

OWER 11.3 Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes

Promoting the rational use of medicines

Background and main challenges

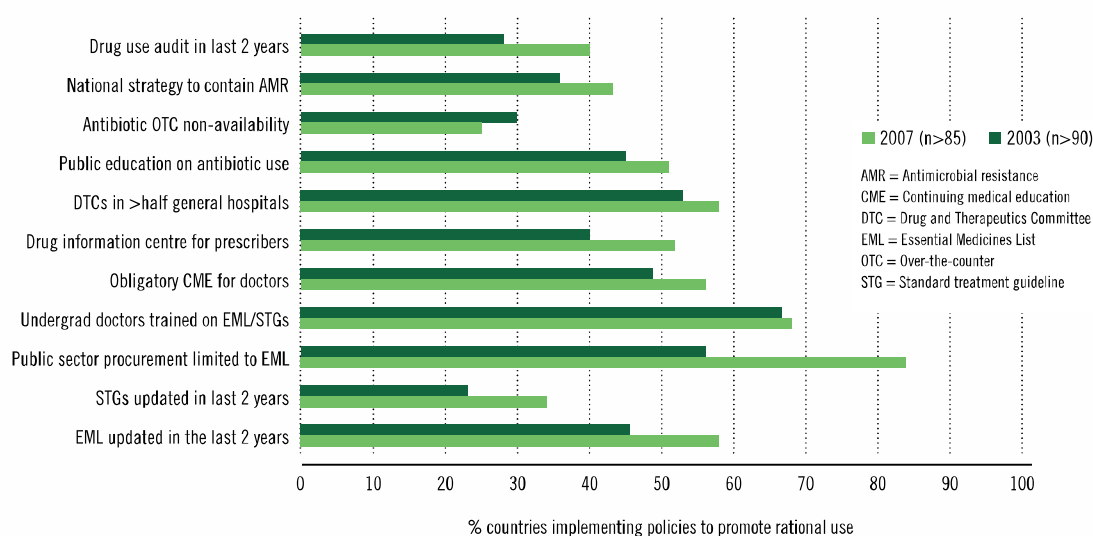
Irrational use of medicines is a major problem worldwide. It is estimated that more than half of all medicines are prescribed, dispensed or sold inappropriately and that half of all patients fail to take their medication correctly. This contributes to enormous health losses and economic waste both at a personal and national level. In the last few years the number of countries with updated medicines lists and treatment guidelines has been increasing (figure).¹ However, in 2007 about half of all countries were not implementing many of the fundamental, well-known, evidence-based policies that are necessary to ensure the rational use of medicines. The problem is also not limited to developing countries. For example, some industrialized countries allow or consider allowing direct-to-consumer advertising of prescription-only medicines, which is known to lead to overprescribing and irrational use.

¹ The strong increase in percentage in 2007 may partially be explained by the fact that fewer countries responded to the survey, with countries with active medicine programmes being more likely to respond. For full details, please see the next World Medicines Situation Report.

Strategic direction

Adopting the strategic direction endorsed by the World Health Assembly in 2007, WHO intends to support Member States in facilitating a multi-stakeholder approach towards a national programme to promote rational use of medicines, with the necessary infrastructure including a multidisciplinary national body, involving civil society and professional organizations. The considerable negative health and economic impacts of irrational prescribing will be used as an argument to convince national governments and international funding agencies that promoting rational medicines use contributes to aid effectiveness and should be seen as part of procurement costs. The cost of rational medicines use programmes is often a fraction of the cost-efficiencies in medicines expenditure that they result in. National plans will then be developed, based on assessments of the situation and the underlying reasons for prescribing behaviour. WHO will also strengthen its ties with other UN agencies (e.g. UNICEF, UNFPA) and new players in this field such as the Global Fund, in order to assist them in developing and using evidence-based treatment guidelines and essential medicines lists based on sound economic evaluation. ●

Figure 2: Country interventions to promote rational use of medicines



Source: Pharmaceutical policy surveys 2003 and 2007.

Traditional medicine

Background and main challenges

In the WHO Traditional Medicine Strategy for 2002–2005 the four general objectives of policy, access, quality and rational use have also been applied to traditional, complementary and alternative medicine (TM/CAM). Between 2002 and 2007, a large number of policy documents and international and regional guidelines and quality standards for TM/CAM have been developed (Box 7). In 2007, 48 countries reported having a policy to integrate TM/CAM with the overall health system; 110 countries had regulations for herbal medicines. Based on the progress in the field of TM/CAM a growing number of countries are interested in integrating TM/CAM into national health systems, covering all aspects of TM/CAM as well as herbal products.

New challenges that countries are facing include how to implement this integration into health systems, health insurance coverage of TM/CAM, qualification of practitioners, and evidence-based information to guide policy decisions and capacity building. The

global strategy on public health, innovation and intellectual property includes a strong component of research and research capacity building in traditional medicine.

Strategic direction

WHO's strategic direction is to facilitate the integration of TM/CAM into national health systems, with a focus on better regulation of traditional medicines and practitioners. The collection and use of better evidence on quality, safety and efficacy will be promoted. The contribution of TM/CAM to primary health care will be explored and, where relevant and possible, promoted. Special emphasis will be put on promoting and upgrading the knowledge and skill of TM/CAM providers to ensure patient safety; and to build national capacity in the field of TM/CAM according to identified country needs. Where necessary, countries will be assisted in protecting their indigenous knowledge and relevant intellectual property rights. 🌱

Box 7

Examples of standards and guidelines on traditional medicines, 2002–2007

Global survey of national policies on TM/CAM and regulation of herbal medicines

Four regional guidelines for minimum requirements of registration of herbal medicines

Technical guidelines related to safety, efficacy and quality:

- 🌱 Guidelines on good agricultural and collection practices for medicinal plants
- 🌱 Guidelines on good manufacturing practices for herbal medicines
- 🌱 Guidelines on safety monitoring of herbal medicines in pharmacovigilance systems
- 🌱 Guidelines on assessing quality of herbal medicines with reference to contaminants and residues
- 🌱 Guidelines on developing consumer information on proper use of TM/CAM
- 🌱 A series of basic training guidelines for providers of TM/CAM
- 🌱 WHO monographs on selected medicinal plants (Volumes 1, 2, 3).



The safflower (*carthamus tinctorius*), a plant that has a long tradition of use for medicinal purposes in many parts of the world.

Working within one WHO — supporting regions and countries

WHO will work towards strengthening the managerial capacity of country and regional offices and will provide assistance in fundraising and donor relations. Tools will be refined or developed for planning, monitoring and reporting country activities, and their alignment among regional offices will be encouraged in order to facilitate WHO-wide reporting on progress indicators. At all levels of the Organization, staffing needs will be assessed and, where needed, addressed. Secondments, staff rotations and staff development will be encouraged.

The profile and visibility of regional and country work will be increased by inter-regional projects and knowledge sharing, support for data analysis and report writing, senior WHO staff participation in regional and country activities, and by involving regional and country staff in global activities and meetings. Countries will also be supported in periodically assessing the national pharmaceutical situation, linking to global and national goals, such as the MDGs and PHC commitments. The technical capacity of regional and country staff will be further increased by targeted dissemination of core materials, and facilitated access to relevant country information. This will also include dissemination of information on staff training opportunities, such as WHO Technical Briefing Seminars. Specific technical advice on medicine policy issues will be provided

through on-line communications and participation in regional and country activities. The role and capacity of centres of excellence and WHO Collaborating Centres will be strengthened.

Better country programming will be supported by increasing the number of dedicated national programme officers, by improving access to relevant information, and by helping to identify priority areas for development assistance and advice. It is hoped that this approach will enable national governments to obtain maximum benefit from WHO's technical support. Where relevant, WHO will also work with national partners outside the Ministry of Health, such as other ministries, academia, professional associations, public-interest NGOs and the private sector (the "MOH-plus" approach).

Many subregional economic blocs (such as SADC and ASEAN) are already promoting technical and political collaboration among their participating countries. As these subregional organizations become increasingly effective in promoting regional harmonization, they become increasingly relevant and cost-effective as mechanisms for technical support. WHO will therefore increase its support to such economic blocs, focusing on guiding the harmonization of pharmaceutical policies and regulatory systems. ●



Photo: Eric Georget, WHO

National Professional Officers met with staff from WHO Headquarters and regions in Geneva in October 2009.