

Promoting rational use of medicines and contain AMR by strengthening health systems:

Implementing resolutions:

WHA60.16 on rational use of medicines

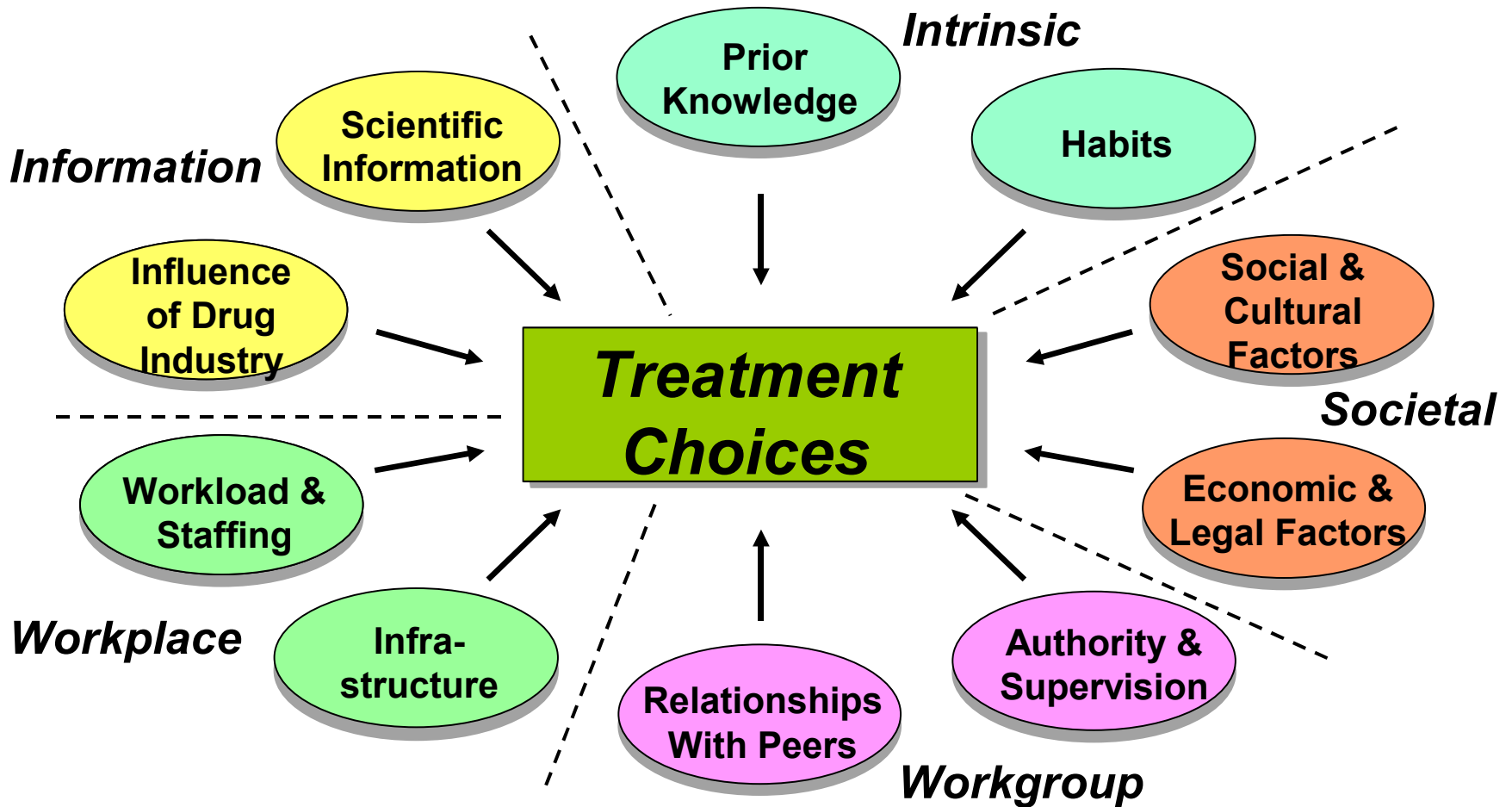
and

WHA58.27 on containing antimicrobial resistance

Major challenges and trends

- **30-50% of PHC patients treated as per STGs in public sector in low/middle income countries 1990-2006**
 - Worse in the private sector
 - Not improving over last 17 years
 - Very few scaled-up interventions implemented
 - WHO/PSM drug use database of >800 surveys
- **<50% of countries implementing basic policies to promote rational use of medicines**
 - WHO/TCM database of pharmaceutical policy in 2003 based on questionnaire by >100 MOHs

Many Factors Influence Use of Medicines



12 core strategies to promote RUM

Policy Perspectives on Medicines, no.5, 2002

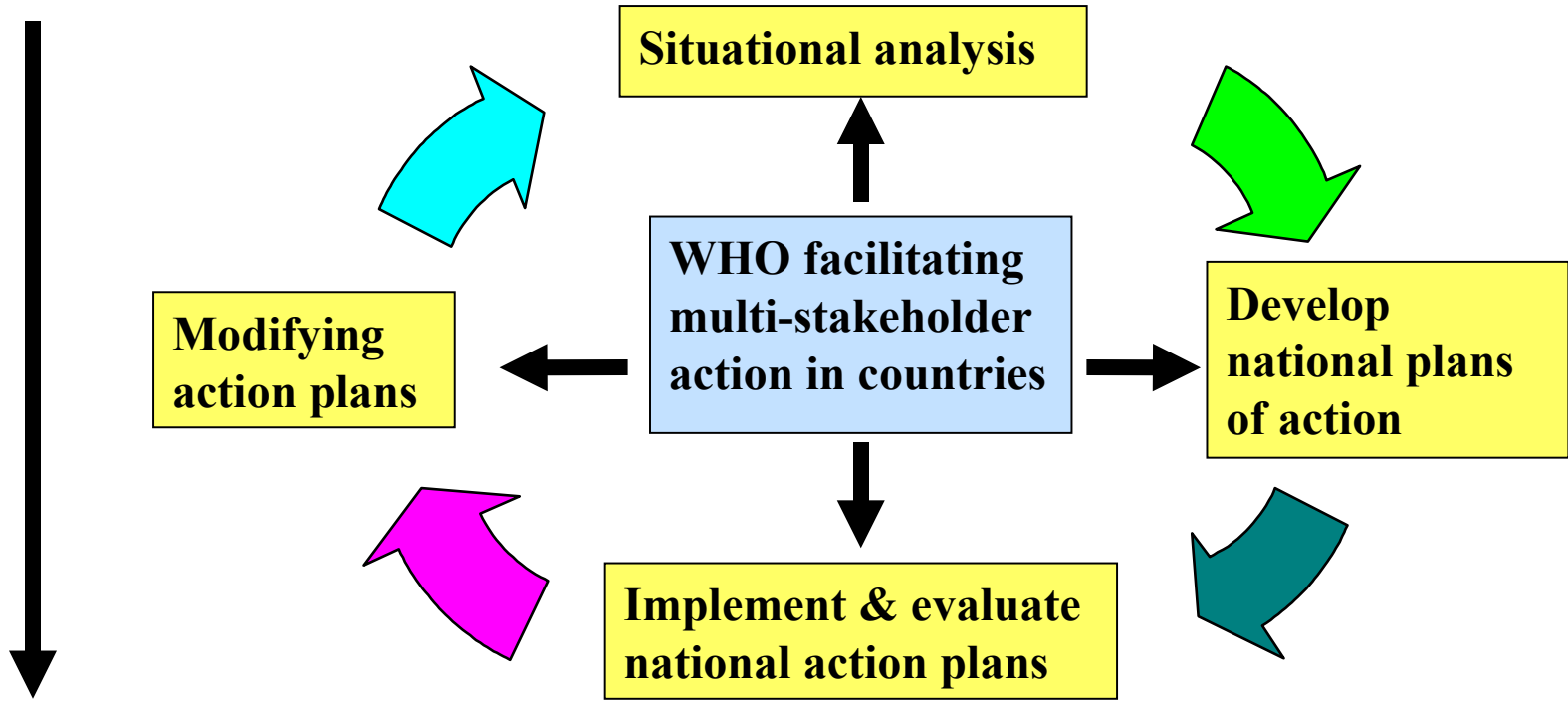
1. Evidence-based standard treatment guidelines
2. Essential Drug Lists based on treatments of choice
3. Drug & Therapeutic Committees in hospitals
4. Problem-based training in pharmacotherapy in UG training
5. Continuing medical education as a licensure requirement
6. Independent drug information e.g bulletins, formularies
7. Supervision, audit and feedback
8. Public education about drugs
9. Avoidance of perverse financial incentives
10. Appropriate and enforced drug regulation
11. A mandated multi-disciplinary national body to coordinate medicine use policies
12. Sufficient government expenditure to ensure availability of medicines and staff

WHA60.16: rational use of medicines

systematic cross-cutting health systems approach

- Urges Member States " to invest sufficiently in human resources and provide adequate financing in order to strengthen institutional capacity to ensure more appropriate use of medicines in both the public and private sectors " and " to consider establishing and/or strengthening...a full national programme and/or multidisciplinary national body, involving civil society and professional bodies, to monitor and promote the rational use of medicines "
- Requests WHO to support countries to do the above
- Similar recommendations in WHA58.27 on AMR which urges speeding up implementation of WHO Global Strategy on AMR
- Implementation discussed by 15th EML Expert Comm. March 2007
- Finance/Adm. implications, EB120/7 Add.1 for US\$30 M for 6 years

Health systems with no national programs:
•No coordinated action
•No monitoring of use of medicines



Health systems with national programs:
•Coordinated action
•Regular monitoring of use of medicine

WHO Goals and Objectives

Overall goal

- Support countries to establish national programs for rational use of medicines run by mandated, resourced, multi-disciplinary, national bodies to coordinate monitoring and implementation of interventions

Specific Objectives

1. Develop and pilot a standardised tool to undertake situational analysis and then undertake it in selected countries
2. Support establishment of national programs in selected countries using a multi-stakeholder approach, involving civil society and professional bodies and based on situational analysis
3. Establish global mechanism for sharing info & lessons learnt
 - Global steering committee to guide global program
 - Meetings for stakeholders from participating countries
4. External evaluation of strategy after 5 years to review progress with recommendations next 6 years

WHO Outcomes and outputs

- **WHO outcomes**

- Development of standard model for promoting rational use of medicines through strengthening health systems
- Evaluation report with recommendations for future action

- **WHO outputs**

- No. countries undertaking a situational analysis
- No. action plans implemented
- No. drug use problems addressed
- % drug use problems improved
- Annual progress reports from participating countries
- No. meetings of steering committee, plus their reports
- No. meetings between participating countries to share information, plus their reports

Tools

- **Training courses on how to promote rational use of medicines**
 - Level of community, primary health facility & hospital
 - Other methods from other disciplines e.g. IMCI
- **Surveillance methods**
 - INRUD/WHO indicators in PHC facilities
 - Investigating drug use in the community
 - ABC, VEN, DDD, DUE in hospitals
 - Level 2 pharmaceutical indicators (pub/private facilities, household)
 - Other methods e.g. IMCI methodology and indicators
- **Package of 12 core interventions and evidence on impact of interventions**
 - Can be used when deciding interventions/policies
 - Level 1 indicators on pharmaceutical policy
- **Standardised situational analysis tool**
 - To be developed

Partners

- **Internal**
 - HSS, CAH, PHC, vertical disease programmes
- **External: civil society, prof. bodies, WHOCCs**
 - HAI
 - PHM
 - FIP
 - ReACT: action on antibiotics
 - EPN/WCC
 - INRUD/MSH
 - Boston/Harvard WHOCC
 - Brigham and Women's hospital Boston (WHONET)
 - Others? Global Fund?

Global WHO RUM/AMR team:

- **Team in each region with:**
 - Senior expertise in promoting rational use of medicines, essential medicines, public health, infectious diseases, microbiology
 - Liaison with countries
- **Team in HQ with:**
 - Senior expertise in promoting rational use of medicines, essential medicines, public health, infectious diseases, microbiology
 - Liaison with regions and vertical global programs
- **WHO Collab. Centres & partners (e.g. INRUD, APUA)**
 - To provide expertise and human resources
 - Steering Committee to meet annually to assess progress

Proposed budget and time-line over 6 years:

Financial and Administrative implications: EB120/7 Add.1

Budget: (HQ 23%, Regions/countries 77%)

- Staff (16 professionals & 8 support staff): US\$ 13,800,000
- Activities (relies also on donors & governments): US\$ 15,750,000
- Total (approximately US\$ 5 million / year): US\$ 29,550,000

Time-line

Year / Activity	1	2	3	4	5	6
Develop standard method for country situational analysis	█					
Undertake situational analysis		█				
Set up national programs			█			
Support national programs				█	█	
External evaluation, develop model approach & future plan						█

Budget based on 3 pilot countries per region to cover RUM and AMR

The way forward?

- WHA60.16 provides WHO the mandate to work on rational use of medicines and to fund raise for this, but
- no resources 1 year post-resolution, so ...
- more pressure needed ?
- Your feedback on WHO plan so far?
- Working together: How? In what areas?