

**WHO Biregional
Workshop on
Monitoring, Training
and Planning (MTP)
for Improving
Rational Use of
Medicines,
Yogyakarta, Indonesia
December 14-16, 2005:**

Trip Report

Management Sciences for Health
is a nonprofit organization
strengthening health programs worldwide.



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Helena Walkowiak
January 2006

**Rational Pharmaceutical Management Plus
WHO Biregional Workshop on Monitoring, Training and Planning
(MTP) for Improving Rational Use of Medicines, Yogyakarta, Indonesia
December 14-16, 2005: Trip Report**

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January 23, 2006



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International Development

*WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
AusAID	Australian Government Overseas Aid Program
CBIA	Cara Belajar Ibu Aktif [Mothers' Active Learning Method]
HIV	human immunodeficiency virus
ISO	International Standards Organization
MOH	Ministry of Health
MSH	Management Sciences for Health
MTP	monitoring, training and planning [intervention]
PDR	People's Democratic Republic
PHA	
RPM	Rational Pharmaceutical Management Plus [Program]
SEARO	[WHO] Regional Office for South-East Asia
USAID	United States Agency for International Development
WHO	World Health Organization
WPRO	[WHO] Regional Office for the Western Pacific

*WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005*

Background

The workshop on Monitoring, Training and Planning (MTP) for Improving Rational Use of Medicines was convened jointly by two World Health Organization (WHO) regional offices – for the Western Pacific (WPRO) and South East Asia (SEARO). Recognizing that the problem-focused strategy of MTP has been field-tested in several countries and shown to have significant impact in reducing the overuse and misuse of antibiotics and injections, the second International Conference on Improving Use of Medicines held in Chaing Mai, Thailand from March 30 to April 2, 2004 recommended that the MTP strategy be scaled up and replicated in other countries. Ineffective and often harmful prescribing and use of medicines remains widespread in many countries in the Western Pacific and South-East Asia, and WHO is collaborating with Australian Government Overseas Aid Program (AusAID) to train participants from countries in the two regions to implement MTP.

The specific objectives of the WHO-AusAID collaborative project are to—

- Expand MTP implementation to private practices and private health facilities (Cambodia, Laos and Indonesia)
- Replicate MTP in additional countries (China, Mongolia, Philippines and India)
- Develop and implement MTP interventions among consumers

WHO-AusAID project activities include—

- Intercountry training workshop – Yogyakarta December 2005
- Assessment of medicines use
- National and institutional training on MTP
- Implementation of MTP in private practices and private hospitals
- Small-group interactive intervention among consumers
- Post-intervention assessment

Partners—

- Ministries of Health (MOH)
- Hospital Drugs and Therapeutics Committees
- Professional associations
- Consumer associations
- WHO Collaborating Centers

The objectives for the joint WPRO and SEARO workshop in Yogyakarta, Indonesia, December 14-16, 2005 were—

- To update participants on the current international experiences on improving rational use of medicines
- To share experiences of selected countries (Cambodia, Laos, Indonesia and Management Sciences for Health [MSH] / Rational Pharmaceutical Management Plus [RPM Plus] program) in the implementation of MTP interventions

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Participants from Cambodia, China, Laos, Malaysia, Mongolia, Philippines, Vietnam, India, and Indonesia were invited to attend the workshop. MSH / RPM Plus was invited by WPRO and SEARO to send an observer to the meeting to present on RPM Plus experiences in applying the MTP intervention.

Purpose of Trip

Ms Helena Walkowiak, Senior Program Associate, RPM Plus traveled to Yogyakarta, Indonesia with funding from the United States Agency for International Development (USAID) / Washington to attend the workshop held from December 14 to 16, 2005 to make a presentation on *Implementing MTP for ART Commodity Management— RPM Plus Experiences* and to participate in discussions on the scaling up of MTP.

Scope of Work

1. Give a presentation on MSH / RPM Plus experiences in implementing the MTP strategy for antiretroviral therapy (ART) commodity management.
2. Participate in discussions on scaling up MTP and replicating the intervention in other countries.

Activities

1. Give a presentation on MSH / RPM Plus experiences in implementing the MTP strategy for antiretroviral therapy (ART) commodity management.

The agenda of the meeting is attached as Annex 1. Ms Walkowiak's presentation entitled *Implementing MTP for ART Commodity Management — RPM Plus Experiences* was very well received and is attached as Annex 2.

Other presentations given are attached in the annexes—

Current Experiences on Rational Drug Use Interventions: PHA/WHO/WPRO – Annex 3.

WHO-AusAID Collaborative Project on Improving Access to Essential Medicines through Better Rational Use of Medicines: PHA/WHO/WPRO – Annex 4.

Introduction to MTP Intervention: Dr Sri Suryawati, Center for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University, Yogyakarta, Indonesia – Annex 5.

Experience in Conducting MTP: Dr Sri Suryawati, Center for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University, Yogyakarta, Indonesia – Annex 6.

MTP Implementation in the Lao PDR: Lessons Learnt. Kenechanh Chanthapadith, Department of Curative Medicine, MOH, Lao PDR – Annex 7.

Presentation on the Implementation of MTP Approach in Cambodia: Dr. Chroeng Sokhan, WHO Temporary Advisor – Annex 8.

Challenges to Improve Medicines Use in Private Sector and the Community: Dr Sri Suryawati, Center for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University, Yogyakarta, Indonesia – Annex 9.

2. Participate in discussions on scaling up MTP and replicating the intervention in other countries

The workshop consisted of one day of presentations, one day with three field visits to see MTP in action (public hospital, health center, and community meetings) and half a day of country work plan development.

Observations/Key Issues

- MTP is a national-level program in both Cambodia and Laos e.g. in Cambodia MTP has been implemented in 24 hospitals.
- The focus on MTP for WHO-AusAID project is very much as a problem-solving intervention to improve rational use of medicines whereas the RPM Plus approach of

using MTP as a training intervention to promote the use of knowledge and skills learnt at the workplace to improve access to and rational use of medicines is much broader. As a result the WHO-AusAID focus is more on teaching countries and ultimately “MTP groups” on how to successfully implement MTP and less about developing training or resource materials that can be used as part of an MTP approach. The workshop provided the opportunity to identify strengths of the two different approaches.

- The WHO-AusAID approach is very focused on the process (training and supporting the “MTP group” to work effectively). There is also a lot of emphasis on selecting appropriate indicators to measure progress. Dr Santoso from WPRO highlighted the usefulness of the RPM Plus approach of providing participants with a checklist for self-assessment and a guide on prioritizing issues to be addressed (the issues selected by the “MTP groups” at the sites we visited appeared to be somewhat ad hoc). It was also observed by the participants during the field visits that there was little sharing of experiences or information between “MTP groups” in spite of the fact that most groups at hospital and health center level are probably facing the same set of challenges – each group collected evidence for interventions independently. One of the recommendations from the meeting was for a central group to develop resource materials to circulate to the “MTP groups.”
- The RPM Plus approach is very focused on the interventions – especially identifying strengths and weaknesses and prioritizing interventions so that the “MTP group” focuses on interventions that are likely to result in the greatest impact.
- The RPM Plus approach could benefit by incorporating some of the techniques used by WHO-AusAID project approach - particularly in identifying and training the whole “MTP group,” providing tools for MTP meetings, and strengthening the capacity of the “MTP groups” to select appropriate indicators to measure progress and to set appropriate meaningful targets that are based on evidence rather than randomly selected.
- Extending MTP to the private sector to improve rational use of medicines will be a priority for the WHO/AusAID project over the next few years and so some time was spent discussing approaches and constraints. MTP has been used in private for-profit hospitals with very limited success but a constraint to implementing MTP in the outpatient settings is finding an “MTP group” to work with. Clearly, the major problem will be the lack of incentives for the for-profit private sector to use MTP or any other kind of intervention to improve the rational use of medicines.
- Consumer interventions to improve the rational use of medicines. An intervention called Cara Belajar Ibu Aktif (CBIA) – translated as Mothers’ Active Learning Method – rather than MTP was presented and seen in action during the field visit. This technique is an interactive strategy to improve the quality of self medication with three meetings per group – pretest, intervention and post test. Participants work in groups to review information in package inserts for commonly used over the counter medicines to a) identify and group medicines by active ingredient b) identify dosage strength c) list side effects and contraindications d) compare prices. Indicators used to measure effectiveness

of CBIA are a) score of knowledge on medicines commonly used in the household and b) number of brand names for all medicines consumed (by anyone in household) in the last month. They report back from their groups and are able to ask questions of an expert (usually a local pharmacist) at the end of the session.

- Public hospital field visit
 - The “MTP group” reported that they use a scoring sheet to assess the extent to which a clinical standard operating procedure is complied with (a score of greater than 80% good, 60-79% acceptable; less than 60% is poor).
 - The hospital uses residents to collect MTP data. The benefits include a) trains clinical residents in the rational use of medicines b) relieves burden of data collection on pharmacy c) avoids bias by using residents who are not prescribing for that clinical area.
 - Public hospitals have to monitor the rational use of medicines as part of International Standards Organization - ISO 9001 accreditation in Indonesia
- Health center – field visit
 - The “MTP group” used a matrix to record the proceedings of the MTP meeting which was projected onto a screen and completed during the meeting.

Collaborators and Partners

WHO/WPRO

Dr Soe Nyunt-U, Director, Health Sector Development

Dr Budiono Santoso, Regional Adviser in Pharmaceuticals

Ms Lkhagvadorj Vanchinsuren, Short-term Professional, Pharmaceuticals

WHO/SEARO

Dr Kin Shein, TRM/EDM

WHO/Temporary Advisors

Dr Kenechanh Chanthapadith, Ministry of Health, Lao People's Democratic Republic

Dr Chroeng Sokhan, Department of Drugs and Food, Cambodia

Dr Sri Suryawati, WHO Collaborating Center on Research and Training on Rational Drug Use Technology, Centre for Drug Policy, Gadjah Mada University, Yogyakarta, Indonesia

Dr Husniah Rubiana Th-Akib, Directorate of Rational Use of Medicine, Ministry of Health of Indonesia

The list of workshop participants is attached as Annex 10.

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Next Steps

- RPM Plus will review the lessons learned and approaches used to scale up MTP in other countries and programs to strengthen the RPM Plus MTP approach for ART Commodity Management.
- RPM Plus will inform WPRO and SEARO and the participants when MTP module for the ART Commodity Management Training Materials is available for downloading from the RPM Plus website.
- WHO WPRO and SEARO offices are both very interested in continuing the collaboration with MSH / RPM Plus to expand and roll out MTP. RPM Plus will work with USAID to explore opportunities for future collaboration.

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Annex 1. Programme of Activities

**WORLD HEALTH
ORGANIZATION**



**ORGANISATIONS MONDIALE
DE LA SANTE**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

**BIREGIONAL WORKSHOP ON
WPR/ICP/HTP/5.1/001/PHA(5)/2005.1c**

**MONITORING, TRAINING AND
PLANNING (MTP) INTERVENTION
FOR IMPROVING RATIONAL USE
OF MEDICINES**

8 December 2005

**Yogyakarta, Indonesia
14-16 December 2005**

ENGLISH ONLY

PROGRAMME OF ACTIVITIES

14 December 2005, Wednesday

- 0800-0830 - Registration
- 0830-0900 - Opening ceremony
 - Keynote address
 - Self-introduction by participants
 - Election of officers
 - Administrative announcements
 - Group photo
- 0900-0930 - Coffee break
- 0930-1200 - Adoption of Agenda
 - Introduction: meeting objectives and methodology
 - Rational use interventions
 - Brief discussion on rational use interventions
 - Introduction of the Monitoring, Training and Planning (MTP) interventions (why, what and how)
- 1200-1330 - Lunch break
- 1330-1500 - Selected countries' experiences in the implementation of MTP interventions

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- 1500-1530 - Coffee break
- 1530-1700 - Selected countries' experiences in the implementation of MTP interventions (cont.)
- Plenary discussion on strengths and weaknesses in the implementation of MTP interventions

WPR/ICP/HTP/5.1/001/PHA(5)/2005.1c

Page 2

- Introduction to field visits

15 December 2005, Thursday

- 0800-1100 - Field visit to health facilities implementing MTP interventions
- 1130-1230 - Plenary discussion on feedback of the field visit
- 1230-1330 - Lunch break
- 1330-1430 - New areas for intervention: Involvement of community and private health facilities in the implementation of MTP interventions
- 1430-1500 - Coffee break
- 1500-1730 - Field visit to a community informal gathering

16 December 2005, Friday

- 0800-0900 - Preparation of preliminary national plans of action
- 0900-0930 - Coffee break
- 0930-1130 - Presentation of preliminary national plans of action
- 1130-1230 - Conclusions
- Closing ceremony

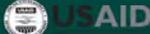
Annex 2. Implementing MTP for ART Commodity Management— RPM Plus Experiences: Helena Walkowiak, RPM Plus

WHO Biregional Workshop on the MTP Intervention for Improving the Rational Use of Medicines

Implementing MTP for ART Commodity Management— RPM Plus Experiences
Helena Walkowiak, December 14, 2005



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Initial MSH/RPM MTP Experiences

- MTP tool created for Child Survival in Ecuador in mid-1980s
- Training and implementation alternative that places the tools and responsibility for programs in the hands of local staff
- In 1997, RPM applied MTP to assist Ecuador MOH to operationalize the new, decentralized pharmaceutical management program
- Six MTP modules were developed and applied simultaneously in 100 health districts
- Within 10 months, health facilities developed six products—

DTC Committees	Drug Formularies
Secure local warehouses	Operational drug sales outlets
STGs for 20 conditions	Monitoring systems

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Outline

- RPM applications of MTP for pharmaceutical management and lessons learned
- Why MTP for ART commodity management?
- RPM Plus ART commodity management training materials – structure and design of MTP Session
- Experiences from two ART commodity management training workshops in Kenya
- Next steps

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RPM Applications of MTP for Pharmaceutical Management

- **Ecuador** – to support decentralization of pharmaceutical management program
- **Bangladesh** – applied by 46 NGOs to organize and operate revolving drug funds in 340 clinics
- **Mozambique** – 5 modules developed on basic techniques in managing medicines in 6 provinces (CPS – Capacity-building, Planning, Supervision)
- **Peru** – 3 MTP programs used in 21 regional hospitals to implement national drug policy and to achieve accreditation
- **Philippines** – modules developed for hospital pharmaceutical management and autonomy

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Rational Pharmaceutical Management Plus Program (RPM Plus)

- Principal Objective—

“To improve the **availability** and **use** of pharmaceuticals (drugs, vaccines, supplies, laboratory reagents and equipment) of assured **quality** for USAID’s Population, Health and Nutrition Center priority interventions.”
- RPM Plus is currently providing technical assistance to assist governments to roll out ART under the U.S. President’s Emergency Plan for AIDS Relief in Ethiopia, Guyana, Kenya, Ivory Coast, Namibia, Rwanda, South Africa, Tanzania, Vietnam, Zambia

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Lessons Learned

- MTP empowers health facility staff to solve their own problems
- Process must be inclusive of all stakeholders—
 - Different views help improve understanding of underlying causes
 - Ownership of MTP process is critical to success
 - Multidisciplinary team approach is needed to design and implement effective interventions especially for rational use of medicines
- Mechanisms, such as a DTC committee, are needed to implement, coordinate and drive the MTP process
- Strategies should be feasible and standards achievable
- Ongoing technical assistance and support may be needed for implementation, e.g. training resource, supportive supervision, sharing of experiences/interventions

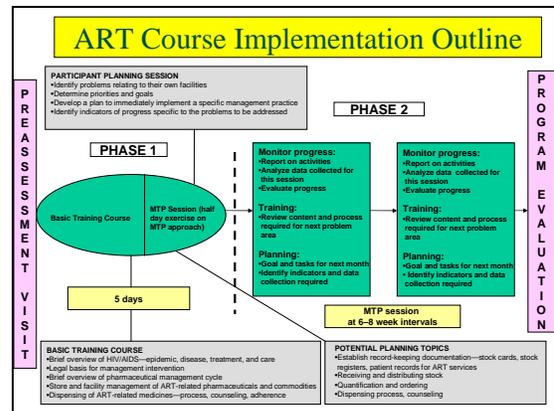
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Why MTP for ART Commodity Management? (1)

- Push for a rapid and enormous scale up of access to ART
- Commodity management systems that assure constant **availability** and **rational use** of ARVs and ART-related commodities are critical for successful treatment outcomes
- Improving access to ART and improving the quality of ART service delivery must happen in parallel
- ART is a new program – sites need a mechanism to tackle evolving problems



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Why MTP for ART Commodity Management? (2)

- Effective scale up of ART requires trained pharmacy and laboratory staff **who will apply skills and knowledge in the workplace**
- Many ART staff will not have completed traditional training courses – most ART dispensers will not be pharmacists
- Shortage of staff constrains the use of traditional approaches to training
- An ongoing performance improvement strategy such as MTP is needed to sustain and continue improvements in the long term



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Preparation for MTP Session

- Trainer selection – include intermediate level (provincial, regional) managers/ technical advisors who will provide technical assistance and support for ongoing MTP process
- Pre-course adaptation of materials includes an MTP session for trainers that includes—
 - Identifying strategies for effective MTP implementation
 - Discussing issues and challenges to implementation
 - Assisting trainers to define their roles in the MTP process
- Practicum session
 - Trainees use a checklist to assess an ART site to identify strengths and weaknesses
 - Builds monitoring skills for MTP

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RPM Plus ART Commodity Management Training Materials

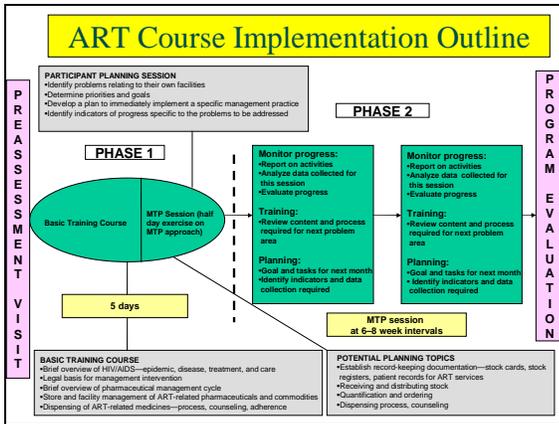
- The goal of the course is—
 - ~ To ensure the efficient and effective supply and use of ART pharmaceuticals and related commodities required for the provision of an ART service
- Generic – designed to be adapted by user for in-country use
- Audience
 - ~ Pharmacy staff – dissemination of materials in January 2006
 - ~ Laboratory staff – materials under development
- Design
 - ~ Module 1 – Overview of HIV/AIDS Epidemic and Disease
 - ~ Module 2 – HIV/AIDS Pharmaceutical Management
 - ~ Module 3 – Rational Use of HIV/AIDS-Related Medicines
 - ~ Module 4 – Practicum and MTP session

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MTP Session

- Presentation
 - ~ MTP concepts and process
 - ~ MTP case studies
- Plenary Buzz Session
 - ~ List common problems to ART scale up
 - ~ Categorize problems per pharmaceutical management cycle
- Group Work
 - ~ Identify and prioritize 3 problems
 - ~ Root cause analysis
 - ~ Develop strategies/interventions to address problem
 - ~ Select indicators and set targets to monitor improvements
 - ~ Presentation to “Management Committee”
- Back Home Application

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Next Steps

- Finalize and disseminate RPM Plus ART commodity management training materials
- In Kenya, develop an approach to capacitate and support MTP coordinators to assist trained pharmacy staff to identify the “MTP group” and initiate MTP process at ART sites
- Roll out MTP process in Kenya, Rwanda, Tanzania and Uganda
- Organize a regional workshop in Tanzania in January 2006 to discuss adapting MTP methodology for HIV/AIDS in East and Southern Africa

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Preparation for MTP Session

- Trainer selection – include intermediate level (provincial, regional) managers/ technical advisors who will provide technical assistance and support for ongoing MTP process
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 - ~ Trainees use a checklist to assess an ART site to identify strengths and weaknesses
 - ~ Builds monitoring skills for MTP

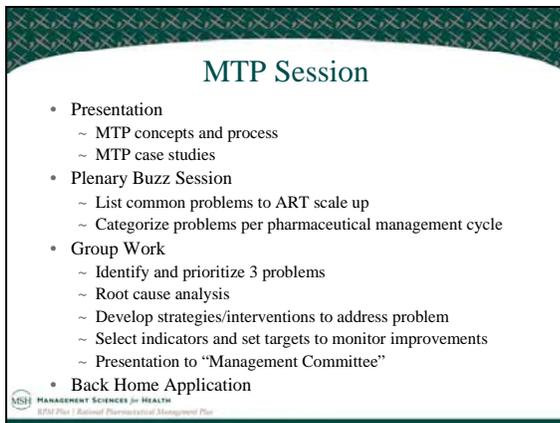
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Strengthening pharmaceutical management for better health worldwide

USAID

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The slide features a decorative green patterned header with the title 'MTP Session' in a serif font. Below the title is a bulleted list of activities. At the bottom left, there is a logo for 'MSH MANAGEMENT SCIENCES for HEALTH' and the text 'RPM Plus 1 Rational Pharmaceutical Management Plan'.

MTP Session

- Presentation
 - ~ MTP concepts and process
 - ~ MTP case studies
- Plenary Buzz Session
 - ~ List common problems to ART scale up
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- Group Work
 - ~ Identify and prioritize 3 problems
 - ~ Root cause analysis
 - ~ Develop strategies/interventions to address problem
 - ~ Select indicators and set targets to monitor improvements
 - ~ Presentation to "Management Committee"
- Back Home Application

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Annex 3. Current Experiences on Rational Drug Use Interventions: PHA/WHO/WPRO

CURRENT EXPERIENCES ON RATIONAL DRUG USE INTERVENTIONS

PHA/WHO/WPRO

Biregional workshop on Monitoring, Training and Planning Intervention for Improving Rational Use of Medicines

14-16 December, Yogyakarta, Indonesia

Commonly encountered examples

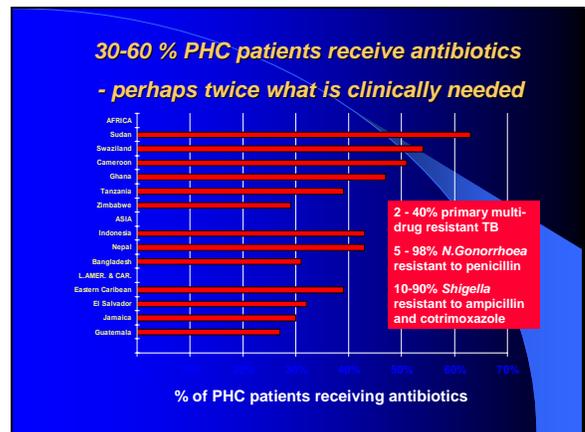
- Misuse and over use of antibiotics
- Over use and unsafe use of injections
- Poly-pharmacies

Providers : prescribing habits non compliant to recommended guidelines

Consumer : Inappropriate self medication



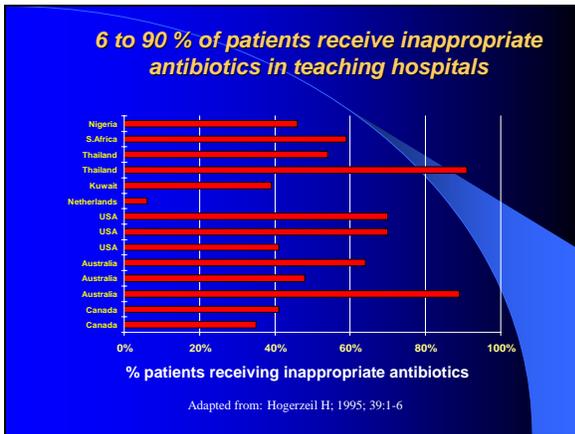
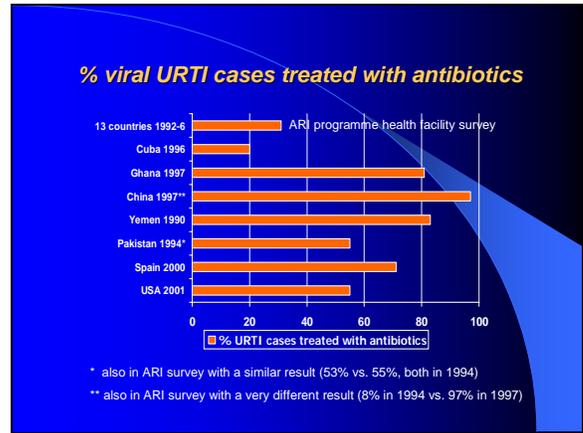
- Widely spread practices of medically ineffective and economically inefficient use of medicines has become a serious public health problems in many countries, jeopardizing
 - quality of care
 - waste of limited resources
 - access to essential medicines
- Despite existing relevant policies, programs, tools, sustainable effective interventions are lacking. A large number of interventions end up without significant impacts



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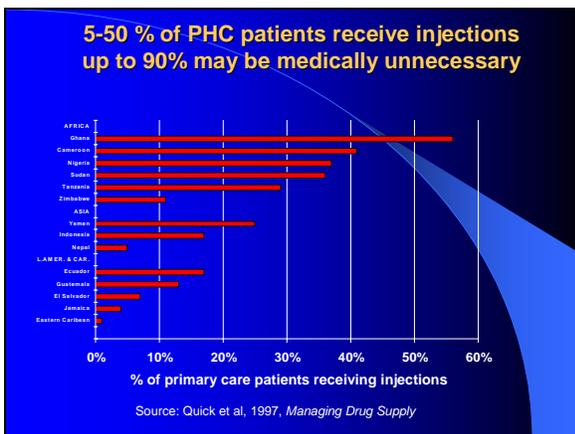
**Overuse, under-use, and misuse of medicines & antimicrobials remains a widespread hazard to health
(Quick, 2003)**

- 15 billion injections per year - half un-sterile, many unneeded
- 25-75% of antibiotic prescriptions are inappropriate
- 50% of people worldwide fail to take medicines correctly



Strategies to Improve Drug Use

- **Educational strategy:**
training, printing materials, media-based approach
- **Managerial strategy:**
EDL, STG, monitoring & supervision, generic substitution, patient cost sharing (economic incentives) etc
- **Regulatory strategy:**
enforcement, sanction, drug withdrawal, market control etc



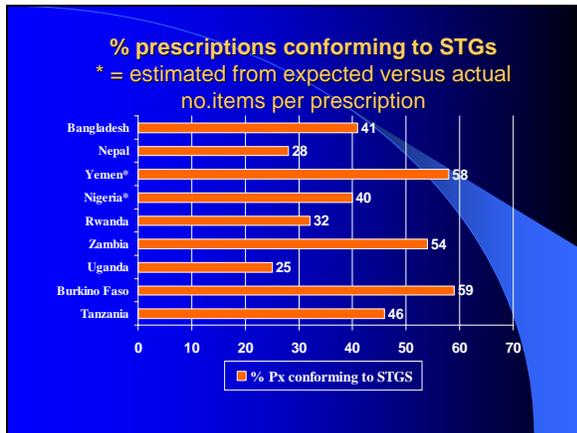
Normative versus proactive focused interventions

Normative interventions are pre-requirements for rational use. As alone they will not improve rational use

STGs, NEDL, formularies, drug information services, teaching & training on rational drug use, DTC, only monitoring of drug use etc.

Focused interventions are designed to address a specific drug use problem

There should be combination of normative as well as proactive interventions



- Common pitfalls & practices in drug use interventions**
- *Unfocused --> intervention too general*
 - *Training only intervention*
 - *Drug information & printed material only*
 - *Treatment Guidelines only*
 - *Single episode, no reinforcement of messages*
 - *No field-testing of intervention materials*
 - *No evaluation of the impacts*
 - *Interventions activities are not integrated as part of the day to day healthcare management*
 - *Interventions activities are not well-designed to address specific drug use behavior*

- Principles of effective interventions**
- *Evidences for effective interventions →*
 - *Focused on specific problem,*
 - *Addressing the underlying problems*
 - *Problem-solving approach*
 - *Repeated & combined interventions*
 - *Interactive interventions*
 - *Feedback of performance to providers*
 - *Monitoring and supervision*
 - *Peer group guidelines development*

- Twelve core interventions**
 (WHO Policy Perspective on Medicines #5)
9. *Public education about medicines*
 - *Adequate labelling of medicines, monitoring and regulating of medicine advertisement, education campaign etc*
 10. *Avoidance of perverse financial incentives*
 - *Separation of prescribing & dispensing; reimbursement of medicines etc*
 11. *Appropriate and enforced regulation*
 - *Registration of medicines, setting educational standards, licensing health professionals, monitoring & regulating medicine promotion etc*
 12. *Sufficient government expenditure*
 - *to ensure availability of medicines and staff*

- Twelve core interventions**
 (WHO Policy Perspective on Medicines)
1. *A mandated multi- disciplinary national body to coordinate medicines use policy*
 - *DRA + different stakeholders*
 2. *Clinical guidelines*
 - *STG or evidence- based clinical guidelines that are developed in a participatory way, easy to read and reinforced by prescription audit etc*
 3. *Essential medicines list*
 - *based on treatments of choice*
 4. *Drug and therapeutics committees*
 - *to ensure the safe and effective use of medicines in the facility*

- SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 ICIUM 2004
 March 30 – April 2, 2004
 Chiang Mai, Thailand
 www.icium.org
- Evidence presented at the Second International Conference on Improving Use of Medicines (ICIUM 2004) made it clear that
 - misuse of medicines continues to be widespread and
 - has serious health and economic implications, especially in resource poor settings.
 - Effective solutions for some serious medicines problems already exist

**WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005**

Twelve core interventions
((WHO Policy Perspective on Medicines #5))

5. **Problem-based pharmacotherapy training**
 - Rational pharmacotherapy training, linked to CG and EML → good prescribing practices
6. **Continuing in-service medical education (CME) is a requirement for licensure of health professionals**
7. **Supervision, audit and feedback**
 - Prescription audit and feedback, peer review and group processes
8. **Independent medicine information**
 - DIC & drug bulletins, NF etc


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 – April 2, 2004 Chiang Mai, Thailand www.icium.org

- The conference highlighted the need to move from small scale research projects to implementing **large scale program** that achieve public health impacts.


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 – April 2, 2004 Chiang Mai, Thailand www.icium.org

How do we achieve large scale and sustained improvements within health system?

- Countries should implement national medicines programmes to improve medicines use
- Successful interventions should be scaled up to national level in a sustainable way
- Interventions should address medicines use in the community


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 – April 2, 2004 Chiang Mai, Thailand www.icium.org

Successful interventions should be scaled up to national level in a sustainable way (2)

- Multifaceted coordinated and tailored to local needs interventions by both public and private sector providers
- Structured quality improvement process (in **Indonesia, Cambodia and Lao PDR**) improves use of medicines and can be transferred across countries
- Countries should **monitor impacts** when scaling up interventions to improve use of medicines


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 – April 2, 2004 Chiang Mai, Thailand www.icium.org

Countries should implement national medicines programmes to improve medicines use (1)

- Implementation of NMP improves medicines use. It should
 - be based on local evidence
 - Cover both the private and public sector
 - Include interventions on multiple levels of the health care system and should be long-term
- Develop and extend insurance system
- Implement generic prescribing and dispensing policies


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 – April 2, 2004 Chiang Mai, Thailand www.icium.org

Policy and program recommendations on community- based interventions

- Policies and programs based on evidence
- Pharmaceutical promotion (regulation, providers trainings and consumers education and empowerment)
- Information, Education and Communication (IEC) for consumers
- School based education
- Pre and in-service trainings
- Pharmacists and medicines sellers
- Impact evaluation of community interventions


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 - April 2, 2004 Chiang Mai, Thailand www.icium.org

Countries should implement national medicines programmes to improve medicines use (1)

- Separation of prescribing and dispensing can result in improved use of medicines
- Measure essential medicines prices, rationalise pricing policies and monitor comparative price information
- Structure cost sharing policies


 SECOND INTERNATIONAL CONFERENCE ON IMPROVING USE OF MEDICINES
 March 30 - April 2, 2004 Chiang Mai, Thailand www.icium.org

Policy and program recommendations on medicines use in the private sector

- Interventions to improve private sector practices
- Standards for pharmaceutical practice relevant to public health goals
- Collection of data on practices in the private sector

Combined interventions that are implemented in a coordinated way have a great impact in improving the use of medicines

Regional Strategy for Improving Access to Essential Medicines, 2005 - 2010

Strategies – Rational use

- Comprehensive package of RDU interventions
- STGs and formularies linked with essential drugs list
- Supervision and monitoring of usage & compliance
- Consumer education & empowerment
- Networking & exchange of information
- Therapeutics & medicines committee
- Ethical criteria of pharmaceutical promotion,
- Monitoring & regulation

*WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005*

Annex 4. WHO- AusAID Collaborative Project on Improving Access to Essential Medicines through Better Rational Use of Medicines

**WHO- AusAID Collaborative Project on
IMPROVING ACCESS TO ESSENTIAL MEDICINES
THROUGH BETTER
RATIONAL USE OF MEDICINES**

Biregional workshop on Monitoring, Training
and Planning Intervention for Improving
Rational Use of Medicines
Yogyakarta, 14-16 December

Why Monitoring, Training and Planning Interventions?

- This intervention has a great impact in improving the medicines use through
 - Reduction of inappropriate use of antibiotics and injections
 - Improved and effective use of resources
 - Participatory approach
 - Planned and evaluated interventions

Objectives

To improve rational use of medicines by helping selected countries to implement a focused medicines use intervention- namely Monitoring, Training and Planning interventions for improving rational use of medicines

Specific objectives

- Expand MTP implementation to **private practices and private health facilities**
(Cambodia, Laos and Indonesia)
- **Replicate MTP in additional countries**
(China, Mongolia, the Philippines and India)
- Develop and implement MTP interventions **among consumers**

What are Monitoring, Training and Planning (MTP) Interventions?

- Monitoring, Training and Planning
 - identifies problems of the medicines use
 - quantifies the problems using suitable indicators
 - identifies the possible causes
 - selects appropriate solutions
 - implements the chosen solutions and measure their impact

Project activities

1. **Inter-country training workshop**
2. **Assessment** of the medicines use
3. **National and institutional training** on MTP

Project activities (cont..)

4. **Implementation** of MTP in private practices and private hospitals
5. **Small- group interactive intervention** among consumers
6. **Post- intervention assessment**

What are the expected outcomes?

- Improved medicines use in the health facilities
- More cost- effective medicines use by consumers

Who are the partners?

- MOH
- Hospital Drug and Therapeutic Committees
- Professional associations (pharmacists' associations and hospital managers etc)
- Consumers associations
- WHO Collaborating Centres

What will be done in countries?

- Countries that already have been implementing the project:
 - Expansion the MTP interventions to private sector (assessment, training)
 - Small- group interactive intervention among consumers
 - Post intervention assessment
- New countries
 - Assessment of the medicines use in selected health facilities
 - Training and implementation
 - Post intervention assessment

Annex 5. Introduction to MTP Intervention:
Dr Sri Suryawati, Center for Clinical Pharmacology and Medicines
Policy Studies, Gadjah Mada University, Yogyakarta, Indonesia

Sri Suryawati

Introduction to MTP intervention

Indicator-based monitoring strategy

Self-monitoring approach to improve drug use practices (Sanariono & Darminto, 1996)

MTP approach to improve efficiency in drug management (MSH, 1998)
Monitoring - Training - Planning

MTP to improve drug use practices

Drug use problems

- Use of medicine when no medicine is needed
- Use of wrong medicine
- Use of correct medicine with wrong dosage regimen

MTP works ...!

Bokeo

Kampong Cham

Problem in improving medicine use

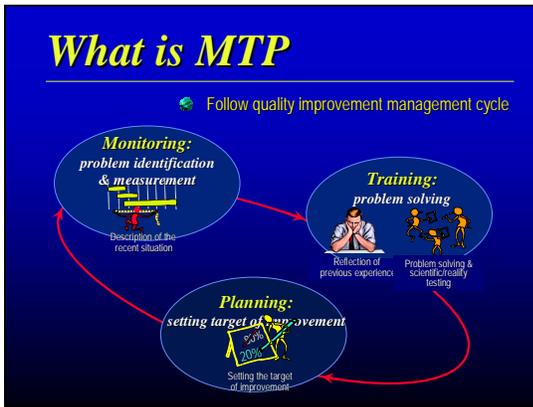
- Inappropriate prescribing practices in health facilities
- Best strategies to improve prescribing have been identified
- Intervention is uneasy to conduct, especially in private facilities

Ideal intervention:
self-initiative, self-conduct, self-assessment
Interventions should be incorporated in the existing management system

What is MTP

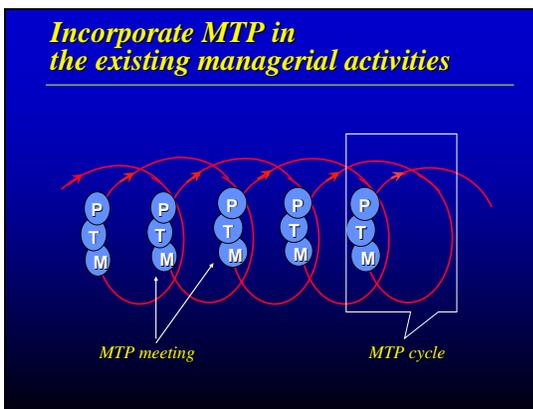
Adult learning process

**WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005**



Training (problem solving)

- Discuss the problem: why the problem exist, what are the underlying factors?
- Collect supporting information
- Collect scientific information, e.g., reference books, standard treatment guidelines, etc.
- Decide how to solve the problem
- Solve the problem



Planning (setting target for improvement)

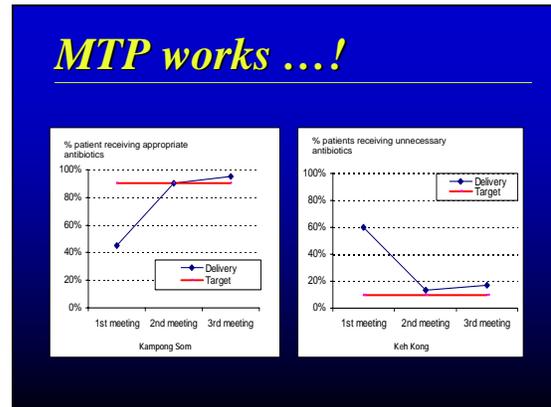
- Set a target of improvement
- Set measures to achieve target
- Set the date for the next MTP session
- Assign the person to collect the data and who will present it in the next MTP session

Monitoring (problem identification and measurement)

- To identify the specific drug use problem
- To select a priority problem
- To determine drug use indicator(s) and data source
- To identify the target of intervention

When MTP has been running:

- To follow up commitments from the previous session
- To evaluate the result of improvement
- To conclude the achievement



MTP works..!

% ARI patient receiving antibiotics



Conducting MTP in health facilities

Establishment of MTP Team

Team development is a crucial step:

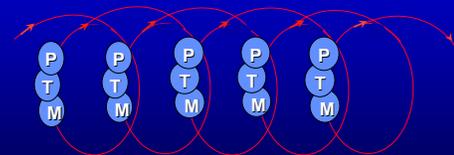
- To develop the group dynamics
- To agree upon the mission and objectives
- To eliminate communication barrier among group members

Supports to MTP Team

- Involvement of key persons
(e.g. Director, the most respected professor, chairman of DTC)
- Small team (4-6 persons)
- Access to data sources
- Legitimacy (letter of assignment)

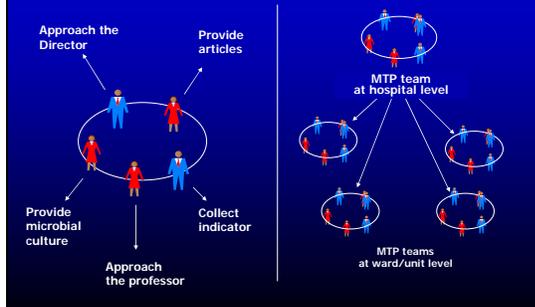
- Establishment of MTP Team
- Support to MTP Team
- Scenario
- Distribution of activities within MTP team
- Use of internal resources
- The audience
- Preparing an MTP meeting

Scenario



To solve a problem, you ideally need 3-4 cycles

Distribution of activities



Preparing an MTP meeting

General:

- 👤 Inviting prescribers (the target of intervention)
- 👤 Inviting resource person (if necessary)
- 👤 Discussion room for 8-12 person, circular seat arrangement

Specific:

- 👤 Notes from previous session (if any)
- 👤 Results on specific indicators
- 👤 Supporting information, e.g., drug consumption, budget, etc.
- 👤 Scientific information related to problem, e.g., STG, articles, reference book, etc.
- 👤 Presence list and meeting notes

Use of internal resources

- 👤 Use internal experts as much as possible
 - 👤 Use the existing routine meetings
 - 👤 Use facilities available in the hospital
-
- 👤 Do not create exclusive activities
 - 👤 MTP should be adapted in the routine activities

Thank You

The audience

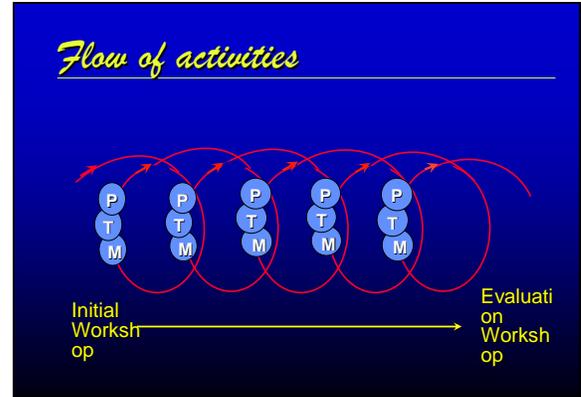
- 👤 The target of intervention (prescribers) should present
- 👤 They should actively take part in the discussion (M-T-P)
- 👤 They should involve in the decision on target and measures to change

Annex 6. Experience In Conducting MTP: Dr Sri Suryawati, Center for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University, Yogyakarta, Indonesia

Sri Suryawati

EXPERIENCE IN CONDUCTING MTP

Center for Clinical Pharmacology and Medicines Policy Studies
Gadjah Mada University, Yogyakarta, Indonesia



Indicator-based monitoring strategy

Self-monitoring approach to improve drug use practices (Sunartono & Darminto, 1998)

MTP approach to improve efficiency in drug management (MISH, 1998)
Monitoring - Training - Planning

MTP to improve drug use practices

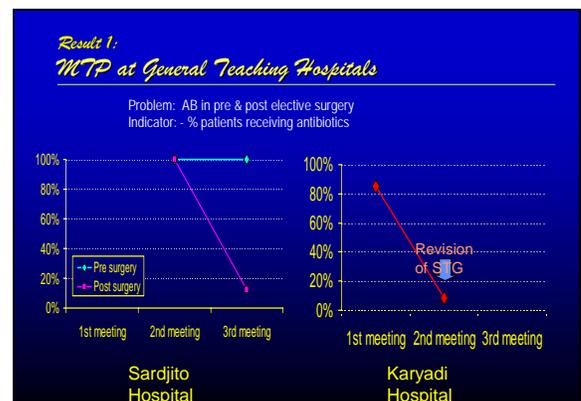
Priority problems identified in the facilities

Health facility	Priority problem	Site of intervention	
Teaching Hospital:	- Sardjito	- Overuse of ABs in elective surgery	- Operation theatre
	- Karyadi	- Overuse of ABs in elective surgery	- Operation theatre
Public Hospital:	- Sleman	- Overuse of ABs in diarrhea	- Pediatric & Internal OPDs
	- Yogya	- Overuse of ABs in Caesarian surgery	- Operation theatre
Private hospital:	- Pantii Rapih	- Overuse of ABs in ARI	- General OPD
	- PKU	- Overuse of ABs in diarrhea	- General OPD
District:	- Sleman	- Overuse of ABs in ARI	- 4 healthcentres as pilot
	- Yogya	- Overuse of ABs in ARI	- 6 healthcentres as pilot

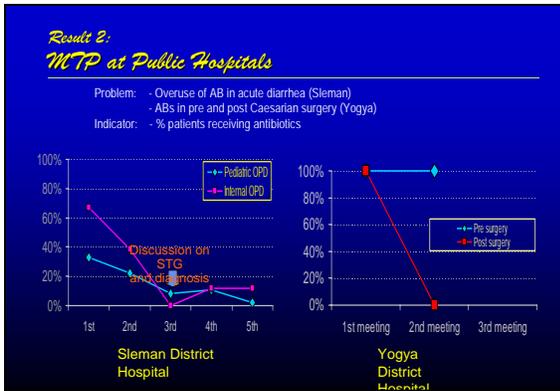
Objectives of the field-test

To measure the effectiveness and usefulness of MTP approach to improve prescribing practices:

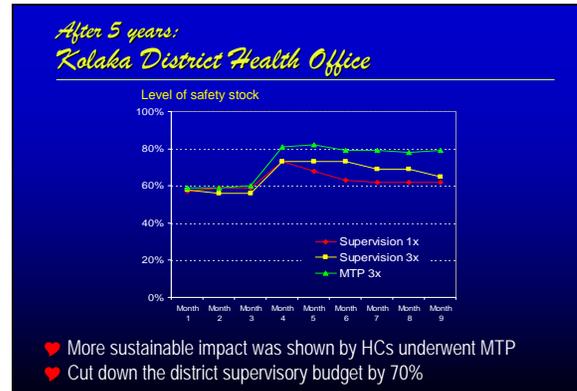
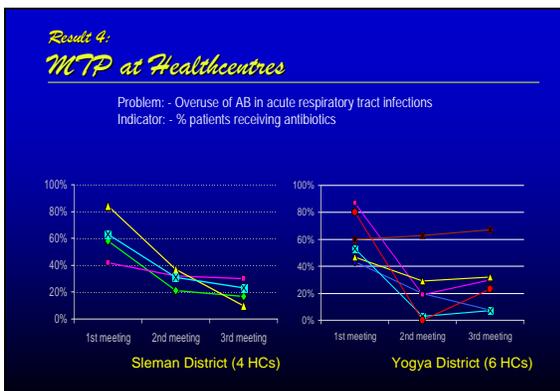
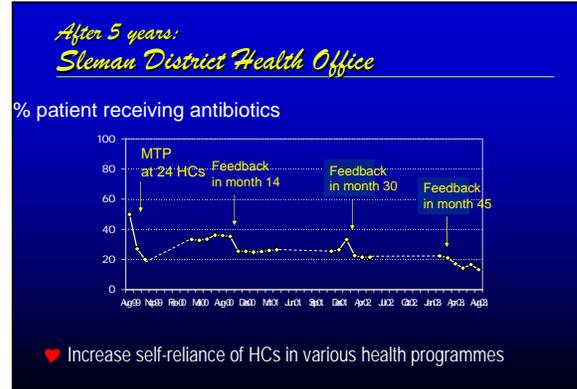
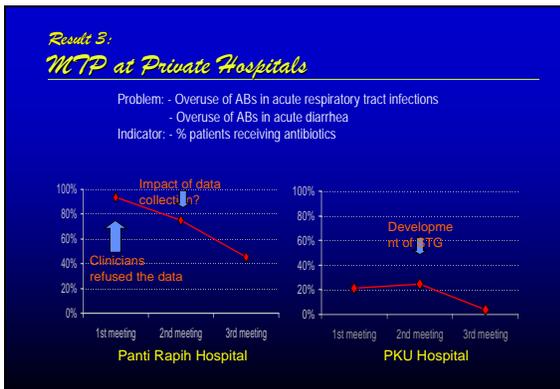
- general teaching hospitals
- private hospitals
- public hospitals
- healthcentres



**WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005**



- Comments on the MTP approach**
- Flexible approach, not time-consuming, not costly
 - Good for sensitive issues
 - Interventions seems not too "sophisticated"
 - Encourage DTC to initiate activities and internal experts to contribute
 - A comprehensive approach, a combination of adult learning and managerial strategies
 - Involved stakeholders in hospital, the "negative" consequences of rational drug use could be discussed accordingly



After 5 years: Hospital ...?

*WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005*

Annex 7. MTP Implementation in the Lao PDR: Lessons Learnt

Kenechanh Chanthapadith, Department of Curative Medicine, MOH,
Lao PDR

**MTP Implementation
in the Lao PDR
Lessons learnt**

Kenechanh CHANTHAPADITH
MD, DTM&H, MCTM.
Department of Curative Medicine, MOH,
Lao PDR

03/21/2006 MTP in Lao PDR 1

Health facilities

- 4 central hospitals with 450 beds
- 3 special hospitals with 110 beds
- 4 regional hospitals with 732 beds
- 13 provincial hospitals with 985 beds
- 127 District hospitals with 2,366 beds
- 734 Health centers with 2,619 beds
- No. of bed/1,000 population = 12.9

03/21/2006 MTP in Lao PDR 4

**Lao People's Democratic Republic
(MTP Project area)**

03/21/2006 MTP in Lao PDR 2

**Background of MTP
implementation**

- Overuse of antibiotics (73%).
- Overuse of injectable preparations (60-80%).
- Ineffectiveness of routine monitoring & feedback.
(No specific target of improvement, no problem-solving process, no commitment of prescribers ...).

03/21/2006 MTP in Lao PDR 5

General information

- Lao PDR, a landlocked country
- Total population of 5.6 million
- Area of 236.800 km²
- 49 ethnic groups

03/21/2006 MTP in Lao PDR 3

**Objectives of MPT
introduction**

- Promote Rational Use of Drug (RUD)
 - Correct diagnosis
 - Adequate treatment
 - Patient compliance
- Decrease irrational use of drug

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**WHO Biregional Workshop on Monitoring, Training and Planning (MTP)
for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005**

MTP activities in the Lao PDR

1. MTP team development
2. Policies and guidelines development
3. Trainings and workshops
4. Planning
5. Monitoring and supervision
6. Evaluation

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MTP team

- One Central MTP team (FDD + DCM)
- 9 Provincial MTP teams in July, 2001 (Provincial hospital board + Med. practitioners of each division + pharmacist) usually 12-15 persons
- 23 District MTP teams of three provinces (District hospital board + Med. practitioners + pharmacist)

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1. MTP team development (as part of DTC)

- 2001 MTP teams (Central & provincial) organized
- One or several team per hospital depending on the number of staffs and problems
- 1 decision maker (Hospital board)

03/21/2006 MTP in Lao PDR 8

2. Policies and guidelines development

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One MTP team consists of:

- 1 decision maker (Hospital board) as a team leader
- 1 chief or deputy chief of hospital pharmacy
- All drug prescribers
- Secretariat

03/21/2006 MTP in Lao PDR 9

Sequential development of essential drug list (EDL)

03/21/2006 MTP in Lao PDR 12

3. Trainings, workshops and study tour

- 3.1 - Overseas training in Indonesia at the start of the project, supported by WHO.
 - A series of the workshops.
- 3.2 Study visits ?
- 3.3 In country trainings and workshops.

03/21/2006

MTP in Lao PDR

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5. Monitoring and supervision

- To follow up commitments of the previous session by using 10 RUD indicators and STG indicators (3-4 MTP cycles)
- To evaluate the result of improvement and feed back to prescribers
- To conclude the achievement

03/21/2006

MTP in Lao PDR

16

- Workshop on drug use improvement (June, 2000).
- First National Workshop on MTP for 8 provincial hospitals (28-31 May, 2001)
- Three workshops in 3 provinces for district hospitals (2-12 October, 2001)
 - 16 participants in Khammouane province;
 - 17 participants in Saravane province and;
 - 15 participants in Xayabury province.
- Workshop on MTP experience exchange for 2 central hospitals 2/2003

03/21/2006

MTP in Lao PDR

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- Supervision of the central level to the provinces every 3 months (3 and 9/2002)
- Supervision of the provincial level to the districts every 3 months (5/2003)
- Supervision of the central level to the districts every 6 months

03/21/2006

MTP in Lao PDR

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4. Planning

- To identify the specific drug use problem
- To select a priority problem
- To determine drug use indicator
- To identify the target of intervention
- To set the target of improvement
- To set measures to achieve the target
- To assign who is responsible for the execution plan
- To set the date of the next session
- To assign who will collect and present the data in the next MTP session

03/21/2006

MTP in Lao PDR

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6. Evaluation

- Practice in every 3 months
- Does MTP really solve the problem
- Find out the constraints if not successful
- Disseminate to other divisions in the hospital if successful
- Move on to other divisions if necessary

03/21/2006

MTP in Lao PDR

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Strengths

Support from the authority:

- Commitment of the ministry of health
- Commitment of the provincial and district health office
- Involvement of the hospital board, senior medical physicians, chief of pharmacist...

Personals:

- Using internal resource person

Facility:

- Using facilities available in the hospital

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Lessons learnt

High level commitment:

- Health policy maker commitment
- Central MTP team should be composed of senior staffs (FDD & DCM)

Coordination with DTC:

- Hospital MTP team should be included in DTC team

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Operating system:

- Monthly meeting on problem solution and target achievement
- Monthly report to the upper level

Budget:

- Not costly (existing hospital routines)

Others:

- Financial and technical assistance from WHO, SIDA and others ...

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Supervision and reports:

- Regular monthly meeting
- Regular supervision
- Regular reports

Training and workshop:

- Refresher training of all levels every year
- Workshop for exchanging of experiences (between hospitals and inter countries)

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Weaknesses

MTP personals:

- Staff turn over

Financial support:

- Regular budget for admin coast is not available

Operating system:

- No regular meeting of MTP team at all levels
- A need for new MTP team at the central level

Reporting system:

- No regular report from the lower level
- No regular feed back to the lower level

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International assistance:

- Technical and financial support from international agencies

Financial support:

- Availability of budget for all activities

Sustainability:

- MTP activities must be integrated into hospital routines of each level

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**Problems and targets
to be achieved
in some hospitals (2003)**

03/21/2006 MTP in Lao PDR 25

Bokeo provincial hospital

Problems:

- Long waiting time in ultrasound section (43 minutes)
- IV fluids (80%)

Target:

- 20 minutes in three months
- 20% in three months

03/21/2006 MTP in Lao PDR 28

Champassack regional hospital

Problems:

- More injection use in OPD (about 70%)

Target (in three months):

- 20% in three months (RUD indicators) and it was successful

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Bokeo hospital

% patient receiving IV fluids

Meeting	Target (%)	Achieve (%)
1st Meet	30	80
2nd Meet	30	30
3rd Meet	30	20
4th Meet	30	35
5th Meet	30	20

03/21/2006 MTP in Lao PDR 29

Saravanh provincial. hospital

Problems:

- Unclear note taking of pneumonia in pediatric ward (60%)

Target:

- 80% clear in three months (successful)

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Sayabury provincial hospital

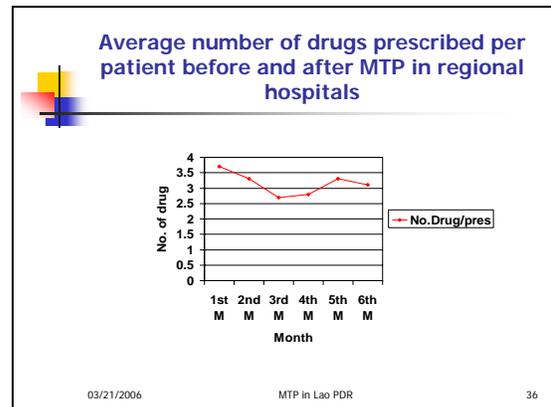
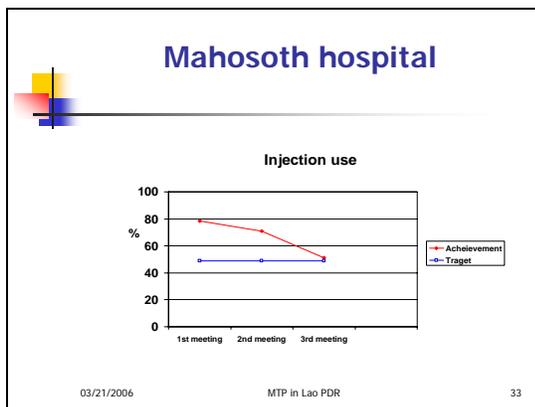
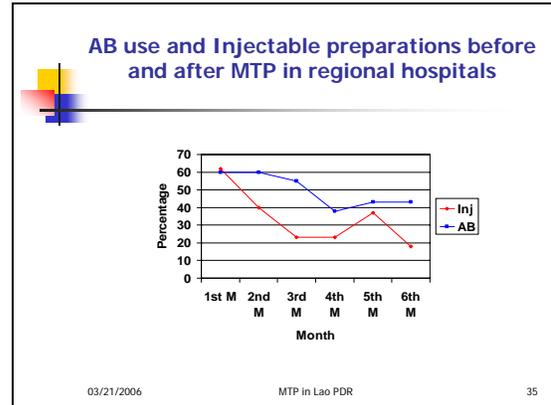
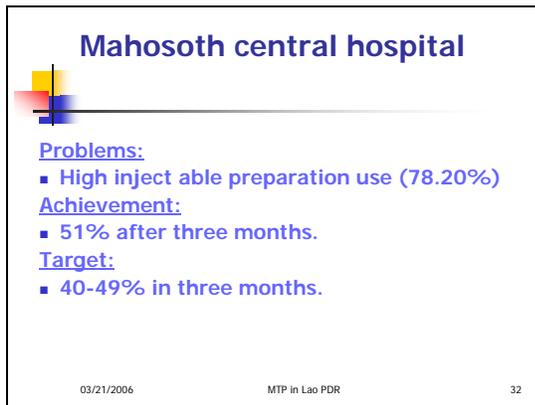
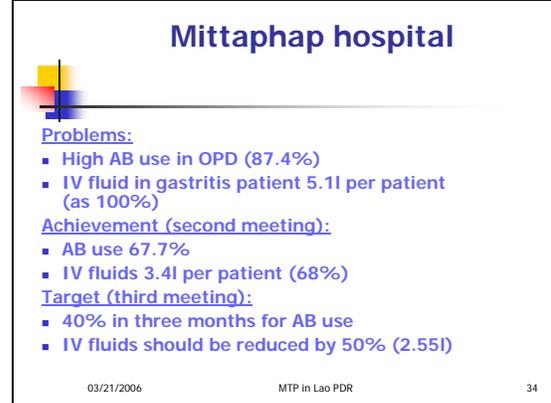
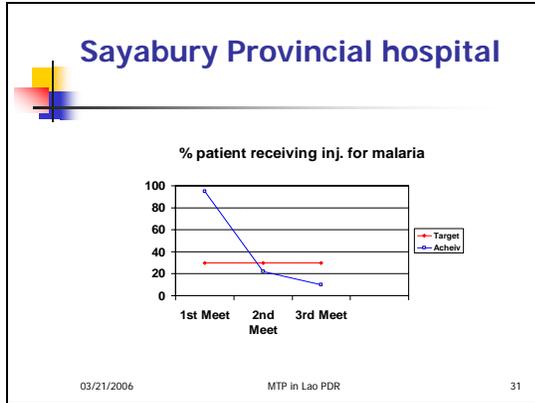
Problems:

- IV fluid in uncomplicated malaria (60%)
- More vitamin in OPD (80%)

Target:

- 40% of IV fluid in uncomplicated malaria
- 60% of vitamin in OPD

03/21/2006 MTP in Lao PDR 30



Copies of policies, guidelines and forms

03/21/2006 MTP in Lao PDR 37

List of Essential Medicines

ສະບັບທີ 4, ປີທຸກ ປີ 2004
 ກົມອາຫານ ແລະ ຢາ ກະຊວງສາທາລະນະສຸກ
 ສະໜັບສະໜູນໂດຍ: ອົງການອະນາໄມໂລກ
 ອົງການອະນາໄມໂລກ
 World Health Organization

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National Drug Policy

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Standard Treatment Guidelines (STG)

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STG & RUD indicators guidelines

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RUD indicators

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for Improving Rational Use of Medicines, Yogyakarta, Indonesia December 14-16, 2005*

STG indicators

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Thank you for your attention

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Annex 8. Presentation on the Implementation of MTP Approach in Cambodia:

Dr. Choeng Sokhan, WHO Temporary Advisor

Presentation on the Implementation of MTP Approach in Cambodia

 *Biregional Workshop on MTP Implementation, for Improving the Use of Medicines, Yogyakarta, Indonesia, 14-16 December, 2005*

*Presented by:
Dr. Choeng Sokhan,
Temporary Advisor*

Implementation of MTP Approach in Cambodia

- With WHO funding, 4 MTP phases have been conducted in Cambodia covering all 24 provinces
- Each phase for 6 pilot hospitals (Except the 2.phase with 7 hospitals)

Presentation Outlines

- Background
- Implementation of MTP in Cambodia
- Challenges
- Process of preparation of the project
- Composition of MTP Team
- Frequency and number of meetings
- Examples of Indicators used in MTP approach in Cambodia
- Process of MTP implementation in the hospital
- Two ways to define the targets
- Financial need
- Constraints
- Conclusion and Recommendation

Challenges

- Essential Drugs Bureau was created in 1993 and has been playing a main role as focal point in implementing all WHO policies included:
 - The development of EML, STG, MF and manual for logistic management of drugs supply
 - Establishment of the supervision and monitoring of drugs supply system
 - Activity on Rational Use of Drugs
- National Team composed with Medical Doctors and Pharmacists have been working together since the creation of EDB
- National Committees for EML and STG mainly composed of members of the National Team
- Possibility of getting involvement of senior physician
- Good collaboration with all National Programs

Background

- Previous indicator-based supervision and monitoring program and DUE interventions (for OPD and IPD) in Cambodia did not show satisfactory improvement
- Inappropriate prescribing practices in health facilities need more interventions
- Intervention to improve prescribing is uneasy to conduct, especially in private facilities
- Interventions needs to be incorporated in the existing management system

Process of preparation of the project

- Training of MTP Teams/Prescribers on MTP process
- After training, national team follow up the official assignment of Hospital MTP Teams
- Schedule the meeting to:
 - define problems on drugs use
 - develop innovative strategy to improve drug use
 - define target
 - monitor the implementation and evaluate the achievements
- National evaluation workshop

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Composition of MTP Team

- 1- Hospital Director or Technical Director Chair
- 2- Chief of Surgery Ward Member
- 3- Chief of Maternity Ward Member
- 4- Chief of Intensive Care Ward Member
- 5- Chief of Pediatric Ward Member
- 6- 1 Prescriber acting as Secretary for data collection and reporting

Process of MTP implementation in the hospital

Drug use problems	What is known-not known?	Priority	No. of meetings
1- MATERNITY Overuse of IV fluid in Post Cesarean.	"This treatment used to be the prescribing habit -There was no sufficient reasons for this use -About 70% of the use of IV fluids are inappropriate	I	3
2- TRAUMATOLOGY Overuse of IV fluid in Cranial Trauma.	"This treatment used to be the prescribing habit of prescribers to satisfy patient demand -To increase the income for the cost recovery of the hospital -70% of the use was inappropriate This treatment used to be the prescribing habit of prescribers to satisfy patient demand	II	3
3- SURGERY Overuse of AB in Post- Appendix operation	"This treatment used to be the prescribing habit of prescribers to prevent the infection -Prescribers are concerned about the hygiene or cleanliness of the operation room -50% of the cases were inappropriate	III	3
4- ICU: Overuse of IV fluid in Stroke (AVC).	"Prescriber habit "There was no sufficient reasons for this use about 75% of the use was inappropriate	IV	2
5- ICU: Overuse of IV fluid in Severe Malaria.	"Prescriber habit and lack of control "There was no sufficient reasons for this use about 77% of the cases were inappropriate	V	4

Frequency and Number of meetings

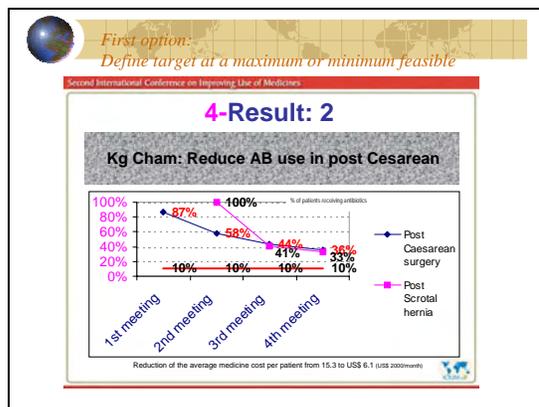
- Preliminary meeting (optional) with the National Team for briefing on MTP process and the preparation of and make baseline data available for the first meeting
- 4 meetings within a period from 4-6 months

Two ways to define the targets

- Define target at a maximum or at a minimum feasible
- Define target carefully step by step and revised it if the evaluation shows some room to go further

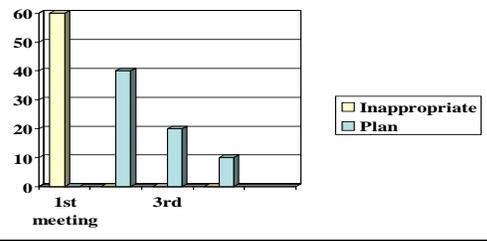
Examples of indicators used in MTP Approach in Cambodia

Indicators	Target defined
● 1-Overuse of IV fluid injection in normal delivery	0-10%
● 2-Overuse of IV fluid injection in Trauma ward	0-50%
● 3-Overuse use of AB for prophylaxis in normal delivery	0-10%
● 4- Inappropriate use of AB in simple malaria for adult and children	0%
● 5-Inappropriate use of AB for post-operation patient with hernia	0-10%
● 6-Inappropriate use of AB for post- operation patient with cesarean	0-10%
● 7-Inappropriate use of AB for post- operation patient with appendix	0-10%
● 8- Inappropriate use of AB for patient with ARI	0%
● 9-Patient file correctly filling in	100%



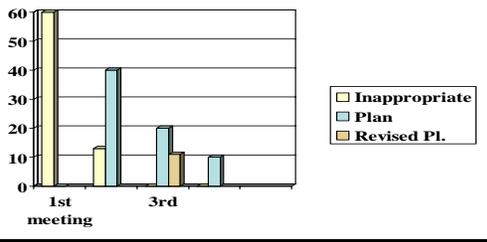
2.Option: Define target carefully and leaving room for possible revision

- First meeting: 43 doc (25/07-25/08/2005)
 - Appropriate: 40%
 - Inappropriate: 60%



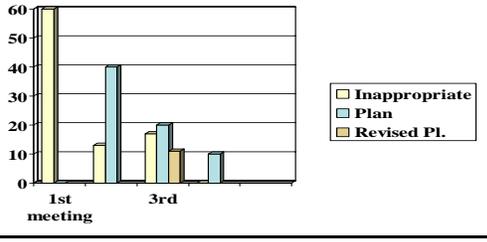
2.Option: Define target carefully and leaving room for possible revision

- 2nd meeting: 45 doc (25/08-23/09/2005)
 - Appropriate: 87% (No AB: 33 cases)
 - Inappropriate: 13% (with AB 12)
- manual removal 1, infection 1, episio 4, vacuum 3, amniotic liq. verdict 3



Appropriate use of AB in Delivery (Koh Kong)

- 3rd meeting: 60 doc (24/09 - 04/10/2005)
 - Appropriate: 83% (No AB: 42 cases)
 - Inappropriate: 17% (with AB 18)
- manual removal 2, infection 2, episio 4, vacuum 7, amniotic liq. verdict 3



Financial need

- The cheapest cost compared with other projects
- Expenditure of an average of 1,300 US\$ per Hospital (If included the training and monitoring visit from National level)
- If not included the training and the national team visit the cost of the 4 meetings will be only from 344-464 US\$/Hospital

Constraints

- Some hospitals have difficulty to define a real strategy for improving drug use
- Time availability of MTP team member
- Transfer of some MTP team members to other facility
- After the end of financial support and intervention from central level no data will be collected and achievement will not be monitored and reported

Conclusions and Recommendations

- MTP can be implemented in both sector public and private sectors.
- MTP can be extended nationwide. The "right people" should be selected from each hospital.
- If MTP implementation is conducted with monitoring, supervision, and continuous training, MTP can reduce the health care cost and the community will participate and support this efforts.
- MTP help reduce the prescribing problems and improve RUD for healthcare workers and patients.
- Efforts should be made to maintain the sustainability of the approach. The best way is with their own hospital financial income
- If the hospital Committee understand well the process the need for external intervention should be reduced

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Annex 9. Challenges to improve medicines use in private sector and the community:

Dr Sri Suryawati, Center for Clinical Pharmacology and Medicines Policy Studies,
Gadjah Mada University, Yogyakarta, Indonesia

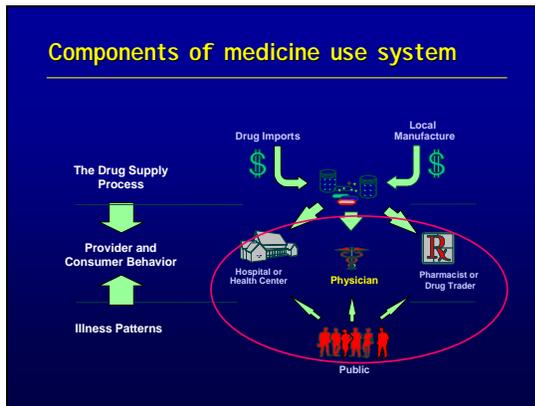
challenges
to improve medicines use
in private sector and
the community

Sri Suryawati

Different concepts about the value of medicines

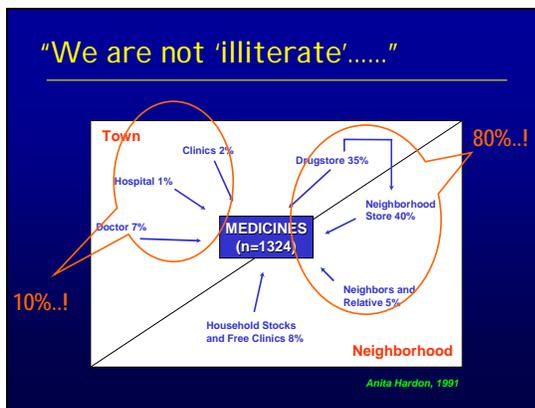
- Colors: blue, red, green, yellow?
- Forms: tablet, capsule, injection, suppository?
- Taste: sweet, bitter, sour, tasteless?
- Price?
- Source?
- Packaging?
- Provider?
- Etc..?

Pain relief score after taking different colors of placebo
Huskisson, BMJ 1974



Effect of promotion and marketing

- Patients ask a particular medicine because they believe in it
- Direct promotion to consumer is common
- Advertisements may be inaccurate or misleading
- Consumers are very sensitive to some advertising messages



Improving medicine use in the community

Strategy	Possible channel	Possible counterparts
<ul style="list-style-type: none"> National level <ul style="list-style-type: none"> Drug registration status Control on promotional practices Control on drug distribution Mass campaigns 	<ul style="list-style-type: none"> Mass-media NGO's programmes 	<ul style="list-style-type: none"> DRA NGOs Professional assoc. Journalist assoc. Mass media
<ul style="list-style-type: none"> Health care level <ul style="list-style-type: none"> Drug information Provider-patient communication 	<ul style="list-style-type: none"> Health facilities Pharmacy Drug store Health cadres 	<ul style="list-style-type: none"> Healthmanagers Providers Hospital association
<ul style="list-style-type: none"> Community <ul style="list-style-type: none"> Availability of impartial drug information Public education and community empowerment 	<ul style="list-style-type: none"> Grass-root organizations Schools 	<ul style="list-style-type: none"> Grass-root organizations Schools

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Improving medicine use in private sector

Strategy	Possible counterparts
<ul style="list-style-type: none"> National level <ul style="list-style-type: none"> Regulation, legislation, quality assurance Guidelines for good practices Financing Price monitoring Ethical practices Health care level <ul style="list-style-type: none"> Drug selection & RDU Incentive-disincentive mechanism Promotion of good practices Provider-patient communication Assessment of practices Community <ul style="list-style-type: none"> Availability of impartial drug information Public education and community empowerment 	<ul style="list-style-type: none"> DRA NGOs Professional assoc. Journalist assoc Mass media Health managers Providers Hospital association Grass-root organizations Schools

CBIA

Self-learning for self-medication

An alternative strategy to improve the quality of self-medication
Essential Drug Monitor 32, 2003

PATIENT INVOLVEMENT in reducing demand on injections

- Discrepancy between prescribers and patients on the motives to use injections
- Interactional Group Discussion (IGD):
 - A single 2-hour interaction between patients and prescribers
 - Reality testing on the needs of unnecessary injections
 - Consensus on reducing unnecessary use of injections

Month	Control (12 HC)	IGD (12 HC)
1	~75%	~75%
2	~75%	~75%
3	~75%	~75%
4	~75%	~70%
5	~75%	~60%
6	~75%	~45%

Publication of this study triggered a national programme to reduce unnecessary injections:
- 1997: ~70%
- 1997: ~20%

Social Science and Medicines, 1996; 42(8): 1177-1183

Equip community with skills in selecting medicines

Category	Percentage
Active compound	~45%
Indication	~65%
Dosage and administration	~5%
Side effects	~5%
Contraindication	~5%

Essential Drug Monitor 32, 2003

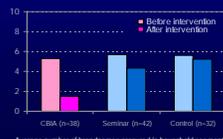
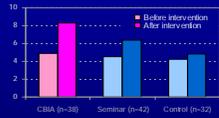
Community empowerment

- Promote self-learning, information-seeking behavior
- Promote critical attitude toward drug information and promotional practices
- Impartial information is available in drug packages

CBIA – Mothers' Active Learning Method

- A single episode of small-group discussion in neighborhood
- Training material: non-prescribed medicines they keep at home
- Topics for discussion:
 - Where to find active compound
 - Other information available in the drug package
 - Variation of information among different brandnames
 - Differences between different formulation
 - Etc.

People become more selective...



CBI A: Activity 3 Report findings and conclude



CBI A: Activity 1 To group medicines under active compounds

- Introduction of generic concept
- What is missing from drug promo



Dissemination of CBI A

- CBI A with journalists
- Mass-media (newspapers, pop magazines, TV, radio)
- Involvement of health professional students
- International publication
- Etc.



CBI A among senior citizens



CBI A among teenagers

CBI A: Activity 2 Critically read and compare information in the packages

- Indication
- Contents
- Dosage strength
- Dosage form
- Side effects
- Contraindication
- Dosage regimen
- Price
- Etc



CBI A to improve the use of public education information material in early detection of breast cancer



Improving medicines use in the community is possible

Enjoyable strategy is available





Annex 10. Participants

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTE

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

BIREGIONAL WORKSHOP ON
MONITORING, TRAINING AND
PLANNING (MTP) INTERVENTION
FOR IMPROVING RATIONAL USE
OF MEDICINES

WPR/ICP/HTP/5.1/001/PHA(5)/2005/IB/2
15 December 2005

Yogyakarta, Indonesia
14-16 December 2005

ENGLISH ONLY

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