It has been estimated that fifty percent of medicines being used in this country, either on prescription or in over-the-counter sales, are inappropriately or irrationally used. This can result in three undesirable effects. The medicines are not being used as they should be and hence it is bad therapeutics. The medicines may not act or may induce resistance in microorganisms as being seen at the moment for the antibiotics. Several studies carried out by our organization have demonstrated a very high resistance of the microorganisms to ampicillin. A second undesirable effect is that irrational use of medicines lead to side effects. This could be due to incorrect dosage of the medicine or administering the drug for an unnecessary long period. However, the most common reason for side effects is that too many medicines are prescribed and there is interaction between the medicines. The third effect of irrational use of medicines is that it is unethical and inequitable to prescribe more expensive medicine when an equally effective cheaper medicine is available. The patient has no say in the choice of medicines and purchases whatever has been prescribed. This unethical effect of irresponsible prescribing is particularly devastating for the poor who very often have to purchase medicines they do not need or unnecessarily expensive medicines by taking loans, preventing children from going to school or reducing the already meager amount of food taken by them. A major cause of rural indebtedness is caused by purchase of medicines not needed. This is unethical.

Rational use of medicines contains the use of the right medicine, at the right dose, for the correct length of time. A programme of rational use of drugs needs to be based on a list of essential drugs. It is essential to draw up a list of drugs that could take care of 90% of the ailments. There will always be need for additional complementary drugs for special cases. It should be clearly understood that the concept of an essential drug list is as valid for
developed countries as it is for developing countries. It is not a tool only for poor countries. The list of essential drugs should be drawn up for use at different levels of healthcare to meet the real health needs of the people. There are clear advantages in drawing up a list such as:

- Logistics are easier due to the reduced number of products to be purchased, sent for quality control, stored and distributed,
- Standards of use of drugs, management and monitoring of drug usage are improved,
- Information and training about drugs are easier to provide; adverse reactions are easier to recognize and deal with in populations with relatively fewer drugs.

A programme of rational use of drugs, based on a list of essential drugs can only be implemented well if it contains the following components:

- Development of a medicines policy.
- Quantification of the medicines needed.
- Pooled procurement of only those medicines in the essential drugs list.
- Establishment of a quality assurance system.
- Development of tools for rational prescribing e.g. Formulary, Standard Treatment Guidelines.
- Rational prescribing
- Training programmes in all areas.
- Providing unbiased information to the doctors and patients.
- Research and monitoring of the programme.

Using this approach, the Delhi Society for Promotion of Rational Use of Drugs, the World Health Organization and the Delhi Government have completely changed the scenario in the use of medicines in Delhi State in the past eight years. Medicines were purchased – only those in the Essential Drugs List – by a Special Purchase Committee for all hospitals run by the Delhi Government. The earlier system of each hospital having their own list of drugs for ordering and their own procurement system was scrapped. This one step of centralized pooled procurement for all hospitals resulted in a cost reduction of around 35% in the prices of drugs supplied. This savings of 35% enabled the funds saved to be used for purchase of more quantity of the essential medicines. This resulted in increased access to medicines for those patients coming to the hospitals. Quite remarkably around 90% of all the medicines prescribed by the physicians were actually provided free to the patients. This availability of medicines increased coverage and more patients came to the hospitals because medicines were now provided free.

Several steps were taken to ensure that the medicines being supplied were of good quality. Some of these steps were careful selection of the pharmaceutical by means of a two envelope tendering system in which pharmaceutical concerns with a turnover of less than Rs. 12 crores were ineligible to supply medicines to Delhi State. Only 0.6% of the samples tested were below the standards expected. Training programmes in pharmaceutical management as part of this programme improved drug storage and distribution systems. The average “Stock Out Drugs Days” for example, in a medium sized hospital was 110 days per year before introducing the programme in rational use of drugs. This was reduced to 24 days in a year after the programme was implemented. In summary: this programme now known as the Delhi Model had the following impact:

- Cost of procurement of medicines has been reduced.
- Price line over the years has been held.
- Quality of the medicines procured is up to standard.
- There is a greatly enhanced availability of medicines.
Prescribing is on rational lines.

All drugs prescribed are from the List of Essential Drugs.

There has been an upsurge in human resource development for all categories of personnel involved in selection, procurement and use of medicines.

There is a need for introducing the concept of rational use of drugs for reproductive and child health programmes. Inadequate medicine management jeopardizes the quality, safety and efficacy of treatment which leads ultimately to increased numbers of maternal and perinatal deaths. Shortages of quality essential medicines have consistently, over the years been one of the major constraints to delivering high quality RCH services. It has now been adequately demonstrated that implementation of a programme in rational use of medicines is not only possible but has already been implemented in the country. It is hoped that programmes in rational use of drugs in RCH would be initiated and implemented at different centres in the country. This would certainly make a difference.
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AIMS AND OBJECTS

To create awareness, disseminate knowledge and education, provide counselling and services where appropriate on all aspects of reproductive, child and sexual health including family planning and HIV/AIDS, with free and informed choice, gender equality and equity, the empowerment of women, male involvement, child and adolescent health, and their inter-relationships with social development and environmental concerns in order to advance basic human rights, of all men, women and youth, family and community welfare, the achievement of a balance between population, resources and the environment and the attainment of a higher quality of life for all people.

To place its considered views before government and other agencies when appropriate and assist whenever possible in the formulation of the national programme of reproductive and child health including family planning.

To formulate policies, set priorities and devise programmes in pursuance of the above objectives and to undertake or promote studies and activities for information and education, training, services, and research covering the sociological, psycho-social, economic, medical and other relevant aspects of reproductive, child and sexual health including human fertility and its regulation, methods of contraception, infertility, family life education and counselling, stabilisation of population and environmental concerns, with special reference to the needs of adolescents and young people.

To organise conferences, seminars, training courses and other meetings and events whether local, national or international, in the furtherance of the Aims and Objects and allied subjects of the Association.

To establish Branches, Projects and other types of units to expand the coverage and activities of the Association.

To foster, develop contacts and collaborate or network with other organisations engaged in similar types of work in India and abroad.

To maintain its status as a Founding Member Association of the International Planned Parenthood Federation and to be affiliated to other international bodies as may be deemed fit from time to time.

To take any or all appropriate measures to further the Aims and Objects.

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