

## Colour coding of labels for essential drugs

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Essential drugs for primary health care programmes are usually procured by international tenders (Quick 1981, Gish & Feller 1979). Substantial savings can be made by identifying the cheapest source of a drug each time an order is placed. However, identical drugs from different suppliers have different packings and labels. This confuses primary health care workers with little formal education, who recognize a drug mainly by the colour and the size of the label, the package and the tablets. Frequent changes in the appearance of drug labels and packings bear the risk of drugs being mistaken.

To reduce this problem, the Refugee Health Unit of the Somali Ministry of Health has developed standardized labels for its drugs, using different colours for the pharmacological groups. An example of these labels is shown in Figure 1. The label sizes are 8x7 or 6x4 cm.

Colours are assigned to the pharmacological groups as follows: blue for analgesics, yellow for antibacterial drugs, orange for antimalarial and antiamoebic drugs, brown for antituberculosis drugs, green for antianaemia drugs, red for dermatological and ophthalmological drugs, grey for gastrointestinal drugs, purple for vitamins, white for all others.

The labels were printed in bulk by a commercial drug company, each one in quantities between 400 and 11 000. The average cost of good quality adhesive labels was US\$ 0.035 each. When wholesalers or manufacturers are contracted to supply a drug, they are provided with the appropriate numbers of labels to be fixed on to the containers or cartons prior to delivery. The supplier's own label indicates

the package size, batch number and the dates of manufacture and expiry. Of the seven commercial suppliers requested to apply these labels in a recent drug order, six did so without additional charge, and one requested a small fee. Drugs purchased in small amounts are relabelled in Somalia, using an inexpensive printing apparatus to fill in blank labels.

Overall, this procedure increases the drug costs by 0.6%, and in exchange is likely to produce the following benefits:

(1) The labels are easily recognized by health workers with little formal education. The risk of drugs being mistaken is reduced.

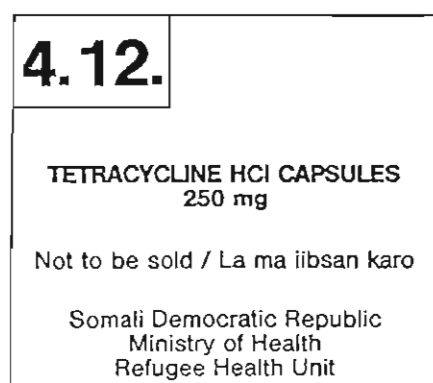


Figure 1. Example of drug label. The number in the top left corner is the code number of the drug. The space on the right is used for remarks, e.g. "For children". Labels are coloured according to pharmacological group (see text)

(2) The colour coding and the inclusion of code numbers facilitates the arrangement of drug stores and the utilization of record and order forms, which all use the same code numbers.

(3) The labels may reduce the illegal diversion of drugs, by carrying the words "Ministry of Health" and "Not to be sold".

We would appreciate comments and proposals for further improvements of these labels.

#### REFERENCES

- Quick J (ed) (1981) Managing Drug Supply. Management Science for Health, Boston, Massachusetts, USA  
Gish O & Feller L L (1979) Planning Pharmaceuticals for Primary Health Care. American Public Health Association, Washington, D.C., USA