

MEMS NEWSLETTER

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A forum for sharing progress on the on-going MEMS activities and other related professional matters between MEMS and Participating Health Facilities
(Issued By Mission for Essential Medical Supplies - MEMS)

Dear Reader,

We are blessed to reach another year -2007. Neither you nor I could have confirmed own life, let both of us be thankful to our GOD almighty, for his love and mercy upon us. Therefore am wishing you a very prosperous year 2007. Kindly, take a little time to look at this Newsletter which shall give you some updates about MEMS and its progress.

Please, enjoy the reading.

MEMS – a child learning to take responsibility

MEMS is a child who is growing and we are celebrating 2 full years of operations. Following the continuous increase of the number of our customers, (from 12 hospitals in late 2004 to 28 in 2007), we are pleased to inform you that the service fee collected from coordination of procurement service is also becoming another main source of income.

Driving a car is more fun and less tension in a tarmac and not congested road, but it brings tension in a congested road, only passengers and traffic police if any will judge your driving skills. Assisting 28 hospitals in procurement, advisory and educational services and provisional of communication equipment where appropriate is not an easy task. It needs driving skills because we are watched by traffic police (local pharmacies) at the same time monitored by passengers (hospitals). The hospitals will, and are allowed to shout if MEMS is wrongly directing them

Let's be more open and politely shout to one another so to have reliable and alternative system of medicines procurement in Church health facilities in Tanzania.

Payment challenges from Hospitals

Challenges, Yes! It is a challenge and needs more support and much co-operation from hospitals. As the number of hospitals increase MEMS needs more support from you – Customers. What kind of support? Just pay on time! Some hospitals tend to stay with our debts more than 90 days. This is beyond our agreement, will not be tolerated and will attract penalties. Let's be serious players, work as a team and Please, Pay on Time!



Participants of PRUM workshop in group picture.

The Rational Use of Medicines Concept

According to WHO, Rational Use of Medicines (RUM) requires that *“patients receive medications 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.”* The Conference of Experts on the Rational Use of Drugs held in Nairobi in 1985 formulated this definition. Therefore rational use of medicine should meet certain criteria such as appropriate indication; appropriate drug; appropriate patient; appropriate patient information; and appropriate evaluation.

The perspective history of the Rational Use of Medicine concept

Essential drugs are those that satisfy the health care needs of the majority of the population; they should therefore be available at all times in adequate amounts and in the appropriate dosage forms. The Essential Drugs Concept was not any one person's discovery but was developed out of a number of experiences in countries seeking to meet the challenges described by the concept itself.

- 1940s: Norway defined a list of priority drugs which should be made available to everyone by state health services.
- 1960s and early 70s: Sri Lanka, Cuba, and Costa Rica experimented with lists of essential drugs and bulk procurement.
- 1974: The UN adopted a resolution and programme of action of a New International Economic Order which introduced a new concept of, and commitment to development.

- The International Labour Organization (ILO) adopted the idea of defining basic needs. This concept provided a focus for countries trying to ensure equitable access to essential goods and services.
- 1975: WHO defined 'essential drugs' – this was a response to the ILO challenge to multilateral organizations and countries to prioritize basic needs.
- 1976: First Model List of Essential Drugs produced and promoted by WHO.
- 1978: Declaration of Alma Ata
- 1981: WHO action Programme on Essential Drugs is established. This action is a result of the recognition within WHO that the essential drugs concept could revolutionize access and use of drugs. There was also the understanding at WHO that it was an idea that would need support and promotion at the international level and at national level to assist countries in implementing it.
- 1982: Bangladesh adopted a national drug policy. One of the poorest countries in the world embarked on a bold experiment to tackle the double problems of irrational use and lack of access to essential drugs.
- 1985: Rational Use of Drugs – WHO Conference of Experts in Nairobi. At this meeting the need for both prescribers and consumers to know about and use drugs appropriately was the central theme
- 1989: International Network for Rational Use of Drugs (INRUD) was formed to promote rational use of drugs

Tanzania Perspective

National Drug Policy (NDP) was approved by the Tanzania government in 1991 and the overall objective of this policy is "To make available to all Tanzanians at all times the essential pharmaceutical products, which are of quality, proven effectiveness and acceptable safety, at a price that the individual and the community can afford..." One of the activities under this policy is the promotion of rational use of medicines.

According to the policy key issues on Rational Use of Medicines are:

- Development of evidence-based clinical guidelines, as the basis for training, prescribing, drug utilization review, drug supply and drug reimbursement;
- Establishment and support of drugs and therapeutics committees; promotion of the concepts of essential drugs, rational drug use and generic prescribing in basic and in-service training of health professionals;

- The need and potential for training informal drug sellers;
- Continuing education of health care providers and independent unbiased drug information;
- Consumer education, and ways to deliver it;
- Financial incentives to promote rational drug use;
- Regulatory and managerial strategies to promote rational drug use.

MEMS Rational Use of Medicines Workshop 4th – 9th December 2006

MEMS organized a successful workshop to Promote Rational Use of Medicines that was held at Seventy Seven Hotel, Arusha on 4th to 9th December 2006. This was made possible with collaboration from INRUD Tanzania. The Baseline survey findings compelled MEMS to conduct a workshop for 10 health facilities involved in the survey that was conducted in the mid of the year 2005. All the PHFs' involved attended the workshop and these are Marangu Lutheran Hospital, Endulen Catholic Hospital, Selian Lutheran Hospital, Nkoaranga Lutheran Hospital, St. Elizabeth Catholic Hospital, Ilembula Lutheran Hospital, Bumbuli Lutheran Hospital, Iambi Lutheran Hospital, Makiungu Catholic Hospital and Haydom Lutheran Hospital. The workshop was held in order to sensitize the staff of Church hospitals on the concept of Rational Use of Medicines and discuss methods of intervention to rectify problems identified during the baseline survey.

During the workshop participants discussed the functions of Hospital Therapeutic Committee; Sources of information on drugs; Common examples of irrational drug use; Patient compliance and ways to improve it. The participants were also given practical exposure on how to assess drug use in a health facility.

To promote rational use of medicines, participants identified the following key areas to be strengthened;

- Patient diagnosis and drug prescribing
- Information given on dispensing of drugs to improve patient compliance
- Improve interaction of prescribers and dispensers
- Assessment and documentation of medical and financial benefits of promoting rational use of medicines in hospitals

Hospital Therapeutic Committee functions

HTC was identified by participants as the key to implementing RDU at hospital level. The workshop participants agreed on functions of HTC which can be summarised as;

1. To select and make available drugs in accordance with the concept of essential drugs

To devise procedures to produce the selected drugs as well as criteria and procedures for the procurement of drugs not officially selected, but required under limited unusual circumstances.
To estimate hospital drug requirements and administer the hospital drug budget accordingly.

2. To define standards for prescribing drugs and related practical requirements
 - Which type of health workers are allowed to prescribe what types of drugs,
 - What quantities of each drug are allowed to be prescribed and dispensed per prescription,
 - How to control and enforce adherence to the defined standards.

To introduce the use of and adherence to Standard Treatment Guidelines of Tanzania (STG) and National Essential Drug List (NEDLIT)

To implement generic prescribing in accordance with the National Drug Policy.



Workshop facilitators on picture pose
(From left, Dr. Nyaima, Prof. Maselle, Ms.J. Elisa and Dr. Malele)

3. To make available to all prescribers and dispensers unbiased information on drugs; this information has to be produced and distributed
To organize information campaigns on drugs for the general public.
To regulate commercial promotion of drugs inside and outside the hospital.
To inform hospital staff about all decisions taken by the Hospital Therapeutic Committee.
4. To conduct scientific studies to update the STG, NEDLIT and ensure rational use of drugs.
To analyze periodically the morbidity and mortality statistic to determine changes in their patterns, requiring changes in rational drug therapies.
To undertake drug use reviews in order to examine the use of drugs in relation to their indications, contra-indications, duration of treatment, dosages, etc.
5. To develop and undertake teaching activities on the rational use of drugs and organize educational meetings in the area of diagnosis and treatment.

6. To develop and implement dispensing procedures and practices.

To initiate continuous training activities for dispensing personnel to ensure adequate dispensing practices and patient compliance with medication.

To design a policy assuring the quality of the drugs and the pharmaceutical services in the hospital.

Effect of promotional activities

Participants noted some promotional activities as a threat to RDU. One of participants commented as follows “Different pharmaceutical manufacturing companies organize parties, get-together and Continuing Medical Education for doctors that are often accompanied with lavish cocktail dinners. And their Medical Representatives often visit doctors and gives pens and writing pads. Due to lack of understanding a doctor might say the medical representative of this company visits us often and gives pens and writing pads, while other representatives rarely turns up. So why prescribe the type of brand whose representative never turns up?”

Workshop closure

Workshop ended by a “toss” commemorating birthday of one of the participants who turned 25 years. This fitted well as we combined with celebration of birthday party of elder brother – Tanzania independence – which turned 40 years the same day, 9th December 2006.

Workshop special statement

“Jesus has sent us again to do what we are supposed to do. Rational prescription of drugs to un-suspecting rural folk is a Godly act” This was a statement which was given by Rev (Mrs) Sabina Lumwe on her opening speech.

We would like to encourage the health facilities to send articles, which can then be in-corporated in the coming newsletters. Please use the below address.

Information on MEMS can also be accessed through ELCT website:

<http://health.elct.org/projects/index.htm>

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