

Ensuring Rational Drug Use in the Context of Primary Health Care

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The provision of essential drugs is only one element of a comprehensive primary health care (PHC) system. Although Health Action International (HAI) works mostly on drug related problems, it does not believe that the provision of drugs is the most important element of PHC. In fact, any mention of the rational use of essential drugs is remarkably absent from the 1978 Alma Ata Declaration on PHC, the issue is only dealt with in Point 14 of the detailed recommendations.

Declarations of this sort tend to become set in stone. It is not normally possible to add amendments after the benefit of experience. One of the most important lessons of the last ten years is that we cannot assume that essential drugs, once available, will automatically be used rationally, and that inessential drugs will then magically fade from the scene. The provision of essential drugs has to be accompanied by measures, at all levels of the health care system, to encourage and promote the rational use of drugs and to discourage irrational use.

Drugs for Profit

Steps to encourage rational drug use are frequently countered by established irrational patterns of drug use and misleading drug advertising. These have adversely influenced health and undermined attempts to change health policy. Of all the elements of PHC, the provision of drugs is most clearly determined by commercial concerns and the drive for large profits.

If health considerations were of prime importance to the pharmaceutical industry, we would not face a situation in which hundreds of anti-diarrhoeals are sold on the world market. If the industry was in the hands of those who had sworn to abide by the Hippocratic Oath, we would not have a situation in which children in developing countries have a degree of resistance to antibiotics. A recent survey of antibiotic resistance in developing countries found that all but one of 41 children screened in Caracas and all but two of 53 in Qin Pu (China) carried resistant strains of *E. coli*.

The Need to Encouraging Rational Use

HAI supports the global essential drug strategy developed by WHO. But this strategy can only work if activities concentrate, not only on providing essential drugs, but on getting rid of inappropriate and ineffective drugs in both the private and public sectors. Once these steps have been taken, it is important to ensure that the remaining essential drugs are used rationally.

This has turned out to be a more difficult task than first anticipated. For example, although the drug policy of Bangladesh has set an example for the world, a recent survey of prescribing practices for children in Bangladesh showed that more than 70% of prescriptions contained antibiotics. Sri Lanka has also had some success in rationalising its drug market, yet a survey found that 85% of prescriptions were for three or more drugs.

Rational drug policies and rational drug use are an important part of primary health care in both developing and industrialised countries, but the consequences of irrational drug use are much more serious in situations of extreme scarcity. Unfortunately, the number of countries affected by extreme scarcity has increased in the past decade. The number of Least Developed Countries (LDCs), defined as countries with per capita incomes under US\$ 240, increased from 28 countries at the beginning of the 1980s to 42 at the end of the decade. WHO estimates a per capita health expenditure of \$5 per year for LDCs, compared with expenditures of up to \$2000 per capita for industrialised countries.

The Problem: A Case History

A case history illustrates both the problem and provides some ideas about the possible ways for HAI and other organisations to assist the move forward from irrational to rational drug use. A mother in India took her one year old child, suffering from severe diarrhoea, to hospital. The paediatrician gave the mother



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Photo: Ismail Vawda

a prescription including eight drugs. Two of the drugs contain a form of opium and another contains a pethidine substitute. The prescribed dosage of a further drug could be a risk to the health of a sick one year old.

The story, at first sight, is a simple horror story, another of those frightful but far too common examples of extremely inappropriate prescribing practices. Enormous amounts of money have gone into conveying the simple message that children with diarrhoea need fluids and salts, not drugs. Yet, governments, the pharmaceutical industry, the medical education system and health care consumers still fail to ensure the rational use of drugs. Children will continue to die, not because of a lack of expensive medical care, but because they receive inappropriate medical care.

Fortunately, the mother consulted another paediatrician. the child was given oral rehydration and made an 'uneventful' recovery. This ending provides room for optimism and points to several ways to move forward from irrational to rational drug use.

An Educated Population

The first reason for optimism relates to the mother's critical appraisal of the prescription. However, she must have been a rather exceptional woman. It takes considerable guts to question a specialist's advice when the health of your

baby is at stake. Therefore, it is important to have adequate quality controls and regulations to ensure that only effective drugs of a guaranteed standard are on the market.

Good regulations, although necessary, are not sufficient by themselves. It is also vital that the consumer is well educated and capable of recognising a clearly unsatisfactory prescription. Regulations alone will not lead to rational drug use if people are convinced that the quality of a prescription can be measured by the number of drugs prescribed and preferably given through an injection. The rational use of drugs will not be achieved unless people develop a good understanding of health and what drugs can and cannot do.

HAI groups can help to promote rational drug use by working in their own communities to challenge people's attitudes. This can be done by producing simple printed materials, working with the media, organising discussions at the community level or working, as BUKO does, through street theatre. One of the Indian HAI groups publicises rational health issues through people's science marches, which use dance, mime and puppet theatre. These initiatives are important and most successful when they are developed and followed through at the community level.

Changing Prescribing Practices

The next reason for optimism is that the second paediatrician referred the case to the prescription audit group in the hospital. The first doctor was, in some sense, brought to account and the chance of a similar prescription occurring again was reduced.

Both developing and industrialised countries are taking measures to promote rational prescribing. Formularies, therapeutic guidelines or limited drug lists are used to influence prescribing in advance and monitoring and auditing of prescriptions are used to evaluate, in retrospect, prescribing practices. The provision of independent sources of both written and oral information on drugs to doctors can also have a significant effect on prescribing.

Controlled trials have shown that the most effective way to influence a doctor's prescribing pattern is the one to one technique employed by pharmaceutical sales representatives. We are learning, belatedly, to use this technique to counter the promotional activities of the pharmaceutical industry. HAI groups in all regions of the world are involved in initiatives such as these to promote rational prescribing practices and in helping to spread information on how to set up and make these initiatives work.

Withdrawing Inappropriate Drugs

The third reason for optimism is that some of the drugs listed in the paediatrician's prescription, and other drugs of doubtful value, are disappearing from the market as a result of pressure by consumer health groups. In June of 1990, Johnson and Johnson announced that it was withdrawing paediatric formulations of imodium. In 1989, Wellcome announced the withdrawal of its popular anti-diarrhoeal ADM, a best seller in Africa. These drugs were not withdrawn because the companies suddenly realised that they were medically inappropriate, but because the publicity their products were attracting was, quite simply, bad for business.

HAI members in Asia, Africa, Latin America and Europe were important participants in the campaigns which led to the withdrawal of these drugs. HAI as a whole, and HAI groups operating nationally, have played an important role in monitoring the pharmaceutical industry, in drawing attention to examples of poor practice, and in conducting international campaigns about categories of drugs which are common problems, such as anti-diarrhoeals. As a result, some companies have been forced to think critically about their own policies. The pharmaceutical industry also presents less of a united front than it did ten years ago.

HAI welcomes dialogue with companies that are serious about change and will continue to monitor and expose bad practice. We will also strive for a situation in which the WHO Ethical Criteria for Medicinal Drug Promotion are more than a widely ignored set of guidelines, but taken seriously and used by governments as a baseline for the control of drug advertising.



The Struggle for Control

In the late 1980s, it looked as if the rational drug debate was being won on the policy level. There have been some real successes, but several factors force us to be anything but complacent. Recent signals from WHO indicate that its days of pioneering advocacy for rational drug use may be over, although it will continue to play an important role in providing technical support on drug policies. Donors to the Drug Action Programme are openly expressing concern about this shift in WHO policy.

New policies often favour community financing programmes which focus on covering health care costs from the sale of drugs. These programmes can all too easily fall into the trap of emphasising the provision of drugs and under-estimating the importance of training in rational drug use and monitoring.

In the present situation, in which up to half of the world's population has no regular access to drugs, and given the stark realities faced by many developing countries, the choices are limited and the outlook isn't very bright. It is important to keep the need for rational drug policies and a more equitable distribution of medicines between developed and developing countries firmly on the agenda of international organisations such as WHO, the IMF and donor agencies. We also have to continue to press for export controls to guarantee that developing countries do not get the leftovers of the industrialised world.

The current inequities in health can only be addressed by a massive and integrated international effort. Though rational drug use is only one part of good health care, it is nonetheless an important part because it involves gaining control of a section of the health care system which is out of control and ensuring that drug policy and use unambiguously serve real health needs. To gain control of drug use requires creativity, commitment and a broad perspective. We have to convince both national and international policy makers, drug regulators, medical professionals, drug manufacturers, those who dispense and sell drugs and those who use drugs.

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