

Interviewer: look at this picture and do you know this disease?

Participant: it's probably seen on ART. It's linked most of the time with the people who had HIV. These ones the h, I and j. It's not common here

Translator: it's not much common here but most of the time happen in immunocompromised people.

Interviewer: what do he think causes it?

Participant: it's by transmission of fungus and also through contact and also its hygiene problem.

Translator: it may be hygiene and can get through contact.

Interviewer: is there problem for a people?

Participant: yes it's a big problem, the disease cause problem on their body it will cause lesion, also there will be itching. If it immediately get antifungal drug it will be recovered. For "H" griseofulvin is good. And also there are broad antifungal drugs like clotrimazole, ketoconazole we can use.

Translator: what do you call the disease?

Participant: the "J" one is called "Robi."

Translator: they call it "Robi"

Translator: it can transmit through contact, we use griseofulvin, and other broad spectrum antifungals.

Interviewer: if it's related to the HIV, is there any social stigmatization?

Participant: especially, this one people will suspect when someone is immune compromised, and lose their weight people do know that. Because of this people are afraid and they think that they can get the disease by eating together or sleeping. The "I" and "J"

Translator: it's a big problem, it will change the skin color of people. The, I one have itching have problem. Regarding the social stigma, for the g and I the people have a fear that they may have HIV, to eat, feed and sleep they are worried about the disease.

Interviewer: what is the most common bought antifungal drug in the house?

Participant: clotrimazole ointment and ketoconazole ointment are common. Ketoconazole shampoo for G is also common. H is not that much common, but we use for "g" griseofulvin.

Interviewer: is the drugs effective, do they work?

Participant: yes it works but on the HIV patients it's challenging. They will immediately ask the drugs. But for other works. Once it's differentiated allergic and fungal it will be treated.

Translator: for those who are HIV positive it's challenging to recover, but for others it works. For the "I" one once it's differentiated, it will be treated as fungal and allergic at the same time.

Interviewer: does he realize how long will have treat with that?

Participant: it depends on the case whether it's mild, moderate and severe. It could be one to three months. Also there is one to two weeks.

Translator: it depends on the case severity, if it's severe or mild the like one to three month, and if it's recent it may take one week to two week so it depends.

Interviewer: do he have patient compliance issue?

Participant: I haven't seen yet, but the dandruff shampoo is not available in the market, in the private pharmacies it's around 75 but in the government it's around 30birr. Ketoconazole is cheap at government. But in private it's like 40 birr. It's not available in the government pharmacy most of the time. Since the drug is from outside that we are buying. I have stayed here for 5 yrs. 'And I haven't seen any shortage here regarding the antifungal drugs. The shampoo is more expensive. There is no problem regarding the treatment.

Translator: he was since five year. And he hasn't faced any problem regarding the availability of the drug but he said regarding the ketoconazole shampoo, they get from the private one, and it will be expensive there. And the patient from urban area can afford it even by 75 birr but the others from rural area can't afford that. The complaint raise from the rural peoples, they say that this Government pharmacy how can you say it's 75birr? If it's from the government it's cheap. You can take ketoconazole from here for 13 birr but in the government pharmacy it's sold 13 to 14.

Interviewer: do the patient need prescription to get the drugs from here?

Participant: yes they need prescription.

Interviewer: what about from the private?

Participant: there are different pharmacies, there are drug stores, some will sell if you go and say give me ketoconazole they will sell it to you. But that is not professional. And illegal. It has to be diagnosed and treated.

Translator: if you go to pharmacy and asked for the ketoconazole you may get that, now days, the pharmacies are changing to super market. If you mention the name of the drug you can get it because they are running their business.

Interviewer: do the private companies import all of the drug or it's produced in Ethiopia the antifungal?

Participant: most of them are imported from outside, I haven't seen yet but there is APF.

Translator: it's rare may be white field, but the others are imported from the outside?

Interviewer: is there any concern regarding patient safety about the antifungal drugs?

Participant: if they used for long time, the place might be dark. But if it's for short time there is no problem.

Translator: what if it's orally taken?

Participant: the ketoconazole tablet the side effects are higher, gastritis irritation, discomfort.

Translator: if it's the topical one, it may cause the area of the skin darker if it's for long time, but if it's short it will not cause as such problem. But the internal one may cause gastric irritation.

Interviewer: will the side effect stop people from taking the drug?

Participant: they will not stop because of the side effect. They are happy about getting the disease.

Interviewer: are you aware of any sort of drug resistance?

Participant: I have no information.

Interviewer: what do you suggest regarding the cost of the drug at private pharmacy and the unavailability at government pharmacy?

Participant: as to me the hospitals, and the clinics has their own stage regarding the type of the drug they use. Most of the drugs at the government have been stock out, you can see them in the future. The priority is given to buy from the government pharmacy but when you go there you will find only 45% of the drug. And when you buy from the private pharmacies it cost higher. If it's significant for people, it can be easily got, its good if it's available at the government pharmacies.

Translator: when we go for the government you will find only 45%. When you go to the private pharmacies it will be by tender, since its business there will be a lot of costs, transportation loading and unloading, labor cost and so on. As much as possible government should have all the drug. If the government is for hos people it should have all the drugs more than the importers and the others.

Interviewer: why does the government import the drugs, is that because it had no capital to do that?

Participant: annually, the government will collect all the needs from the hospital, the government clinic and health offices and will budget for one year, they have planned for one year. Some of the drugs will not be available in the market each year we are questioning our needs. Oxytocin was not there in the market past year, surgical gloves was not there in the market. When you go to PFSA there is no also the drug. But when you go to the private pharmacy you will find that. It's a question for us. They will say its stock out at the government pharmacy and tell us to buy from the private pharmacies and that drug will be 270birr at the private pharmacy but only 107 at the government pharmacy. And here also it increase. We were selling this for 4birr but now since we are buying it from the outside we will sell it for 12birr. In minute they will say its stock out. And when you go back to the government pharmacy they say

wait it will be coming, but you can't stay and wait there because there are a lot of costs. For transportation and accommodation the office that you are working at may complain on you that he want more per dime that's why he is staying out there. There is biggest problem. Even there are drugs that are produced in Ethiopia, and they will not be fairly distributed always there is scarcity. We annually will list out all the drugs that we need according to government health offices, and we will report. For example I can show you our request for the 2011 E.C and what we get. We only get 30 to 45%. And also for the next year it's the same. And even in each year it's going decreasing regarding the availability.

Interviewer: so he has to go to Addis to get all the drugs?

Translator: yes. Nobody is bringing him. They may say it stock out he should go to other place.

Interviewer: is anyone come here for animal product?

Participant: there is no anyone. But they have bought catgut for the purpose of operation.

Interviewer: have you ever seen anything like this in [region name]?

Participant: there are some horse. There was one horse affected with this it was down there, I think it's dead now.

Translator: what will bring this? Or is it transmissible to people?

Participant: it might spread to human through contact

Translator: he know and he has seen, a horse affected wich used to graze here. But I don't know he might have dead. He think it could be a risk to people.

Interviewer: is there anything you want to tell us about antifungal?

Participant: I think the problem is prescriber, they should know the drug which is here? Some of the time they will not diagnose well and for the allergic case they might prescribe antifungal and vice versa. They have to diagnose well. There is scabies, allergic and sometimes they are tricky to differentiate. They can treat it differently. And I myself comment continuously. Regarding the availability of the drug it's good according to our standards.

Translator: the availability have no problem. The problem he came across is the prescriber, they just diagnose tentatively some time they treat allergic as fungal and they didn't identify well. If that was improved it's my wish.

Interviewer: if you had any question for me? And how many yrs.' you have worked as pharmacist?

Participant: I have worked for five year here, and other place for one year and totally six year.