Antibiotics Smart Use Program:
Thailand’s experiences in promoting rational use of antibiotics

By ASU partners and networks

Presented by Dr. Nithima Sumpradit
1. Food and Drug Administration  2. International Health Policy Program
Ministry of Public Health, Thailand
ASU partners and networks

- Thai Food and Drug Administration (Thai FDA)
- World Health Organization (WHO)
- Health Systems Research Institution (HSRI)
- National Health Security Office (NHSO)
- Drug System Monitoring and Development Centre (DMDC)
- International Health Policy Program (IHPP)

- Faculty members from
  - Faculty of Medicine at Chulalongkorn University, Konkean University and Thammasart University
  - Faculty of Pharmacy at Srinakarintharawiroj University, Chulalongkorn University, Maha Sarakram University

- Health professionals and participants from several provinces
  - Saraburi, Ayutthaya, Samutsongkhram and Ubonratchathani
  - Kantang community hospital network
  - Srivichai private hospital network
  - many other provinces and settings
Origin of ASU

• Introduced in 2007, funded by WHO and Thai FDA
  – How can we achieve Rational Use of Medicines (RUM), especially antibiotics, under inadequate RUM infrastructure?

• ASU assumption: RUM cannot be achieved unless we create behavioral change.

• “No antibiotics for non-bacterial infection” is a primary concept of ASU.
  – ASU aims at reducing unnecessary antibiotic uses in URI, acute diarrhea and simple wound.
### ASU: From a pilot project to a 3-phase program

Multi-faceted and multilevel interventions involving multiple sector partners

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<th>Phase 1: Test the effectiveness of interventions modifying prescribing behavior in 10 district hospitals and 87 health centers in Saraburi province. (2007-8)</th>
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| **Interventions at the individual and hospital levels**  
- To correct misunderstanding  
- To reduce patient requests for antibiotics |

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<th>Phase 2: Test feasibility of scaling up program in 44 hospitals and 627 health centers in 3 provinces (large, medium and small) and 2 hospital networks (public and private) (2008-9)</th>
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| **Interventions at the policy and network levels**  
- To develop a decentralized network  
- To link ASU to the NHSO pay-for-performance policy |

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<th>Phase 3: Toward sustainability via policy advocacy, network strengthening and development of new social norms (2010-present)</th>
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| **Interventions at the social level (On-going work)**  
- To develop new social norms on rational use of antibiotics |
Results (Phases 1 and 2)

- Positive effects on reducing antibiotic prescribing
  - Antibiotic use decreased by 18% - 46%.
  - Percentage of patients who did not receive antibiotics increased by 29.1%, whereas there was no change in the control group.

- Patient health and satisfaction
  - Of 2,286 patients who did not receive antibiotics, almost all (96%-99.3%) recovered and felt better within 7-10 days after the medical visits.

- Success in scaling up
  - In 2009, NHSO, responsible for universal coverage, announced ASU as a pay-for-performance policy.
  - The number of hospitals adopting ASU increased from 44 hospitals (2008) to more than 600 hospitals (2010).
Key lessons learned

1. Bottom-up approaches (especially interventions at the individual level) are essential for changing behavior whereas top-down approaches (especially policy support) as well as social measures are needed to maintain the behavioral change.

2. Multi-sector partners and multi-faceted, multi-level interventions are essential for resource mobilization and program success.

3. For scaling up and sustaining the program, a pay-for-performance policy from NHSO is a main factor. However, the decentralized networks with local ownership are crucial especially when the program faces with financial and human resource difficulties.
Thank you for your attention.