

Interviewer: would you take a look at these photos and are you familiar with it?

Participant: the J one is common, and the hair type is also common on children. G is more common.

Interviewer: are these problem for people? A serious health concern? For people?

Participant: yes it's a problem.

Interviewer: how would you treat one of these?

Participant: most likely broad spectrum antifungals. Clotrimazole. We can use that.

Interviewer: is it an ointment or tablet?

Participant: it's an ointment. This one is Griseofulvin, it's a tablet. We have in different strength different mg. 125 and 150. You can give it with fatty milk.

Interviewer: why do you give it with fatty milk?

Participant: to increase its absorption. We advise to take it, with fatty milk.

Interviewer: do you think the treatment is effective for this disease?

Participant: Griseofulvin is effective. Clotrimazole is also effective.

Interviewer: how long do you have to treat this disease?

Participant: most likely for one month.

Interviewer: is J is long duration of treatment.

Participant: no, it's like for 7 to 10 days.

Interviewer: is there any side effect associated with treatment?

Participant: for griseofulvin, flatulence. The topical one don't have any side effects.

Interviewer: do you think because of the side effect, the patient will not take the long course of the drug.

Participant: we advise them to take the long course of the disease, most of the time they will take the whole course.

Interviewer: are they expensive treatment?

Participant: not expensive, may be the ointments is more expensive. Almost one tablet is around one birr. For the whole course it's around 30 birr. The ketoconazole is more expensive than the griseofulvin.

Interviewer: do you know if the patient will not take the whole course because of the cost of the drug?

Participant: it may affect. Most of the time the ointment is costly. If that is the case they will use the home made treatment. They will use different plants.

Interviewer: do you know if they are effective?

Participant: I don't know.

Interviewer: is it easy to get Griseofulvin and ketoconazole do you have them in your pharmacy? Do you always have it?

Participant: yes, may be the physicians, prefer the brand, we may not have that brand, but we have the generic the ointments and the tablets. Griseofulvin. Instead of the ketoconazole ointment we will use clotrimazole.

Interviewer: are they always available, you can always access them, are there times you can't access the drug?

Participant: it's always available. But the newest drug turbinaphine is not available. Some doctors prescribe turbinaphine ointment and tablet. And it's not available nowadays our doctors prescribe turbinaphine.

Interviewer: has it ever been available here?

Participant: in our pharmacy no. Outside pharmacy it might be there. Available, but its costly.

Interviewer: where do you access your drugs from?

Participant: from the governmental organization. We call it PFSA. If the drugs are not available there we will buy from the outside. From external sources.

Interviewer: what percentage of your drug you will buy from PFSA.

Participant: above 60 or 70% we will buy from the PFSA.

Interviewer: what other antifungal drug do you have in your pharmacy?

Participant: by now miconazole, oral clotrmazole is available, gluconazole is not available here. Ketoconazole is available also griseofulvin.

Interviewer: no amphotericin?

Participant: no, it's not mostly used.

Interviewer: wich are the most commonly used?

Participant: ketoconazole, fluconazole, griseofulvin.

Interviewer: you don't have fluconazole in your pharmacy?

Participant: it's stocked out. Almost two months.

Interviewer: that is why it's stocked out in PFSA?

Participant: yes

Interviewer: do you know why there are shortages at PFSA? What affects the availability of the drug?

Participant: they say due to the currency problem?

Interviewer: do you know if any antifungals are produced in Ethiopia?

Participant: Griseofulvin is produced in Addis Ababa pharmaceuticals. Ketoconazole, and clotrimazole is also produced here in Ethiopia.

Interviewer: do you think that affect the availability of those drugs?

Participant: they are most of the time available because they are produced here. One of the problem is the currency.

Interviewer: are you aware of any resistance issue with these drugs?

Participant: the J one is most of the time difficult for treatment. The fungal disease if its been treated it comes again and again.

Interviewer: do you know any other reason why it might not recur?

Participant: the patient will not take the whole course of the drug. Due to the minimum is one month, they will take only 15 days and stop. That one will cause resistance.

Interviewer: do you think it's because of the lack of education, the side effect of the drug or its cost?

Participant: all will affect. The cost is also the problem. Duration also will affect to take the whole course of the drug. Some of the patient will fear about the side effect of the Griseofulvin. The patient said that it will affect their liver.

Interviewer: do you think this disease can be transmitted between people?

Participant: the children will get that from the school from the affected children. The G one is transmitted in the school.

Interviewer: do you give them advice anyway to decrease the disease?

Participant: we give the advice, we will not give at the school. It's good if you can give at the school.

Interviewer: what other advice will you give?

Participant: to take the whole course of the drug. No to share materials. Also we advise that they should take it with fatty milk.

Interviewer: do you think any of these disease transmitted from the animals?

Participant: I don't know.

Interviewer: when the patients come to your pharmacy, do they need prescription to access these drugs?

Participant: yes. If they come here we will send them to the physicians. Dermatologically prescribe these drugs.

Interviewer: do you know if the external pharmacies, will give drugs to the patient without prescription.

Participant: some patient will buy without prescription. From the private pharmacies. They can buy most of the time.

Interviewer: do you know if people come here to buy drugs for their animals?

Participant: no

Interviewer: have a good look at this and have you ever seen this before?

Participant: I will see them on the street. Wounded I have seen it in our village. A and C

Interviewer: where do you see them?

Participant: on the street.

Interviewer: do you have any idea what will cause this disease?

Participant: I don't have.

Interviewer: do you think this disease could cause a risk to human? Have you had a client that I have got this disease from my animal?

Participant: I don't have any information.

Translator: will you get on the cart, were the horse pulling it is affected with this disease?

Participant: no. When they develop this disease the owners will throw them on the street?

Translator: so you don't think that they can be source of disease for humans?

Participant: I don't think. May be the owners can be caught with this.

Interviewer: do you have any recommendations, regarding the availability of the antifungal drugs?

Participant: new drugs are not available in Ethiopia, there are only old drugs. This is one of the problem, number of drugs are small. If we develop the manufacturers her in Ethiopia that could be solution for the shortage of these drugs.

Participant 2: pharmaceuticals industries must be established in our country to distribute the drugs in our country

Translator: sometimes the drugs that pharmacist know and the physician prescribe differs. Do you have such like experience? The person may prefer Griseofulvin, and the physician may order ketoconazole and do you have such skill gap?

Participant: our system is not patient oriented, its product oriented. Most of the time there is dosage calculation problem. So we communicate with the physicians.