KEY FINDINGS

- Most hospitals are aware of the various steps that must be undertaken for each stage of the drug management cycle (drug selection - procurement - distribution) however these are loosely complied with. Incidences and monitoring systems for complying with the various steps that must be undertaken for each stage of the drug management cycle are not widely implemented in the Philippine National Drug Formulary (PNDF) and are also lacking internally.

- Factors with significant relationship to the price ratio are: [1] being a GIDA hospital, [2] being a higher level hospital, and [3] procurement by consignment, shopping or emergency purchases using revolving funds. Meanwhile, mark-up variations are influenced by hospital level and distribution to warehouse and pharmacy.

- Hospitals who participated in the study revealed that in the Philippines the Drug Price Reference Index (DPRI) was set too low and unrealistic, which then exerts impact on the various steps in the drug management cycle, most prominently on procurement.

METHODOLOGY

- The study employed a case-control study design which included 57 public hospitals. These public hospitals were categorized according to the price ratio (PR) of a preselected basket of medicines with respect to the drug price reference index (DPRI).

- Cases (hospitals) were further classified according to exposure variables identified (drug selection, procurement distribution indications).

- Bivariate analyses were done to show crude estimates of association between PR and exposure variables. Multiple logistic regression was employed to measure magnitudes of associations and control effects of confounding factors.

- A consultation workshop with the Department of Health and the Philippine Council for Health Research and Development (Doh-PCHRD) was held to present the results and recommendations as well as to seek follow up mechanisms.

- A total of 57 hospitals in the PH were included in the study, with 12 hospitals in NCR, 10 in Calabarzon, 11 in CAR, 7 in the Cordillera, 6 in the Bicol Region, 6 in Ilocos Region, 5 in Visayas, 3 in Zamboanga Peninsula, and 2 in the Mindanao Region.

- Results from the study revealed that in the Philippines the Drug Price Reference Index (DPRI) was set too low and unrealistic, which then exerts impact on the various steps in the drug management cycle, most prominently on procurement.

- While there are many factors influencing drug pricing, only 57% of indicator drugs identified by DOH-PD were available in stock. Only 22% of stock cards reflect the actual inventory count. The absence of functional warehouse in most hospitals means that multiple medicines were consigned to a warehouse as an insurance of supply. Incentives and monitoring systems for complying with the various steps that must be undertaken for each stage of the drug management cycle are not widely implemented in the Philippine National Drug Formulary (PNDF) and are also lacking internally.

- The most frequent used criteria for drug procurement planning remains to be past consumption (91%), consistent with past studies. Fewer hospitals have a pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. Fewer hospitals have a product defect reporting, of which only 66.1% made use of pre-printed forms. 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