

Self-Financing Primary Health Care
Project - 511-0569

TRAINING PROGRAMS FOR THE HEALTH STAFF IN
THE DELIVERY SYSTEM

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TRAINING PROGRAMS FOR THE HEALTH STAFF IN THE DELIVERY SYSTEM

The health staff in the project at levels I, II, and III will need to be trained to carry out the functions described in the section covering the preventive and curative services at the three levels. The staff of the administrative Provider Organization will also need some training to perform the functions described in the section on that organization..

At level I, the promoters will all need a formal training program to be able to deliver the services projected for them. At levels II and III, the auxiliary nurses and other health personnel will need some training to work as a part of the health team within the project, and the supervisory nurses will need some training in supervising the promoters. However, it is not contemplated within this project to train nurses (or other technical personnel) from scratch. Rather, health personnel who are already trained will be recruited for the project. Minimal additional training will then be done for specific tasks within the project (e.g., logistics, supervision, community organization) and for general aspects of the project.

Basically, there are five levels of training programs that are envisaged in this project:

- I: Training of level I personnel: the promoters, and to some degree parteras and community health committees.
- II: At level II (and when appropriate, level III) training of staff involved in the supervision of level I, along with re-training of staff as necessary to meet specific project goals.
- III: Staff orientation related to project functions and goals, evaluations.
- IV: Continuing education for all staff
- V: Training for staff of the Provider Organization, as appropriate.

The responsibility for organizing the training programs will be primarily in the hands of the Training Coordinator in the Provider Organization. With the help of the other members of the Provider Organization, he will design the training programs. Considerable technical assistance will also probably go into designing and/or implementing the training programs. This technical assistance could be from several sources, such as the Mennonite Central Committee, FIDES, the Bolivian Public Health schools, or outside short-term people. As much as possible, health personnel already hired by the project (nurses, physicians, sanitarian, staff of the Provider Organization) will be involved in carrying out the actual training, but probably most of the training will be contracted out.

I. Training of Level I Personnel:

A. The Promotor

By far the largest component of the training program in terms of number or personnel trained will be the training of the promotors working at level I. Two or more will need to be trained from each level I community, and provision for repeating this training cycle will have to be made to assure replacements for promotors who leave the program.

Programs for training promotors in Bolivia have already been developed, and these already available programs (such as the one designed for the Montero project) will be adapted to this project. It will be a goal to avoid interfering with the promotors' livelihoods as much as possible while training them. For example, planting and harvest times will not be chosen as periods to do promotor training. As much as feasible, the training will be carried out in the promotors' own community or a neighboring community. And a large part of the training will be done in conjunction with the auxiliary II nurse

from level II who would be their supervisor within the project system. The actual site of training will be flexible, depending on the needs of the promoters, the availability of training resources, and geographic realities.

The programs will vary in organization but not so much in content. The promoters' programs will be designed to train them to deliver the services outlined in the service delivery plan, which is described in detail elsewhere. Basically, a 180 hour (6 week total) program is contemplated, scattered over time as is individually appropriate. The 180 hours would include supervised practice time, so that in fact only 25% to 50% of the allotted hours would be in formal teaching time. The formal teaching time for each module would average about 8 hours. This 180 hour program would roughly include the following modules:

- 30 hr. 1) community organization and general preventive overview
- 30 hr. 2) enteric diseases: prevention and treatment
- 15 hr. 3) respiratory diseases, including tuberculosis
- 30 hr. 4) emergencies and recognition of serious illnesses
- 30 hr. 5) deliveries
- 30 hr. 6) maternal and child health: pre-natal and well child
- 15 hr. 7) dispensing drugs, with specific reference to formulary at level I

The training program would also include periodic continuing education for the promoters, at least 18 hours (3 days) a year on a somewhat formal basis. In addition, periodic evaluations, in conjunction with the supervising nurse, would be done. "Certification" and annual "Recertification", perhaps based on a formal exam, are planned for the promoters.

B. Parteras

If it is appropriate, parteras already functioning within the communities will be re-trained in obstetrical and newborn care. In some cases, these parteras may become a promotor and go through the 180-hour program outlined above. Most usually, however, the parteras would be trained with a shorter program more specific to their limited practice. In addition to some training to integrate the parteras into the project program, they would receive 2 basic modules of training:

30 hr. 1) Deliveries and care of newborn

30 hr. 2) Pre-natal care

Only about one third of these hours would be in formal teaching time, the rest in supervised practice. The training of the parteras would be mostly contracted out to organizations which already have shown expertise in this kind of training program.

C. Community health committees

The community health committees will need some training in how to choose and deal with the promotors, as well as how to make decisions on health programs for their communities. This type of training would be brief, consisting of several hours only, but it would have to be repeated periodically as the members of the committees changed.

The training could be contracted out and/or done by project personnel. It will be designed and/or coordinated by the Provider Organization, more specifically by the Community Organizer and the Training Coordinator, in cooperation with the Health Service Coordinators from the cooperatives.

II. Training of Level II and III Personnel

The supervisors of the promoters will be trained in supervisory if they do not already have these skills. At the very least, the supervisors (mostly Auxiliary II nurses) will be involved with the training of the promoters they are to supervise to develop the "team concept" in the project.

Also, although it is planned that level II and III personnel will be hired already trained in their respective jobs, there will be project-specific tasks for which they will require additional training. These tasks for which specific training would be indicated include:

- 1) specific supervisory roles
- 2) techniques of evaluation
- 3) use of the specific drugs in each formulary
- 4) project information systems
- 5) project financial systems
- 6) logistics / drug distribution systems
- 7) specific health programs, as necessary
- 8) community relations

The Provider Organization will design and implement these later training programs. The actual training will mostly be done by the Provider Organization personnel, although outside technical assistance will be used also. The Training Coordinator will arrange the programs.

III. Staff Orientation Related to Project Functions, Goals and Evaluations

The Provider Organization's Training Coordinator will be in charge of organizing staff orientation programs. These will be essential to unify the staff as a "system" so as to maximize efficiency and effectiveness as a whole. All the members of the Provider Organization, both those in the health services branch as well as those in the administrative branch, will have the key roles in carrying out this orientation and making the staff aware of the functions and goals of the project as a whole and its individual parts.

The specific information to be communicated to the staff at regularly arranged meetings includes the tasks listed in section II above. Each one

of these functions could form a training module of approximately 2 to 6 hours. Number seven ("specific health programs, as necessary") could comprise many different modules.

Staff orientation will include instructions on methods for evaluation, including the concept of certification and re-certification.

The orientation will also deal with relationships with the cooperatives as well as the community, and will provide a means for the project personnel to have input into the project. Relationships to other programs (e.g. immunizations, tuberculosis, malaria) will also be put into perspective in the staff orientation.

The staff orientation would be allotted at least 6 to 12 hours a year, although more time would be required at the initiation of the project.

IV. Continuing Education for All Staff

Continuing education (including re-education) in both preventive and curative medical topics for all the health personnel at levels I, II, and III is crucial to maintain the quality of care and to maintain the interest and enthusiasm of the personnel. An organized continuing education program is especially essential for the personnel in the more remote rural areas where there is no access to an organized medical education program. The program would be required of personnel, but would allow their input to express their needs in continuing education.

The Training Coordinator and the Assistant Director for Health Services would organize and design these programs, which could be internally run or be associated with outside programs. The continuing education for the promoters would be mostly internally run, although perhaps contracted out. On the other hand, the physicians and nurses would probably do a mixture of internal programs and outside conferences.

Health personnel would be allotted 18 to 30 hours per year for formal continuing education. This training would involve basically:

- 1) review and update of curative and preventive knowledge and procedures
- 2) review and update of the use of drugs
- 3) specific programs aimed at specific levels:
 - a) promoters
 - b) nurses
 - c) physicians
 - d) others

V. Training for Staff of the Provider Organization, as Appropriate

Training for the various members of the Provider Organization will depend on their individual needs to fulfill their projected functions. Some of the people hired to be in the Provider Organization will already have all or many of the needed skills, but this will probably not be the case for most. Strengthening of specific skills to function effectively within the program will probably be necessary for most of the staff of the Provider Organization. Training for the Provider Organization staff would be done through:

- 1) Technical Assistance: short term or long term. Outside consultants will be paid to provide 1:1 training for their respective counterparts in the Provider Organization. The training experience in this situation would be more practical, rather than a didactic one. Specific types of technical assistance will be determined by specific needs, but it is contemplated that considerable technical assistance will be needed for training programs, community organization, management information systems, financial accounting, and logistics. This technical assistance is to be paid for by USAID and PRICOR.

2) Studies or Courses Elsewhere: this training would again be related to the need for specific skills for each individual, and could be short-term (1-4 weeks) or up to 3 months' duration. This could be done at a training center in Bolivia, such as one of the schools of Public Health. Or it could be done within a formal or practical training program outside of Bolivia, preferably in a neighboring country. The specifics of this training would depend on the needs of the individuals hired.

TABLE # 1: FORMULARY FOR LEVELS I, II, AND III, WITH COSTS AND PROJECTED UTILIZATION

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* Action Medeor ^{1/}	Cost US wholesale ^{2/} (Modern Wholesale N.Y.)	st ^{3/} CEF
1. Oral Rehydration Salts	Inexpensive, effective rehydration	Diarrhea and Dehydration	I,II,III	"Salt tabs"? mg. (code 2104) 1500 tabs=17.64	1 l per	7/packet cket=.06
2. Mebendazole 100 mg	Only effective drug for hookworm, also treats other roundworms	Hookworm Ascaris Trichuris	I,II,III	2500 tabs=41.16 (code 0503)	12 tabs=17.95	100 bs=2.34
3. Anti-Diarrheal	Inexpensive, safe in limited use	Diarrhea	I,II,III		Belladone with ØB 5000 tabs=18.75	
4. Alternative Anti-diarrheal	In common use, inexpensive, safe in limited use	Diarrhea	II,III	Iodochlorhydroxy quinolone 250 mg. (code 2102) 3300 tabs=24.36		
5. Piperazine	Inexpensive if treating ascaris only	Ascaris	II,III	300 mg. (code 0505) 2600 tabs=7.56	500 mg. 5000 tabs=86.50	500 1000 scored bs=3.61
6. Laxative: Milk of Magnesia	Safe, effective	Constipation	II,III		m.o.m. 1 Gallon=7.95	
7. Laxative: Bisacodyl	Alternative: much less expensive	Constipation	I,II,III	5 mg (code 2001) 11,000 tabs=21.84	5 mg 1000 tabs=5.75	
8. Anticholinergic	Safe, inexpensive	bowel spasms ulcers	I,II,III		Belladone with ØB 5000 tabs=18.75	
9. Metronidazole 250 mg	most effective safe drug for giardiasis and amoebiasis	Giardiasis Amoebiasis Trichomoniasis	III	(code 0802) 200 tabs=16.80	250 tabs=101.95	100 bs=7.03
10. Anti-emetic, oral	safe and effective	Nausea, vomiting	II,III		Prochlorperazine Pro 10 mg 100 tabs=6.95	25 100 azine s=0.50

* In U.S. dollars, with German mark calculated at US\$ 0.42/All costs are in U.S. dollars, unless noted otherwise

TABLE # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* Action Medeor ^{1/}	Cost US wholesale ^{2/} (Modern Wholesale N.Y.)	Cost ^{3/} ICEF
11. Anti-emetic, IM	Safe and effective	Nausea, vomiting	II, III		Promethazine 50 mg/cc 10x10cc=10.95	
12. Antacid pills	Safe, effective inexpensive	dyspepsia pepticulcer	I, II, III	Aluminum OH 500 mg (code 1801) 1000 tabs=5.88	"Antacid # 1" 5000 tabs=17.50	
13. Antacid liquid	safe, more effective	dyspepsia pepticulcer	II, III		Generic Mylanta 1 gallon=9.50	
14. Atropine IM	standard drug anticholinergic	bowel spasms, bradycardia	III	0.25 mg/ml (code 1901) 75 amps=8.82	2 cc = 2.10	
15. IV solution: D5W	standard	rehydration, giving IV medications	III			
16. IV Solution: Ringer's Lactate	standard	rehydration, hypovolemic shock	II, III			50 ml with IV at each = 1.8
17. Chloramphenicol 250 mg	inexpensive, usually effective for typhoid	typhoid fever infections resistant to other antibiotics	III	(code 0604) 1900 tabs=28.98	1000 tabs=172.40	1000 tabs=14.75
18. Diphenhydramine, oral	standard treatment for allergic reaction	allergic reaction	I, II, III	50 mg tabs (code 0301) 3000=7.98	50 mg tabs 1000=9.95	
19. Penicillin, oral	inexpensive effective	respiratory and skin infections sensitive to penicillin	I, II, III	400,000 IU tabs (code 0619) 1500=23.52	400,000 U tabs 1000 tabs=21.95	Pharm methyl 1000 tabs=1.60
20. Procaine, Penicillin, IM	inexpensive parenteral antibiotic	same as # 19, when not feasible to give oral antibiotic	I, II, III	4000 IU vials (code 0613) 18 vials 20 ml=10.92	300,000 u/cc 10cc vial 100 vials=92.85	1,000 u 3 ml vial = 0.13

TABLE # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* Action Medeor ^{1/}	Cost US wholesale ^{2/} (Modern Wholesale N.Y.)	Cost ^{3/} UNICEF
21. Benzathil Penicillin, IM	long-acting penicillin	impetigo strep infections, syphilis	II, III		Bicillin-LA 1.2 million units 10=49.80	megaunits luent 0.28
22. Ampicillin, injectable	wider spectrum than penicillin	emergency treatment severe respiratory, G.I., or meningeal infect.	III	vials 500 mg (code 0602) 72 vials.6ml⇒ 21.42	vials 500 mg 10 vials=21.50	
23. Ampicillin, oral	same as # 22	Otitis media hemophilus infections typhoid	III	500 mg tabs (code 0601) 100 tabs=65.10	250 mg caps 1000=43.60	25 3 caps 10 30.92
24. Ampicillin, suspension	same for children too small to take capsules	same as # 23	III	125 mg/5cc (code 0603) 8 vials 60cc= 7.56	250 mg/5cc 10x100cc = 20.95	60 .bottle= 0
25. Tetracycline, oral 250 mg	inexpensive, wide spectrum: esp. for gonorrhea, NSU	Bronchitis Gonorrhea, NSU penicillin allergy	II, III	oxytetracycline tetracycline (code 0609) 250mg 1600 tabs = 27.30	250 mg. 5000 tabs=73.50	25 . 10 . tabs=14.75
26. Erythromycin 250 mg	covers infections occ. not covered by other antibiotics	mycoplasma, legionella, staph. penicillin allergy	III		250 mg. 1000 tabs=57.50	
27. Ear drops	for relief of pain, available locally	ear pain or otitis externa	II, III		Pain only lpt 5.40 Auralgan ear-sol antibiotic 12x10cc=25.95	
28. Chlorpheniramine 4 mg	inexpensive, effective antihistamine	congestion allergy	I, II, III		4 mg. 5000=12.30	
29. "Cold tablet"	inexpensive effective	U.R.I.	II, III		APC 5000=28.95	
30. Cough Medication	not harmful	symptomatic relief of cough	I, II, III		Guaitussin 1 Gal. 9.95	

TABLE # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* Action Medicor	1/ Cost US wholesale ^{2/} (modern wholesale N.Y.)	3/ Cost NICEF
31. Aminophylline, tablets	inexpensive effective	asthma COFD	II, III	100 mg tabs (code 2602) 1900=10.08	200 mg. tabs 5000 = 43.50	
32. Aminophylline, IV	standard drug	severe asthma	III	1 ml. amps. 100 mg/ ml. 75 amps=7.56	10 ml. 250 mg 25 amps=7.95	
33. Throat lozenges	inexpensive harmless	relief of sore throat	I, II, III	(code 2606) 1100 tabs=10.92		
34. Iron (adult)	inexpensive	iron deficiency anemia	I, II, III	FeSO ₄ 200 mg (Code 1201) 3500 tabs=7.56	FeSO ₄ 325 mg 5000 tabs = 20.85	
35. Iron (children)	in liquid form	same as # 34	I, II, III		Fer-iron gtt FeSO ₄ 125 mg 1x50 ml.=1.30	
36. Multivitamins with Fe	inexpensive	for iron and vitamin deficiency	I, II, III	multivitamins without Fe (code 2704) 11,500 tabs=17.22	multivitamins 500=27.50	multivitamins & 10 3.83
37. Antibiotic Derm. Ointment	inexpensive	skin infections burns	II, III		Bacitracin 30 Gm 10 tubes=8.95	20 m.=0.26
38. Scabicide	for scabies	scabies	II, III	antiscabies ointment (code 1401) 1000 ml=6.72	Kwell lotion 2oz=3.15	
39. Steroid Cream	inexpensive not harmful	allergic skin reactions	II, III	dexamethasone neomycin (code 1404) 60 5 GM tubes= 15.54	1% HC cream 10 x 20 GM 10.30	

TABLE # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* 1/ Action Medeor	Cost US Wholesale ^{2/} (Modern Wholesale N.Y.)	Cost ^{3/} UNICEF
40. Permanganate	inexpensive	superficial fungal infections	II,III	(code 1410) 100 ml=6.72	K Permanganate 5 gr.tabs 100=3.05	
41. Anti-fungal ointment	fairly inexpensive	superficial fungus infections	II,III	fungus inf. oint.(c.1601) 22 tubes 20 Gm= 8.82	Vioform 3% HCl% cream 20 Gm.10=1.60	
42. A & D ointment	fairly inexpensive not harmful	diaper rash, minor skin irritation	II,III		A & D 1 lb.jar=1.95	
43. Gentian violet	in common use, inexpensive	fungal inf., vaginitis	I, II,III	powder (code 1602) 1000 ml=23.10	2% solution 12 x 30cc 8.10	25 Gm powder 0.99
44. Aspirin (ASA)	inexpensive and effective	malaise, pain, fever, arthritis	I,II,III	ASA 500 mg (code 0201) 1400 tabs=6.30	325 mg 5000 =>15.80 80 mg.5000=13.95	300 mg 1000 = 2.11
45. Acetaminophen	alternative to ASA	malaise, pain, fever	II,III	500 mg (code 0205) 1100 tabs=8.82	500 mg. APAP 1000 tabs=8.25	500 mg Paracetamol 1000 tabs=4.94
46. Anti-inflammatory	effective, least expensive	arthritis, gout, inflammation	III		Phenylbutazone 100 mg. 1000=31.50	
47. Morphine IV	standard	pulmonary edema, M.I., severe pain	III			
48. Narcotic pain med. (IM)	effective analgesia	severe pain	III		Demerol 50 mg/cc 30 cc=7.10	
49. Narcotic pain med. (oral)	effective analgesia	severe pain	III		APAP & codeine 1/2 gr. 1000 tabs=49.90	

TABLE # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* 1/ Action Medeor	Cost US Wholesale ^{2/} (Modern Wholesale N.Y.)	Cost 3/ UNICEF
50. Iron & folic acid	inexpensive	for use in pregnancy	I,II,III	Folic Acid 5 mg (code 1202) 10.000 tabs=18.90	Folic Acid 1 mg 5000 = 13.75 ergotrate amps 1000=1.12	Folic acid 1000=1.12
51. Ergometrine Maleate standard 0.2 mg IM	standard	to prevent uterine bleeding post-partum	II,III	ergometrine amps.1cc 150 amps=16.80	ergotrate tabs 0.2 mg 1000 tabs=116.40	ergometrine 0.2 mg 6 amps(1cc)= 0.35
52. Ergometrine tabs 0.2 mg	standard	same as # 51	I,II,III	ergometrine tabs 0.5 mg 6500 tabs=36.96	ergotrate tabs 0.2 mg 1000 tabs=116.40	ergotrate 0.2mg 1000= 3.96
53. Pitocin IM	alternative to ergometrine standard	uterine bleeding, augmentation of labor	III	3 IU amps 1 ml. 150 amps=12.60	10 US - 1cc 10 amps=8.95	
54. Polyvalent anti-venom	standard treatment for snake bite	snake bite	II,III			
55. Epinephrine 1:1000	standard treatment in emergency anaphyl. shock & asthma	anaphylactic shock, severe asthma	II,III		1:1000 30cc 10=8.50	1 ml.amps 10 amps=0.48
56. Diphenhydramine, IM	standard treatment severe allergic reaction	severe allergic reaction	III		50 mg/cc 10 x 10cc=11.95	
57. Dextran 70	colloid replacement in severe blood loss	hypovolemic shock	III			<3.04>+
58. 50% Glucose solution	standard	hypoglycemia	III			
59. Sulfa-Trimethoprim	wide spectrum antibiotic, esp. for UTI's shigella	shigellosis, otitis, UTI's bronchitis	II,III	400 mg+80mg (code 0614) 1200 tabs=33.18	400+80 500 tabs=66.50	1000 tabs= 26.35

TABLE # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* 1/ Action Medeor	Cost US Wholesale ^{2/} (Modern Wholesale N.Y.)	Cost ^{3/} UNICEF
60. Sulfa	alternative # 59 for UTI	UTI	II,III		Sulfisoxazole 0.5 gm 1000 pills=20.50	Sulfadimidine mixture Ped. 500 mg/5ml 250ml 0.80
61. Ophthalmic Anti- biotic Oint.	inexpensive to treat conjunct- ivity	conjunctivitis	I,II,III	oxytetracy- cline (code 2303) 3% 5 cm. 60 tubes=12.18	Bactracin 4 gm. 12 for =11.50	5 gm = 0.10
62. Furosemide, IV	standard drug diuretic	congestive heart failure	III		20 mg/2cc amps 25 x 2 cc =20.50	
63. Furosemide, oral	standard diuretic	same as # 62	III	40 mg 3200 = 15.12	40 mg 5000=207.50	
64. Hydrochlorthiazide	inexpensive, alternative to #63	hypertension congestive fail- ure	III	25 mg tabs 7600 = 13.02	50 mg tabs 5000 = 19.95	
65. Nystatin supposi- tories	standard treatment for yeast vaginitis	yeast vaginitis thrush	II,III		Vaginal tabs 100 mu 1 x 15 = 2.10	
66. Valium, IV	standard	status epilepticus	III	10 mg amps 2ml.10cc 75 amps=14.28	amps 5 mg/cc 10 amps= 83.50	
67. Prednisone	inexpensive standard	severe allergic reactions, severe asthma	III		5 mg. 5000= 42.50	Prednisolene 5mg 1000 = 6.91
68. Chloroquine	standard for malaria pro- phylaxis and treatment	malaria	II,III	250 mg (code 0902) 2100 = 29.40	250 mg 1000= 35.75	150 mg base 1000 tabs=9.73

Table # 1, continued

Medication	Why drug selected	For what pathology	Level at which drug will be used	Cost* Action Medecr ^{1/}	Cost Wholesale ^{2/} (Modern Wholesale N.Y.)	Cost ^{3/} UNICEF
69. Dilatin 100 mg	standard	seizure disorders	III	100 mg (code 0401) 1800 = 7.56	100 mg 1000 = 50.45	
70. Phenobarbital tabs	inexpensive	seizure disorders anxiety	III		30 mg 1000 = 3.95	30 mg 100 = 0.43
71. Diguxin 0.25 mg	standard	congestive heart failure	III		0.25 mg 5000 = 28.70	
72. Lidocaine 2%	most generally used local anesthetic	local anesthesia	II, III	Procaine 2% (code 0101) 10 ml. vials 32 = 6.72	Lidocaine 2% 50 ml. vials 10x50 = 8.50	Procaine 2% ml. vial = 1.40
ANTI-TUBERCULOUS DRUGS:						
73. INH	standard	tuberculosis	II, III	See # 75	100 mg 5000 = 20.10	100 mg 2000 = 4.86
74. Streptomycin	standard	tuberculosis	II, III	5 gm/20 ml. (code 1104) 18 vials = 10.92	5 gm/12.5 ml 10 = 20.45	5 gm & diluent 10 = 0.13
75. Thioacetazone	standard inexpensive	tuberculosis	II, III	INH 300 mg (code 1102) Thioacetazon 150 mg 1600 = 13.86		INH 300 mg + thioacetazone 150 mg 1600 = 8.92

VACCINES: See accompanying text: to be supplied by the Ministry of Health

COURSE THERAPY

Medica- tion #	Cost** Bol. Wholesale (Mar. 1983)	Lowest Cost per average course of therapy ***	In 1 year, Estim. courses of therapy Level I	In 1 year, Estim. courses of therapy Level II	In 1 year, Estim. courses of therapy Level III	Wholesale cost to project of 1 yr. supply	
1		$\frac{3}{4}$.24 4 packets	7,750 5%	4,300 5%	1,240 3%	3,199.60	
2		$\frac{1}{6}$.10 6 tabs	31,000 20%	12,900 15%	3,720 9%	32.00	
3	K-Pect Susp. VITA 120 ml.= 1.31	USPHS Perry Point, Md. Kaolin-Pecting & Belladonna + oz. (0.42)	$\frac{2}{15}$.6 15 tabs 5%	7,750 5%	4,300 5%	1,660 4%	22.60
4	Intestoquin INTI (iodo- hydroxyquino- lone +) 100 tabs = 2.82	ENTEROLIT S. Q.INTI 10 envelopes = 2.17	$\frac{1}{15}$.10 15 tabs	-	430 1/2%	200 1/2%	33.00
5	Neo Ascomorin INTI 60 ml. 20% = 0.68 300 mg 50 tabs = 0.95		$\frac{1}{15}$.05 15 tabs	-	4,300 5%	1,450 3 1/2%	37.50
6		$\frac{4}{60}$ (.30) 60 cc	-	215 1/4%	200 1/2%	34.50	
7		$\frac{1}{5}$.01 5 tabs	1,550 1%	645 3/4%	300 3/4%	4.95	
8	ESPASMO VERMI- DON INTI tabs. 100 = 3.50		$\frac{2}{8}$.03 8 tabs 3%	4,650 2%	1,720 2%	800 2%	0.76
9		Amoeb 90 Giard. 30 $\frac{3}{60}$.42 60 tabs	-	-	800 2%	36.00	
10	PLACIL drops	$\frac{2}{10}$.05 10 tabs	-	215 1/4%	100 1/4%	5.75	

Course of Therapy, continuation

Medication #	Cost** Bol. Wholesale (Mar. 1983)	Lowest Cost per average course of therapy ***	In 1 year, Estim. courses of ther.			Wholesale cost to project of 1 yr. supply
			Level I	Level II	Level III	
11	FENERGAN 2cc	.20 ^{2/}	-	430 1/2%	200 1/2%	126.00
12	Alumag Gel Inti 100 tabs = 2.75	.10 ^{2/} 30 tabs	3,100 2%	1,505 1 3/4%	600 1 1/2%	520.50
13	Alumag Gel Inti 250 ml = 1.65	1.65 ^{4/} 250 ml.	-	215 1/4%	200 1/2%	684.75
14	1 ma. amp (1cc) Vita 100 amp. = 3.29	.04 ^{4/} i amp.	-	-	200 1/2%	8.00
15	Inti, Vita 500 ml.=1.16 +0.65 for in- fusion set	8.00 ^{4/} 2000 cc	-	-	200	1,600.00
16	Inti, Vita 500 ml.= 1. + 0.65 for in- fusion set	10.00 ^{4/} 2000 cc	-	200	400	6,000.00
17	Inti 250 mg. 100 tabs=4.70	.57 ^{3/} 40 tabs	-	-	100 1/4%	51.00
18	Vitadril 50 mg 100 caps=3.46	.03 ^{1/} 12 tabs	775 1/2%	430 1/2%	200 1/2%	41.25
19	available	.32 ^{1/} 20 tabs	6,200 4%	2,580 3%	1,240 3%	3,200.40
20		.26 ^{3/} 2 megaunits	3,100 2%	1,720 2%	1,240 3%	1,575.60
21		.28 ^{3/} 1 vial	-	860 1%	400 1%	352.80

Course of Therapy, continuation

Medication #	Cost** 4/ Bot. Wholesale (Mar. 1983)	Lowest Cost per average course of therapy***	In 1 year, Estim. course of therapy Level I	In 1 year, Estim. course of therapy Level II	In 1 year, Estim. course of therapy Level III	Wholesale cost to protect of 1 yr. supply
22		1.79 6 vials 500 mg.	-	-	400 1%	715.00
23	500 mg Inti 250 mg Vita 100 tabs= 1000 tabs= 268.90 184.12	.62 20 pills	-	-	800 2%	495.00
24	Vita 250 mg/ 5cc 60 ml = 3.49	1.00 2 bottles (120cc)	-	-	400 1%	400.00
25	Vitaciclina 250 mg 1000 cap=68.88	GC 40 tabs bronchitis 3/ 28 tabs .36	-	1,720 2%	800 2%	7.20
26	Eritrovita 100 caps=21.20	1.61 28 tabs	-	-	200 1/2%	3.00
27	Otalex"Roemers" Inti 10cc=0.57	.57 10cc	-	215 1/4%	100 1/4%	2.55
28		.03 12 tabs	9,300 6%	1,720 2%	400 1%	31.60
29	Antigripalcom "Rin" Vita puesto Inti 100 tabs= 10cc=0.57 0.99	.07 12 tabs.	-	3,440 4%	1,450 3 1/2%	3.08
30	Jarabe Miel Abejas&Eucaliptus Vita 150g =0.44	.44 150 gm	3,100 2%	860 1%	400 1%	1,910.00
31		.25 28 tabs	-	430 1/2%	200 1/2%	17.50
32		.95 3 amps	-	-	200	100.00

Course of Therapy, continuation

Medication #	Cost ** 4/ Bol. Wholesale (Mar. 1983)	Lowest Cost per average course of therapy***	In 1 year, Estim. course of therapy Level I	In 1 year, Estim. course of therapy Level II	In 1 year, Estim. course of therapy Level III	Wholesale cost to project of supply
33		.10 ^{1/}	4,650 3%	1,290 1 1/2%	400 1%	34.00
34	Fe Gluconate 200 mg Gluco- fer Inti 50 tabs=1.04	.38 ^{1/}	12,400 8%	6,020 7%	2,480 6%	7, 12.00
35	Glucofer 10mg in 100 ml. 100 ml.=0.87	.87 ^{4/}	775 1/2%	430 1/2%	200 1/2%	1, 32.35
36		.15 ^{1/}	3,100 2%	860 1%	400 1%	34.00
37		.26 ^{3/}	12,400 8%	6,020 7%	1,650 4%	5, 18.20
38	Scabiesin 9/82=80 pesos	.80 ^{4/}	-	430 1/2%	200 1/2%	34.00
39		.26 ^{1/}	-	860 1%	200 1/2%	75.60
40	Available 9/82=10 pesos	.40 ^{4/}	-	215 1/4%	100 1/4%	26.00
41	Antifunguin Vita 20 gm = 1.34	.40 ^{1/}	-	430 1/2%	200 1/2%	52.00
42		.13 ^{2/}	-	215 1/4%	100 1/4%	40.95
43	Available	(.15) ^{4/}	6,200 4%	1,290 1/2%	400 1%	1, 83.50
44	ASA 500 mg Vita 100 tabs=1.14	.03 ^{3/}	23,250 15%	8,600 10%	3,300 8%	34.20

Course of Therapy, continuation

Medication #	Cost ** 4/ Bol. Wholesale (Mar. 1983)	Lowest Cost per average course of therapy ***	In 1 year, Estim course of therapy Level I	In 1 year, Estim course of therapy Level II	In 1 year, Estim course of therapy Level III	Wholesale cost to project of supply
45		.06 ^{3/} 12 tabs	-	3,440	1,650 ^{4%}	1.40
46	Gotal Inti Buta- solidin+ASA+ 100 tabs=4.74	.47 ^{2/} 15 tabs	-	-	500	5.00
47		(.75) ^{4/} 15 mg.	-	-	100	1.00
48		(.50) ^{4/} 75 mg.	-	-	200	1.00
49		(1.00) ^{4/} 8 tabs	-	-	1000	1.00
50		.22 ^{1/} 120 tabs	7,750 ^{5%}	3,440 ^{4%}	1,240 ^{3%}	2.60
51		.06 ^{3/} 1 amp.	-	500	300	1.00
52		.03 ^{3/} 6 tabs	1,500 ^{1%}	500	300	1.00
53		.84 ^{1/} 10 amps.	-	-	300	1.00
54		(15.00) 5 vials	-	150	50	3.00
55	Inti 1cc amp=0.24	.04 ^{2/} 1cc	-	200	50	1.00
56		.12 ^{2/} 1cc	-	-	50	1.00

Course of Therapy, Continuation

Medication #	Cost** 4/ Bol. Wholesale (Mar. 1983)	Lowest Cost per average course of therapy ***	In 1 year, Estim. course of therapy Level I	In 1 year, Estim. course of therapy Level II	In 1 year, Estim. course of therapy Level III	Wholesale cost project of supply
		8.00 ^{3/}				
57	Inti 33 1/3%	2 units	-	-	50	400.00
58	Glucose 20 ml=0.35	1.00 ^{4/} 3 amps	-	-	25	25.00
59	Sulfa 3 Vita 100 pills >1.87	.77 ^{4/} 28 pills	-	1,720 2%	800 2%	940.40
60	Sulfa 3 Vita Ped. Susp. Sulfa 3 100 pills >1.87 Vita 60ml=0.48	.75 ^{4/} 40 pills	-	430 1/2%	200 1/2%	472.50
61	Chloramphenicol ophth. oint "Dr. Mann" Inti 3cc=0.65	Oftal Vitamins Vita 5gm=0.53 5gm. ^{3/} .10	4,650 3%	1,720 2%	800 2%	717.00
62	Available?	2.57 ^{2/} 3 amps	-	-	50	128.50
63		.06 ^{1/} 14 tabs.	-	-	200	12.00
64		.12 ^{2/} 30 tabs	-	-	400 1%	48.00
65	Probably available from USPHS Perry Point, Md.	2.10 ^{2/} 15 tabs.	-	200	100	330.00
66		.19 ^{1/} 1 amp.	-	-	100	19.00
67		.18 ^{2/} 21 tabs	-	-	300	54.00
68		.42 ^{1/} 30 tabs	-	860 1%	400 1%	529.20

Course of Therapy, continuation

Medication #	Cost** 4/ Bol. Wholesale (Mar, 1983)	Lowest Cost per average course of therapy***	In 1 year, Estim. course of therapy Level I	In 1 year, Estim. course of therapy Level II	In 1 year, Estim. course of therapy Level III	Wholesale cost project of yr. supply .
69		.42 ^{1/} 100 tabs	-	-	300	126.00
70		.12 ^{2/} 30 tabs	-	-	500	60.00
71		.57 ^{2/} 100 tabs	-	-	100	57.00
72		.08 ^{3/} 10 ml	-	860 1%	400 1%	100.80
73.						to be
74						supplied by the
75						Ministry of Health