



RATIONAL USE OF MEDICINES

Is it worth the effort?

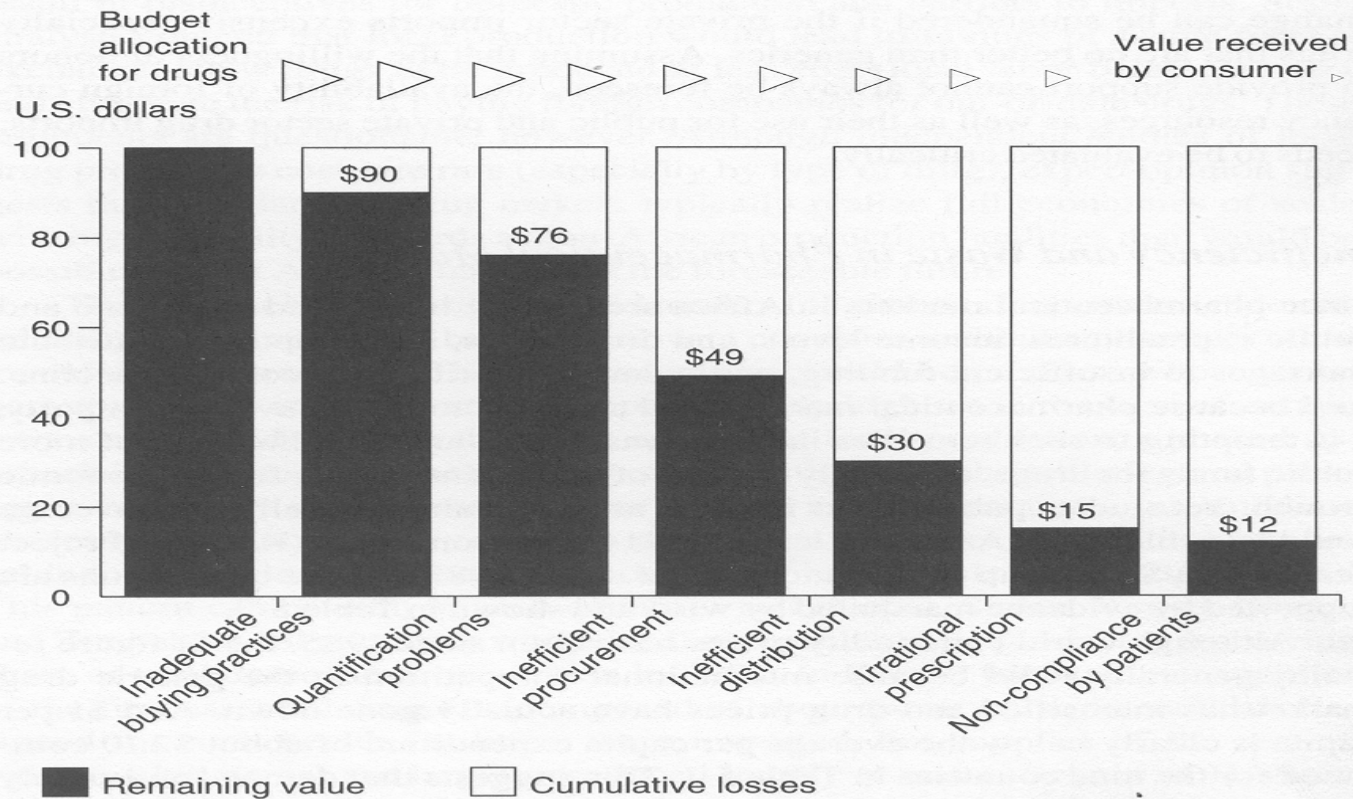
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Problem 1

Waste areas

Figure 5-1. Inefficiency and Waste in the Supply of Drugs from Budget Allocation to Consumer



Source: WHO and World Bank data.

Source: World Bank 1994, Better Health in Africa



Problem 2

Waste in use

- Many studies have shown most common drug use problems as being:
 - Over-prescribing,
 - multi-drug prescribing,
 - misuse of drugs,
 - use of unnecessary expensive drugs
 - overuse of antibiotics and injections



Is RUM worth the effort?

Impact on economic indicators:

- Time
- Money
- Human intellectual capital
- Therapy success
- Other resources



10 national strategies to promote RUM

1. Evidence-based standard treatment guidelines
2. Essential Drug Lists based on treatments of choice
3. **Drug & Therapeutic Committees in hospitals**
4. Problem-based training in pharmacotherapy in UG training
5. Continuing medical education as a licensure requirement
6. Independent drug information e.g bulletins, formularies
7. Supervision, audit and feedback
8. Public education about drugs
9. Avoidance of perverse financial incentives
10. Appropriate and enforced drug regulation

Source: WHO Policy Perspectives no.5



Selected D/PTC achievements (Institution 1)

Jan 2000	May 2004	Remarks
47 cough preps	12 cough preps (Gone down to 8)	Better stock control, saving money for institution
16 amoxicillin brands	2 amoxicillin brands	Antibiotic control-saving a key resource
Ad-hoc purchasing	Streamlined and planned purchasing i.e. Minimal stock holding & guaranteed availability	Saving money, better service, better financial control
Uncontrolled medical rep activity	Regulated Med-rep activity	Improved human capital use
No drug assessment - anything bought	Drug assessment with written down criteria	Ensures quality, legality, saves money, better health outcomes

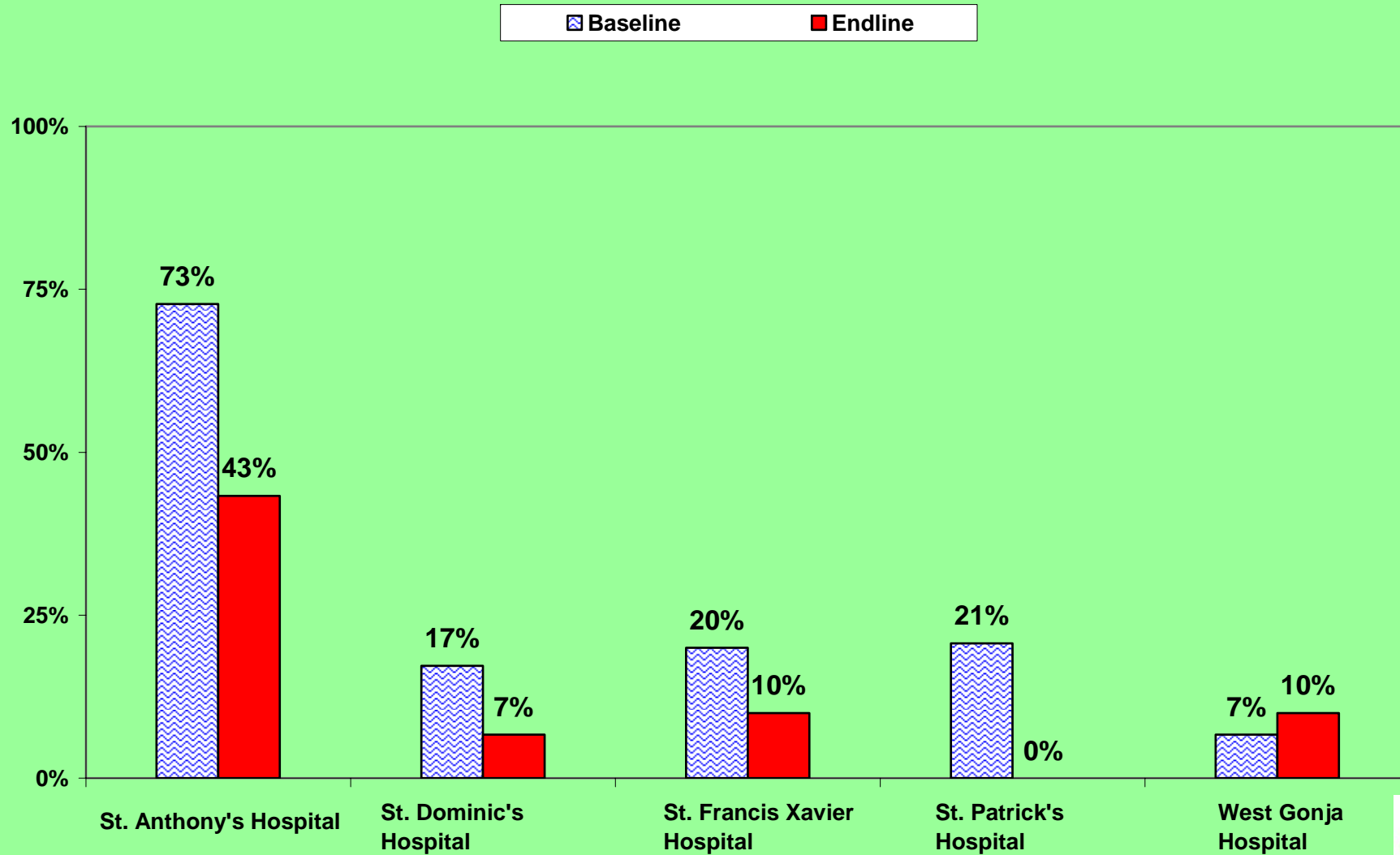


Selected D/PTC achievement (institution 2)

ACTIVITY	OUTCOME
Reduced inventory holding levels	Better financial management
Reduced cost of care	Money saved for patient
Tendering enabled sourcing of drugs at competitive rates	Savings for the institution
CME sessions organized for hospital staff	Improvement of the human capital
Audits sensitized prescribers e.g. costs per prescription reduced by 20%.	Cost reduction, benefit to patient and institution

Selected D/PTC achievement (institution 3)

Comparison of the % of Encounters with Any Antimalarial Injectable Prescribed for Treatment of Malaria, Among Catholic DTC Hospitals



Why did these examples work

- Interventions ensured cooperation across organizational and institutional capabilities i.e. multi-stakeholder involvement
- Clear mandate, terms of reference, management support and performance review



Summary: It is worth it!

- Decrease in drug expenditure without decreasing quality of service (cost effective therapy) - **money, therapy**
- Decrease in morbidity and mortality – **better health**
- Decrease in length of stay in hospital, an issue of economic impact for patients- **time and money**
- Reduces cost of inventory- **money and time**
- Non-financial benefits but of economic impact e.g. saving antibiotics, better prepared and competent staff, sustainable livelihoods – **human capital, other resources**



BUT...

It needs to be guided by a
**National framework on
Rational Use of Medicines**



Thank you!

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www.epnetwork.org

