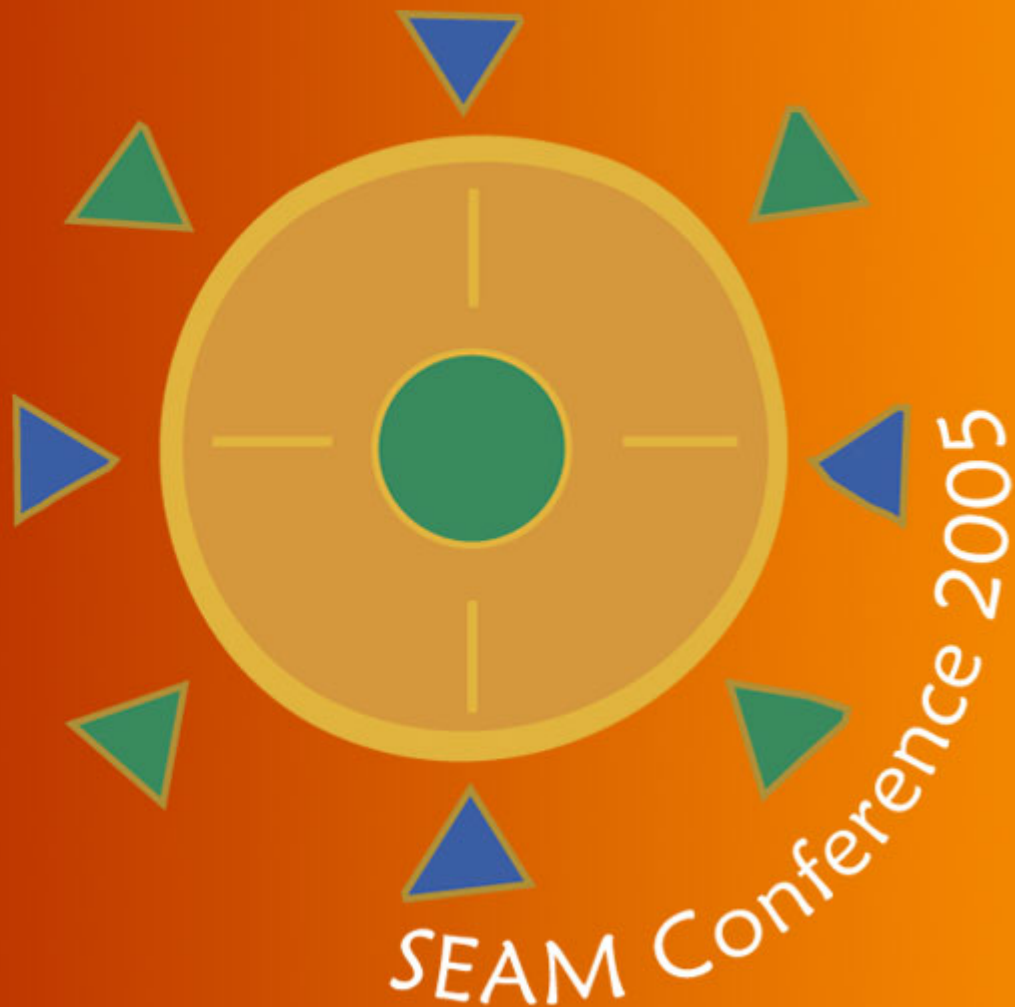




Accra, Ghana • June 20–22

# Targeting Improved Access

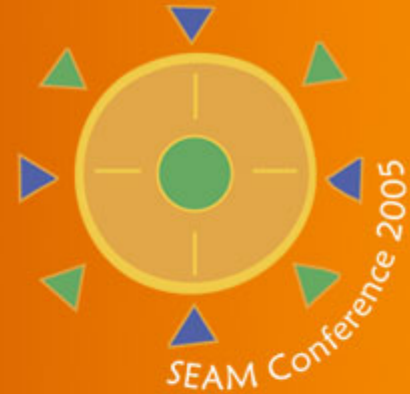


**MANAGEMENT SCIENCES** *for* **HEALTH**

*SEAM | Strategies for Enhancing Access to Medicines*

Funding for the SEAM Program is provided by the Bill & Melinda Gates Foundation.

Targeting  
Improved  
Access



Accra, Ghana • June 20–22

Using  
Drugs and Therapeutics Committees  
to Improve Rational Drug Use in Hospitals:  
The Ghana  
Catholic Pharmaceutical Service Approach

Funding for the SEAM Program is provided by the Bill & Melinda Gates Foundation.



MANAGEMENT SCIENCES *for* HEALTH

SEAM | *Strategies for Enhancing Access to Medicines*

# Background

## ❖ SEAM Program:

- ❖ Public-private initiatives to improve access to essential medicines.

## ❖ Initiative with the Catholic Department of Health (DOH)

- ❖ DOH accounts for 30 percent of the health delivery coverage in Ghana,
- ❖ Has a network of 97 institutions serving primarily rural areas.

## ❖ Rational Drug Use Program

- ❖ Designed to address
  - ❖ Lack of application of evidence-based standards for the use of medicines, which
  - ❖ Leads to inappropriate prescribing and dispensing practices, and higher overall costs to facilities.

## ❖ Drug and Therapeutics Committee (DTC) Intervention

- ❖ Introduced in five Catholic facilities

# Background

## ❖ Characteristics of Facilities

- ❖ Hospital bed capacity ranges from 100 to 250.
- ❖ Average daily outpatient attendance ranges from 80 to 150.
- ❖ The number of prescribers per facility ranges from 2 to 6.
- ❖ Top five diseases seen at OPD: Malaria,, Respiratory infections, Diarrhoeal disease, Hypertension, Skin diseases and Ulcers

# Objectives

- ❖ To improve the quality of prescribing and dispensing practices in the Catholic mission Sector

# Implementation

## ❖ Why this DTC Approach

- ❖ Minimizing increased work load due to an already heavy demand on staff time
- ❖ Providing essential skills to enable participants to become agents of change in drug use practices
- ❖ Building capacity for sustainability
- ❖ Institutionalizing a rational drug use program as an integral part of hospital quality of care activities
- ❖ Experiences from Ghana National Drugs Programme implementation

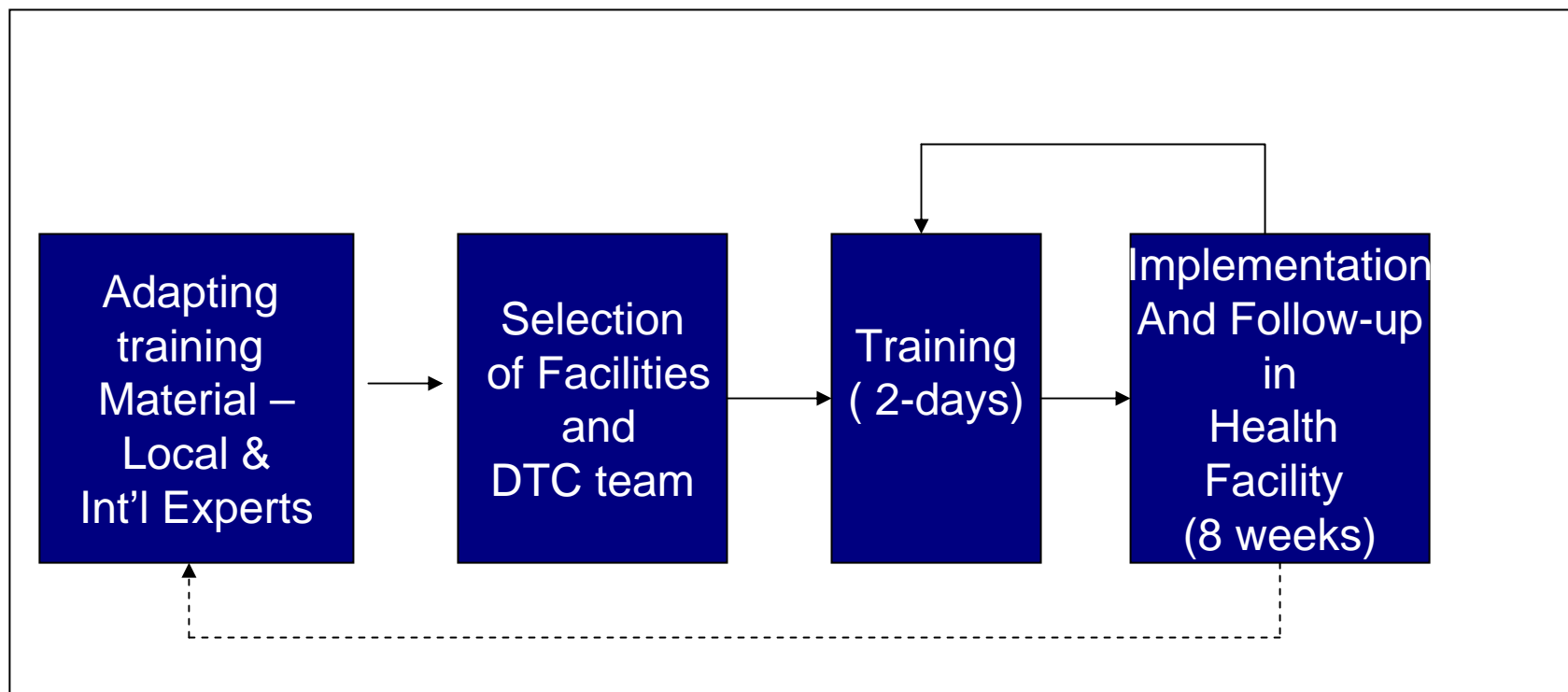
# Implementation

## ❖❖ What was done

- ❖ Development of a training manual
  - ❖ *Disease specific and STG focused and environmentally friendly*
- ❖ Selection of health professionals to be trained
  - ❖ *Core members of facility DTC*
- ❖ 'Learn and do' training scheme
  - ❖ *Two days classroom work and eight weeks field practice in participants' hospital with monitoring*

# Implementation

## ❖ Model of Catholic Health Service DTC Design 'Learn & do' Cyclic Approach

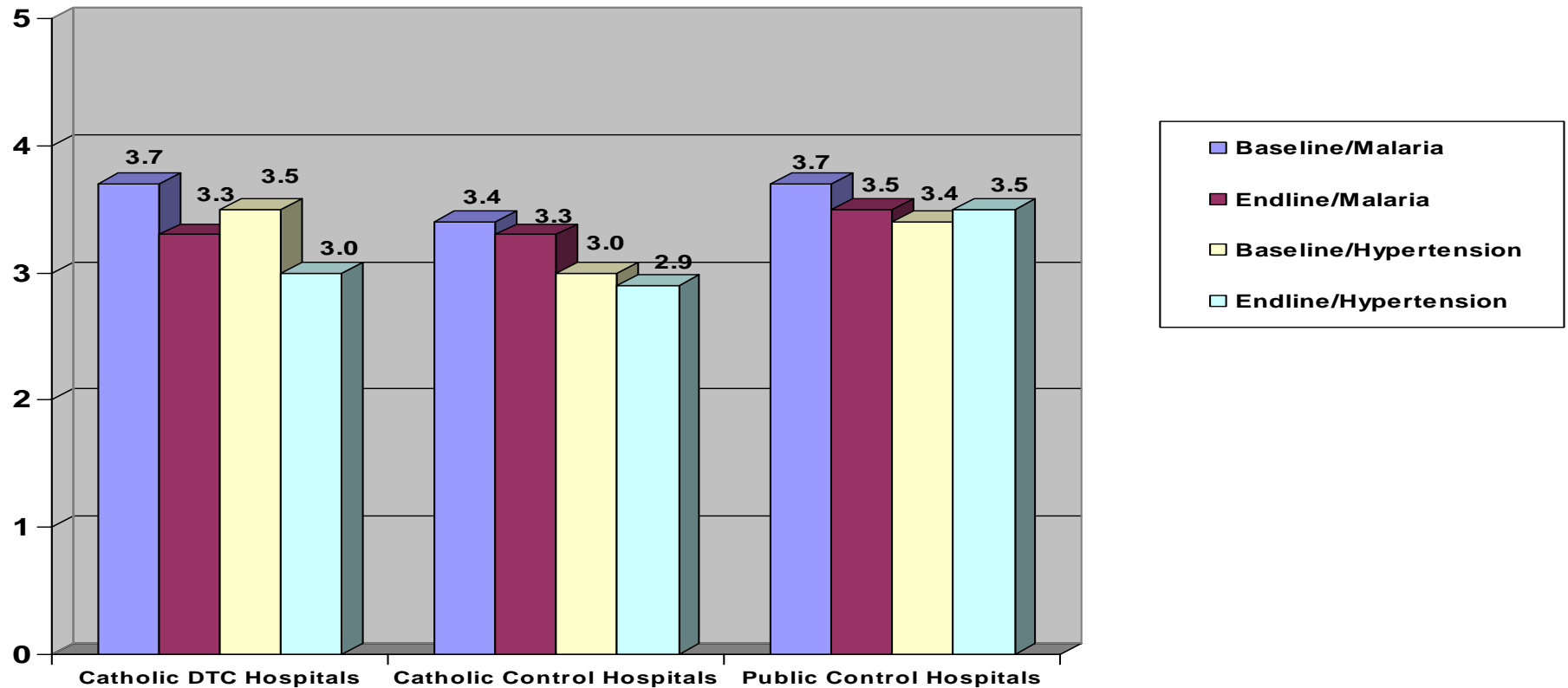


# Evaluation

- ❖ Baseline and endline evaluations conducted
- ❖ Compared five (5) Catholic DTC facilities to two (2) comparison groups:
  - ❖ 5 Catholic control hospitals
  - ❖ 5 Public control hospitals
- ❖ Conducted medical record review of hypertension and malaria patient records
  - ❖ Approximately 30 records reviewed per facility per condition
  - ❖ Conducted at baseline and endline

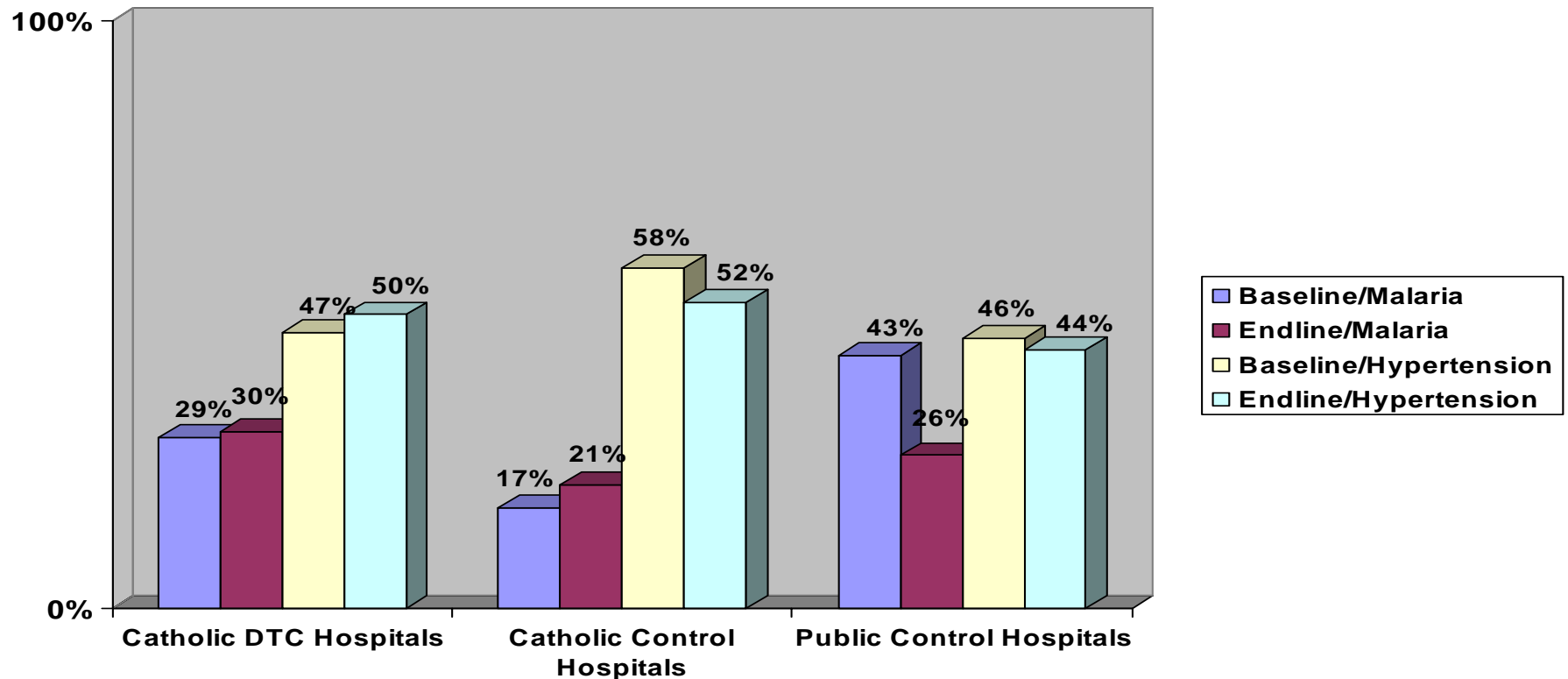
# Results

❖ Average # of drugs prescribed per encounter for malaria and hypertension



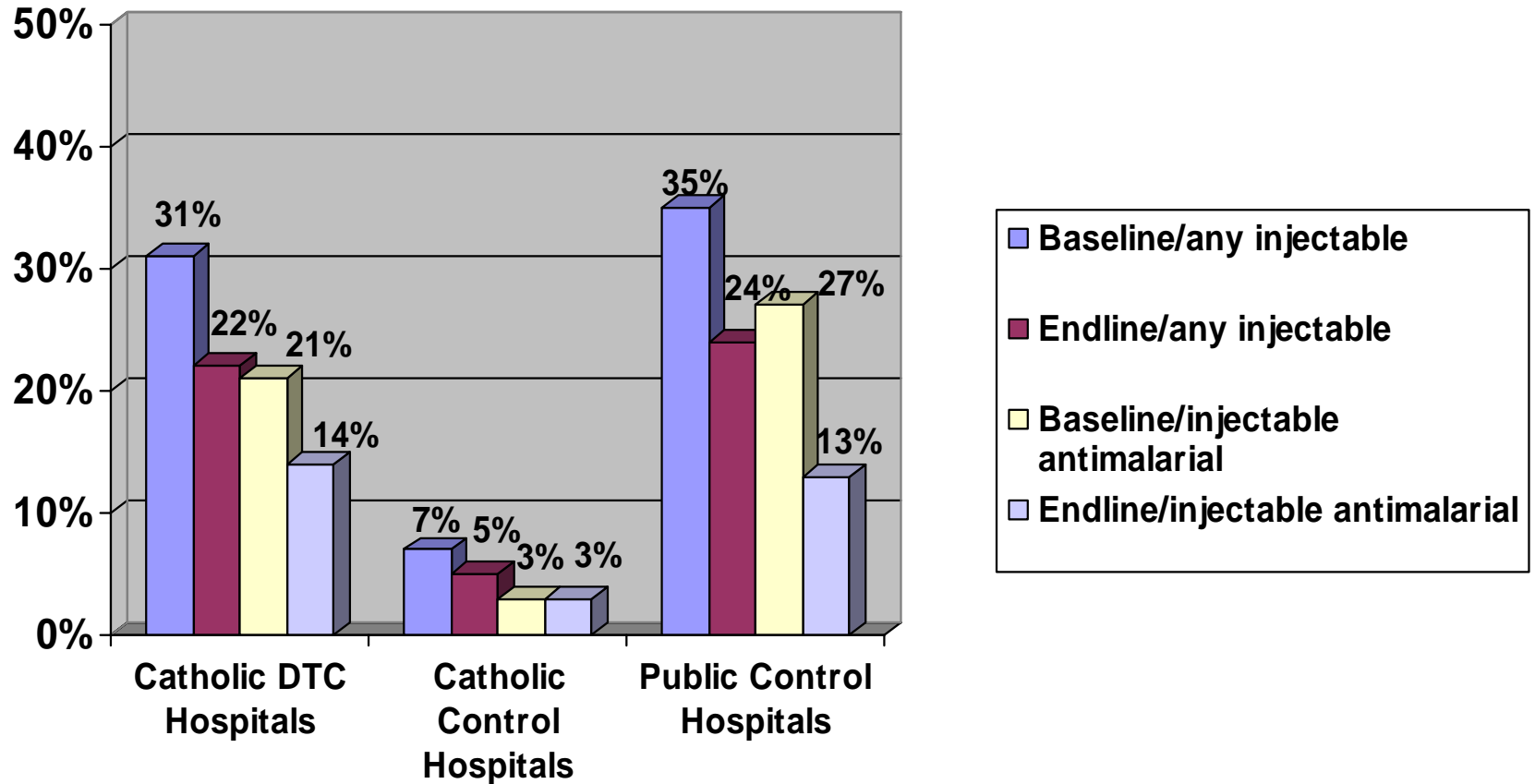
# Results

## ❖ Generic prescribing for malaria and hypertensive encounters



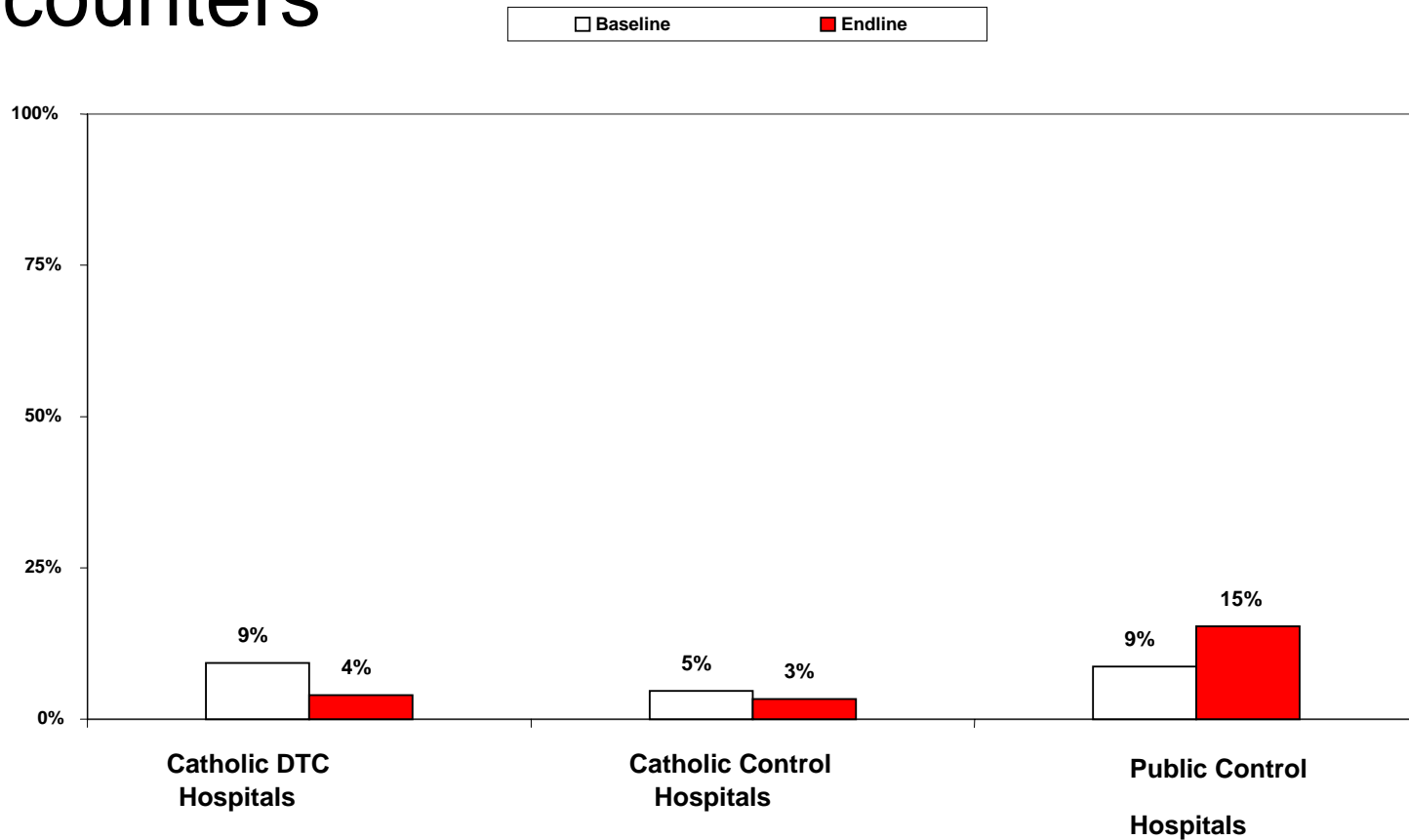
# Results

## ❖ Injection Prescribing for Malaria Encounter



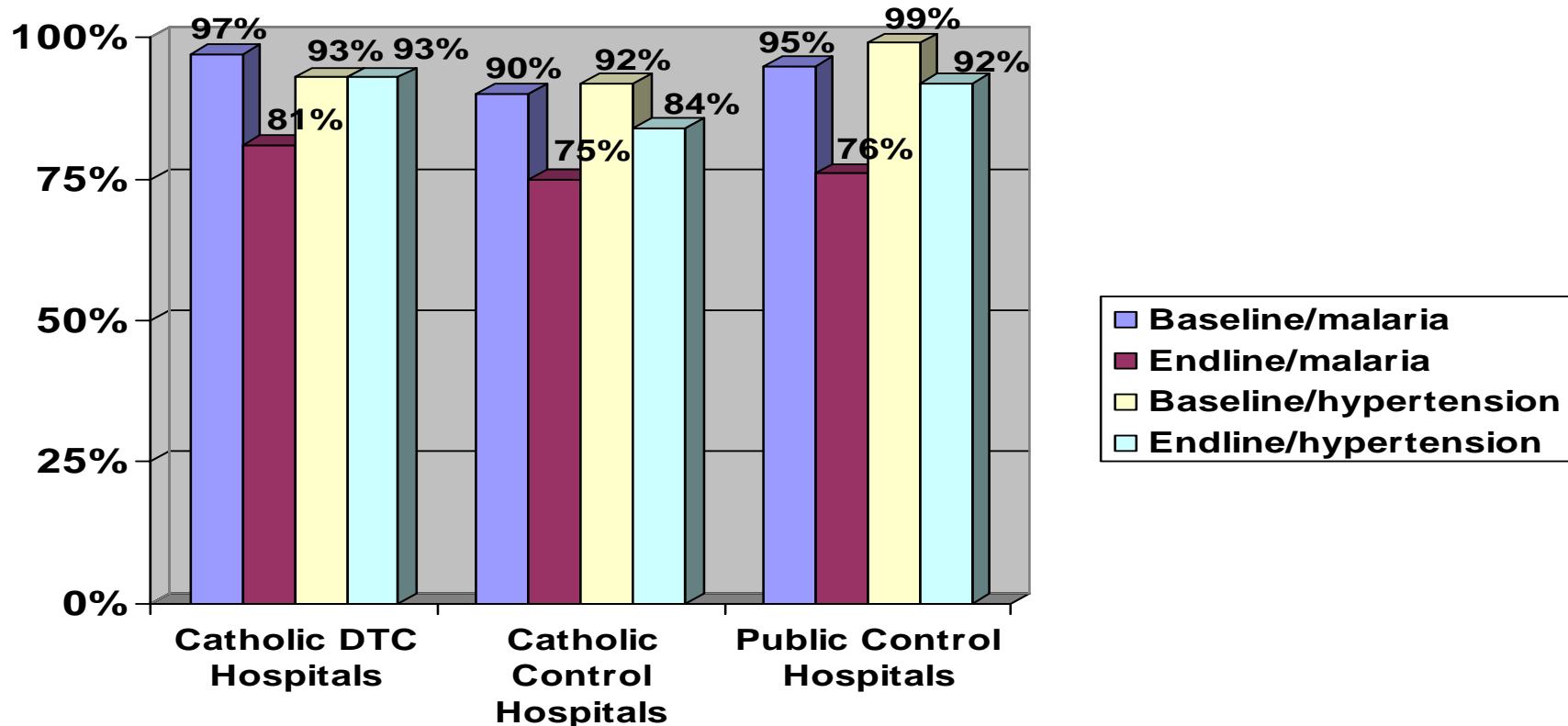
# Results

## ❖ Antibiotic Prescribing for Malaria Encounters



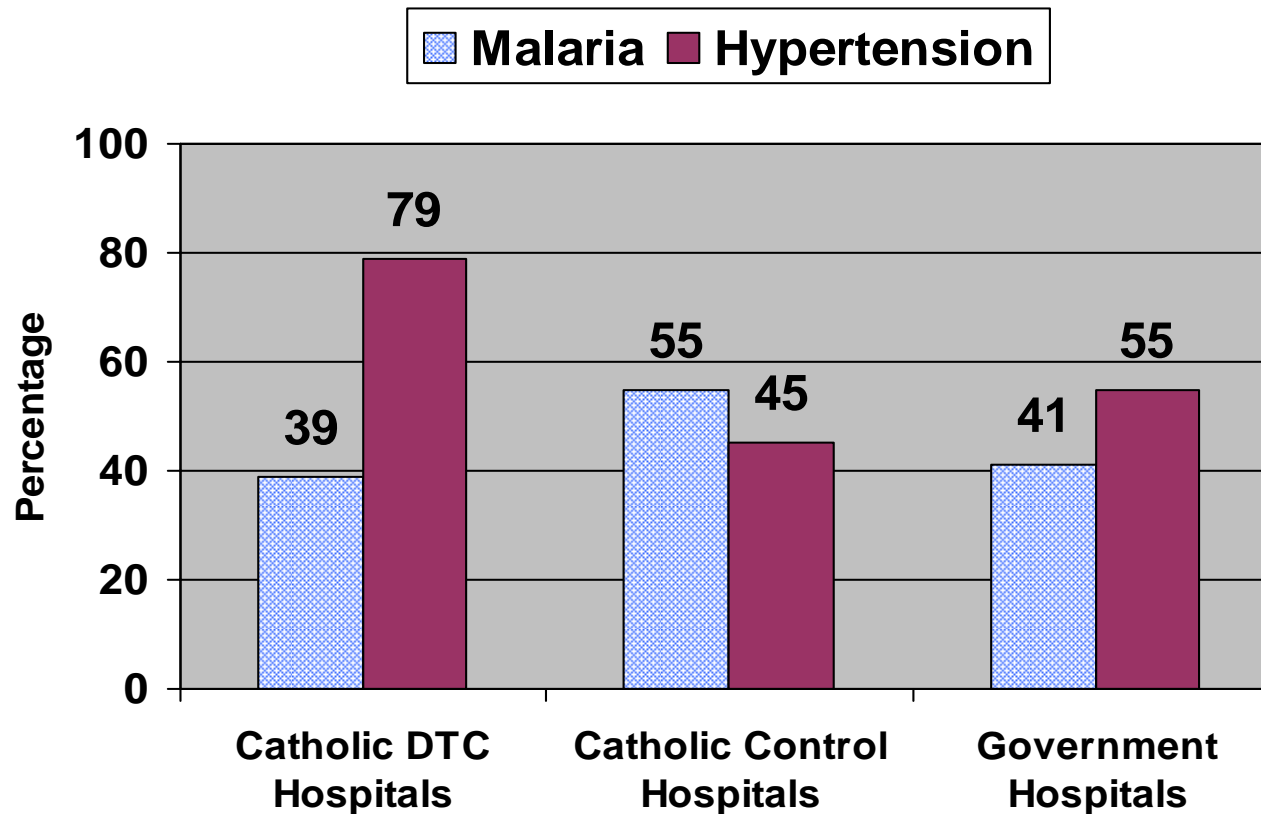
# Results

## ❖ Percentage of Drugs Selected from STG 2000 for Malaria and Hypertension Encounters



# Results

- Percentage of Drugs Prescribed correctly according to STG 2000 for Malaria and Hypertensive Encounters



# Implications



- ❖ To observe impact of drug use behaviour changes requires time and continuous motivation to change
- ❖ Training should generate so much interest in participants to ensure that all team members complete the modular course and prevent attrition
- ❖ Physicians involvement in training and leadership at facility is critical for success of programme
- ❖ For sustainability and acceptability by hospital the DTC training should emphasize quality therapeutic care more than just pharmaceuticals
- ❖ Hospital management support and encouragement is needed for the necessary behavioural changes to be effected
- ❖ To sustain interest in the training programme, organizers should follow up during field work in the facility



# Conclusion

- ❖ Quality of prescribing has seen improvement. Over prescribing has not been eradicated, but it has been reduced. With DTC, it can be further lowered. There is some use of antibiotics with malaria which should be managed.
- ❖ Compliance with the selection of medicines was good but much more needs to be done on adhering to dosages and frequency of treatment.
- ❖ Impact assessment is early yet, more time for implementation and follow up required to see the desired effects of using DTC to improve drug use in hospitals