

National Approach to Promote Rational Use of Medicines

The Omani Experience

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WHO/NGO Technical Briefing Seminar

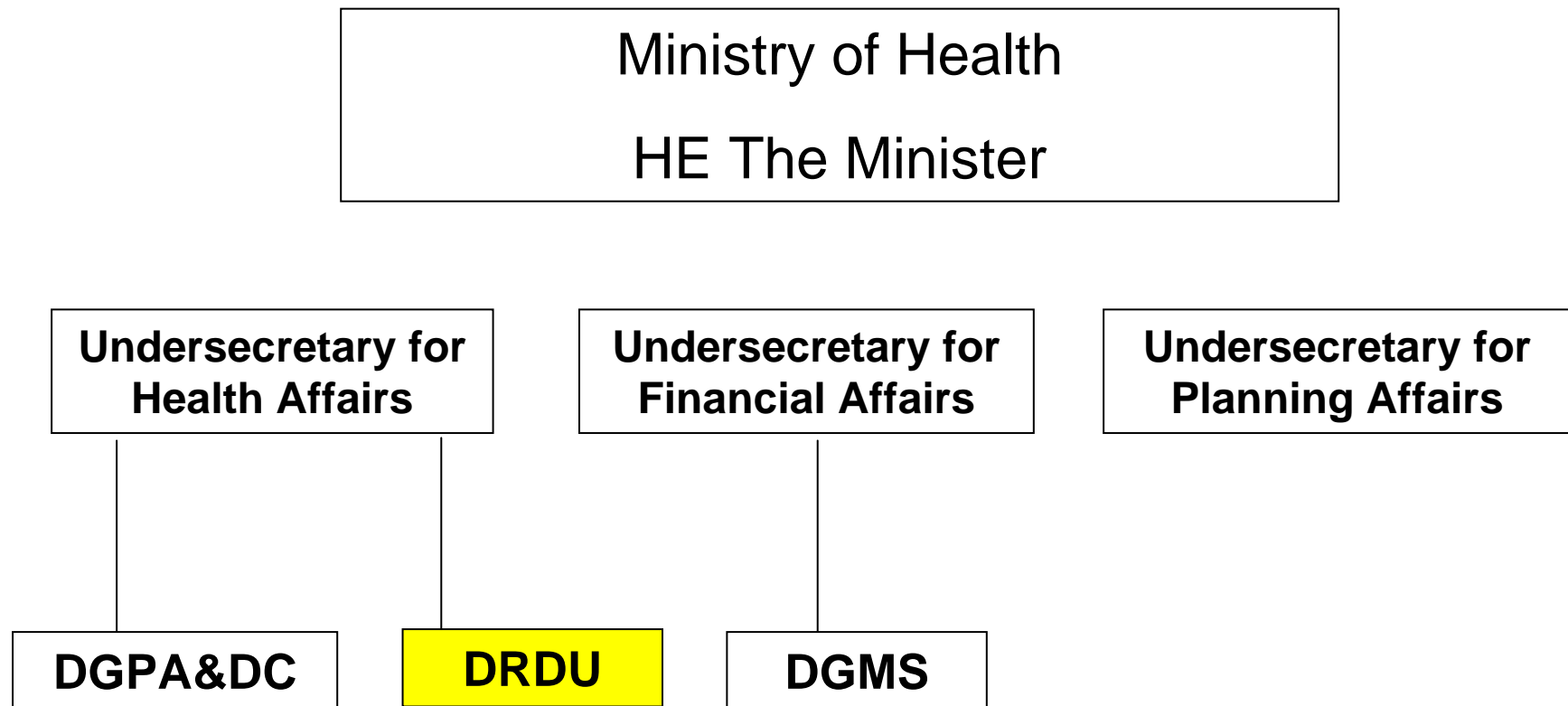
World Health Assembly

14th May 2007

Geneva

Steps in Establishing DRDU

- There was a concern about misuse of medicines at policy level
- WHO Consultancy in 1996 recommended that a team be established in MoH to monitor use of medicines.
- Minister of Health fully supported the idea.
- A Ministerial Decree in April 2000 established an independent Directorate of Rational Drug Use reporting directly to Under-Secretary of Health Affairs.



Partial organogram to show pharmaceutical sector of MOH including DRDU and the reporting relationships

Main Functions of DRDU

- Baseline studies, research & audit, investigation of specific problems of irrational use of medicines
- Standard operating procedures, STGs, DTCs, etc.
- Induction exams, Training workshops and seminars for all cadres of health professionals & students
- Interventions and their impact assessment
- Collaboration with other medicine departments

Prescriber

RDU

Patient

Pharmacist

Working Interrelationships

Prescribers

- 81% are expatriates
- No GPs were trained in RUD
- No induction examination for GPs
- 4.5 average no. of drugs/presc
- Variety of backgrounds and training
- Often face problems with local patients: *Attitudes and beliefs*

Pharmacists & Assistant Pharmacists

- 72% & 49% were expatriates in 2000
- There were no clear job descriptions
- Under-utilised resource
- Weak on management skills
- No clinical pharmacists before 2000
 - Now 4 pharmacists/year are sent for training
 - Target is to have 1 CP / 50 beds by 2010

People

- Free medication, high demand & irrational use
- Different levels of literacy
- Strong traditional beliefs
- Registration system at health facility level

Major Successes of National Approach on RUD

- RDU now part of 5 year health plans
- Reduction in average no. of drugs/prescription to 2.8, earlier it was 4.5/prescription
- 22% of public sector GPs trained in RUD
- National Reduction in Antibiotic Consumption and other key drugs
 - In 1995 60% Prescription contained antibiotic, in 2006 it came down to 38%
- Publication of Oman National Formulary

Major Successes

cont'd

- 36 national Standard Treatment Guidelines
 - New guidelines issued for NSAIDs and guidelines for atypical antipsychotics
- Bi-annual newsletter on RDU
- Networking with university, colleges, private sector, other institutions
- Changes to the curriculum in pharmacy training
- Specific job descriptions
- Deletion of unsuitable medicines

Major Successes

cont'd

- Now every new GP has to be examined at the time of recruitment on RDU.
- Financial analysis of PHC facilities
- Gradually increasing awareness and acceptance of DRDU role
- Establishing of an internet newsgroup for all RDU issues

People are now “talking the talk” and “walking the walk” of rational drug use

Lessons learnt

- Political will and support
- Mainstreaming RUD in health system: Dedicated department and national approach
- Multiple interventions
- To be seen as support rather than policing