

Standard Treatment Guidelines & Essential Medicines List



Session 10

Rational Medicine Use (RMU)

Essential Drugs Programme
Affordable Medicines Directorate
National Department of Health

Navigation of the Standard Treatment Guidelines
and Essential Medicine List documents

Presentation Outline



1. Latest editions of the STGs and EML available



4. Communication Documents



2. Access to the STGs and EML and Individual Chapters



5. Navigating the websites



3. Types of Technical Documents that accompany the STGs and EML



6. Resources



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Latest Editions of STGs and EMLs Available



PRIMARY HEALTHCARE



**STGs and EML 2020 Edition
(plus individual chapters
for the 2024 edition
ratified by NEMLC)**

PAEDIATRIC HOSPITAL LEVEL



**STGs and EML 2023 Edition
updated October 2024**

ADULT HOSPITAL LEVEL



**STGs and EML 2019 Edition
(plus individual chapters
for the 2024 edition
ratified by NEMLC)**

TERTIARY AND QUATERNARY



EML February 2025 Edition



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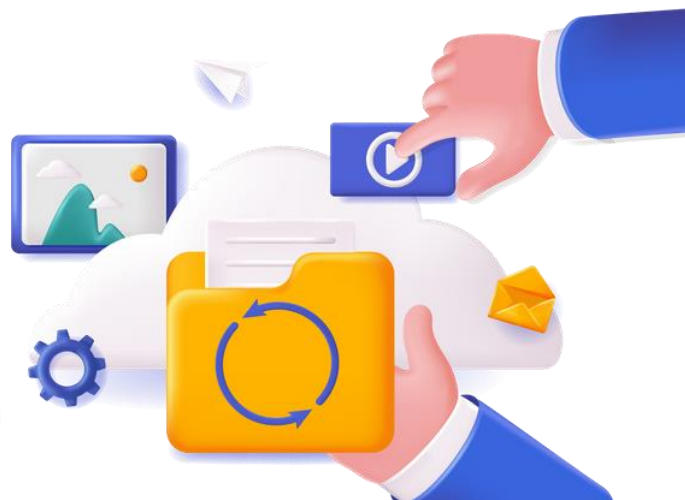
Access to the STGs & EML & Individual Chapters



- NHI Webpage: <https://www.health.gov.za/nhi-edp-stgs-eml>
- EMGuidance Mobile & Desktop Application: <http://onelink.to/sy896k>

****NB: Updated chapters are released as finalised and replace the corresponding chapter in the previous edition.**

Got Questions?
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Types of Technical Documents that accompany the STGs and EML



NEMLC Reports



The NEMLC report that accompanies each chapter outlines the medicine amendment recommendations with supporting evidence and rationale. The medicine amendments are in the context of the respective STG.



Medicine Reviews



A Medicine Review is the process whereby relevant clinical evidence on a specific medicine is gathered and analysed, with the findings presented in a Medicine Review Report that is presented to the NEMLC for appraisal. A Medicine Review is conducted to determine if a medicine should be added or deleted from the EML for a specific indication.



Economic Analysis



Costing analyses compare the cost of two regimens or formulations. Aspects like costs of treatments and human resources are considered, and clearly state the assumptions made when conducting the analysis.



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NEMLC Report



SOUTH AFRICAN PRIMARY HEALTHCARE LEVEL ESSENTIAL MEDICINES LIST CHAPTER 1: ALIMENTARY TRACT

NEMLC RECOMMENDATIONS FOR MEDICINE AMENDMENTS (2020-4 REVIEW CYCLE)

Medicine amendment recommendations, with supporting evidence and rationale are listed below.
Kindly review the medicine amendments in the context of the respective standard treatment guideline (STG).

A: MEDICINE AMENDMENTS

SECTION	MEDICINE/MANAGEMENT	ADDED/DELETED/AMENDED/NOT ADDED/RETAINED
1.1 Gastrointestinal disorders		
<i>1.1.1 Bowel Preparations</i>	Description - dietary restrictions	Guidance amended
<i>1.1.2 Diverticulosis</i>	Description	Amended
	Use of antibiotics	Guidance amended
<i>1.1.3 Gastro-oesophageal reflux disease (GORD)</i>	Title and description	Editorial amendment - dyspepsia added
	General measures	Amended
	Medicine treatment	Editorial amendments
	Medicine treatment - lansoprazole	Deleted
	Medicine treatment - pantoprazole	Added
	Referral	Editorial amendments
<i>1.1.6 Pancreatitis, acute</i>	General measures	Editorial amendments
	Antimicrobial therapy	Editorial amendments
	Co-amoxiclav	Retained for empirical treatment of infected necrosis of the pancreas

Medicine Review



South African National Essential Medicines List Adult Hospital Level Medication Review Process Component: Nephrology

MEDICINE CLASS REVIEW OF ERYTHROPOIESIS-STIMULATING AGENTS

Date: 21 April 2022

Key findings

- ➔ This review was to determine therapeutic equivalency amongst erythropoiesis-stimulating agents (ESA), and not to expand the indication from the current guidance of ESA for anaemia of chronic kidney disease in patients on dialysis to all patients.
- ➔ We searched PubMed and the Cochrane Library for published systematic reviews and meta-analyses of comparisons of erythropoietins against placebo as well as compared against each other, in patients with chronic kidney disease.
- ➔ Epoetin alfa and epoetin beta; methoxy polyethylene glycol epoetin beta and darbepoetin alfa have all demonstrated efficacy versus placebo in increasing haemoglobin and reducing need for transfusion.
- ➔ Haemoglobin increase was greater with erythropoietins than with placebo or no treatment, mean difference 1.90 g/dL, 95% CI 1.47 to 2.34; I2 = 30%). Erythropoietins decreased need for transfusion compared with placebo: Recombinant erythropoietins (epoetin alfa and Beta and darbepoetin) (3 studies, 111 participants) relative risk (RR) of transfusion was 0.32, 95% CI 0.12 to 0.83; I2 = 0%) versus placebo, NNT = 5. Darbepoetin alfa (1 study with 4038 participants) reduced need for one or more blood transfusions, RR 0.60, 95% CI 0.53 to 0.69) versus placebo, NNT = 10.
- ➔ The evidence for improvements in Quality-of-Life measures was less certain, both for the ESA versus placebo and for ESAs versus each other.
- ➔ There was little difference in magnitude of improvement in quality-of-life measures between ESA options.

Costing Analysis



South African National Essential Medicines List

South African National Essential Medicine List Primary Level Medication Review Process

Component: Respiratory conditions

Estimated budget impact of different TB preventive therapy options for reducing the incidence of TB in household contacts of people diagnosed with drug susceptible TB

21 June 2022

This analysis has been revised based on external stakeholder feedback received and further deliberation by the review team. Changes in the assumptions underlying the analysis led to changes in the results.

EXECUTIVE SUMMARY

Medicine: Isoniazid, rifapentine

Indication (ICD10 code): Z29.2

Research question: What is the potential budget impact of four TB preventive therapy (TPT) options for reducing the incidence of TB in household contacts of people diagnosed with drug susceptible TB?

Patient population: Household contacts of people diagnosed with drug-susceptible TB

Level of Care: Primary Health Care

Prescriber level: Nurse prescriber

Current Standard of Care/ Comparator(s): Household contacts of people diagnosed with drug-susceptible TB – only children aged <5 years (irrespective of HIV status)

Findings: The total estimated annual costs of providing TPT to the expanded populations are very uncertain due to significant uncertainty in model parameters – especially primary healthcare utilization and costs.

Communication Documents



Circulars: Effective communication initiatives and knowledge sharing are critical elements to ensure that key stakeholders across all relevant sectors in South Africa are engaged and educated on the importance of ensuring the rational selection and use of medicines. Circulars are developed and sent to a range of stakeholder to communicate policy and guideline changes at the National Department of Health's Affordable Medicines Directorate.



NEMLC Bulletin: National Essential Medicines List Committee (NEMLC) Bulletins provide a summary of important information following each NEMLC meeting to be communicated to stakeholders.



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Navigating the Websites – Knowledge Hub



PLEASE NOTE:

All the STGs, EML and related technical documents reviewed in the 2020-2024 review period for all levels of care have been moved from the Knowledge Hub webpage to the NHI webpage on the National Department of Health Website. They can be accessed below:

<https://www.health.gov.za/nhi-edp-stgs-eml>



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NATIONAL HEALTH INSURANCE

Access to the health services you need, when and where you need them, without financial hardship

Essential Drugs Programme

Click here for all information relating to

- PHC STGs & EML
- AHL STGs & EML
- Paediatric Hospital level STGs & EML
- Tertiary & Quaternary level EML

me (EDP) was established in terms of the National Drug Policy within the Affordable Medicines Directorate (AMD). The aim of the programme is to ensure that *affordable, good quality essential medicines are available at all times in adequate amounts, in appropriate dosage*



Click here for

- Circulars
- NEMLC bulletins
- Webinars, Presentations & Campaigns

The unit oversees development and implementation of the Standard Treatment Guidelines (STG's) and Essential Medicines List (EML) of South Africa through the ministerially appointed National Essential Medicines List Committee (NEMLC).

The EML refers to the list of medicines deemed to satisfy the priority health care needs of the population.

The STG's provides guidance to health care professionals on the use of medicines which appear on the EML. It consists of a collection of chapters containing disorder groups, background information on the disorder, treatment regimens, as well as other relevant information.

Standard Treatment Guidelines and Essential Medicines List (STGs and EML)

Antimicrobial resistance (AMR)

Communication



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NBThe NHI website only has information and updates from January 2024**





Standard Treatment Guidelines and Essential Medicines List (STGs and EML)

South Africa has committed to “achieve Universal Health Coverage including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”, one of the 17 Sustainable Development Goals set out by the United Nations. Therefore, an Essential Medicines List (**EML**) with supporting Standard Treatment Guidelines (**STGs**) has been developed, for different levels of care.

The respective STGs and EML for primary healthcare and hospital levels (adults and paediatrics), and the EML for tertiary level of care are described below. The STGs and EML satisfies the priority needs of the South African population, provided for by the National Drug Policy of 1996 and is based on the WHO EML concept of evidence-medicine principles of comparative efficacy, safety, and affordability. Developed and maintained by the ministerially appointed National Essential Medicines List Committee (**NEMLC**), Technical Expert Review Sub-Committees of NEMLC and the Essential Drugs Programme from the Affordable Medicines Directorate of the National Department of Health (**NDoH**).

The rationale for inclusion or exclusion of a medicine to the EML is described in NEMLC evidence reports, medicine reviews and costing analyses.

The therapeutic interchange database lists therapeutic alternatives for medicines listed on the respective EML.

Primary
Healthcare

Hospital Level -
Paediatrics

Hospital Level -
Adults

Hospital Level - Tertiary And
Quaternary

Governance &
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Click on the relevant tab for access updates to the
STGs & EML for each level of care



Status of Chapters Index



COMING
SOON

- An index is being developed which will be published on the website showing the **status of chapters** for the PHC & Adult Hospital Level STGs & EML 2020-4 edition.
- The table will direct the reader to the **current version of the chapter (with links)**, the **review status as well as supporting circulars and technical documents (with links)** corresponding to that chapter.
- Example of the PHC table displayed below.

Chapter number	Chapter Name	Current version in use		Current Status	Supporting Circulars 2023/4	Supporting Technical Documents
		NHI Website	Knowledge Hub Website			
1	Dental and Oral Conditions	2020-4	2020-4	Published		Primary-Healthcare-Chapter-1-Dental-conditions_2020-3_with-supporting-NEMLC-report.pdf



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Resources



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STGs and EML and Related Technical Documents

- NHI Webpage: <https://www.health.gov.za/nhi-edp-stgs-eml>
- Knowledge Hub **eLibrary**: www.knowledgehub.health.gov.za/e-library
- EMGuidance Mobile & Desktop Application: <http://onelink.to/sy896k>
- NEMLC Bulletins – circulated after each NEMLC meeting
- Circulars

NEW EDP WHATSAPP COMMUNICATION CHANNEL

For the latest updates to the EDP, join our WhatsApp channel below:

<https://chat.whatsapp.com/GEN6bH1rKYVKSJ1bz34Ne9>

OR

Scan the QR code



Webinars

- Knowledge Hub: <https://knowledgehub.health.gov.za/webinars>

