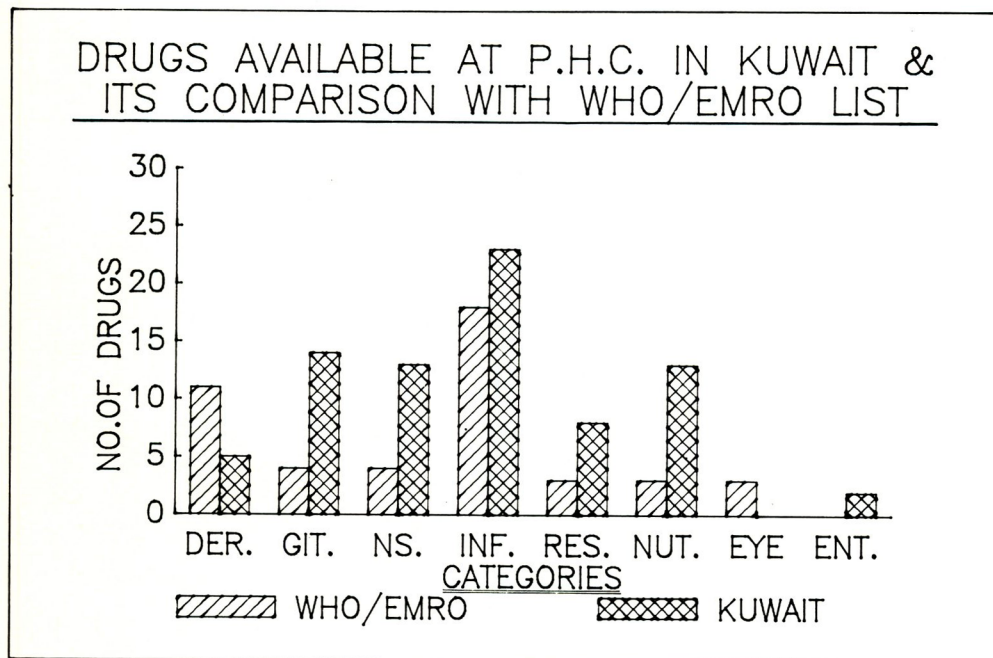


Fig 1. Comparison of the number of drugs available for primary health care in Kuwait and Bahrain with those of WHO / EMRO list.

NO. OF FORMULATIONS IN A FEW COUNTRIES FROM THE DEVELOPED & DEVELOPING WORLD

COUNTRY	NO. OF FORMULATIONS MARKETING
WEST GERMANY	70,000
U.S.A.	45,000
JAPAN	39,000
SWITZERLAND	35,000
ITALY	12,000
INDIA	45,000
KUWAIT	2,200
BAHRAIN	1,200

Table 1. Comparison of the number of formulations marketed in various countries. Note the relatively fewer numbers available in Kuwait and Bahrain.

The list of drugs obtained from Byan PHC have 67.8% drugs by their trade name (Fig 2). This is in contrast to the list obtained from Bahrain where all the drugs included are by their generic names.

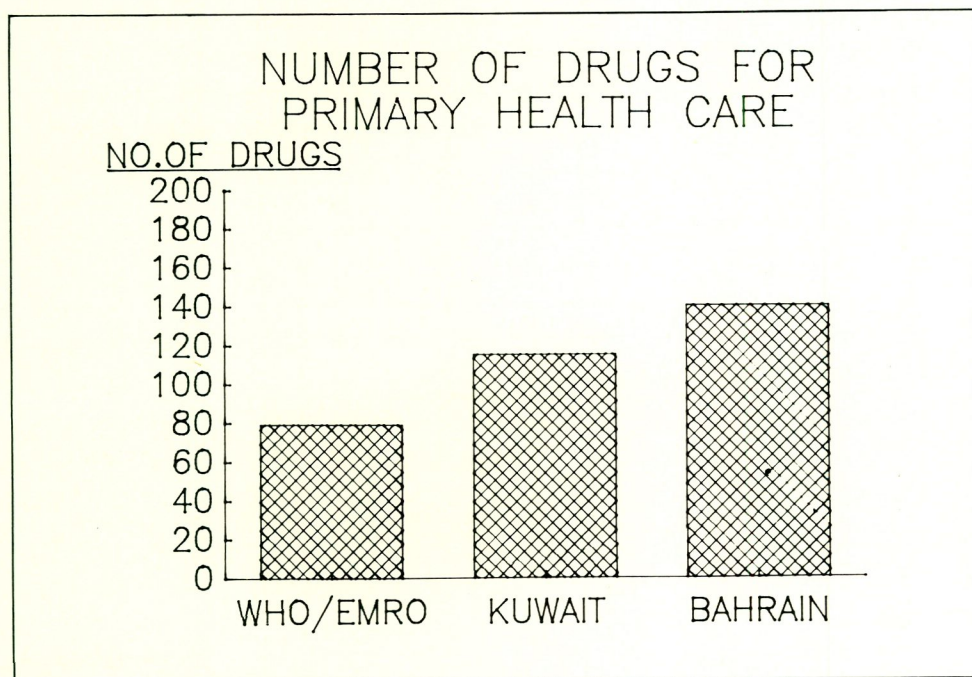


Fig 2. Percentage of drugs available with generic names and trade names at primary health centre in Kuwait.

The drugs included in Kuwait Drug Index have been put under 17 categories such as allergy, cardiovascular, gastroenterology, psychiatry and nutrition. Figure 3 gives the number of drugs available at Byan PHC and those included in the WHO / EMRO list. The figure illustrates the difference in numbers in some of the categories.

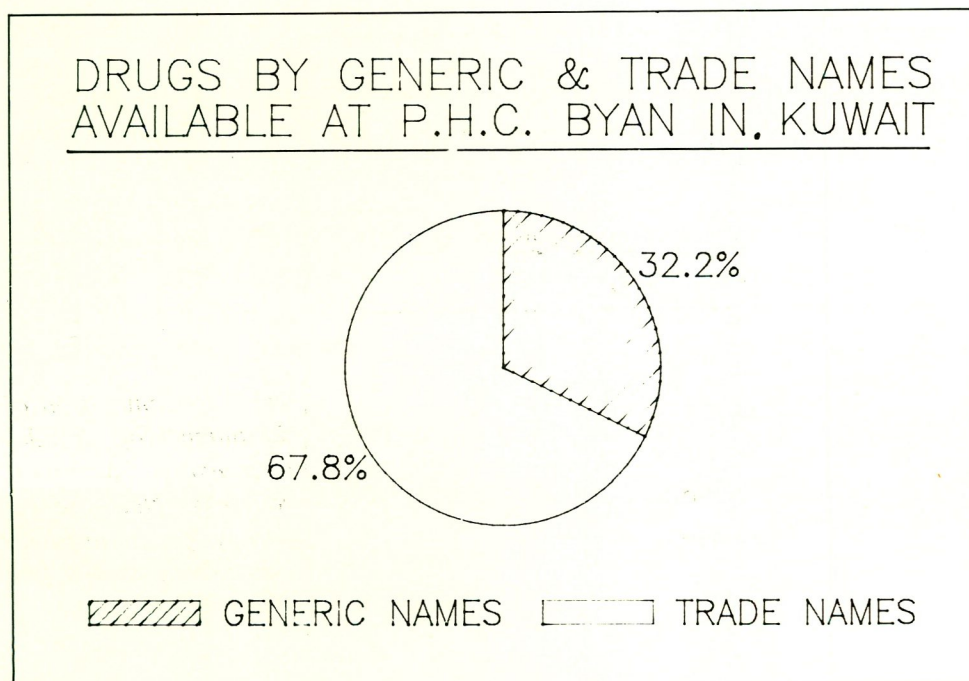


Fig 3. Comparison of the number of various categories of drugs available at primary health centre in Kuwait with WHO / EMRO list.

On further analysis of one such category, i.e. gastrointestinal drugs (Table 2), it would be observed that the Byan PHC has 3½ times the number of drugs when compared with those included in the WHO / EMRO list. The Byan PHC list has 7 antispasmodics and 3 purgatives. There are no antacids or antihaemorrhoid drugs. Only 1 out of 14 is by its generic name and 5 are fixed dose combinations.

G.I.T. DRUGS	
KUWAIT	WHO/EMRO
1. ANTRENYL	1. ALUMINIUM HYDROXIDE*
2. ATROPINE SULPHATE*	2. ANTIHAEMORRHOID PREPARATION*
3. BELLADENAL RETARD	3. ISPAGULA RUSK*
4. BIORAL GEL	4. OXYPHENONIUM*
5. BOLDOLAXINE	
6. BUSCOPAN	
7. DULCOLAX	
8. LOMOTIL	
9. PRIMPERAN	
10. PROBANTHINE	
11. PURGATOL	
12. RESTROSPINAL	
13. SPASMO-CIBALGIN	
14. VOMITOL	
	* Generic name

Table 2. Illustration of the drugs for gastrointestinal disorders available at Byan primary health centre in Kuwait and its comparison with those in WHO / EMRO list.

Included in the list of drugs available by Byan PHC are Novalgin, Coramine and Eskornade. Novalgin is a closely related compound to Amidopyrine. This drug is notorious for producing agranulocytosis. Its use is justified only in serious or life threatening situations where no alternative analgesic-antipyretic is available. Coramine is a drug of questionable efficacy and Eskornade is a combination of three drugs recommended for use as a nasal decongestant and for enuresis. This can be replaced by a simple antihistamine for cold and congestion and by ephedrine for enuresis. Again there are far too many drugs in the category of nutrients included in Byan PHC list.

Both Kuwait and Bahrain are following the recommendations of the WHO in having a restricted drug list. Over the last decade or so there has been a drastic reduction in the number of available formulations from these countries. According to Roy Choudhury (1985 – Personal Communication). The percentage decrease in drugs formulations available in Bahrain and Kuwait have been 92.8% and 84.6% respectively. Today Kuwait and Bahrain have excellent drug formularies which contain up-to-date information on the available drugs. These are periodically reviewed and updated. Thanks to the efforts of the Ministries of Health of these countries. The essential drug programme for primary health care is not a programme on paper but has been adequately implemented. There is, however, scope for further improvement, the relatively larger number of formulations, specially those having similar pharmacological spectra need reduction. We wish to see all the drugs made available by their generic names. When the list is being reviewed, irrational drug combinations and drugs of questionable efficacy should be deleted.

REFERENCES

1. The use of essential drugs. WHO Technical Report Series No 722 Geneva, 1985.
2. Rational use of essential drug in primary health care by the doctor. Report of inter-country meeting, Nicosia, 1984;24-28, WHO-EM/Pharm/102, 1985.