

Rational Use of Drugs (RUD) Health systems perspectives

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“He who knows himself and others,
will also recognise that East and
West cannot be separated”

Goethe



Health System

- Stewardship incl. policies & regulations
- Financing
- Provision of service
- Generation of resources

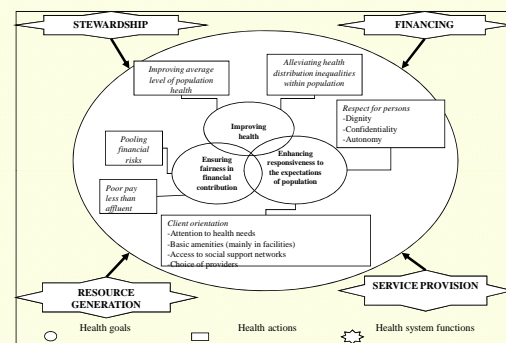
World Health Report 2000

“The welfare of the people, the most
important goal of the government”

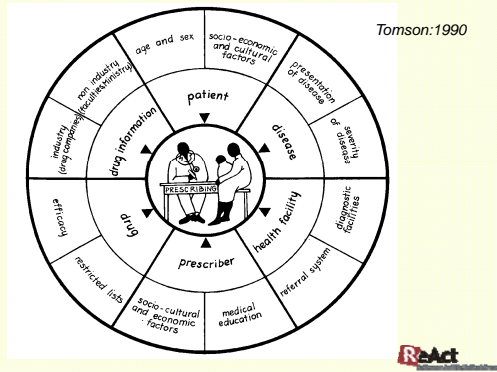
Confucius



Function/action-based view on health system



Factors influencing prescribing - complexity



$$\text{Performance} = \frac{\text{Incentives} \times \text{knowledge}}{\text{barriers}}$$

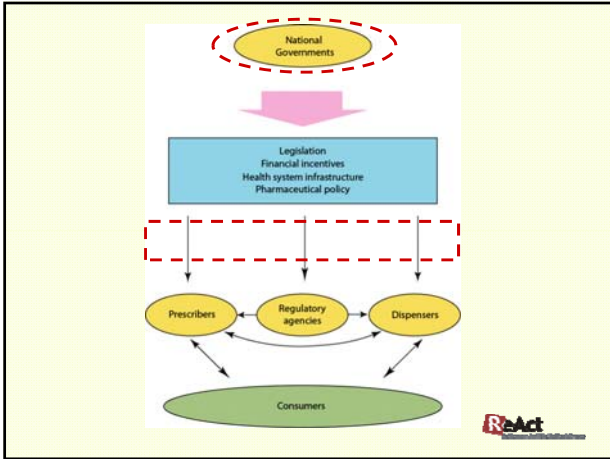
adapted Muir Grey:2001

China Pharmaceutical Sector

- 6000 drug companies (only 300 large scale)
- 300 000 health units
- 5 million health staff whereof 1.2 million doctors of Western medicine
- Many of the ~ 1.3 billion inhabitants not covered by health insurance
- 16 000 wholesalers, 70 000 retailers
- Essential Drug Concept not well known & Information dissemination a real challenge but IT a possibility

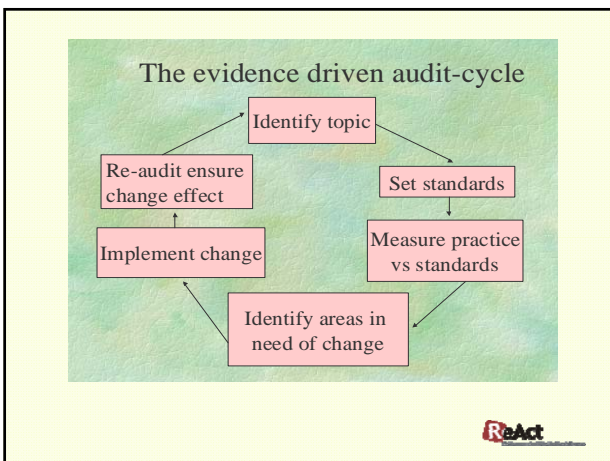
Antibiotic resistance

- Irrational use of antibiotics is a critical driving force toward the global development of bacterial resistance
- What are the effects of different interventions in the health system?
- Which are the most effective interventions in various contexts?
 - Governments often (but not always) central actors



Barriers to and incentives for change at different levels of healthcare

- **Innovation**
Advantages in practice, feasibility, credibility, accessibility, attractiveness
 - **Individual professional**
Awareness, knowledge, attitude, motivation to change, behavioural routines
 - **Patient**
Knowledge, skills, attitude, compliance
 - **Social context**
Opinion of colleagues, culture of the network, collaboration, leadership
 - **Organizational context**
Organisation of care processes, staff, capacities, resources, structures
 - **Economic and political context**
Financial arrangements, regulations, policies
- Grol, Wensing:2004



Towards Rational Use of Drugs RUD

- Involving relevant stakeholders: ministries, provinces, health practitioners, consumers, private sector
- Seminars to encourage mutual understanding
- Forming inter-sectoral working groups
- Finding and disseminating evidence: household and pharmacy survey; review of prescribing; case management of fictitious patients; cost comparisons.



10 recommendations for RUD

- Essential Drug Lists
- Standard Treatment Guidelines
- Drug Therapeutic Committees
- Continuing Education
- Training of medical etc students in RUD/EDC
- Group processes on RUD incl patients
- Training of pharmacists/drug sellers in GPP/RUD
- Public education & consumer involvement
- Include private sector
- monitoring indicators



Creating a learning organization

- System thinking
- Shared visions
- Team working
- Personal mastery
- Conceptualization

“where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together.”

Peter Senge

