Rational Drug Use Policy

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• Health expenditure is 400,000 million Bht while pharmaceutical is 160,000 million Bht.

• The value of pharmaceutical local production to imports is 1:2

• 37% of National List of Essential Medicines (NLEM) is imported

• 17% of pharmaceutical expenditure is biological products and vaccines which have high-inclination consumption
<table>
<thead>
<tr>
<th>Targeted human antimicrobials</th>
<th>DDD/1,000 Inhabitants/day</th>
<th>Active ingredient (tonnes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
<td>2018</td>
</tr>
<tr>
<td>Core class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibacterials (J01)</td>
<td>46.4</td>
<td>57.1</td>
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</tbody>
</table>

Consumption of WHO CIA in humans in 2018, compared with 2017

![Pie chart showing the consumption of WHO CIA in humans in 2018, compared with 2017]

- **Non-CIA**: 35.2% (-10.4)
- **CIA**: 64.8% (+10.4)
- **Highest priority CIA**: 42.7% (+11.2)
- **High priority CIA**: 22.1% (-0.9)

Cr: Thailand SAC

Thai FDA
Results on Antibiotic use in common diseases: Acute Diarrhea (AD) / Respiratory infections (RI) (CSMBS/SSS/UC)
Vision: Sustainably universal access to medicines of good quality, rational use of medicines and national medicine security

Strategies:

1. Drug regulatory system strengthening to achieve international standard
2. Support research and development on chemical, herbal, and biological products for national medicine security and competitiveness
3. Developing drug system and mechanism to ensure access to essential medicines
4. Strengthening system and mechanism to ensure rational drug use
Upstream (pharmaceutical manufacturers/company)
- Medicine production for RDU
- Ethics for drug promotion
- Regulatory authority for RDU

Midstream (all healthcare institutes/professional)
- RDU awareness among Healthcare professionals
- RDU as a standard of healthcare quality

Downstream (patients/people)
- RDU awareness/health literacy
- RDU in Self care/ Self medications
Government Policy to promote more RDU

01. National list of essential medicines.
02. Standard medicine pricing
03. National strategic plan on AMR
04. Drug schedule
05. Drug quality
Key success factors

1. Lead and support from high level of policy maker
2. Participations and networking
ARE WE REALLY RATIONAL?
Thank you

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