

EDITORIAL

RATIONAL USE OF DRUGS

In any discussion relating to financing of health care, drugs are given an undeserved high profile. Of particular interest is the procurement, distribution and rational use of drugs. In this editorial, the focus is on "rational use of drugs (RUD)" a phrase which has assumed an ominous connotation. Indeed the much publicised WHO Action Programme on Essential Drugs derives its legitimacy from RUD concept.

RUD has become a rallying point and a common denominator for financial administrators and health professionals groping for answers to the complex problems associated with provision of health care. In many countries of Africa, the health budget can not be increased significantly because there are other competing and equally deserving basic needs such as food, clean water, education etc to be financed. The challenge for all stakeholders in health care delivery is how to maximise on the limited available resources. To compound the issues further, health care delivery is inextractably intertwined with politics and professionals must take note of this fact.

RUD has been addressed in several ways. Firstly, the national Essential Drug List (EDL) based on the WHO model list is meant to cut down the number of drugs available to the prescribers. The EDL aims at removing expensive drugs of questionable therapeutic value from national formularies. Examples of such drugs include cough remedies and anxiolytics. Secondly, the use of standard treatment guidelines (STG) for such diseases as sexually transmitted diseases, asthma, etc is being popularised. For tuberculosis, directly observed therapy (DOT) is being promoted to improve patient compliance.

Public education on proper use of drugs and to curb unrealistic expectations based on the, "pill for all ills" belief, is an important component of RUD.

Several drug use indicators have been developed to monitor and promote RUD. These include the number of drugs in a prescription, number and frequency of antibiotic use, use of generic names in prescriptions, etc.

Patient care indicators also form an important component of RUD. These include, average consultation time, dispensing time etc. Improved patient satisfaction is likely to translate into improved patient compliance.

The concept of RUD is not applied to the practice of traditional medicine (alternative medicine). The socio-cultural label attached to this practice and specifically herbal medicine means that we can not apply strict scientific criteria or a high degree of proof with respect to efficacy. However, we must insist on the safety of such preparations.

In this issue of the journal 3 articles are based on some aspects of research related to rational use of drugs. The editor welcomes more contribution in this important area.

Editor-in-Chief