

## Reducing Drug Costs through Rationalization of Diarrhoea and ARI Case Management in Urban Areas

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**Objective:** Examine the possibility of reducing the drug costs through rationalization of diarrhoea and acute respiratory infection (ARI) case management in urban areas.

**Methodology:** Based on the WHO guidelines, protocols were adapted for the management of diarrhoeal diseases and ARI cases at the primary healthcare (PHC) level. Service providers at three selected clinics of the Concerned Women for Family Planning in urban Dhaka were trained on the protocols. The diagnosis and treatment patterns for diarrhoeal diseases and ARI cases before and after the introduction of standardized procedures were examined. Such information was collected from the clinic registers for six months before and six months after the introduction of the protocols. The drugs that were dispensed by the providers for the treatment were costed, and the drug cost per client for the treatment was estimated in two different situations, i.e. treatment with and without the use of standard protocols. These were then compared to determine whether the cost per client decreased after the protocols were introduced.

**Results:** The diagnosis pattern changed both in the case of diarrhoeal diseases and ARI cases. Before the introduction of the protocols, 50% of the patients with diarrhoeal diseases were inappropriately diagnosed. This had implication on the treatment procedures. Following introduction of the protocols, the use of oral rehydration solutions (ORS) increased, and metronidazole was not used for treating the diarrhoea cases. Similarly, cotrimaxazole was appropriately used for treating dysentery. The drug cost of treating diarrhoeal diseases declined by Tk 1.96 (12%) per client after introduction of the protocol. For the ARI cases, the drug cost was reduced by Tk 11.9 (53%) per client. This has helped reduce the total drug cost for diarrhoea and ARI cases by about 32%, saving Tk 1,688 for the clinics in the six-month period.

**Conclusion:** Inappropriate diagnosis and treatment pattern increase the cost of services for the providers. The use of standard protocols may help reduce the drug cost for treating cases of ARI and diarrhoeal diseases.

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## Factors Contributing to Low Immunization Coverage among Urban Slum Children in Bangladesh

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**Objective:** Describe the extent of immunization coverage in the urban slum of Zone 3 of the Dhaka City Corporation, and identify the factors contributing to the low immunization coverage.

**Methodology:** Childhood immunization coverage and socioeconomic data were collected from 651 women who had a child aged 12-23 months from the Urban Panel Survey (UPS) of the Urban MCH-FP Extension Project of ICDDR,B. Thirteen immunization service providers were interviewed, and 33 children were observed when obtaining their vaccination. Bivariate analysis was done to identify the association between the low immunization coverage and the sociodemographic characteristics.