



Herbal Medicines

A large segment of our population still visits hakeems and homeopaths for getting remedies for their illnesses. As a matter of fact it has been estimated that in the rural areas 80% of them visit traditional hakeems who dispense medicines supposedly extracted from herbs roots etc.

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The Network's

mission is to promote rational use of medication and essential drugs concept in Pakistan in order to optimize the usefulness of drugs and help bring equity in their access.

With the advent of modern therapeutic products, these drugs also have become part of armamentarium of traditional healers. The lax control of these potent pharmaceutical agents by the government has put these drugs in the hands of those people who are not qualified to use it. Most of these drugs are given in the guise of herbal medicines.

The Drug Act of 1976 does not consider substances or mixture of substances prepared for use in accordance with Ayurvedic, Unani – Homeopathic or Biochemic system of treatments. Therefore these would not be included in the definition of “drug” of the Drug act. The functionaries of Ministry of Health are not empowered to seize these product for analysis. This serious loophole has allowed the practitioners of these systems of treatment to use drugs like steroids, antibiotics, psychotropics to be used in the guise of herbal drugs.

In the present issue Dr. Balasubramaniam has raised very pertinent issues concerning consumer protection, regulation, pattern of consumption and consumers perception of herbal medicines. The use of traditional medicines in selected countries including Pakistan has been lucidly discussed.

The use of modern medicines under the garb of herbal medicines may be a phenomenon peculiar to Pakistan. The Ministry of Health needs to change the Drug Act to include all substances used as drugs in the traditional system of medicine to regularize their use for protection of consumers.

Drug manufacturers pay no heed to Cabinet's decision

In complete violation of the Cabinet's decision to reduce the prices of drugs by four per cent, dauntless manufacturers have instead made an arbitrary increase of 18 per cent in the prices of Regular Insulin injection and Protamine Zinc Insulin. Both the U40 Regular Insulin Injection as well as Protamine Zinc Insulin are manufactured by Lilly pharmaceutical company. The prices of these drugs have been raised from Rs. 63 to Rs. 75.60 and from Rs. 76 to Rs. 93.40, respectively.

After Reckitt & Colman, Lilly is the second manufacturer to have raised the prices of drugs, and the first to have flouted the Government's decision. Reckitt & Colman had increased the prices of Disprin and Paracetamol by 83 per cent and 50 per cent, respectively. Despite a lot of hue and cry, authorities in the Ministry of Health failed to reverse the increase.

Not a single pharmaceutical company has honored the Government's decision of not charging sales tax with effect from August 15, 1997. The way things are going, it will be unwise on part of consumers to expect any kind of relief. Drug manufacturers have already flooded the market with their products, and until the current stocks are exhausted, there will be no change in the situation.

The Pakistan Chemists and Druggists Association has sought the Government's intervention in the matter. It has called for the establishment of an efficient drug monitoring system so that the prices and availability of drugs can be scrutinized. Moreover, it has also sought the withdrawal of increase in prices of Disprin, Paracetamol, Regular Insulin Injection and Protamine Zinc Insulin.

Source: Saad Khan, *The News International*, Friday, August 22, 1997

9th Five Year Plan: report of the working group on essential drugs

In May and June the Network participated in various preparatory meetings for 9th Five Year Health Development Plan. Professor Tariq Iqbal Bhutta was invited in the first meeting in Lahore in which a strategy was developed to work on various aspects of Primary Health Care (PHC). Nine groups were formed to work on various components of PHC. Executive Coordinator was invited then to serve in the working group on Essential Drugs. After various meetings in Islamabad and Lahore a final report was submitted by the group. Following is the full text of the report:

Development Of Essential Drug Package

There is a comprehensive National Drug Policy in place, which forms the foundation of 9th Five Year Plan for essential drugs. Over the recent past, the Ministry of Health and Provincial Health Departments have formulated essential drug lists, Procurement Via Medical Store (PVMS) list and formularies. Indenting, procurement and distribution system, along with medical store depots are in position. However, there is a general complaint by public and health care providers that essential medicines for treating common ailments and emergencies are usually not available in government health facilities and some available drugs are not relevant. Also, there are concerns about irrational use of drugs.

The 9th Five Year Plan aims to provide free medical treatment of common diseases and emergencies to all patients; ensure regular supply of very essential drugs; promote rational use of drugs; and give free treatment at all levels to patients coming in casualty, labor room and operation theater for at least the first 24 hours.

The main strategy is to provide the most important services to the maximum number of people at minimum cost. The Ministry of Health has finalized a national list of 470 essential drugs.

This will be adopted and updated periodically to keep the number at a minimum. The load of patients and the available resources may not be able to cope with the needs of people. Therefore, a list of very essential drugs and equipment for all levels of PHC will be formulated based on the load of diseases with highest incidence, mortality and complications. These few drugs/vaccines and items will provide free preventive and curative treatment to more than 80% of patients with less than half the already available resources. All drugs outside this list but on the national list may be procured and provided from the remaining resources. Those outside the national list may be purchased by the user. Essential drug lists for various levels of care will also be prepared.

The specific operational plan is as follows:-

■ Drugs Requirement Estimate

Initial drugs requirement will be worked out annually for each health facility on the basis of disease burden and catchment population for OPDs, while for causality, labor room and operation theater it will be estimated on basis of previous year's patient load and requirement. This will be consolidated district wise/hospitals wise, well in advance, for coming year. From second year onwards, it will be updated according to facility wise consumption and utilization.

■ Procurement System

The drugs will be procured at the provincial level and distributed to the district level. Requirement worked out as above will be consolidated before February for the next financial year. The process of tendering, technical scrutiny, finalization of purchase proposals at respective level, award of rate contract and purchase orders will be completed by the first of June at the provincial level. The distribution should be in-built in the procurement award.

■ Distribution/Payment Plan

At the district level, distribution of procured drugs will be quarterly by the manufacturers /sales agents.

The quantity and physical quality on the bill will be verified by the respective authority of

the district. The verified bills will be attested by respective Director Health Services for payment from Director General Health Services Office.

■ Quality Assurance

The proposed quality control will be carried out at manufacturing level by the incumbent as well as by the health authorities. The district/divisional drugs inspector (who will be provided distribution list along with batch number) will draw sample of different batches at district level. The capacity of Drugs Testing Laboratory will be enhanced and it will be decentralized.

■ Rational Use of Drugs

Policy of prescribing specific and minimum drugs for a particular disease will be strictly implemented for economic use of essential drugs as well as to prevent the drugs resistance and incompatibility. The list of disease specific very essential drugs will be published and displayed in all OPDs. The specialists will be informed regularly by Government circulars to refrain from prescribing costly and non-specific drugs. The drugs showing severe side effects, or recommended for ban by World Health Organization or not used by the country of origin, will be immediately de-registered and their sale in private and public sector will be stopped.

The policies of drug registration and issuance of drugs sale licenses will be reviewed in order to minimize the number of registered drugs and drugs sale licenses respectively.

Work Plan for 1998-2003

1998-1999

- ◆ Approving and implementing the essential drugs and equipment plan.
- ◆ Approving the essential drugs/equipment lists.

1999-2003

Annual

- ◆ Revising/updating the essential drugs /equipment lists
- ◆ Estimating drug requirements for districts
- ◆ Preparing rational drug use plans/educational materials

Quarterly

- ◆ Preparing distribution and payment plan for district

Continuous Process

- ◆ Procuring essential drugs/equipment
- ◆ Conducting quality assurance

