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# DRUG POLICY OF HIMACHAL PRADESH



**DEPTT. OF HEALTH & FAMILY WELFARE  
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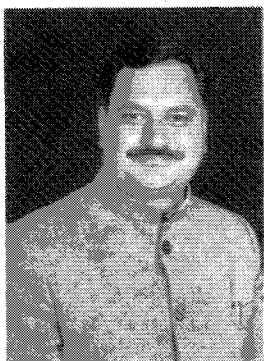
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JAGAT PRAKASH NADDA  
Minister for Health & Family Welfare



## FOREWORD

*I*t gives me pleasure that our government has come out with the Drug Policy. The State consists of rough, rugged and difficult terrain of 55,673 Sq.Km. out of which more than 40% area is in the tribal belt. The State Government is spending more than 6% of the budget earmarked for Health, for purchase of drugs. We would also like to ensure that the desired, safe and effective drugs are always available in the health institutions of the State.

In view of the above facts the State Government decided to formulate its own State Drug Policy with the main focus on Rational Use of Drugs. Quality drugs are an important component of the drug policy and to achieve the goals of the Drug Policy, steps have been very precisely spelt out in this book. The opinion of experts from the WHO/India Essential Drugs Programme has been solicited while framing our Drug Policy.

By the implementation of the policy on Rational Use of Drugs, we would be able to avoid wastage of resources and simultaneously provide essential drugs to the needy people in the state. The formulation of the Drug Policy has been possible because of the able leadership of our Hon'ble Chief Minister Prof. Prem Kumar Dhumal. Himachal Pradesh became one of the forerunner states in the country to have its own Drug policy on Rational Use of Drugs.

I acknowledge the time to time guidance given by Prof. Ranjit Roy Chaudhury, Emeritus Scientist, National Institute of Immunology and President of Delhi Society for Promotion of Rational Use of Drugs. I also acknowledge the inputs given by Dr. Sukh Ram Chauhan, Director Health Services and Dr. J.G. Vohra, Senior Faculty Member, State Health and Family Welfare Training Centre, Parimahal, Shimla along with the faculty and the supportive staff.



# **DRUG POLICY OF HIMACHAL PRADESH**

**(Approved by Cabinet of Ministers of Himachal Pradesh)**

## **Rational :**

In spite of spending approximately 6% of the total budget of health on purchase of drugs, the results in the form of availability of safe and effective drugs are far from desired. Himachal Pradesh has a rough and rugged hilly terrain, with the result that many parts of the state remain inaccessible for many months in the year. This necessitates the availability of good quality essential drugs in the state for the whole year. With a scientifically sound drug policy, the state will save a lot of financial resources and thus the saved amount will be recycled for the purchase of more medicines/drugs. For the achievement of social and economic goals, based on equity and care for the underprivileged, the frame work of the drug policy of the state encompasses the following elements.

## **Elements of Drug Policy :**

1. All the essential drugs needed for health care should be made available to all the health institutions in the state at all times i.e. round the year.
2. The drugs procured will be safe, effective, economic and of good quality.
3. The system responsible for the quality control and assurance of the drugs will be strengthened.
4. The system for procurement, storage and distribution of drugs will be made according to the community needs so that good quality drugs are procured at competitive prices and these drugs always remain available in all the health institutions in the state.
5. All efforts will be made to promote the rational use of drugs. Rational use is the use of most appropriate drugs prescribed at the correct dose for the correct length of time. Only the required essential drugs will be prescribed, with the result that use of unnecessary drugs will be avoided.
6. The quotations of drugs will be done in generic names. Health functionaries in government health facilities will be encouraged to prescribe drugs by their generic names.
7. For the promotion of rational use of drugs and enhancement of compliance, the I.E.C.

(Information, Education and Communication) programme will be launched vigorously. In this direction the networking with voluntary organisations and the private sector in the state will be developed.

8. In the field of rational use of drugs the programme on continuing medical education for doctors and para professionals will be launched and the process will continue till the desired goals are attained.
9. To assess the real situation in the state in the field of use of drugs, the operational research on various aspects will be carried out in a continuous manner. The results of the research will help in the modification of the programme from time to time. The studies will bring out the strengths and weaknesses in the state and also exhibit the impact of the programme.

#### **Expected Outcome of Policy :**

The nine components of the drug policy if religiously followed will lead to the following impact.

1. Availability of safe and effective drugs in all the health institutions of the state at economic rates.
2. A good quality control and quality assurance system.
3. Improved procurement, storage and distribution system.
4. Prescribing by generic names as far as possible.
5. Strengthening of health education programme.
6. Continuing medical education system.
7. Research on drug use.

The limited list of carefully selected drugs based on the disease load of the community will be always available in all the health institutions in the State. The drugs will be purchased at economic prices with the result that the already scarce financial resources of the state will be saved. The money thus saved will be utilised in purchasing more medicines, so that more people get the medicines from the government health facilities. By strengthening the quality control and quality assurance systems, the procurement and

distribution of quality drugs will be ensured. The drugs purchased will be safe, effective and of good quality. The prescribing of drugs would be based on rational, pharmacological and therapeutic knowledge. The patients will be knowing about the drugs they are consuming, their dose and the duration of treatment. The desired information of the drugs will be given to the medical and paramedical professionals and functionaries. A mechanism will be developed so that additional medicines not in the EDL (Essential Drugs List) can be purchased by the specialised hospitals to the tune of 10% of their budget.

# **MECHANISMS FOR ACHIEVING THE GOALS OF DRUG POLICY**

To implement the drug policy the following steps will be taken :

## **1. SELECTION OF A LIST OF ESSENTIAL DRUGS**

Selection of a limited number of essential drugs for the entire state will be done on the basis of morbidity and mortality profile and the pharmacological and therapeutical knowledge. The list of drugs to be used in the Primary Health Care Delivery System and different levels of Health Care Delivery System will be prepared. The different lists of outpatients and inpatients departments of the hospitals will be prepared. A committee of experts from different hospitals in the state will be formed. The DSPRUD (Delhi Society for Promotion of Rational Use of Drugs) and the WHO/India Essential Drugs Programme will be requested to help at this critical point. The EDL (Essential Drugs List) of Delhi, Government of India and WHO will be considered while finalising the EDL of Himachal Pradesh. The making of the list of essential drugs will be a dynamic process as the list will be revised every two years by the panel of experts, taking into consideration the recent advances in the field of Pharmacology and the changing morbidity and mortality profile of the state. The committee will be notified by the state government by the gazette notification.

## **2. PROCUREMENT, STORAGE AND DISTRIBUTION SYSTEM OF DRUGS**

A high power committee will be constituted and notified under the chairmanship of a high ranking in service/retired government officer of repute and proven integrity like a retired judge of the High Court. Professor Ranjit Roy Chaudhury will be the advisor of the committee. The other members of the committee will be experts in financial management and legal matters, Director of Health Services, Secretary Health, Deputy Director Health Services (Medical Supplies), Director Medical Education, Deputy Controller Drugs from the Directorate of Health services and Managing Director H.P. State Civil Supplies Corporation. The Double Envelope method as practised in Delhi state will introduced. Tenders for drugs in essential drugs list will be floated by generic names. The suppliers



will be submitting information in two different envelopes. One envelope will contain the information pertaining to the details of the functioning of the pharmaceutical house, so that, the same can be compared with the criteria laid down under good manufacturing practices. To be eligible for consideration, the pharmaceutical houses need to qualify certain criteria laid down, otherwise the house will be not considered and the second sealed envelope containing the quotation will be returned back sealed. The envelope containing the GMP (Good Manufacturing Practices) will be opened by the Director of Health Services and after processing, it will be placed before the committee. The high powered committee will approve the names of the pharmaceutical houses, which have been considered for the supply of drugs. At this stage, after the screening process, the pharmaceutical houses with GMP as per the specified criteria, will be considered.

In the second phase of the process, the envelopes containing the quotations submitted by the houses with GMP will be opened by the DHS as per the prescribed norms. He will make the comparative statement and will submit it before the committee. The committee will approve the pharmaceutical houses with the lowest three quotations. The lowest rate quoted by a pharmaceutical house for an item will be valid for one year in the whole state.

The procurement of drugs amounting to 70% of the total budget will be done by the central procurement agency i.e. Director of Health Services, whereas rest of the 30% of the total budget on drugs will be spent by the CMO's (Chief Medical Officers) of the respective districts, Medical Superintendents of the TB Sanitary and Leprosy Hospitals. The officers will place the orders for the drugs from the pharmaceutical houses selected by the high powered committee at the rate already fixed. Keeping in mind the difficult topography of the state, 30% of the budget for the drugs will be at the disposal of CMO's.

The central (State), zonal and district level warehouses with modern facilities and gadgets will be provided on a long term bases. The officers/officials manning the stores will be trained in material management. Computerised services will be established to assess the status of availability of drugs in the various units, so that the drugs/medicines do not reach date of expiry and simultaneously the pilferage of the drugs is also minimised. This will also facilitate the equitable distribution of medicines.

### **3. QUALITY ASSURANCE**

The State Drugs Control Authority will be strengthened, so that the drugs reaching the patients are safe, effective and meet approved specifications and standards. The quality control and assurance systems will include managerial, technical and legal aspects. The strengthening of the drug inspectorate unit will be done besides the strengthening of the quality control laboratory and the establishment of an efficient system, which will meet the required standards.

Procurement of drugs from pharmaceutical houses with good manufacturing practices will be made. For this purpose depending on our own needs a checklist of GMP will be devised. This will be made possible by the high powered committee with the help of DSPRUD and the WHO/India Essential Drugs Programme. The local suppliers and the suppliers from outside the state will be inspected for GMP and quality of drugs, by the approved inspectors. The networking with DSPRUD, WHO India Essential Drugs Programme and other organisations working in the field will be established. The drugs will also be sent to the private authorised laboratories of repute within the country to ensure the quality of drugs. The samples of the drugs to be sent for analysis will be coded and the results of the analysis will be communicated to all the doctors in the state. Assistance will be taken from the following organisations/individuals.

- (i) Head of Central Testing Laboratory Kandaghat.
- (ii) Deputy Drug Controller, Directorate of Health Services
- (iii) Director CRI Kasauli
- (iv) DSPRUD (Delhi Society for the Promotion of Rational Use of Drugs)
- (v) WHO/India Essential Drugs Programme
- (vi) Dr. P.R. Pabrai, Former Director CIPL (Central Indian Pharmacopoeia Laboratory), Ghaziabad.

### **4. TRAINING IN RATIONAL USE OF DRUGS**

Training programmes for medical and paramedical professionals on the rational use of drugs will be conducted. For local capacity-building, the help of other agencies like DSPRUD/WHO India Essential Drugs Programme will be sought. The government will

help in the implementation and strengthening of ongoing programmes aimed to introduce the concept of essential drugs in the medical and nursing curricula to give a boost to the programme. Training programmes will be decentralised to the district level subsequently.

## **5. PREPARATION OF A FORMULARY**

The formulary of essential drugs listed in EDL will be made for the State of Himachal Pradesh. The formulary will be supplied to all the health institutions in the State. A Formulary Committee will be formed and the formulary will be updated every two years in accordance with the updating of the EDL. The formulary will contain the relevant information in the form of therapeutic indications, drug interaction, side effects of the drugs and the other relevant information. The preparation of the formulary will save the money spent on drugs, since experience in different countries shows that expenditure on drugs has been reduced by 15-20% by use of formularies.

In addition, a small booklet containing names, and doses of drugs in EDL will be printed and supplied to doctors, pharmacists and nurses.

## **6. DRUG INFORMATION**

Relevant and adequate information will be given to health workers, traditional medical practitioners, retailers, patients and general public. All the possible channels of communication will be utilised. For this purpose professional bodies like IMA, IPHA (Indian Public Health Association), IPA (Indian Pharmaceutical Association), HMOA (Himachal Medical Officers Association) and other professional bodies will be involved. The IEC (Information, Communication and Education) component will enhance the effectiveness of the programme.

## **7. PREPARATION OF STANDARD TREATMENT SCHEDULES**

For rational prescribing and preventing loss of medicine and reducing costs the schedules (treatment schedules) for those drugs being used at the PHC and outpatient departments of hospitals will be prepared. This would bring down the costs and the money saved will be used for purchasing more drugs.

## **8. RESEARCH**

Health System Research will help in modifying and tuning the programme to the community's needs. Certain aspects related to the present scenario will be depicted by the H.S.R. e.g.

- number of drugs prescribed
- number of injections given
- number of antibiotics given
- number of drugs prescribed with generic name
- time spent by the prescriber with the patient
- time spent for dispensing
- labelling of drugs by the pharmacist
- patients' knowledge about the drugs, dosage of drugs and the course of treatment

This will involve drug economics.

## **9. MONITORING AND EVALUATION**

A high powered committee will function under the chairmanship of Hon'ble Health Minister to supervise the implementation of policy on rational use of drugs in Himachal Pradesh. The projected role of the committee will be to supervise the overall implementation of the drug policy in the State.

## **10. DRUG ADVERTISING AND PROMOTIONS**

Ethical criteria for drug promotion and advertising will be followed. Drug promotion activities not in accordance with the law for ethical criteria will not be permitted in the State. This will prevent the public from being exploited.

11. Formation of the Himachal Society for Promotion of Rational Use of Drugs will be established to assist the government in the course of promotion of rational use of drugs in the State. For this purpose the guideline of DSPRUD (Delhi Society for the Promotion of Rational Use of Drugs) will be followed and its help sought.

The Programme would like to acknowledge the financial and technical contribution of the WHO Essential Drugs and other Medicines Department (EDM)





