

# Global recommendations on child medicine

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Transparent information on the evidence supporting global recommendations on paediatric medicines should be easily accessible in order to help policy makers decide on what drugs to include in their national drug lists, according to international experts from Ghana and the UK writing in this week's *PLOS Medicine*.

The authors, led by David Sinclair from the Liverpool School of Tropical Medicine, report the experiences of the Ghana National Drugs Programme as it reviewed the international evidence base for five priority paediatric medicines\* in order to decide whether or not to include them in Ghana's essential medicines list.

According to the authors, applying the global recommendations to Ghana was not straightforward for any of the five medicines, despite high quality evidence of important clinical benefits, because of the unproven effect of the drugs in African settings and the scant information on [cost effectiveness](#) and the supply chain.

After the authors did their own review of the evidence on the effectiveness of these medicines to the situation and context of Ghana, they decided to include only four out of the five medicines in the national essential medicines list.

They say: "This project demonstrates why global recommendations should be presented alongside transparent descriptions of the evidence base, allowing policy makers to identify where, when, and how the interventions have been evaluated, and any factors limiting wider

applicability."

The authors argue: "In addition, for interventions where feasibility and affordability are likely to vary from setting to setting, the [World Health Organization](#) could further assist national decision-makers by providing implementation guidance on the assessment of [health system](#) implications, training and [education requirements](#), and country level cost analyses."

They conclude: "As many policy questions are relevant across sub-Saharan Africa, and policy makers are likely to encounter recurrent problems, we encourage regional collaboration on health technology assessment, and sharing of information and resources."

**More information:** Sinclair D, Gyansa-Lutterodt M, Asare B, Koduah A, Andrews E, et al. (2013) Integrating Global and National Knowledge to Select Medicines for Children: The Ghana National Drugs Programme. PLoS Med 10(5):e1001449.  
[doi:10.1371/journal.pmed.1001449](https://doi.org/10.1371/journal.pmed.1001449)

\*oral zinc sulphate for acute diarrhoea, injectable artesunate for severe malaria, topical chlorhexidine for preventing neonatal cord sepsis, dispersible oral amoxicillin for community acquired pneumonia, and oral and injectable caffeine citrate for neonatal apnoea.

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