ASSESSMENT OF RATIONAL DRUG USE IN SELECTED NGOS CLINICS IN PALESTINE

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Executive Summary

1. INTRODUCTION

- The promotion of Rational Drug Use (RDU) and the preparation and implementation of Essential Drug Lists (EDL) are amongst the most frequently addressed key-issues in National Drug Policies, which are proven critical steps in the process of reforming any health system. In addition to the positive impact of implementing RDU policies in improving the efficiency of health care provision and on cost reduction, these policies also result in improving the quality of provided-care, and hence, the public heath of the community. Furthermore, rationalizing drug use would also have an indirect impact on improving the overall efficacy of procurement strategies via enhancing the appropriate utilization of medications by the different clinics.
- In Palestine, the Ministry of Health (MoH) established the first Palestinian National Drug Policy in 1996. This was followed by the preparation of the EDL in the year 2000. The underlying objective in these policies has emphasized "ensuring that *safe* and *effective* drugs are available to the entire population at *affordable prices* and those drugs of *good quality* are used *rationally".*
- Since then, several initiatives were undertaken by the MoH and some local Non-Governmental Organizations (NGOs) – i.e., Union of Palestinian Medical Relief Committees (UPMRC), Health Work Committees (HWC) and the Palestinian Red Crescent Society (PRCS) – to implement actively the EDL and to help promote the concepts and practices of RDU. Unfortunately, other NGOs and the private sector were excluded from such schemes. UNRWA, on the other hand, has its own EDL and implements its policies accordingly.
- Within this context, this baseline survey **aims** to provide technical assistance to CARE International WBG in assessing & planning (Phase I) and implementing (Phase II) an RDU project in selected NGO health clinics in the WB and GS.
- **The specific objectives** of the assessment are: (i) to assess medical practices including prescribing and dispensing patterns in each clinic, (ii) to investigate the drug management cycle in those clinics, (iii) to identify structural constraints to rationalizing drug use, and finally, (iv) to develop a plan of action based on the evidence generated from the field and focusing on in-field training, monitoring and evaluation to be implemented in Phase II.

2. METHODOLOGY

2.1 Research instruments

The assessment was completed using semi-structured questionnaires (one for the head of the main organization and the other was for the responsible physician and dispenser in the clinic) and checklists (prescribing patterns' forms), which were prepared and filled through personal interviews, records' auditing and in-situ observation.

2.2 Sampling

Field visits were conducted in 17 selected NGO clinics: 13 in the WB and 4 in the GS. The clinics were selected according to the type of the NGO, its geographical

location, the service level it provides, as well as, whether or not the clinic will continue to be funded by the EMAP II project by CARE.

2.3 Time Frame

The interviews and field visits were conducted between January 12th and 27th, 2004 in the WB as well as February 29th and March 4th, 2004 in the GS.

3. MAIN FINDINGS

3.1 Clinics' Infrastructure

- Eight of the visited clinics were operating jointly with the MoH; however, none of the visited clinics in the GS cooperate with any other organization.
- Regardless of the number of the **staff** in each clinic**,** it was always found that the nurse or the village health worker had most of the responsibilities inside the clinic, and most importantly, with regard to recording and dispensing medications.
- Medications written on the same prescription were dispensed with different **pricing policies** – even when prescribed for the same patient. This depended on the availability of the drug(s) and the financial situation of the patient.
- No separate **storage areas** were used for pharmaceuticals in most of the clinics (in 13 out of the 17 clinics). However, cabinets, refrigerators and shelves were adequate in most clinics.

3.2 Drug Management Cycle

- Large NGOs; e.g., UPMRC, PRCS, and HWC had a **selection committee** responsible for decisions with regard to the quality and quantity of centrally purchased medications. However, in these organizations it was not possible to adhere to the EDL mainly because specialists decide about what is needed in most cases.
- Main institutions' and individual clinics' **procurement systems** depended largely on cash availability. Bulk purchasing was not always possible and tendering was not practical for small clinics. Most medications were locally purchased or obtained through donations.
- Most clinics (8) did not follow any **storage system** for the medications. Moreover, none of the visited clinics adhered to **Good Storage Practices (GSP)** and storage conditions in most clinics were not optimal. Medications were scattered on the shelves without following any alphabetical order, dosage form or the manufacturing company.
- **Stock inventory** was optimal in most of the cases with separate records being available according to the source of medications (mother organization, MoH, CARE or other donors). Quantities and associated costs were usually well maintained and documented.

3.3 Medical Practices

- The **Essential Drug List (EDL)** was not available in most of the visited clinics/organization (10).
- **Treatment guidelines** were available according to 11 physicians practicing in the visited clinics. Nevertheless, only seven physicians declared that they were implementing those guidelines – mainly, the WHO guidelines on ARI and diarrhea.
- Most practitioners indicated the lack of use of **references** and the lack of continuing professional development programs.
- **Supervision, feedback and evaluation systems** were not available in most of the visited clinics (9).
- Finally, **patients filing systems and records keeping** were not adequate; in most of the visited places, these were neither clear nor complete.

3.4 Prescribing Patterns

The following indicators for prescribing patterns were estimated:

Indicator	NGOs (WB)	NGOs (GS)
Average # of drugs' item/encounter	1.9	2.1
% Generic prescribing	17	8
% Antibiotic prescribing	35	27
% Injection prescribing	5	0
% NSAIDs prescribing	26	19
% According to EDL	NA	NA

NA: Data not available

- **Respiratory infections** were the most frequently diagnosed diseases in both the WB and GS, especially upper respiratory tract infections.
- **Antibiotics** were the most commonly prescribed medications followed by NSAIDs in both WB and GS. Prescribed antibiotics varied from simple first generation (e.g. Pen VK, amoxicillin, and cephalexin) to new more expensive second and third generation (e.g. ciprofloxacin, azithromycin, cefaclor).

3.5 Dispensing Practices

In general, the observed dispensing practices were not optimal. **Labeling** was not adequate and patient **counseling** was not conducted in most of the clinics. There were no **pill-counters** in the clinics and loose medications in large packages were counted by hand or by a piece of paper. **Dispensing time**, when monitored, did not exceed 30 seconds.

4. CONCLUSIONS AND RECOMMENDATION

- **Prescribing and dispensing practices** were not optimal in any of the assessed clinics – both in the WB and GS. The impact of the inappropriate use of drugs is enormous. It would affect the quality of care, increase the risk of adverse reactions and drug-drug interactions, increase the incidence of using drugs in contraindicated conditions, enforce medicalization of any health complaint, and definitely lead to the wasting of the already limited resources available in Palestine. Hence, it appears essential to attempt to improve medical practices and

rationalize the use of drugs for the benefit of the individuals, the community, and the health system.

- **Management of the drug cycle** including, selection, procurement, distribution and use of drugs requires special attention with focus on **Good Storage Practices** and the implementation of efficient and clear **Management Information System**. Investment in upgrading the management cycle would ensure transparency and accountability in the system, which *per se*, would have direct impacts on improving medical practices.

- **The recommendations** are directed towards **human resources development** through various training activities on treatment guidelines, computer skills and using references. In addition, **technical assistance** is needed at the clinic level. This includes prescribing and dispensing practices, drug management cycle activities and monitoring/supervision/ feedback mechanisms.

- Over prescribing and over consumption of medications, and thus wastage of the limited resources available in Palestine, are still the main challenges facing health service providers. This means that there is a high need to embark through in-field training, monitoring and evaluation, on the gradual systemic changes that are needed to improve the quality of care in these institutions and in as much as possible decrease its costs. These tasks will be carried out in Phase II of this project.