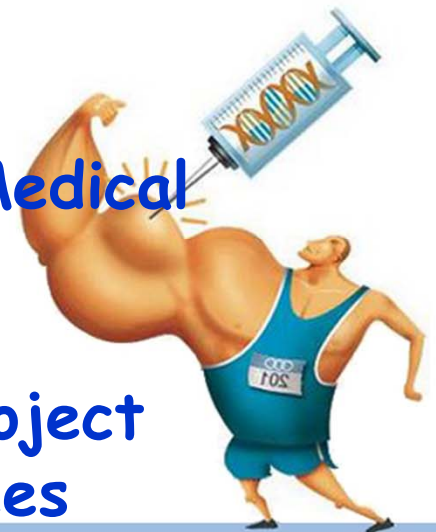


Concepts of Essential Medicines

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Myanmar Essential Medicines Project

- It was started in 1988 with the long term objectives aiming to ensure that every citizen has regular access to safe, quality, efficacious, low-cost and affordable essential medicines in every health care facility.



- The project has replicated its activities phase by phase and now, all townships in primary health care level have been covered with essential medicines concepts



Major Activities

- Building Human Resource Capacity
- Production and Distribution of IEC materials
- Review and revision of National List of Essential Medicines



- Production and Distribution of Standard Treatment Guidelines/
Hospital Formularies
- Integration with other health services
- Research
- Supervision, monitoring and evaluation



Future Plans

- Integration of concepts of essential medicines into the curricula of undergraduate and postgraduate courses of the universities of medicines, dental medicines, paramedical sciences, nursing and pharmacy.
- Review and revision of National Medicines Policy



- Educating and organizing the community to participate actively in the implementation of activities of project with adoption of cost recovery/ community cost sharing scheme.
- Promotion of rational use of medicines by educating to prescribers and consumers



Essential Medicines

(WHO Definition)

Essential Medicines are "those that satisfy the priority health care needs of the majority of the population".



Therefore should be available at all times, in adequate amounts, in appropriate dosage forms and at a price that the individual and the community can afford.



Misleading beliefs towards Essential Medicines

- Cheap medicines
- Medicines for health center
- Medicines for poor people
- Medicines for paramedics
- Medicines for general practitioners
- Medicines for mild diseases,
they do not work for severe
diseases.
- Etc.?

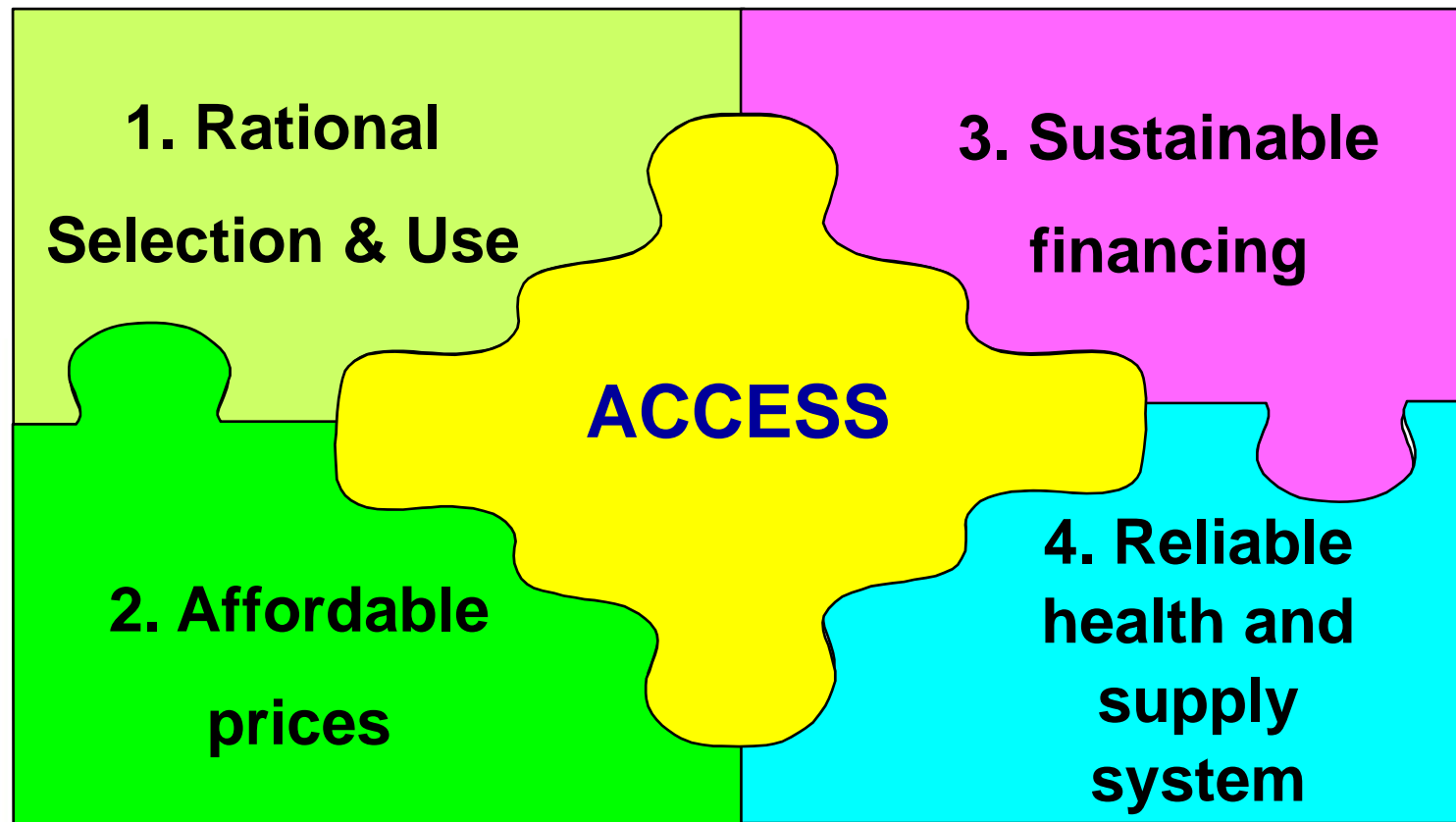


Concepts of Essential Medicines

1. Access- equitable availability and affordability of essential medicines
2. Quality- the quality, safety and efficacy of all medicines
3. Rational Use of Medicines



Access Framework



❖ Use of a limited number of carefully selected medicines based on agreed clinical guidelines leads to a better supply of medicines, to more rational prescribing and to lower costs.



❖ Essential Medicines which are selected on the basis of safe and cost-effective clinical guidelines, give better quality of care and better value for money.



❖ The procurement of fewer items in larger quantities results in more price competition and economics of scale.



- ❖ Quality assurance
 - ❖ Procurement
 - ❖ Storage
 - ❖ Distribution and dispensing
- are all easier with a reduced number of medicines.



Rational Use of Medicines



Our goal

- *Ensure therapeutically sound and cost – effective use of medicines by health professionals and consumers.*
- *Rational drug use could be defined as patients receiving medication appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, and at the lowest cost to them and their community.*



This definition focuses on four important aspects of the rational use of medicines:-

- ***Correct medication***
- ***Correct dose***
- ***Correct duration of treatment***
- ***Correct cost***



- *WHO estimated that more than 50 per cent of all medicines world wide are prescribed, dispensed or sold inappropriately, while another 50 percent of patients fail to take them correctly.*
- *The over use, underuse or misuse of medicines results in wastage of scarce resources and wide spread health hazards.*



Irrational use of medicines include;

- *use of too many medicines per patient (poly-pharmacy)*
- *inappropriate use of antimicrobials, often inadequate dosage, for non-bacterial infection*
- *over-use of injections when oral formulation is more appropriate*



Irrational use of medicines include;

- *failure to prescribe in accordance with clinical guide lines*
- *inappropriate self medication, often of prescription only medicines*
- *non adherence to dosing regimes*



- ***Irrational prescribing practice of doctors***
- ***Dispensing by pharmacists and drug sellers***
- ***Drug pricing policies and promotional activities of the pharmaceutical industry***



- ***Lack of information, education and communication on rational use of medicines to providers and consumers***
- ***Lack of effective control regulatory mechanisms on use of medicines***
- ***Lack of political will and leadership to promote rational use***



WHO advocates 12 key interventions to promote more rational use:

- 1. Establishment of a multidisciplinary national body to coordinate policies on medicine use.***
- 2. Use of clinical guide lines.***
- 3. Development and use of essential medicine list.***
- 4. Establishment of drug and therapeutic committees in districts and hospitals.***



- 5. Inclusion of problem - based pharmacotherapy training in undergraduate curricula.***
- 6. Continuing medical education as a licensure requirement.***
- 7. Supervision, audit and feedback***
- 8. Use of independent information on medicines***



9. Public education about medicines

10. Avoidance of perverse financial incentives

11. Use of appropriate and enforced regulation

12. Sufficient government expenditure to ensure availability of medicines and staff



- *Improving the use of medicines by health workers and general public is crucial both to reducing morbidity and mortality from communicable and non-communicable diseases, and to containing drug expenditure.*



- ***Therapeutically sound and cost effective use of medicines by health professionals and consumers is achieved at all level of health system, and in both the public and private sectors.***



- Dr Kathleen Holloway, Medicines Policy and Standards, WHO headquarters, Geneva, said that

“Irrational use of medicines continues to be a very serious global public health problem that causes significant patient harm in terms of antimicrobial resistance, unnecessary adverse drug reactions, medication errors, poor patient outcomes and waste of resources”



- The cause of such irrational use is multifactorial and includes
 - prescriber knowledge and habit,
 - availability of information,
 - social and cultural factors, and
 - health service infrastructure.



- WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang, had pointed out that

“a medicine should not be seen as a chemical but a chemical plus the information for its correct use”.



*The strategies to be developed should
address the
fundamental causes of irrational use.*



Thank you

