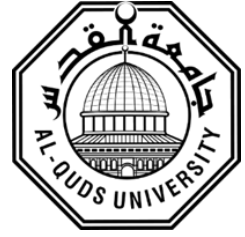


**Deanship of Graduate Studies**

**Al –Quds University**



**Rational Use of Drugs at Non-Governmental Health  
Facilities in the Gaza Governorates.**

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**MPH Thesis**

**Jerusalem-Palestine**

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**Rational Use of Drugs at Non-Governmental Health  
Facilities in the Gaza Governorates.**

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## **Dedication**

I dedicate this dissertation to the memory of my late father, his spirit inspired me throughout conducting this study

To my extraordinary mother and my sisters for giving me the faith and passion to complete this study.

I dedicate this research for all of them...

Haneen Mohammed Taha

## **Declaration**

I certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis or any of its parts has not been submitted for higher degree to any other university or institution.

### **Signed:**

Haneen Mohammed Taha.

Date: -----/-----/-----

## **Acknowledgment**

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Sincere thanks to my colleagues; staff and clients at the school of public health.

Yours faithfully

Haneen Mohammed Taha

## **Abstract**

Irrational use of drugs is considered as the main health resource wasted. WHO encouraged countries to implement drug promoting programs for appropriate use of drugs which could save up to (5%) of countries health expenditure.

The overall aim of the study is assessing the drug use at the NGHs in the GG based on the recommended WHO core prescribing indicators, assessing the prescribing writing skills and assessing the knowledge, attitude and practice of the NGHs physicians toward local formulary. The design of this study is a cross section: quantitative analytical design. The quantitative data were collected using 3 tools: First tool was a well-structured questionnaire which was used to collect data on physicians' knowledge, attitude and practice toward local formulary. The other tools are three checklists that were used to collect data on Physicians' compliance with WHO core prescribing indicators and prescribing writing skills. Finally, the last tool is developed key drugs list based on drug list in the MOH hospitals and included recommended WHO key drugs. In total, 198 questionnaires were collected. 1130 checklist was used to extract data from the in-patient medication sheets (admitted cases); 898 checklists were used to extract data from discharge sheet; and 998 checklists were used to extract data from the out-patient reports. Analysis of data was conducted using SPSS program; the analysis involved conducting frequency distributions, mean percentages, one-way Anova and Chi square test.

Findings of the study have showed that there is a positive attitude among physicians about the local formulary and its benefits. The majority of the study participants agreed on the importance and necessity of local formulary for: provision of quality health services; reduction of wasting in financial resources; reducing patient harm; and on the fact that the listed drugs in the local formulary are selected on scientific bases. Also, a positive practice orientation toward prescribing drugs from local formulary had been shown. The majority of the study participants didn't communicate with hospital pharmacists properly. There was a negative perception toward hospital management efforts. Provision of treatment protocols was neglected. On the other hand, Polypharmacy prevalence was (2.5) and highest prescribed therapeutic drug groups were analgesic (38.9%) and antibiotics (33.9%). More than two thirds of encounters with antibiotic (67.9%) and one third of encounters with injection (30.2%). Very low percentage in using generic name of drugs (3.3%). The majority of the drugs prescribed from the local formularies (88.7%). The average drug costs per encounter in the NGHs was (10.9\$). Less than half of the drug costs in the NGHs spent on antibiotics. Regarding prescription writing skills, prescribers showed good compliance in writing prescriber's information while poor compliance occurred in patient's information and prescriptions information. Percent of the availability of key drugs in the stock in NGHs range from (70.8%) to (100%).

There is a need to develop approved local formulary and treatment protocols in each hospital, implement a continuous education and training programs concerning local formulary and treatment protocols; to disseminate printed and softcopies copies of the hospital local formulary; to activate the monitoring and computerized system to improve physicians' drug prescribing pattern. There is a need to conduct more research studies (qualitative and quantitative studies) to compare patient care indicators in the governmental hospital and NGHs in the GG.

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