



Herbal Medicine Availability Assessment in Urban Public Health Clinics versus Private Pharmacies in Lagos, Nigeria

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Abstract

Urban public health clinics in Lagos, Nigeria often serve a significant portion of the population, including those who may not have access to private pharmacies. The availability and accessibility of herbal medicines in these settings are critical for public health outcomes. A stratified random sampling method was employed to select 10 public health clinics and 10 private pharmacies. Data on herbal medicine availability were collected through structured interviews with clinic/pharmacy staff over a period of one month. Public health clinics showed a higher proportion (78%) of available herbal medicines compared to private pharmacies (62%), though this difference was not statistically significant at the 95% confidence interval. Despite differences in availability, public health clinics and private pharmacies were generally accessible for obtaining herbal medicines. Further research is needed to understand factors influencing accessibility and availability. Public health authorities should consider expanding access to herbal medicine supplies in urban settings, possibly through partnerships with private pharmacies or community support networks. Treatment effect was estimated with $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta^T p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *Sub-Saharan, pharmacovigilance, accessibility, ethnopharmacology, urbanization, distribution, biogeography*

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