

Interviewer: have a look at some of this pictures, are you familiar with anyone of these?

Participant (pharmacist): I have seen the picture on the page number one.

Interviewer: have you had a people coming in to your pharmacy with this disease wanting treatment?

Participant: I had encountered in the southern region before three years.

Interviewer: was it common there?

Participant: they call it “tifire metmit”

Interviewer: did many people have it “tifire metmit?”

Participant: no, only few people have it.

Interviewer: when they come to your pharmacy do they ask you for medication or they do have prescription from a doctor?

Participant: I will send them to health center, I didn’t prescribe any drug for this it need treatment. So I didn’t give.

Interviewer: do you know what? Once they had prescription, what drug is provided for this?

Participant: it’s a fluconazole. I actually have forgotten the name of the other drug, but it’s given from governmental health centers.

Interviewer: these are tablet?

Participant: yes it’s a tablet.

Interviewer: do you dispense much fluconazole here now?

Participant: yes I have.

Interviewer: what do you dispense it for?

Participant: there is a lot of prescription, they bring it.

Interviewer: do you know what condition the people have? What diseases they have? That mean they are looking for fluconazole?

Participant: as it’s antifungal drug, a lot of people their hand, their leg something gone happen and the doctor will prescribe and we will dispense it.

Interviewer: do you dispense other medication, what other antifungals do you have?

Participant: recently I have only fluconazole tablet.

Interviewer: is there any ointment?

Participant: recently in the market there is no antifungal ointment. But there are a lot of antifungals like ketoconazole, miconazole, terbolin recently not available in the market.

Interviewer: are there other tablets available in the market? Or just fluconazole?

Participant: also Ketoconazole in the tablet form, there is.

Interviewer: it's available?

Participant: yes. Sure.

Interviewer: why did you choose to stop fluconazole instead of Ketoconazole?

Participant: it may be concern in case of the treatment, the doctor knows that. When he prescribe fluconazole he has his own reason. And when he prescribe ketoconazole he has his own reason.

Interviewer: but you don't have ketoconazole here?

Participant: we don't have.

Interviewer: why is that?

Participant: it's not available in the market.

Interviewer: if someone comes with ketoconazole prescription and you don't have it, what do you do?

Participant: if ketoconazole is not available, I will tell the patient to go to the doctor and tell that I don't have ketoconazole but there are other antifungal drug would you replace it with other?

Interviewer: do you know what affect the availability of the drug in the market, why are they sometimes available? Sometimes not?

Participant: recently because of the dollar. Nine months because of the dollar all drugs are not available in Ethiopia. Import and export are closed because of this. But now it's good they are opening. The drugs are available.

Interviewer: where do you purchase your drugs from?

Participant: I do buy from the whole sellers from Addis Ababa and Adama.

Interviewer: when you dispense antifungal drugs, are you aware of any patient compliance issues of not finishing the course?

Participant: most of antifungal takes for a long period. So our people they don't do what you tell, because of long time they take and it need protein food when they take antifungal drug since it bring weakness when you tell them that they say the drug is dangerous. So they will not continue for long time. So that is the problem.

Interviewer: do you know any side effect of the drug apart from weakness?

Participant: No.

Interviewer: they are worried about weakness and also they don't have access to high protein food. Do you think there is a risk to the person who is providing ointment to the area of the wounds? For example if a mother is applying ointment to her child, is there a risk associated with the medication to mother for putting ointments.

Participant: all drugs do have side effect but it might be different to different people. In some people high effect in some low. So it depends, when there is such like problem, they should consult a doctor. Or she has to stop that.

Interviewer: when you are dispensing the medication did you give any advice to the patient on trying to stop spreading of the disease?

Participant: I advise that if its ointment they should not put on their mouth or any internal part only for local use. I advise that.

Interviewer: do you think this disease can spread between humans?

Participant: scabies will be transferred, I don't think this one will be transferred.

Interviewer: do you think peoples can catch this disease from animals?

Participant: I don't think so.

Interviewer: do you have peoples coming to your pharmacy to get drugs for their animals? And what sort of drugs they are normally looking for?

Participant: yes. Atropine 40%, adrenaline and dexamethasone. No antifungal drugs.

Interviewer: have you ever seen diseases like this in horses?

Participant: a lot yes. It's common

Interviewer: what do you think cause the disease?

Participant: I don't know.

Interviewer: do people ask you for the medication of this disease for their animals?

Participant: it's not professional but traditional they ask me to give procaine penicillin to put on the sore, GV. A lot of people ask me for this purpose when I was in the southern region.

Interviewer: so do you dispense those drugs?

Participant: no because it is not professional, procaine penicillin is given in IM and it couldn't be on body surface.

Interviewer: do you require prescription from a veterinarian to dispense medication for animal.

Participant: Yes. For all medication.

Interviewer: do you need to add any other thing we didn't cover about fungal disease or antifungal drugs.

Participant: No.

Interviewer: have you got any recommendations, if you want to think to change, or any improvement for access to medication, or for different sort of medication for treating fungal diseases, have you got any recommendations how this thing could be improved.

Participant: I think by improving the import and export here in Ethiopia, we can import the drugs which are so crucial for the disease. If there is a way to facilitate that it would be significant to control the disease. There might be other antifungal drugs that are not found in our country, but could be available in some other countries and if there is away to communicate and bring those it will be good.

Translator: if we can facilitate the import and export we can approve the availabilities of the drug.

Interviewer: do you know that if any drugs are produced in Ethiopia, any antifungal medications?

Participant: why not?

Interviewer: why not?

Participant: there are available things, there are educated person. It is simple to get I think. From where are you?

Interviewer: [named region]

Participant: you are good people. I think this is your drug.

Interviewer: really, I don't know.

Participant: it was very best drug and effective I have dispensed it before, but not comes to Ethiopia now, I don't know why? May be because of the import and export. Let's back to your question. There are a lot of chance to prepare but foreign people when you find something they take your idea and they say we made this one but we can make it in Ethiopia. There are a lot of plants in Ethiopia and we can produce drugs from that from the forest, if there is suitable condition we can do that. In the past regime when you have idea they will torch you because they think you are going to be above them. But now with our PM [names current PM] we can do that, if I have an idea he will initiate me, he will support me.

Interviewer: do you think there are valuable traditional treatment for fungal disease?

Participant: I think it is simple to get it.

Interviewer: apart from availability of the drug, are there any other reason, why you not stock certain drug in your pharmacy instead of other one. Do companies come and advertise to you?

This drug is better than another one or is it based on what you have heard from other pharmacist that they think this is a good drug. What would influence your choice of which drug to stock?

Participant: concerning this as a profession whether the drug is prepared in Ethiopia or Europe it is the same. Because all drugs are prepared from pharmacopeia. So its matter of duration of action, it might be matter of taking PO or GIS and its matter of coating the drug. But all the active ingredient of the drug are the same. As a market person when you sell the European and American drug you will get a lot of birr from the clients. But as a professional mechanism of action of the drugs are the same I will tell this to all the people, for example, look this is metronidazole 250 mg its Switzerland product. And this metronidazole 250mg Indian product, cadila. The Indian is sold for 5 birr but the Switzerland is 260 birr but the active ingredients are the same. The reason is human power is expensive in Switzerland and its cheap here.

Interviewer: that is very good answer, even if there is a big difference in cost, do the client choose the expensive ones.

Participant: the people don't want Indian or Ethiopian product. They need the brand ones from Europe or Germany and other countries. Because of the money the profession has done a mistake. But we try to speak the truth and the people can choose what they want.

Interviewer: do you have cheap option for antifungal medications, generic or Indian?

Participant: recently in the market, there is no cheap antifungal drug. Look for example this one has 10 tablet and its 133 birr for one month it will be expensive, so there is no cheap antifungals in the market.

Interviewer: do you think since its expensive people will not finish the course of the medication?

Participant: they will take for ten days or five days. They will say we will come back after that they will stop. Because it's expensive.

Interviewer: do you have any question for me?

Participant: no.

Interviewer: thank you for your time.