Promoting rational use of medicines

The future
% compliance with clinical guidelines over time by region

- Africa (n=125)
- Asia/Pacific (n=61)
- Central Asia/Mediterranean (n=22)
- Latin America (n=31)
What are countries doing to promote rational use of medicines?

- Drug use audit in last 2 years
- National strategy to contain AMR
- Public education in last 2 years
- Independent CME for prescribers
- DTCs in most general hospitals
- Information centre for prescribers
- EML for insurance reimbursement
- STGs updated in last 2 years
- EML updated in last 2 years

% countries implementing policies to promote rational use

Source: TCM pharmaceutical database 2003

World Health Organization
Department of Medicines Policy and Standards
What are we spending to promote rational use of medicines?

- Global sales of medicines 2002-3 (IMS): **US$ 867 billion**
- Drug promotion costs in USA 2002-3: **US$ >30 billion**
- Global WHO expenditure in 2002-3: **US$ 2.3 billion**
  - Essential Medicines expenditure: 2%
  - Essential Medicines expenditure on promoting rational use of medicines: 10%
  - WHO expenditure on promoting rational use of medicines: 0.2%
Proposed solution: systematic cross-cutting health systems approach

- Resolution on Rational use of medicines, EB120.R12
  - Urges Member States to establish or strengthen multidisciplinary national bodies for monitoring medicine use, and implementing national programmes for the rational use of medicines (RUM)
  - Requests WHO to support countries to do the above

- Proposed Action plan for implementation,
  - discussed and supported by 15th Expert Committee for Selection and Use of Essential Medicines in March 2007
  - Financial and Administrative implications, EB120/7 Add.1
  - Will include component on AMR containment in order to fulfil WH58.27 on speeding up implementation of the WHO Global Strategy which also recommends national task forces
Resolution Goals and Objectives

Overall goal
• Establish national programs for rational use of medicines run by mandated, resourced, multi-disciplinary, national bodies to coordinate monitoring of use and implementation of interventions

WHO Objectives
1. Develop global WHO team dedicated to support countries to develop national programs to promote RUM (& contain AMR)
2. Establish internat. steering committee to guide global program
3. Undertake situational analysis in selected countries per region
4. Establish national programs in selected countries
5. Review progress after 5 years and plan for next 6 years
6. Develop model on how to promote RUM (& contain AMR) at the national level based on experience gained
Proposed budget and time-line over 6 years

**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**

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<td>Develop standard method for country situational analysis</td>
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<td>Support national programs</td>
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<td>External evaluation, develop model approach &amp; future plan</td>
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Conclusion

• **Serious irrational use of medicines and under-implementation of policies to correct problem**

• **New resolution proposes cross-cutting systematic health systems approach to the problem**
  – depends on establishing national multidisciplinary bodies to monitor medicines use and run national programs
  – supports previous resolution on containing AMR & supports PHC

• **Draft action plan to implement the resolution**
  – WHO to facilitate the bringing together of stakeholders (incl. governments, professions, civil society) at country level to form national scaled up plans of action
  – Requires fund raising in line with resolution budget