

PostScript.....

LETTERS

If you have a burning desire to respond to a paper published in *Sex Transm Inf*, why not make use of our "rapid response" option?

Log on to our website (www.sextransinf.com), find the paper that interests you, click on "full text" and send your response by email by clicking on "eletters submit a response".

Providing it isn't libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on "read eletters" on our homepage.

The editors will decide, as before, whether to also publish it in a future paper issue.

The practice of STI treatment among chemists and druggists in Pokhara, Nepal

Chemists and druggists working in "medical shops" play a significant part in the treatment of sexually transmitted infections (STIs) in resource poor countries.^{1–4} In some settings, chemists and druggists are consulted for first line treatment of STI symptoms more often than hospitals and clinics designed specifically to service such clients.¹ Recent unpublished data from Pokhara, Nepal, suggest that in up to 80% of cases, treatment provided by chemists and druggists was inappropriate or incomplete.¹ We report here on the quality of STI case management among a random sample of chemists and druggists from the 75 medical shops in Pokhara Municipality Area, Nepal.

Chemists and druggists working in all Pokhara medical shops, 65% of whom had received previous training in the national STD case management guidelines,⁵ based on WHO syndromic algorithms,⁶ were trained and motivated to initiate a register of all STI client visits and their treatment. Registry data from January to December 1999 were reviewed. Thirty seven registered medical shops were randomly selected for visits using the simulated client method (SCM) presenting 22 urethral discharge (UD) and 15 vaginal discharge (VD) scenarios.

Of the 6374 STI cases (68% female, 32% male), 22% presented with urethral discharge, 31% with vaginal discharge, 21% with genital ulcer disease, and 26% with pelvic inflammatory disease. Seventy per cent of STI shop clients were making their first contact for care, while 14% were coming to buy STI drugs with a prescription from a private clinic and 16% from a government facility.

Based on SCM visits, only 24% of shops dispensed the correct medication and dosage for treatment of UD and VD, as specified in the

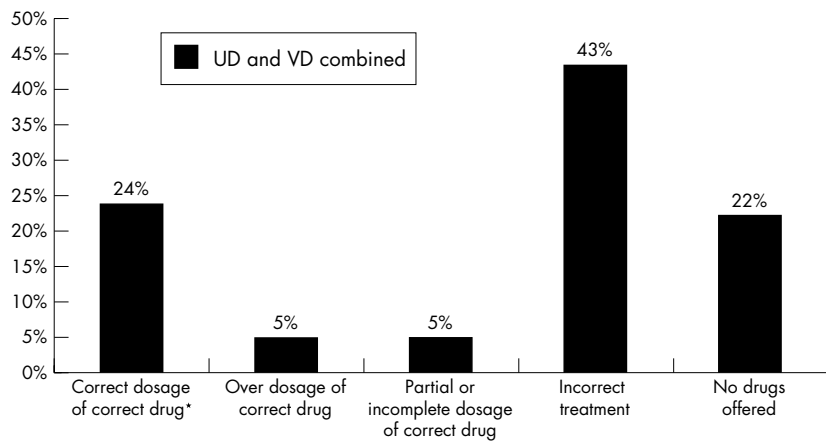


Figure 1 Treatment recommended by chemists and druggists to simulated clients presenting with urethral and vaginal discharge, at 37 medical shops in Pokhara, Nepal. (*Correct drug and dosage, as per Nepal national STD case management guidelines.)

national guidelines. Frequency of dispensing either an overdosage or an incomplete dosage of the correct medication was the same (both 5%). In 43% of cases, chemists and druggists offered treatment that was incompatible with national guidelines, including drugs not meant for UD or VD treatment. Finally, in 22% of cases no medication was dispensed (fig 1). While over 95% of SCM clients were made to feel welcome, given a private consultation, and were asked about their health history, risk counselling was conducted only 57% of the time, partner notification occurred in 43% of cases, and condom use was promoted in only 35% of cases.

Seventy per cent of clients visiting medical shops for STI treatment in Pokhara Municipality Area in 1999 were there for first line treatment—findings in agreement with a recent study conducted in Ghana, which found that over 60% of STI clients came to pharmacies without a prescription.³ Although positive privacy and welcoming practices make medical shops a valuable outlet for STI treatment, only one quarter of chemists and druggists in Pokhara Municipality Area correctly dispensed medication for the treatment of UD or VD. While these data do not permit analysis of whether trained versus untrained providers were better at prescribing practices, it is clear that training efforts need to be expanded and intensified to improve STI control in this region.

Acknowledgements

This study received funding from the University of Heidelberg STD/HIV Project, Kathmandu, Nepal, which is funded by the European Union (EU) (B76211/97/044).

There are no conflicts of interest.

The authors would like to thank Mr Bishwa Bandhu Baudyal, coordinator for the NCDA programme in Pokhara, for his help in collecting the reports from each of the 75 medical halls, the Gandaki Zonal Branch of the Nepal Chemist and Druggists Association (NCDA), Pokhara, and the Nepal Chemist and Druggist Association, Central Office, Kathmandu, for their cooperation, and all chemists and druggists in Pokhara who participated in the training, data collection, and study.

Contributors

KPB designed the study, oversaw data collection, and edited the paper; TES wrote the paper; MHK participated in study design, oversaw data collection, and

conducted statistical analysis; PC acted as clinical advisor for the study.

K P Bista, P Chaudhary

NCASC/UoH STD/HIV Project, Teku, Kathmandu, Nepal

T E Slanger, M H Khan

Department of Tropical Hygiene and Public Health, University of Heidelberg Medical Faculty, Heidelberg 69120, Germany Correspondence to: Dr Slanger; tracy.slanger@urz.uni-heidelberg.de

References

- Zeeb DH.** Provision of care for patients with sexually transmitted diseases in Pokhara, Nepal. A research report for the degree of Postgraduate Master of Science in Community Health and Health Management in Developing Countries offered by the University of Heidelberg, Germany, May-June, 1996.
- New ERA.** Chemists and Drug dispensing behaviour and HIV prevention communication: An impact evaluation of training using simulated STD patients. Submitted to AIDS Control and Prevention Project (AIDSCAP), Family Health International, Kathmandu, Nepal, 1997.
- Mayhew S, Nambi K, Pépin J, et al.** Pharmacists' role in managing sexually transmitted infections: policy issues and options for Ghana. *Health Policy Plan* 2001;**16**:152–60.
- Stanton DL, Asamoah-Odei E, Asamoah-Adu A, et al.** Assessment of private sector sexually transmitted disease diagnosis and treatment. Accra: USAID, 1994.
- National Center for AIDS and STD Control (NCASC).** National STD case management guidelines. Nepal, 1997.
- World Health Organization.** Treatment of STI associated syndromes [guidelines for the management of sexually transmitted infections]. Geneva: WHO, 1995.

Accepted for publication 7 March 2002

Hepatitis, syphilis, and HIV sentinel surveillance in Mongolia 1999–2000

Mongolia has undergone healthcare modifications because of political changes resulting from the dissolution of the former Soviet Union. Dramatic increases in unemployment, alcoholism, commercial sex, homelessness, and sexually transmitted infections (STIs) have occurred.¹ There has been rapid spread of HIV infection in neighbouring countries. Mongolia also has a high prevalence of hepatitis B.² Although the Mongolian ministry of