

Analysis of the Impact of Conducting Clinical Treatment in a Medicine Store & Retail Pharmacy; The Danger it Poses to the Health System in Liberia

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DOI: <https://dx.doi.org/10.47772/IJRISS.2025.908000373>

Received: 10 August 2025; Accepted: 16 August 2025; Published: 12 September 2025

ABSTRACT

The researcher investigates the growing practice of conducting clinical treatments in medicine stores and retail pharmacies in Africa, specifically a focusing on Liberia. This is a normal practice in the Liberian society and there are concern among community dwellers; the danger cause precipitated the researcher interest of developing a systematic work about the underline factor.

The writer explores the danger associated with this informal health practice, the factors promoting it, and its broader economic and health implications; which are destructive in creating separate complications in the human entire system thus meeting with untimely death.

The researcher mention in this article that limited access to formal healthcare, regulatory weaknesses, and economic hardship are significant contributors to the rise of unlicensed clinical care. The researcher recommendation emphasized the urgent need for policy reform, stricter regulation, and investment in community healthcare systems. These areas should be properly monitored in order to avoid health complications as appropriate institutions will treat patients.

The research discussed the impact of conducting clinical treatments in medicine stores and retail pharmacies Liberia. The research outlined the dangers and factors promoting this practice, as well as the economic benefits and health implications. There is no need for drugstore owners to treat patients when they are not license to do so.

Furthermore, it was also discovered that lack of adequate regulation, limited access to healthcare, and poverty are major drivers. The agencies responsible for monitoring should be vigilant in arresting these situations.

The consequences include increase drug resistance, misdiagnosis, and public health risks. The researcher also critiques existing literature, identifies research gaps, and offers practical recommendations to address the problem.

INTRODUCTION

There is a growing need across many African nations to prevent medicine stores and retail pharmacies from doing treatment of patients as they do so to prevent dispense medication from requisite authority for the sole purpose of generating finances. It is obvious that clinical treatments are done in hospitals and clinics because they got the needed facilities and professional doctors.

In Liberia, this trend is especially practice due to a fragile healthcare system and widespread poverty (Wirtz et al., 2017). These informal healthcare providers have become a critical part of the health-seeking behavior of the population, but they pose serious risks to public health. There has not been rare mechanism put into place to tackle this aspect of the health delivery system; as it endanger human life.

The researcher analyzes this practice, identifies the dangers, and examines the socio-economic forces behind its growth. In many African Countries, including Liberia the practice of administering clinical treatments. In medicine stores and retail pharmacies has become increasingly common. Accordingly, clinical issue are important because it determine the seriousness of a society in dealing with human health.

The stores are unregulated timely and lacking professional supervision and have become the first point of care for many citizens, this practice raises concerns about patient safety, drug misuse, and the overall quality of care. It be established that all over the world, health matters are first preference in a serious minded society. The society current understanding of the efficacy of psychological intervention and medical health care system are issues that seek the wellbeing of the people.

Significance of the Research

The research is crucial in understanding a neglected area of healthcare policy in Liberia. Unregulated clinical treatment in medicine stores not only undermines patient safety but also threatens national health security by promoting drug resistance and the misuse of medication (Goodman et al., 2007). The aimed is to overcome limitation of previous notion about the healthcare system and set into place strategies that are workable in health sector.

By highlighting these dangers, the study aims to inform evidence-based interventions, support advocacy for stronger healthcare regulations, and encourage sustainable investments in Liberia's healthcare delivery system, as this will assist the society improve its medical infrastructure. In this direction, other neighboring countries will use our system for referral; for cases they are unable to take care of.

RESEARCH METHODOLOGY

A qualitative methodology was adopted for this research and in this regard, primary data was gathered through interviews with pharmacists, healthcare workers, and patients in Montserrado County. Secondary sources included government policy documents, health ministry reports, and peer-reviewed academic journals. Also, thematic content analysis approach was used to evaluate and organize the data into key areas: dangers, promoters, economic implications, and health implications. These are the medium used to have this piece of work done. It is scholastic because of the many wrongs in the health sector as revealed to the reading public.

LITERATURE REVIEW

The literature reveals a complex interplay between accessibility, regulation, economic hardship, and health outcomes.

This review critically examines existing regulations and policy-related works that research the phenomenon of informal healthcare delivery in pharmacy settings, particularly in low-income countries like Liberia.

Wirtz et al. (2017) provide a global analysis of access to essential medicines, noting that in low- and middle-income countries (LMICs), pharmacies and medicine vendors are the first point of contact for healthcare.

This research suggest that while these pharmaceutical outlets improve physical access, they frequently lack the professional oversight necessary for safe and effective treatment. Similarly, Smith (2018) discusses community-based access mechanisms but falls short of detailing with the clinical decision-making that occurs in these environments.

Goodman et al. (2007) conducted a comprehensive review of medicine sellers in sub-Saharan Africa, particularly in malaria-endemic regions.

The research illustrates that retail pharmacies play a central role in diagnosing and treating illnesses, especially in areas with limited health infrastructure.

The research largely focuses on drug provision rather than the broader clinical responsibilities that these actors often assume. A significant theme in the literature is the weak enforcement of health regulations.

Davis and Mugisha (2015), in their study of Uganda's health system, highlight how insufficient regulation and oversight allow informal healthcare practices to flourish. Although their research is based in Uganda, the parallels with Liberia are clear medicine stores frequently operate without licenses, and many are staffed by individuals without formal medical or pharmaceutical training.

Kamuhabwa and Silumbe (2021) examine the situation in Tanzania, revealing that community pharmacies manage a wide range of illnesses despite lacking legal authorization to provide such care.

It emphasized between legal frameworks and practical realities, where enforcement is inconsistent, and informal care is sometimes the only accessible option for many patients.

The literature consistently points to compromised quality of care as a major concern. Improper diagnoses, misuse of medications, and lack of medical records are frequently cited (Goodman et al., 2007; Wirtz et al., 2017).

The risk of antimicrobial resistance, particularly due to the overuse and inappropriate dispensing of antibiotics, is a recurring topic. Many researchers, including those by Smith (2018) and Kamuhabwa & Silumbe (2021), do not delve deeply into the long-term public health implications of such practices. Despite the risks, economic necessity remains a powerful driver of informal clinical treatment.

According to Wirtz et al. (2017), many households in LMICs prefer retail pharmacies because they are more affordable and more geographically accessible than formal clinics. Goodman et al. (2007) similarly argue that medicine sellers are embedded within communities and provide culturally familiar services.

However, very few researchers fully examine the economic motivations behind why medicine store owners conduct clinical services or why patients choose them over formal healthcare providers.

This is a notable gap in the literature, especially relevant in Liberia, where both poverty and geographical constraints severely limit access to professional healthcare. In Liberia there is a significant body of literature on informal healthcare across Africa, few researchers focus specifically on Liberia. Most available research centers on larger or more extensively studied countries like Kenya, Uganda, and Nigeria.

Liberia's post-conflict health system is uniquely vulnerable, characterized by chronic underfunding, limited human resources, and weak enforcement capacity. Therefore, extrapolating findings from other African contexts without considering Liberia's specific challenges risks oversimplification.

Gap & Gap Analysis

Current literature provides some insight into the role of pharmacies in drug dispensing but lacks adequate focus on their role in unlicensed clinical treatment (Smith, 2018). Additionally, researchers from other countries such as Uganda and Nigeria (Davis & Mugisha, 2015) have identified regulatory challenges, but little has been done to analyze this within Liberia's unique

Post-conflict context. This research fills the gap by focusing on how Liberian medicine stores are evolving into clinical treatment centers without adequate legal or professional oversight. This is important due to the many challenges faced health institutions and as a result patients to be treated in Liberia. It is because of the lack of trust in the entire health system; that individuals are taken sick people to Ghana and other West African countries for treatment.

Critique of Four Authors

Wirtz et al. (2017): This work discusses access to essential medicines globally but underplays the informal roles that unlicensed operators take in clinical settings in developing countries. All of these things need to be identified in order to find solution and save our common world. Certainly, this is inappropriate for institutions who do not

have permit to operate beyond their bound. Goodman et al. (2007): Their study outlines the involvement of medicine sellers in malaria treatment but fails to link this to the broader problem of public healthcare posed by untrained clinical personnel.

The need for researchers to mention the attitude of those who are train but forcibly do their own thing because of economic reason. They refused to acknowledge the danger it post to the health of others. Smith (2018): The author highlights the importance of community-based medicine access but does not examine the legality or ethics of clinical interventions by non-professionals. Davis & Mugisha (2015): It is a good approach for the decentralization of health institution; as this will enable patients to have access to medical care. However, it should be done by those who are trained and have been licensed by the government. As one many know that every treatment has its own guidelines and a psychological approach method. Besides, each of these treatment has a large evidence –based and its trauma –focused; as such trainees will take into consideration all of components in administering treatment.

Presentation of Findings

The dangers identified in misdiagnosis in drug resistance, poor record-keeping, and wrongful prescriptions has to do with weak regulation, poverty, rural inaccessibility to hospitals, and limited health infrastructure. The economic implications has reduced healthcare spending in the short term but increased national costs due to complications and drug resistance. The healthcare implications has risen in mortality and morbidity rate from preventable illnesses due to improper treatments.

RECOMMENDATION

The following are recommended for consideration by government and other associated institution:

The need to strengthen enforcement department of Pharmacy licensing and inspection is viable and must be taking seriously;

There must be decentralization of community-based primary healthcare; and must be affordable so that the aims and objectives will be met;

The government should launch a nationwide awareness campaign about the danger of receiving clinical treatment from untrained individuals; and

That the government and other related institutions should provide incentives for pharmacists to work in underserved areas.

CONCLUSION

The provision of clinical treatment in medicine stores and retail pharmacies in Liberia and other parts of Africa presents a significant public health risk. That means, the treatment administered by unauthorized institutions is unethical and should not be condone by anyone.

Though driven by economic hardship and systemic health challenges, this practice must be addressed through a multifaceted approach involving regulation, public education, and investment in health infrastructure. It is dangerous that untrained individual will temper with lives of others because of their economic benefit. This research work is finding remedy for the dissolution of institution who do not have the expertise to do certain clinical work.

This study contributes to the growing body of evidence advocating for safer and more accountable healthcare practices in developing nations. Basically, it is the poor nation that suffers this kind of practice, and should be discouraged by every meaningful individuals. This will help to save the lives of others and will enable people to have a better society.

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APPENDIX

Annex-1: What is your current occupation?

Gender	Yes	No	Percentage	Summary
Male	7	3	50%	There are seven male pharmacists who respondent and six mix health workers who also responded to the questionnaire number one Yes while three and four said No. This constitute 50% both sides
Female	6	4	50%	
Total	10	10	100%	

Annex-2: What is your level of education?

Gender	Yes	No	Percentage	Summary
Male	2	8	50%	In the questionnaire two male agreed having secondary education and eight male do not have while six female have and four do not which constitute 50% each in the chat.
Female	6	4	50%	
Total	10	10	100%	

Annex-3: Have you or someone you know ever received clinical treatment (e.g., injection, wound care, IV therapy) from a medicine store or retail pharmacy in Liberia?

Gender	Yes	No	Percentage	Summary
Male	6	4	50%	Our of the respondent six male said yes and four said No while the female respondent also eight person said yes and two person say, No that constitute 50% of each in the table.
Female	8	2	50%	
Total	10	10	100%	

Annex-4: What kind of treatments are commonly provided in these medicine stores & pharmacies?

Gender	Yes	No	Percentage	Summary:
Male	4	6	50%	Four male respondent know the kind of treatment provided and six do not know what kind of treatment is been provided while three female do not know and seven male do know and that constitute 50% each in the table.
Female	3	7	50%	
Total	10	10	100%	

Annex-5: How concerned are you about the health risks associated with receiving clinical treatment from a medicine store or pharmacy that lacks certified medical personnel?

Gender	Yes	No	Percentage	Summary
Male	6	4	50%	The table show that only six male say yes that they are concerned about the health risk and four female do not know the health risk about treatment in these facilities that constitute 50% each in the table.
Female	6	4	50%	
Total	10	10	100%	

Annex- 6: What dangers do you believe exist in receiving clinical care from medicine stores or unregulated pharmacies?

Gender	Yes	No	Percentage	Summary
Male	8	2	50%	There are eight respondent male believe that this will kill patients in the M-S &P-S by conducting clinical while nine female support it and one do not in support which constitute 50% each in the table.
Female	9	1	50%	
Total	10	10	100%	

Annex-7: Do you think medicine stores providing clinical treatment help reduce the cost of healthcare for low-income individuals?

Gender	Yes	No	Percentage	Summary
Male	6	4	50%	The number of male who agreed to clinical in M-S & P-S are six and four disagree while six female agreed and four disagreed and that constitute 50% each in the table.
Female	6	4	50%	
Total	10	10	100%	

Annex-8: What are the economic benefits (if any) of clinical services being offered in retail pharmacies and medicine stores?

Gender	Yes	No	Percentage	Summary
Male	5	5	50%	Five Male agreed that there is an individual economic benefit of carrying on clinical treatment in giving these people more money and five people say No that will destroy them while seven female support the economic benefit and three do not support.
Female	7	3	50%	
Total	10	10	100%	

Annex-9: Who do you think promotes or supports the practice of offering clinical treatment in medicine store?

Gender	Yes	No	Percentage	Summary
Male	6	4	50%	Six male say 'Yes' that the owners are the one promoting these practices in M-S & P-S and six female also support it while four in the table do not support and that which constitute 50% each.
Female	6	4	50%	
Total	10	10	100%	

Annex-10: What measures would you recommend to regulate or put stop to this practice?

Gender	Yes	No	Percentage	Summary
Male	9	1	50%	Nine male support routine inspections to put stop to this and eight female also support it while one male and two female do not support and constitute 50% each in the table.
Female	8	2	50%	
Total	10	10	100%	

0[IU9-;’ 8I8UHQuestionnaires on the topic: Analysis of the Impact of Conducting Clinical Treatment in a Medicine Store & Retail Pharmacy in Africa/Liberia: The Dangers & Promoters, Economic & Health Implications.

- What is your current occupation?
 - Pharmacist
 - Medicine Store Owner
 - Licensed Medical Practitioner
 - Patient/Customer
- What is your level of education?
 - Primary
 - Secondary
 - Tertiary
 - Postgraduate
 - No formal education
- Have you or someone you know ever received clinical treatment (e.g., injection, wound care, IV therapy) from a medicine store or retail pharmacy in Liberia?
 - Yes
 - No
- What kind of treatments are commonly provided in these medicine stores/pharmacies?
 - ☐ Prescription drug sales
 - ☐ Injections
 - ☐ Diagnosis and treatment of illnesses
 - ☐ Laboratory tests
 - ☐ Wound dressing and IV services
- How concerned are you about the health risks associated with receiving clinical treatment from a medicine store or pharmacy that lacks certified medical personnel?

- a) Very concerned
 - b) somewhat concerned
 - c) Not concerned
 - d) don't know
6. What dangers do you believe exist in receiving clinical care from medicine stores or unregulated pharmacies?
- A. () Increases Risk factors for patient
 - B. () Kill the Patient due to lack of proper diagnosis
 - C. () All of the above
7. Do you think medicine stores providing clinical treatment help reduce the cost of healthcare for low-income individuals?
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) strongly disagree
 - e) Not sure
8. What are the economic benefits (if any) of clinical services being offered in retail pharmacies and medicine stores?
- A. () Give them more money
 - B. () Risk the Patient Life
9. Who do you think promotes or supports the practice of offering clinical treatment in medicine store?
- ☐ The government
 - ☐ Local drug regulators
 - ☐ Community leaders
 - ☐ Business owners
 - ☐ Patients who can't afford hospitals
10. What measures would you recommend to regulate or put stop to this practice?
- A. () Routine inspection by regulators.
 - B. Perpetual closure by regulators
 - C. Revoked permit insurance
 - D. All of the above.