

***Resolution on Rational Use of Medicines Adopted by World Health Assembly***

The World Health Assembly adopted a Resolution on the Rational Use of Medicines (RUM). This resolution has been long in the making – taking 2 years to get through drafting groups due to the contentious nature of actions needed to reduce the irrational use of medicines. Countries are urged to create a multidisciplinary body to bring all stakeholders together to develop plans and take action jointly with policy makers, health professionals, consumers and civil society, industry and drug sellers to tackle the RUM problem.

The resolution proposes the tools and a method by which countries can develop a national RUM program within their health services. A program to support independent decision-making by prescribers, pharmacists and drugs sellers, patients and communities, in public and private health services is one key implication of the resolution. It identifies the important evidence-based tools which when combined together in a dynamic way reduces the irrational use of drugs and improves the rational use. These tools include independent treatment guidelines, essential medicines programs, objective information, drug and therapeutic committees, interactive training on RUM, systems to monitor the use of medicines and control drug promotion and build RUM into health insurance programs.

Many countries spoke strongly in support of the resolution. They did this both independently and as regional groupings. Bahrain, speaking on behalf of the countries in the Eastern Mediterranean Region, called the irrational use of medicines a huge ongoing tragedy. Developing countries spend 40 -50% of their recurrent budget on buying medicines. Up to half of these are wasted by improper choice and use. In spite of this RUM is not considered a public health issue.

Burkina Faso spoke on behalf of the 46 members of the African region. The impact of irrational use of medicines on children is worse. They die in preventable situations due to insufficient appropriate formularies to guide health workers' choice of medicines and then because medicines are too expensive. The irrational use of medicines is more prevalent in the private sector as RUM strategies are not applied there. This situation is detrimental to health and national economies.

Thailand spoke on behalf of the 11 countries in the South East Asian region. They stressed the impact of irrational use of medicines on the cost of medical care, on the prevalence of adverse drug reactions including death. They highlighted how the interventions identified in the resolution are supported by evidence concerning the prevalence of ADR, over prescription, errors, perverse incentives, and promotion and payment mechanisms in professional practice. Political will is needed to get reform at the micro and macro level as change cannot rely only on education as a strategy. The statement urged all countries to promote RUM programs and WHO to support them.

China, Japan and India made strong statements of support, stressing safety aspects and responsibility of the industry in drug promotion. India went on to spell out further substance to the resolution that should be included in implementation such as a web-based adverse drug reaction reporting system for prescribers and consumers.

The UK in giving its support highlighted in particular pressure of drug promotion on the irrational use of medicines, noting that direct to consumer advertising was not allowed in the European Union. It also called for improvements in the transparency of pricing, distribution and accountability of essential medicines.

Several countries mentioned **antibiotics** as a particular priority within the effort to improve RUM. China called for rational use of antibiotics in animal feed production.

Oman, Namibia, Botswana and Korea all reported reduction in antibiotics use from implementing RUM programs. Korea has banned the OTC supply of antibiotics and it now requires its institutions to disclose prescribing and dispensing statistics of antibiotics for upper respiratory tract infections and to justify their use of antibiotics.

Kuwait spoke in particular about antibiotic resistance – urging action on irrational use of antibiotics. They have established a high level committee to monitor ABR and develop protocols for use of antibiotics.