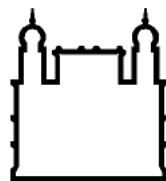


Wednesday morning



Ministério da Saúde

FIOCRUZ
Fundação Oswaldo Cruz

Good morning

From talking with you, listening in on the sessions including the symposium – we again had a productive day yesterday. Let this continue

Thank you again to the Ministry of Health for a good dinner last night

Amos will be handing out the Certificates of Attendance during the coffee break

Equitable and comprehensive health care - Republic of Srpska

- Expenditure on public health increased from 3.1% of GDP in 2005 to 5.9% in 2010 - Reimbursed pharmaceutical expenditure increased from €28/ capita in 2005 to €75 in 2010
- Health Insurance Fund provides coverage for the whole population operating on the basis of solidarity and mutuality
- Achieves this by strict pricing and reimbursement criteria – principally effective low cost generics and good adherence to prescribing guidance and guidelines
- Multiple measures helped lower expenditure/ DDD on reimbursed pharmaceuticals. Additional measures are planned to further improve prescribing efficiency in the Republic of Srpska

Ongoing initiatives in the Republic of Srpska to enhance prescribing efficiency: influence and future directions

Expert Rev. Pharmacoecon. Outcomes Res. 12(5), 661–671 (2012)

Vanda Markovic-Pekovic^{1,2},
Ranko Škrbić^{1,2},
Brian Godman^{*3,4} and
Lars L Gustafsson³

Background: Multiple reforms have been introduced in the Republic of Srpska to enhance prescribing efficiency. **Objectives:** First, assess their influence on utilization and expenditure on proton-pump inhibitors, statins and renin–angiotensin inhibitor drugs. Second, assess whether the Republic can obtain low prices for generics. Third, suggest additional reforms that could be introduced. **Methods:** Observational study of all ambulatory care patients between 2003 and 2010. Defined daily doses (DDDs) and DDDs per 1000 inhabitants per day used for measuring

Polypharmacy in the Republic of Srpska; extent and implications for the future

Vanda Marković-Peković^{1,2}; Ranko Škrbić³; Aleksandar Petrović⁴; Vera Vlahović-Palčevski⁵; Jana Mrak⁶; Marion Bennie^{7,8}; Joseph Fadare⁹; Hye-Young Kwon^{10,11}; Krijn Schiffers¹²; Ilse Truter¹³; *Brian Godman^{8,14}

Day 3 – Symposium – 08.45 – 12.00

- **Mr. Mwangana Mubita** (Zambia) – An audit of compliance with the antimicrobial prescribing care bundle in Internal Medicine at University Teaching Hospital in Zambia
- **Dr Johanita Burger** (South Africa) – Fluoroquinolone Prescribing Patterns In The Private Healthcare Sector Of South Africa, 2005-2012
- **Mr. Dan Kibuule** (Namibia) – Evaluation Of Antibiotic Use In The Treatment Of ARIs In Children Under-Five At Households In Kampala-Uganda
- **Prof Ilse Truter** (South Africa) – Combination analgesics
- **Dr Paulina van Zyl** (South Africa) – Co-Morbidity Of And Treatment For Irritable Bowel Syndrome, Depression And Anxiety In Residents Of Retirement Villages
- **Dr. Adedunni W. Olusanya** (Nigeria) – Drug use pattern in patients with epilepsy: Effect on drug compliance, seizure control and reports of ADRs
- **Ms. Margaret Ambetsa/Dr. Margaret Oluka** (Kenya) – One-day Drug Utilization Review of Prescribing Practices and Patterns at Kenyatta National Hospital Out-Patient Department
- **Prof. Johan Lamprecht** (Saudi Arabia) – Medicines utilisation research by pre-graduate students in the Kingdom of Saudi Arabia
- **Mrs Ester N. Naikaku (Namibia)** – Complementary and Alternative Medicines
- **Each Presentation – 10 minutes followed by 5 minutes**

Last comments

Workshop evaluation – please fill in your feedback forms

Agreed next steps and feedback

Workshop closure

Next steps – core areas MURIA will concentrate on from July 2015 to July 2016

- Pharmacovigilance/ ADRs
- Infection:
 - HIV (+ mortality due to infectious complications)
 - TB
 - Antibiotics
 - Malaria
 - STDs (26 million in sub Sahara Africa)
- NCDs
 - Hypertension/ CV Diseases (Heart Failure, Stroke)
 - Diabetes T2DM
 - Cancer (Celda, Ilse, Medical Aid, etc)
 - Rational prescribing of antipsychotics (Botswana)/ CNS diseases
- Special populations elderly including polypharmacy + Alz Disease (areas also include stopping therapies as well)
- Generics