

Retail Private Pharmacist's (RPP) knowledge and perceptions to collaborate with National Tuberculosis Programme (NTP): Qualitative Study, South India

Vijayashree Yellappa, Hima Bindu, Neethi V Rao, Devadasan Narayanan

Background: In India, RPPs are often first and repeated point of contact for patients. NTP is involving RPPs through Indian Pharmaceutical Association by training them to identify and refer chest symptomatics to NTP for TB diagnosis. We conducted this study to assess RPP's (i) knowledge and referral practices (ii) stocking and dispensing of TB drugs (iii) kickbacks to providers.

Methods: Semi-structured interviews were conducted with 40 RPPs in Bangalore (urban=19) and Tumkur district (rural=21) during 2013 from Karnataka, India. RPPs were randomly selected from the register maintained with district drug controller.

Results: None of the respondents had received any TB-related training, but majority of them knew about mode of spread of TB. RPPs described the typical profile of TB patients as old and financially weak. Mix of providers, such as allopathic, traditional medicine and quacks referred TB patients to RPPs. Self-referrals were common among the economically poorer sections as they did not see value in paying an additional cost to the doctor as consultation fee and purchased medicines based on the RPP's recommendation. One respondents believed that "*pharmacists have experience and that they know what is best for patients*". They reported seeing 10-15 chest symptomatic per day and dispensing cough syrups, and antibiotics to such patients. RPPs in rural tend to refer cases to NTP as compared to urban RPPs. They tend to stock TB drugs and their choice was mainly determined by the doctors' prescription patterns, opinions of drug company representatives and the profit margins associated with drugs. All respondents said that, no patients buy the entire course of drugs at a time "*TB patients are mostly daily wage workers. They get money in the evening and buy medicines*". Doctors though did not explicitly ask patients to go to a particular RPP, but ensured that they go to the pharmacy attached to their clinic, by writing medicines that were available only there. Pharmacists reported doctors receiving commission upto 40% from pharma companies.

Recommendations: Potential of RPPs has remained untapped in NTP. A policy to systematically involve PRPs should be considered. The PRPs when trained, can create community awareness about TB, help in early case detection/referral and act as DOTS provider and counsel patients. Enforcing regulatory monitoring of sale TB drugs under schedule H1, to check the indiscriminate use is urgent to prevent multi drug resistant TB.