DRC Launching Pilot Standard Therapeutic Guidelines for Hospitals and Improving Patient Care with Drug Therapeutic Committees

By Dr. Jonathan Luc Matala and Julie Mbo

In 2012, DRC decided to reinforce drug therapeutic committees (DTCs) in nine hospitals that were previously installed by the Strengthening Pharmaceutical Systems (SPS) Program. DRC asked the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, which is funded by the US Agency for International Development along with DRC’s National Pharmacovigilance Center, to assess the hospitals’ issues related to rational medicine use.

The assessment uncovered several issues, including:

- Too many antibiotics prescribed for both inpatients and outpatients
- Several medicines for average prescriptions
- Antibiotics inappropriately prescribed for the disease diagnosed in half of all cases
- Health care workers not complying with the authorized dose and duration of treatment
- A variety of treatment regimens dependent on one prescriber to another and from one health care provider to another within the same hospital regarding antibiotic prophylaxis for caesareans

The cause analysis showed that a lack of standard treatment guidelines (STGs) was the main problem underlying these issues.

To address them, the DRC government, with support from SPS, the precursor to SIAPS, set up DTCs in the nine general referral hospitals. These DTCs were reorganized with support from SIAPS, and the government then asked SIAPS for technical and financial support to develop printed STGs for SIAPS-supported provinces.

In July and August 2016, the pilot STGs was disseminated across 23 health zones and 17 general referral hospitals in the country that have DTCs. These STGs will help health care providers correctly diagnose patients’ medical problems, select the appropriate treatment, and rationally prescribe the proper medicines to treat the diseases most commonly encountered in their daily practice. The STGs also provide a path for clinicians from symptoms through treatment to reach a therapeutic goal. Compared to DRC’s previous vertical programs, which only addressed a single disease, these STGs provide operational definitions of disease and syndromes,
describe the diagnostic approach, and contain information on the most common diseases in DRC.

During this time, the International Network for the Rational Use of Drugs’ major indicators were used to evaluate pharmaceutical management in the hospitals. The following trends emerged:

- The average number of medicines per prescription is 2.1, compared to 3.4 in 2012 (norm: 1–2.2)
- The average percentage of prescriptions with at least one antibiotic has decreased from 80% in 2012 to 19.35% (norm: 20–30%)
- The percentage of prescriptions written for injectables is considered acceptable at 2.3% (norm: < 10%) versus 80% in 2012
- The consistency of the treatment indication for performing a cesarean section increased from 0% in 2012 to 11.6% in July 2016

This analysis shows that the accuracy and appropriateness of prescriptions, the consistency of antibiotics being given during caesarean sections, and patient care have all improved.

Dr. Robert Ikanga, a representative for the DTC in the Tshopo Provincial Health Division, expressed his appreciation: “The presence of DTC is an absolute way that has allowed us to improve the accuracy and appropriateness of our prescriptions. This experience should be extended throughout the DRC, given the major contribution it has made in to the quality of care in the Province of Tshopo. We thank so much USAID SIAPS that reinforced DTCs and has supported the development of the first Standard Therapeutic Guidelines in DRC with great consideration to health care provider’s daily issues.”