

ABSTRACT

Drugs also called pharmaceuticals contributing to the global reduction in morbidity and mortality has become one of the important and expensive components in modern medical management. The Sri Lankan government has made substantial contribution on financial and other resources to assure continuous supply of safe, quality drugs with a view to achieve the policies of free health and free medicine. Although, laid down guidelines with standards and a legal frame work exist, the current system has become ineffective, deviating from the objectives of drug management as proven by many evidences of various sources. However, there has not been any reported previous attempt to carry out a holistic evidence based assessment rather than subjective measures to find the reasons contributing to the problem – ineffectiveness of drug management.

Hence, this institutional based analytical study was designed with the objective to critically analyze the current supply chain of drugs in government hospitals of the Western Province. It was carried out on a sample of hospitals from all three levels of care (primary, secondary and tertiary) selected using multi stage sampling method. The selected factors from two factor categories and three variables selected for each factor were validated by a focus group discussion consisting of a panel of experts in this field. The study was conducted using both quantitative and qualitative techniques. Self administered questionnaire and check list were used as tools of quantitative technique while interviewer guide used as the tool for qualitative technique. Operative factor (performance of operative staff of the pharmacy department), resource factor (resource of the pharmacy department), management factor (commitment of hospital managerial staff) in intra institutional factor category and resource provision factor (resource provision to pharmacy department), higher authority factor (commitment of higher authority), drug distribution factor (commitment of drug distributors to hospital) in extra institutional factor category were the selected factors.

This study revealed that the institutional drug management in the study hospitals of the Western Province was significantly below the expected level. Almost all hospitals were in a state of inadequacy of drugs which ranged from 9 – 35%. Non availability of drugs may probably be due to non adherence to programmed supply and reported high quality failures. Withdrawals due to quality failure were significant. All hospitals experienced

inadequacy of all resources such as space, equipments, finance and human resource as well. Resource provisions were significantly inadequate. Nearly all hospitals were short of pharmacists; the shortage ranging from 52-100%. Number of dispensary counters was a limitation for efficient service. Work load of the operative staff was high in spite of non provision of adequate basic facilities. Also dissatisfaction was expressed by the operative staff on non availability of performance based incentive method, lack of norms to assess their high workload. Concern was also expressed on lack of a proper promotion scheme, as well as the discrepancies in the current promotion system. No in-service training programme in drug management had been provided in past three years.

All managerial aspects both at the institutional and higher management levels were poor due to various reasons. Quality assurance measures were satisfactory in relation to passive, but not in active involvement. Higher administrative set up variation was shown in drug distribution and resource provision factors while, management factor showed hospital level variation. In both categories, 66% factors have behaved as 'poor' mostly with resource, management and resource provision factors. Effectiveness of drug management was higher in tertiary care than in secondary care level.

The study has made feasible recommendations relevant to organizational management, human and other resource management for sustainable effectiveness in institutional drug management within the current context and even with paradigm shift by reorganizing the system. Out of many recommendations, few are highlighted as; to develop a software to computerize the inventories and an efficient information system through computer network, to establish a method to fix the accountability for waste of drugs, to strengthen in-service training, to develop norms for facilitating the assessment of workload, to motivate the staff through assurance of performance based incentive and proper promotion scheme. And it is also recommended to establish an independent monitoring body at central level to monitor procurement, distribution and outcomes of drug management. Considering that the implications are costly, it recommends the need for a comprehensive island wide research in this regard.