

## **Rational Drug Use conference**

### **UPMRC**

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It is important to note at the onset that this conference takes special significance in taking place at this particular moment in time, following the recent Union of Pharmacists' historic vote against linking continuing education to license renewal. As an astute observer noted: the Union of Pharmacist voted for ignorance. I can add here: the Union of Pharmacist through its recent vote, and the Union of Physicians, by doing nothing about the issue of continuing education for its Union as well as other health professional unions, have both voted against public good. Perhaps the significance of this conference lies in the fact that we still have today in Palestine a group of health professionals who still think of public good, as can be testified by the good attendance of this conference, and given that the rationalization of drug use is at the core of our attempt to address the issue of public good in health care provision.

In this presentation, I will try to briefly summarize the principal problems and impediments facing the process of drug use rationalization in Palestine. I would like to begin by noting that Palestine is in a state of political, socio-economic, demographic and, consequently, epidemiological transition. This transition has important implications that can have a far reaching influence on the process of building our health care system:

- Despite difficulties, the political transition that Palestine is undergoing allows Palestinians, perhaps for the first time in their history, to influence the course of development of their health care system. In this particular area, drugs and their rational use take special importance for at least three reasons:

a. Financial: it is well known that drugs as well as other pharmaceuticals take up to 30% of the health care budget, making the process of rationalization a financial necessity. It is important to note here that pharmaceuticals take up to 20% of the health care budget, while drugs take up about 10%. This means that every effort needs to be made to systematically examine expenditure by type rather than in lump sum, lest we end up reducing necessary drugs, and over-spending on other items, such as sutures, chemicals, diagnostic materials and other such items termed pharmaceuticals. It is conceivable to suggest that once drug and pharmaceutical use are rationalized, money can be freed for use in other important areas of health care service provision.

b. Equity: there is every reason to believe that rationalization of drug use can lead to equity in health care service provision in that essential drugs for the majority become a priority for placement on the drug list and for availability in the Palestinian health care services.

c. Quality: it is also well known that rationalizing drug use can enhance health care service quality, contributing to the adequate choice and use of medications, education of professionals, and the reduction in iatrogenic diseases.

- The other factor of importance to note here is that, given the epidemiological transition that Palestine is undergoing, the health care system will have to adjust its priorities to include new medical and health care areas not taken into account in the past. The

country's epidemiological picture is changing: when once the principal causes of morbidity and mortality included respiratory disease, gastro-intestinal infection, and other communicable diseases, today, Palestine is witnessing a rise in modern day diseases, such as diabetes mellitus, hypertension, heart disease and cancer. The country's infant mortality rate is going down, and the average life expectancy is rising. All these changes require a systematic examination of need, to include for instance, the development of new types of services, such as geriatric services, that can fulfil and accommodate these new needs. Clearly, the Palestinian drug formulary must reflect these changing needs and priorities as well.

Yet, there are serious impediments to the building of a rational system of health care and an essential drug policy for Palestine:

1. To begin with, we are just beginning to emerge out of years of system distortion and stunting as a result of Israeli military rule. Given that it took years to generate these problems, it only makes sense to suggest that it will take years to effectively address these problems and remedy them.
2. During such times of change, it is important to know that, in order to rebuild, we must dislocate the system first, so as to ultimately achieve rehabilitation and reconstruction. Yet, a natural inclination for resistance to change is likely to impede or slow down this important process.
3. At the same time, and in the face of the need to change, we are impeded by the inadequacy or misplacement of resources, both financial and human, making our ultimate goal of rationalization even more difficult to achieve.

4. Simultaneously to discussions taking place regarding rationalization within the Ministry of health, non-governmental organization and UNRWA, a private medical care sector continues to grow and develop with minimal regulation, contributing further to system distortion, and negatively influencing our attempt to reduce the national expenditure on health, regardless from whose pocket this expenditure comes from.

5. Finally, attempts at rationalization are taking place without the necessary integration of the different sub-policies developed for the health care system, and their integration into a national level health policy. Indeed health policies evolve in line with country level development policies, rooted in a vision of the type of society that Palestinians wish to construct for themselves. In this sense, attempts at rationalization are taking place within the context of an overall policy vacuum.

Despite these difficulties, positive change can still be achieved, especially given the Ministry of Health's initiative in the area of the development of an essential drug list. As has been stated by others in this conference, the development of a list is only one of the many steps and process that need to take place in an orchestrated manner in order to effectively influence rational system building. In this area, it may be worthwhile to point to the different levels of operation that require attention in this process of reconstruction:

1. There is every reason to believe that once the Essential Drug list is developed, much needs to be done in the area of re-educating the prescribers regarding the sound use of drugs, and their supervision and encouragement to adopt the practice of continuing education. In the face of rapid and dramatic scientific medical developments in the world today, this issue has become a necessity. As it stands today, our drug delivery system

continues to be market driven, where information regarding the proper use of medications is primarily obtained from sales people, instead of more appropriate and less biased sources.

2. While the process of essential drug list development is taking shape within the Ministry of health, it is crucial that a similar process takes shape within the other sectors, ultimately influencing the practices within the private sector as well.

3. Simultaneously, we need to integrate the activities of the local pharmaceutical industry into the process. There is every reason to believe that a strong and high quality national pharmaceutical industry is necessary for the viability and future development of the Palestinian medical and health care system. However, such industry must be brought on board, encouraged to drop the production of me too and banned drugs, minimize the production of fixed dose combinations and pay serious attention to drug quality, especially bioavailability. The pharmaceutical industry needs to also be encouraged to develop capacity in the area of Research and Development, so as to absorb future country level drug needs, especially in the area of drug synthesis.

4. We also need to seriously deal with the problem of medication sales without prescription by pharmacists, and their intensive education and re-education in the rational use of medications, so that they can become better educators of the public.

5. Finally, population education in the proper use of medications is also seen as an essential step in this overall framework.