

Promoting Rational Use of Medicines

*Report of the Intercountry Meeting
New Delhi, India, 13–15 July 2010*



**World Health
Organization**

Regional Office for South-East Asia

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1. Introduction

1.1 Background

In December 2007, a regional meeting on the “Role of Education in the Rational Use of Medicines” was held in Bangkok, Thailand, with the overall objective of developing regional and country strategic frameworks and a generic protocol for promoting the rational use of medicines (RUM) through the education of consumers. The recommendations made at the meeting were circulated to all Member States of the South-East Asia Region (SEAR) with the expectation that they will be implemented by all Member States. The World Health Organization (WHO) provided technical and financial support to those who wanted to implement some of the recommendations. The present meeting was a follow-up to the Bangkok meeting with the overall aim to review the activities that have been undertaken so far. It was also decided to re-examine the recommendations made at the Bangkok meeting and to introspect on what has been or has not been achieved since then, and why, and discuss the way forward for 2010-2013, taking into account the lessons learnt during this time.

1.2 Objectives

General objective

To promote rational use of medicines to the consumer in the South-East Asia Region.

Specific objectives

- (1) To review the regional situation in rational use of medicines.
- (2) To present, share and review the experiences on the projects on empowering consumers to promote rational use of medicines.

- (3) To identify projects/areas that would be follow-on activities.
- (4) To identify priority areas for further activities in rational use of medicines for consumers.

Expected outcomes

- (1) A regional strategic framework for promotion of rational use of medicines in the South-East Asia Region.
- (2) A country strategic framework to strengthen the rational use of medicines through education of consumers.
- (3) A generic protocol for education of consumers in the rational use of medicines at the country level.

2. Opening session

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, welcomed the participants and said that irrational use of medicines is a big problem and there is a need for concentrated action at many levels to address this issue. The regional meeting at Bangkok in 2007 was held to emphasize the importance of consumer education and plan regional and country-level strategies. Subsequently, WHO supported many projects in this area and results of those projects will be shared during this meeting. He hoped that a future plan of action based on lessons learnt during this three-year period would help take this important goal further (for full text of the address of the Regional Director, see Annex 1).

3. Plenary sessions

3.1 Background to the meeting, objectives, expected outcomes and structure of the meeting

Dr Kathleen Holloway, Regional Adviser, Essential Drugs and Other Medicines, WHO-SEARO, welcomed the participants and outlined the objectives, structure and expected outcomes of the meeting. The objectives of the meeting were to review the progress since the previous meeting in Bangkok and in the light of the lessons learnt, develop:

- A regional strategic framework for promotion of RUM in the South-East Asia Region with an emphasis on education of consumers;
- a country strategic framework to strengthen RUM through education of consumers; and
- a generic protocol to strengthen RUM through education of consumers.

The expected outcome of the meeting was to revise the policy and develop recommendations which could provide strategic action plans for consumer/public education and awareness on appropriate use of medicines in countries of the South-East Asia Region during 2010-2013.

Dr Holloway gave a brief overview of the structure of the meeting which was as follows:

- Day 1: Review the projects undertaken following the Bangkok meeting
- Day 2: Presentation of three themes – (a) Regulation and Policy to protect and empower the consumer (b) Scaling up of strategies to national level and (c) Resource mobilization; and review recommendations from the Bangkok 2007 meeting and develop revised recommendations for 2010-2013 through group work.
- Day 3: Presentation of the group work and finalization of recommendations.

This was followed by a brief self-introduction of the participants.

3.2 Global and regional perspective on rational use of medicines in the community

Dr Holloway, gave a brief overview of the global perspective on RUM. She said that irrational use of medicines continues to be a global problem though the factors attributing to it and patterns might be different. She reviewed the evidence from 26 European countries showing large variation in outpatient antibiotic use. She also reviewed evidence from the WHO Medicines Use database showing that less than half of all cases are treated

in compliance with guidelines at primary care levels in all WHO Regions. She showed the evidence that prescribing is less rational in the private compared to the public sector and that nurses can prescribe as well as doctors. The impact of various interventions differed according to the type of intervention. Multi-faceted interventions such as provider and consumer education with continued supervision had a median impact across studies of 40% improvement for the drug use indicator (of all those measured in each study) showing the largest change. Likewise, essential drug programmes with elements of drug supply, health worker education and supervision had a median impact of 28% improvement for the drug use indicator showing the largest change. In contrast, single interventions such as provider education had a median impact of 18% improvement and printed materials a median impact of only 8% improvement (in the drug use indicator showing largest change). Provider group processes (self-monitoring and peer review) had a median impact of 37% improvement for the drug use indicator targeted but less impact on other facets of drug use not targeted. She highlighted recent evidence from the Cochrane database that also found that a combination of interventions is more effective than a single intervention.

She also stressed that monitoring is essential to promote RUM. The need for National Drug Policy (NDP) and the use of the indicators should be followed by all countries. She highlighted the International Conference on Improving Use of Medicines (ICIUM) 2004 recommendations to implement national medicine programmes to improve medicines use and to scale-up successful interventional strategies.

Dr Krisantha Weerasuriya, Medical Officer, Medicines Policy and Standards, WHO/HQ gave the regional perspective on RUM. He said that the health systems in the countries were mixed in terms of public and private health services with the percentage differing in each country. No country in the Region has a national drug policy which deals with RUM and the consumer comprehensively. As there was no dedicated budget for RUM activities, there is very little involvement of the Ministry of Health (MoH) and it was left to the NGOs and other civil society groups or academics to continue work in this area. As consumers were not thought of as a group, regulations for medicines for consumers rarely exist.

He highlighted the following country situations:

- Bhutan: state monopoly in health care (no private health care) but consumer is yet to be acknowledged.
- India: mainly activity with NGOs.
- Indonesia: only country with specific MoH programme/ Dept. on RUM (continuing activities). NGO, academics and other civil society participation is substantial.
- Sri Lanka: consumers are acknowledged in the regulations but RUM activity mainly undertaken by NGOs and academics.
- Thailand: some activities directed to rural consumers, but mainly NGO activities

Dr Weerasuriya summed up the situation in SEAR countries by saying that a formal structure that acknowledges the consumer as a part of medicines activities is lacking, National Medicinal Drug Policies do not have an explicit role for consumers and that regulations do not recognize the consumer as a specific entity – this has implications for sustained and continuing activities in this area.

Dr Kathleen Holloway concluded the session by saying that as per World Health Assembly resolution WHA 60.16, RUM continues to be a priority for WHO and that WHO would continue technical support to countries carrying out RUM activities. A rapid situation analysis and planning tool for the pharmaceutical sector had been developed and would be field tested during 2010-2011. Such a tool could facilitate decision making and planning for the implementation of targeted and sustainable interventions to improve medicines use.

3.3 Country experiences of RUM in the community: Sri Lanka

Development of a patient formulary

Professor Colvin Goonaratne:

Professor Goonaratne said that the idea of preparing a Sri Lanka Patients' Formulary (SLPF) was born at the Bangkok meeting in 2007 with the objective to provide clear and easy to understand information for the consumers on about 400 drugs which are commonly prescribed and are

registered in Sri Lanka. The pre-print version of the SLPF is ready and will be marketed in March 2011(including the English version). Online content will also be made available.

Medicines information for patients in Sinhalese

Dr Chamari Weeraratne:

Dr Weeraratne described her project where information on medicines was provided in the Sinhalese language. She also described her experiences in providing this information to visually impaired persons through the talking book project and to hearing disabled consumers using suitable strategies. There is a demand for medicine information from these particular groups of consumers. By publishing this information in newspapers, a much wider audience gained access to this information.

3.4 Country experiences of RUM in the community: Nepal

Protocol for situational analysis at national, institutional and community levels

Professor Kumud Kumar Kafle:

Professor Kafle said that the WHO core interventions to improve medicines use, and the country strategic framework developed for SEAR (from Bangkok 2007) were being put in place in Nepal. A protocol for situational analysis with proposed indicators for each level (national 20, institutional 12, community 12) was going to be field tested. This would also include structured interviews. He said that though the indicators are good for rapid assessment, they may not be ideal for the identification of weakness and strength, since more details may have to be collected.

3.5 Country experiences of RUM in the community: Thailand

Promoting rational use of medicines in school

Dr Sauwakon Ratanawijitrasin:

Dr Ratanawijitrasin said that after the Bangkok meeting in 2007 a few projects focusing on schools were started. A survey of the medicines

available in the schools were undertaken. With the help of health personnel from the health centres near the school, advice was given to the school management and training imparted to the secondary school students. Information regarding these medicines is available in the form of a book and also on a website. There are future plans to develop a special medicines cabinet for schools

Antibiotic Smart Use (ASU) Programme

Dr Nithima Sumpradit:

Dr Sumpradit described the Antibiotic Smart Use (ASU) programme as a theoretically based, bottom-up initiative to reduce inappropriate use of antibiotics for three tracer conditions, i.e., upper respiratory infection, diarrhoea and wounds. She traced the evolution of this programme from a project to a national programme and described the three phases; interventions to change behaviour, feasibility testing for scaling-up and programme sustainability.

3.6 Country experiences of RUM in the community: Indonesia

Improving mothers' knowledge, attitude and skills to evaluate medicines advertisements

Dr Chairun Wiedyaningsih:

Dr Wiedyaningsih said that the Family Empowerment and Welfare Organization is a family welfare movement in Yogyakarta working at grassroot levels. The field testing of the Community to Improve Knowledge and Skills in Evaluating Medicine Advertisements (CEMA), where a brief lecture with focus group discussions and analysis of printed materials were followed up with an evaluation questionnaire, showed that this is a promising training model which could be implemented among grassroot organizations. Since television was the most popular source of medicine information, consumers were taught to evaluate the content of the advertisements on television.

Improving skills in selecting OTC medicines for common cold in pregnancy utilizing mother-active learning

Dr Sri Hidayati:

Dr Hidayati said that CBIA (Cara Belajar Ibu Aktif or Mothers' Active Learning Method) Pregnancy Module was an educational module developed by the Department of Clinical Pharmacology, Gadjah Mada University, Yogyakarta. This module was developed and pilot tested to evaluate the improved knowledge of pregnant mothers in selecting OTC medicines for common cold. Pregnant mothers were taught to identify five components such as name, side effects, dose etc., The module proved an increase in the knowledge and improved skills of pregnant women in selecting OTC medicines through active learning. The feasibility of the programme was also assessed.

Improving diabetic patients' adherence to treatment guidelines

Dr Titien Siwi Hartayu:

Dr Hartayu described the CBIA-DM (diabetes mellitus) activities to improve patients' adherence to diabetic treatment. Training material was developed and reviewed by experts before finalizing the CBIA-DM packages. Facilitators were trained and implementation was through small group discussions. It was found that adherence improved and the sessions were enjoyed by the participants. Implementation was feasible in the hospital-based patient community, though the costs were higher than the regular DM club.

Developing safe self-medication model to empower the community on medicines use

Dr Nasirah Bahaudin and Ms Dettie Yuliati:

Dr Bahaudin said that RUM is one of the objectives of the National Medicines Programme. The strategies are varied and include regulation, education, managerial and financial aspects. In addition, the community empowerment national programmes contribute to the activities related to medicines. The process of developing CBIA method to empower the community is ongoing. Utilizing the media, many activities were conducted to increase public awareness in 15 provinces.

Role of mothers' groups in promoting rational use of medicines

Dr Purnamawati S Pujiarto:

Dr Pujiarto said that there was evidence of irrational prescribing of medicines for upper respiratory infections (URI) and diarrhoea in children. A simple guideline for mothers, grandmothers and community groups for URI and diarrhoea on how to handle the condition, when to go for a consultation, checking the prescription, asking the doctor questions and the need to comply with instructions was developed, introduced and taught. Though the results of the project were encouraging there are problems in obtaining funds for scaling up.

Review of experiences in Indonesia

Professor Sri Suryawati:

Professor Suryawati summed up the session by observing that effective strategies are available for community empowerment as shown by the presentations. They include the use of small-group discussions, problem solving methods and focussed group discussion as used in CBIA-DM, CBIA-pregnancy, and CEMA-community models. These are feasible using existing resources such as drug information from the package inserts. It is important to pilot test the training materials before implementing the interventions and conduct a pre-post test with a control group and measure knowledge, attitudes and practice. The evidence from the data collected will be useful for convincing the policy makers. Working with the media would also give a boost to these activities. She highlighted the need for motivators, researchers and the government to work together for translating research to action.

3.7 Country experiences of RUM in the community: India

Community surveillance of antibiotic use in Delhi

Dr Anita Kotwani:

Dr Kotwani described Phase I of the study wherein antibiotic use surveillance in community pharmacies showed a high consumption of quinolones. In Phase II, antibiotic use surveillance in public dispensaries,

private retail pharmacies, and private clinics were carried out for acute respiratory infection and diarrhoea. There was evidence of high use of antibiotics in the community for these two conditions. A qualitative study involving focus group discussions to study the behaviour of prescribers and patients had been conducted recently.

Assessing the knowledge of school children

Mr R Parameswar and Dr Usha Gupta:

Mr Parameswar and Dr Gupta discussed the training module developed for promoting awareness among school children on RUM. They also assessed the existing knowledge of school children regarding proper use of medicines. The focus was on empowering the children with the knowledge to facilitate optimal use of medicines such as retaining the prescription, asking the chemist for a receipt for the medicines procured, checking the expiry date on the medicines and taking the medicines for the entire duration of treatment specified in the prescription.

Assessing medicines use practices in the elderly

Dr Sangeeta Sharma:

Dr Sharma described a cross-sectional community-based study in an elderly population from a relatively wealthy community, to evaluate the prevalence of use of medicines and the problems associated with such use. There is a high prevalence of medicine use in the 60-69 years age group in contrast to reports of increasing medicine use with increasing age. Benzodiazepines, amiodarone, laxatives and iron were inappropriately used. Concerns regarding prolonged sedation, confusion, falls and constipation due to side effects of drugs were discussed.

Translation of Essential Medicines in Primary care into Bengali and promoting rational use of medicines in Bengal

Mr Sushanta Roy:

Mr Roy described the production of a user-friendly essential medicines information booklet in simple vernacular (Bengali) for NGO

health workers who have little or no formal training. Advocacy visits using the booklets were then made to promote RUM in the community.

Translation of Essential Medicines in Primary care into Oriya and promoting rational use of medicines in Orissa

Mr Tarak Banerjee:

Mr Bannerjee gave an account of the RUM promotional activities being undertaken by the Community Development Medicinal Unit in Orissa such as training on essential medicines, information education and communication (IEC) promotion, partnership with national and international agencies. He also gave an account of the use of a booklet on essential medicines translated into Oriya.

Good pharmacy practice (GPP) and providing medicines information to the public (SEARPHARM)

Mr Prafull Seth:

Mr Seth described the importance of GPP and the Thai project on GPP and accreditation of community pharmacies. Initiatives are being undertaken to include GPP as a part of the curriculum in the pharmacy courses. To encourage community pharmacists to undergo GPP training it should be included in the regulation.

Community surveillance of antibiotic use in Vellore

Dr Sujith Chandy:

Dr Chandy described the results of the two-year Antimicrobial Use and Resistance in Community (AMUREC) project which focussed on collecting information from antibiotic encounters in hospitals, general practitioners and pharmacies in urban and rural areas. There was high resistance for the older class of antibiotics. Stakeholders blamed each other for contributing to irrational antibiotic use. Overall there was poor awareness about antibiotic resistance and its consequences.

Community surveillance of antibiotic use in Mumbai

Dr Renuka Munshi:

Dr Munshi said the results from the Mumbai study too were very similar to the Vellore study. She described the ground realities of data collection and mentioned the pros and cons of the resistance surveillance methodology used especially related to collection of stool sample. Other difficulties faced were high rate of staff turnover as the study period was long and there was a lack of incentives for chemists and private practitioners to continue in the study. She also discussed the factors leading to irrational use of antibiotics in the community.

Improving access to children's medicines: initiatives in India

Dr Gitanjali Batmanabane:

Dr Batmanabane described the “make medicines child size” initiative of WHO, launched in December 2006. Under this project the Indian Academy of Paediatrics is preparing the first Essential Medicines List for children (EMLc) in India which will be modelled on the WHO EMLc model list. Pricing and availability surveys of essential children's medicines will be conducted in the states of Chhattisgarh and Orissa before and after the inclusion of essential children's medicines into the procurement list of the states.

Review of experiences in India

Dr Krisantha Weerasuriya:

Dr Weerasuriya summed up the experiences in India by saying that when comparing India with Indonesia, it is evident that institutionalization is lacking in India. Most of the work was done by the NGOs or academics outside the government. Though many activities had been undertaken and some had been published most were not pursued once the activity was completed. He also discussed the issue of self-sustainable activity without receiving or expecting seed money from outside funding agencies such as WHO. As there was no government support for RUM activities, academicians were not inclined to take up research in this area. He added that all participants could learn from each other's experiences and hoped we could all move forward together.

3.8 Review of the second day's work and expected outcomes

Dr Kathleen Holloway:

Dr Holloway briefly reviewed the previous day's deliberations. She stressed that a national unit in the MoH with regard to RUM is very essential for planning, conducting, reviewing and implementing activities in the country. She cited the example of Indonesia where impressive work has been done in this field mainly because of the encouragement, funding and administrative back-up provided by the department in the MoH. She also said that interventions should not only focus on giving information to the people, but needed to empower them to ask the right questions. She then previewed the day's programme by briefly explaining the three chosen themes.

3.9 Theme 1: Regulation and policy to protect and empower the consumer

Dr Sauwakon Ratanawijitrasin:

Dr Ratanawijitrasin started her talk by discussing the similarities and differences between regulation and policy. She highlighted the three areas in which regulation is essential, i.e., (a) label and package inserts (b) adverse drug reaction monitoring (c) drug promotion. However, she said that regulation alone is not enough, but empowerment of the consumer too is needed for rational use of medicines. Information is one of the preconditions for RUM. Accurate and clear information on the product label and insert contained in the final package of the medicines will help patients to read and understand the information and thereby facilitate the optimal use of medicines. Empowerment policies such as the provision of unbiased drug information, clinical guidelines for providers (to let them know about best practice for locally and elsewhere) and patients, education of specific groups of patients and the general population, academic detailing for the providers and social marketing for the consumers were some of the issues she discussed. She concluded by saying that governments should continuously collaborate with other players, because regulation alone is not enough.

Scheduling OTC medicines to empower the consumer: Challenges and Opportunities

Dr Gitanjali Batmanabane & Dr Krisantha Weerasuriya:

Dr Batmanabane said that there was no list of over-the-counter (OTC) medicines which were available in India. All medicines, including the ones that did not require a prescription had to be sold in licensed chemist shops. The lack of scheduling for simple non-prescription medicines like paracetamol, oral rehydration salts etc., put the consumer at a great disadvantage because in order to procure these medicines, consumers had to go to a chemist whereas in Sri Lanka, Indonesia and some of the other countries of the Region, OTC medicines for minor conditions such as headache, fever, etc., were available and legally sold at all shops. This could empower the consumer and facilitate informed self-medication if accompanied by good quality drug information. However, there was a need to regulate the promotion of these medicines and ensure that the drug information accompanying the medicines was accurate.

3.10 Theme 2: Scaling up of strategies to national level

Professor Sri Suryawati:

Professor Suryawati said that the process towards a national programme on RUM in the community would be to choose a strategy that would encourage the government to invest money and manpower, identification of potential channels and counterparts, step-by-step approach of implementation, and an inbuilt monitoring and evaluation system. Even though well-proven strategies are available, they are difficult to replicate due to unavailability of expertise in the local region, too complicated in design, costly or lack of innovative design strategy. The government is interested in strategies that show direct benefit to the community and change practices, are easy to conduct, which have trainers and training material locally available and have a capacity building component and promote self-reliance of local government staff. Strategies which are low cost, and easy to combine or incorporate into the existing activities are also attractive to the government. The potential channel for scaling up activities should be identified along with other prospective counterparts such as another unit of MoH or any other ministry which has a similar programme on community empowerment, NGOs, foundations and organizations who

have channels to reach the community, donors and companies. Dr Suryawati also discussed the issues in implementation such as adjustment of the scaling-up strategy to complement the local capacity and the social and cultural values of the country. There were positive examples in countries such as scaling up of (a) CBIA strategy in Indonesia; (b) CBIA strategy through a hospital-based community channel in Mongolia, (c) Monitoring, training and planning strategy (based on quality improvement cycle, using small group discussion) coordinated by the Essential Drugs Bureau of Cambodia. She also touched on the evaluation processes such as the need for performance and administrative indicators.

3.11 Theme 3: Resource mobilization

Dr Kathleen Holloway:

Dr Holloway initiated the panel discussion on resource mobilization by introducing the donors who had agreed to participate. She stressed the need for donors and investigators to work in partnership towards conducting meaningful research in RUM.

Panel of Donors

- (1) European Union (EU)– Mr. Lauren Le Danois, Public Health Adviser
- (2) Population Foundation of India (PFI) –Dr. A.R.Nanda, Director
- (3) Department For International Development (DFID) –Mr. Billy Stewart, Health Adviser
- (4) Swedish International Development Agency (SIDA) and Embassy of Sweden –Ms. Yasmin Zaveri-Roy, Senior Programme Manager

European Union

The speaker stressed the importance of RUM as a topic. He said that a regional strategy would be more interesting for funders and that a proposal for initiatives across countries or the Region might be viewed more favourably than specific projects in one site in a country. The areas in which the EU might be more interested included OTC medicines and policy, community health workers, storage of medicines and cold chain maintenance etc.

Population Foundation of India

The PFI was mandated to give small grants to institutions and NGOs to carry out research in community-based facilities (50-100 beds). The focus was on reproductive and child health, family planning, sexual health, RUM and guideline development and activities in India. Unfortunately, they could not support large projects.

DFID (UK)

The speaker stated that donors need to have specific indicators and evidence of how a particular RUM intervention could lead to better outcomes, for example, in India out-of-pocket expenditure on drugs is a huge burden – how can this issue be addressed? Donors would be happy to support a state-wide or national programme in their priority areas. Projects which are embedded into the various national health programmes are viewed favourably as they are considered more sustainable. Research on various factors influencing provider behaviour, communication and outreach activities, using user-friendly and cheap technology to improve RUM activities (e.g. using of mobile phone for tracking stock-outs) are some of the areas which would be attractive to donors.

SIDA, Sweden

The Swedish agency is keen to fund projects on innovations to battle antimicrobial resistance (AMR). This includes new medicinal entities as well as database generation on AMR, standards and guideline preparation, and how to regulate prescribing practices by private practitioners. They are also interested in studying the impact of climate change and of immigration on disease. The Swedish strategy has been to promote partners among countries (e.g. India, Indonesia, China) to promote projects with mutual interest. This is done by knowledge and technological exchange among experts. Any country can apply for a grant in order to have such a country collaborative research project.

Dr Holloway summed up the panel discussion by stating that donors look for collaboration on projects that are mutually beneficial to the countries and seek to fund projects that have been written up well with scientifically sound methodology. The right partners in donor countries

should be chosen as different institutions are interested in different areas of research. Searching for information from the donor website prior to planning the research activity would give some insight about the areas the donors may be interested in funding. She also highlighted the issue of tying up proposals to address the Millennium Development Goals to the project so that donors would be able to relate to the issue.

4. Group work

4.1 Review of previous resolutions and recommendations

Dr Kathleen Holloway briefly reviewed the recommendations of the Bangkok 2007 meeting and classified them into recommendations that were done, partially done and not done. They are:

Done

- support various activities to promote RUM
- organize inter-country meetings on RUM

Partially done

- develop a generic protocol for situation analysis for adoption by countries
- develop tools/ generic models for adoption by countries to promote RUM

Not done

- health ministers to consider a regional resolution on RUM
- coordinate international funding agencies to support RUM
- establish WHOCC on RUM
- Establish a network on RUM for the Region through internet and newsletters
- Share information generated by inter-country multi-disciplinary committee on RUM

4.2 Briefing on group work

Dr Kathleen Holloway briefed participants on group work. The participants were divided into three working groups. She requested groups to develop no more than 10 recommendations and ways to achieve them. She said all groups should take into account the themes and lessons learnt from presentations during the last two days and:

- (a) Review the recommendations made in the Bangkok 2007 meeting – what has been achieved, what has not been achieved and why?
- (b) Develop new recommendations for a strategic framework and the way forward for 2010-2013 taking into account the Bangkok 2007 recommendations and lessons learnt since then.

Group 1

Topic: Regional strategic framework – regional actions

- Products:
- (i) A regional strategic framework
 - (ii) Conclusions and recommendations

Group 2

Topic: Country strategic framework – country national actions

- Products:
- (i) A strategic framework for countries
 - (ii) Conclusions and recommendations

Group 3

Topic: Framework for scaled-up actions at community level – country community actions

- Products:
- (i) A strategic framework for activities at community level
 - (ii) Conclusions and recommendations

Each group was asked to select its own chairperson, a rapporteur and a person who would present the consolidated views of the group at the plenary session. A facilitator was assigned to each group.

4.3 Group 1: Regional strategic framework

Report of Group 1: Regional strategic framework for improving use of medicines in the South-East Asia Region

After comprehensive discussions on the issues involved in addressing the development of a regional strategic framework for improving use of medicines in the South-East Asia Region, the following recommendations and strategies were prepared:

- (1) **Need for a regional strategic plan for RUM with special focus on the community**

Recommendation for WHO:

WHO should establish a secretariat for RUM to develop and implement a regional framework of SMART (specific, measurable, achievable, reliable, timely) objectives with specific targets and time frame.

Recommendation for countries:

Countries should commit and support the regional strategy. The Health Minister of each country should ask the Regional Director of WHO-SEAR to have this subject discussed for a resolution to be adopted at the next WHO Regional Committee session.

- (2) **There is a need for adoption of a resolution to promote the rational use of medicines at the next meeting of Health Ministers of the South-East Asia Region.**

Recommendation for WHO:

WHO should prepare a resolution for the next meeting of Health Ministers to promote RUM.

Recommendation for countries:

The MoH should adopt and support the RUM resolution prepared by WHO when the time comes.

- (3) **There is a need for WHO Collaborating Centres to coordinate and promote RUM activities in the Region. The Collaborating Centre will be the focal point for promoting continuing education on RUM, curriculum development, publications, and quality standards. It will also facilitate countries in writing project proposals. There could be more than one centre in the Region or even more than one in a big country.**

Recommendation for WHO:

WHO should designate and establish the Collaborating Centre(s) in the country(ies).

Recommendation for countries:

Countries should propose to WHO to designate WHO Collaborating Centre(s).

- (4) **WHO plays an important role in continuously providing technical and financial inputs to support various activities to promote education and awareness in RUM.**

Recommendation for WHO:

WHO should provide technical and financial support till such time as the countries are able to establish a sustainable programme.

Recommendation for countries:

Countries should scale up the RUM strategy and the government should commit funds.

- (5) **There is a need to co-ordinate at regional level with international funding agencies to mediate financial support for RUM-related activities at regional and country level.**

Recommendation for WHO:

WHO should coordinate and facilitate with international funding agencies.

Recommendation for countries:

Countries should initiate and provide a forum for funding RUM activities.

- (6) **There is a need for a regional forum for dialogue and exchange of information among countries on RUM. The forum will facilitate periodic meetings, sharing of experiences, dissemination of information and best practices, and promote collaborative, website, observatory, newsletter, and such related activities.**

Recommendation for WHO:

WHO should facilitate the establishment of the forum and make it functional.

Recommendation for countries:

Countries should share and exchange experiences and expertise as well as identify best practices and promote collaborative activities.

- (7) **There is a need to develop generic tools or models that can be adapted/adopted by countries to improve RUM along with indicators for evaluation of programmes on RUM.**

Recommendation for WHO:

WHO should develop the tools and indicators for the countries.

Recommendation for countries:

Countries should propose, develop, test and adopt the tools designed by WHO.

- (8) **There is a need for a model protocol for situation analysis of RUM which could be adapted or adopted by different countries.**

Recommendation for WHO:

WHO should continue to develop a model protocol for situation analysis of RUM and periodically review it. Technical and financial assistance for the same should be provided by WHO.

Recommendation for countries:

Countries should adopt the protocol, pilot testing of the protocol, and give a feedback for improvement.

4.4 Group 2: Country strategic framework

Report of Group 2 on country strategic framework to strengthen the rational use of medicines in the community

After comprehensive discussion on the issues in addressing the development of a country strategic framework for strengthening rational use of medicines in the South-East Asia Region, the following conclusions and recommendations were prepared:

Conclusions and recommendations:

Status of previous recommendations:

Questions	India	Indonesia	Sri Lanka	Timor-Leste	Thailand	Nepal	Maldives	Myanmar
Include / strengthen RUM as integral part of national medicines policy	No	Yes	Yes	Yes	Yes	Partially	Yes	Yes
Establish under MOH a high-level multi-disciplinary committee with representation of all stakeholders to plan, conduct, monitor & evaluate RUM activities	No	Yes	No	No	Yes	No	No	No
Secretariat within MOH to carry out activities agreed by high-level committee	No	Yes	No	No	Yes	No	No	No
Ensure adequate consumer representation in professional bodies (medical, pharmacy, nursing).	No (Consumer affairs Dept. present in Govt.)	Yes	Yes [medical council]	No	No	No	No	No

Questions	India	Indonesia	Sri Lanka	Timor-Leste	Thailand	Nepal	Maldives	Myanmar
Establish/strengthen Medicines Information Centre for patients & general public as well as for health professionals	Yes -16 (managed by NGOs & academic institution)	Yes	Partially [institution level]	No	Yes	Yes	No	No
Undertake a national situational analysis on various components of RUM by various stakeholders	No	Yes	No	No	No	Yes	No	No
Develop a national formulary	Yes	Yes	No	No	No	Yes	No	Yes
Revise the EML every two years	No	Yes	EML updated every 2 yrs, not NF	Yes	Yes	Yes [process]	Yes	Updated EML 2010

Recommendations:

For countries:

- (1) To establish a dedicated set-up in the government supported by a broad-based steering committee involving all stakeholders.
- (2) The dedicated set-up in each country should develop its own roadmap based on situation analysis to steer RUM in a systematic manner.
- (3) Key national policies and strategies should include STGs, EML, formulary, drug information, medical education, effective regulations and monitoring and evaluation of implementation.

For WHO:

- (1) The Country Cooperation Strategy should have a component of RUM to be supported by WHO in accordance with the country's situation analysis and needs. WHO should support related activities.

4.5 Group 3: Framework for scaled-up action at community level

Report of Group 3 on framework for scaled-up action at community level

After detailed discussions on the issues in addressing the development of a generic protocol for education of consumers in the rational use of medicines at the country level, the following conclusions and strategies were prepared:

Conclusions

The group agreed in principle to the recommendations of the 2007 Bangkok meeting. However, there should be some modifications considering that some are not appropriate for the 2010- 2013 period.

Regarding whether the 2007 recommendations were implemented or not, the group members said that most of them were not implemented. The reasons that recommendations were not implemented were lack of funding, lack of follow up/monitoring, lack of focal point and lack of political will.

Recommendations for 2010 -2013:

- (1) Develop a structured public educational programme, targeting all members of the community by a coalition of stakeholders. This would empower consumers by increasing their knowledge to encourage them to act on the basis of their knowledge of RUM.
 - (a) Stakeholders/partners were identified for implementation of RUM
 - Consumers/patients
 - Professionals
 - Students/teachers
 - Local government/regulators/policy makers
 - Community leaders/professional associations

- Health facilities
 - NGOs/religious leaders/ media/drug sellers
 - Local health workers
- (b) The core medicine information to be provided in the structured public educational programme was listed:
- Information must accompany the medicine
 - One should not use medicines unnecessarily
 - Patients must ask for information regarding medicines given and health condition
 - Appropriate dispensing (labelling/packaging)
 - Information on quality and safety
 - Using medicines in paediatrics, pregnancy/lactation and elderly populations/visual and hearing disabled
- (2) Adopt a combination of persuasive and participatory approaches by providing information using (i) Face-to-face sessions, workshops, lectures, group discussions; (ii) Campaigns: print, electronic information; (iii) RUM curricula; (iv) Advocacy by lobbying, through the media and through networking.
- Continuity, sustainability and speed of information was highlighted.
 - The following also to be included: radio, television, street plays, internet, text messages.
 - WHO to provide required technical and financial support.
- (3) Motivate consumers to work together through community-oriented programmes, campaigns, door-to-door interaction and approach, encourage and accommodate interested groups of consumers.
- WHO should advocate for a department/ focal point for RUM within the country (in the health ministries); example: a successful unit in the MoH in Indonesia.

- (4) Tools for education: patient's formulary and a hand book to provide general information on using medicines should be developed. In addition to training the trainers within the community, mother-to-mother training should also be developed.
- (5) Mobilize agents of change which could be multichannel, multiplayer, and multistrategic.
 - Examples of mobilizing agents are knowledge opinion leaders (doctors and nurses), film stars etc.
- (6) A central coordination committee should be formed with the involvement of the ministry of health. Additionally, WHO should coordinate activities at country level.
- (7) Periodic monitoring and evaluation should be carried out by organizing regular meetings and evaluating the progress reports.
- (8) There should be an in-built monitoring and evaluating system incorporating qualitative and quantitative methods of evaluation of the projects carried out to observe the impact of the interventions, as mentioned in the earlier recommendations.
- (9) Adequate funding, complemented with strong ethical considerations, should be provided to sustain the programme.
- (10) Development of indicators for carrying out surveys on RUM in communities is strongly recommended.

5. Conclusions and recommendations:

The following were the final conclusions and recommendations of the three groups formulated during the meeting.

5.1 Regional strategic framework

Deliberations focused on the regional level concluded that the following actions are needed. Specifically, there is a need for:

- (1) A regional strategic plan for rational use of medicines (RUM) with a special focus on the community.

- (2) Adoption of a resolution to promote the rational use of medicines in the next meeting of the Regional Committee attended by the Health Ministers of South-East Asia.
- (3) WHO Collaborating Centres to coordinate and promote RUM activities in the Region. The collaborating centres will be the focal points for promoting continuing education on RUM, curriculum development, publications, and quality standards. They will also facilitate countries in writing project proposals. There could be more than one centre in the Region or even more than one in a big country.
- (4) WHO to play an important role in continuously providing technical and financial inputs to support various activities to promote education and awareness on RUM.
- (5) Co-ordination at regional level with international donor agencies to mediate financial support for RUM-related activities at regional and country levels.
- (6) A regional forum for dialogue and exchange of information among countries on RUM. This forum may include periodic meetings, website, observatory and such related activities. These will facilitate sharing of experiences, dissemination of information and best practices, and collaboration between countries and partners.
- (7) Development of model tools that can be adapted / adopted by countries to improve RUM along with indicators for evaluation of programmes on RUM.
- (8) A model protocol for situation analysis of RUM which could be adapted or adopted by countries.

Based on these needs at the regional level, it is recommended that:

(A) All the countries of the SEA Region should:

- (1) Commit to and support the regional strategy. The health minister of each country should request the WHO Regional Director for South-East Asia to have this subject discussed at the next Regional Committee (RC) meeting. A resolution

should be adopted for implementation by all countries of the Region.

- (2) Adopt, support and implement the RC resolution on RUM, which may be prepared by the WHO secretariat. This action should be undertaken, through the ministries of health as soon as possible.
- (3) Identify and support centres for designation as WHO Collaborating Centre(s) for RUM.
- (4) Scale up the RUM strategy and commit funds through the Ministry of Health.
- (5) Initiate and provide a forum for fund-raising for RUM activities.
- (6) Share and exchange experiences and expertise as well as identify best practices and promote collaborative activities.
- (7) Adapt, pilot test and adopt the tools designed by WHO.
- (8) Adopt and pilot test the draft model protocol for undertaking a situational analysis of RUM in countries and give a feedback for its improvement.

(B) WHO should:

- (1) Establish a secretariat for RUM to develop and implement a regional framework of SMART (specific, measurable, achievable, reliable, timely) objectives with specific targets and time frame.
- (2) Prepare the draft resolution for the next Regional Committee meeting to promote RUM.
- (3) Work towards establishing Collaborating Centre(s) for RUM in the country(ies).
- (4) Provide technical and financial support till such time as the countries are able to establish sustainable RUM programmes.
- (5) Coordinate and facilitate action with international agencies for financial support.

- (6) Facilitate the establishment of functional regional fora for sharing experiences and expertise on RUM, e.g. meetings, website, etc.
- (7) Develop/support the use of model tools to promote RUM and indicators to evaluate progress in the countries.
- (8) Continue to develop a model protocol for situation analysis of RUM and periodically review it. Technical and financial assistance for the same should be provided by WHO.

5.2 Country national strategic framework

Deliberations on the country/national level framework concluded that the following focused actions are needed. Specifically, there is a need for:

- (1) National/central coordination of policies to promote RUM.
- (2) A structure within the MoH to coordinate and implement national policies and strategies.
- (3) A roadmap for promoting RUM in a systematic and coordinated manner.
- (4) Development and implementation of many basic specific national policies to promote RUM.

Based on these needs at the country/national level, it is recommended that:

(A) All countries of the SEA Region should:

- (1) Have a dedicated focal unit established in the government guided by a broad-based steering committee involving all stakeholders. The steering committee should be mandated and be long-term. The dedicated focal unit should be headed by a senior official such as the Secretary of the Ministry of Health.
- (2) Provide adequate human and financial resources within the Ministry of Health to implement RUM strategies as guided by the steering committee.

- (3) Develop their own strategies and roadmap formulated by the dedicated focal unit in each country (see country recommendation 1 above), under the guidance of the steering committee and based on a situation analysis, to steer RUM in a systematic manner.
- (4) Include key national medicines policies and strategies such as:
 - (a) Developing, updating and implementing national standard treatment guidelines, essential medicine lists and formularies.
 - (b) Provision of unbiased, evidence-based, updated medicine information.
 - (c) Establishing / strengthening drug information centres for health professionals and consumers.
 - (d) Establishing / strengthening therapeutic committees in healthcare institutions.
 - (e) Incorporating rational use of medicines in curricula and continuing education of all health professionals.
 - (f) Effective regulations for and enforcement of RUM including drug promotion, licensing of providers and medicine outlets, scheduling of medicines.
 - (g) Encouraging all professional societies to promote good practices in all areas related to RUM.
 - (h) Regular monitoring and evaluation of RUM strategies.
 - (i) Educating consumers on rational use of medicine.

(B) WHO should:

- (1) Have a component of RUM in the Country Cooperation Strategy which should be supported by WHO in accordance with the country's situation analysis and needs and support related activities.
- (2) Advocate and facilitate the creation of a focal unit for RUM in the ministries of health and a broad-based steering

committee that involves all stakeholders (see country recommendation 1 above).

- (3) Develop indicators and tools for regular situation analysis of RUM in countries.
- (4) Develop / strengthen mechanisms for sharing experiences among countries.
- (5) Identify and compile best practices in RUM and widely disseminate this information.

5.3 Community strategic framework

Deliberations on the country-community level concluded that the following focused actions are needed. Specifically, there is a need for:

- (1) An involvement of all community components and stakeholders (bottom-up approach) and also the relevant national ministries (such as health, women's affairs, interior affairs, education) and other stakeholders (top down approach).
- (2) Identification and prioritization of RUM problems of the community for taking required action.
- (3) Structured educational programmes with core messages targeting and involving specific community groups and stakeholders.
- (4) Adoption of suitable, effective, and sustainable intervention strategies and programmes with indicators to assess their effectiveness.
- (5) Development and strengthening of sustainable programmes to provide unbiased information.
- (6) Development of tools for educating different community groups at all levels of the health sector.
- (7) Mobilization of agents of change e.g. opinion leaders and celebrities to effect behaviour changes using multiple channels of communication and strategies.
- (8) Development and strengthening of in-built systems for monitoring and evaluation in all programmes to promote RUM.

- (9) The provision of adequate human and financial resources, with a strong ethical foundation, to run and sustain programmes.
- (10) Fostering of exchange programmes within and between communities at all levels of society in order to share information on how to promote RUM.

Based on these needs at the country-community level, it is recommended that:

(A) All countries, through involvement of all community components and stakeholders (bottom-up approach) and also their relevant national ministries (such as health, women's affairs, interior affairs, education) and other stakeholders (top down approach) should:

- (1) Identify and prioritize specific problems regarding irrational use of medicines at all community levels for taking required actions.
- (2) Develop structured public educational programmes with core messages related to medicines use, targeting members of the community, by a coalition of stakeholders based on identified and prioritized problems.
- (3) Identify the appropriate stakeholders including consumers/patients, professionals, schools and universities, regulators, community leaders, professional associations, health facilities, NGOs, religious leaders, media, drug sellers, local health workers.
- (4) Adopt suitable and SMART intervention strategies in a phased manner using a combination of persuasive and participatory approaches such as:
 - (a) Face- to- face sessions, workshops, lectures, group discussions, campaigns.
 - (b) Integrating RUM into educational curricula at all levels.
 - (c) Developing modules to teach RUM.

- (d) Advocacy by lobbying and through the mass media e.g. radio, television, street plays, internet, text messages etc.
- (5) Develop, strengthen and ensure continuity and sustainability of programmes on dissemination of unbiased information on medicines.
- (6) Develop tools for education at different community levels viz. patient's formulary and a hand book to provide general information on using medicines. In addition, training of trainers within the community, mother-to-mother training and child- to-child training should also be developed.
- (7) Mobilize agents of change (e.g. opinion leaders such as doctors, nurses and celebrities) as RUM ambassadors from all areas of society to spread educational messages on RUM through multiple channels, multiple players and using multiple strategies.
- (8) Develop in-built monitoring and evaluating systems incorporating qualitative and quantitative methods for the evaluation of programmes.
- (9) Provide adequate funding and human resources, complemented with strong ethical considerations, to run and sustain the programmes.
- (10) Foster exchange programmes on promotion of RUM within and between communities and also among countries in the Region.

(B) WHO should:

- (1) Provide technical and financial support to promote RUM activities in communities.
- (2) Develop indicators and survey methodologies for assessing RUM in communities.
- (3) Facilitate adaptation of successful interventions in promoting RUM in communities among countries of the Region.

Annex 1

Address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region

Distinguished participants, ladies and gentlemen,

I warmly welcome you all to the Intercountry Meeting on Promoting Rational Use of Medicines.

This meeting is important because irrational use of medicines continues to be a very serious public health problem worldwide. Less than half of all medicines prescribed at the primary-care level are in compliance with standard guidelines. We have spent a lot of effort to promote the rational use of medicines through the education of health-care providers. It is very difficult to change their behaviour and practices.

However, we will continue our efforts in educating the health-care providers. At the same time, we have also to do more in educating the consumers, the community and the public at large. These people are at the receiving end of the impact of irrational use of medicines. This education should start at as early an age as possible, irrespective of whether they are currently using the health-care facilities. To get better results, people themselves must be empowered to decide and do things themselves, for their own health.

In countries, there needs to be complete awareness and strong advocacy at the policy and decision-making levels. There must be complete political understanding, strong political will, and sustained political commitment in promoting rational use of medicines. In addition to doctors, pharmacists and nurses, there must be many different “groups of people” involved in the process of this promotion, for example:

- teachers, schools.
- women’s groups or representatives.
- NGOs, civil society.
- Consumers’ groups.

Promotion of rational use of medicines requires multidisciplinary/multisectoral inputs and actions. This education of people must aim for functional literacy, whereby everyone understands that while medicines can cure very effectively they can also cause much harm to health if taken incorrectly or inappropriately.

Now, I separate medicines from dietary supplements. And everyone should be made to understand that with proper health care and emphasizing health promotive and preventive care, one would be able to stay healthy without the unnecessary use of medicines.

To emphasize the importance of education, a regional meeting on the Role of Education in Rational Use of Medicines was held in 2007. At the meeting, a regional strategic framework was developed to promote such a role of education, particularly for consumers and the public at large. Following the meeting, a number of small projects in this area were undertaken in various countries. The results from the projects will be shared during this meeting.

I hope that you would be able to draw from these results valuable lessons on what works and what does not work in promoting the rational use of medicines. However, all the projects undertaken were only small-scale; we need to think about how to scale up these projects to obtain more accurate results.

At the regional meeting in 2007, it was also concluded that irrational use of medicines is hazardous and wasteful. The current efforts to control it are not adequate. There is a need to further strengthen the rational use of medicines component of the national medicine policy in countries. We all agree that much more needs to be done to educate consumers and people in general on promoting rational use of medicines.

At the regional level:

- The regional strategy and plans of action will need further strengthening, and their implementation intensified;
- More WHO Collaborating Centres for rational use of medicines need to be designated;
- The generic protocol for situational analysis needs to be reviewed and updated for country use, in preparing national plans of action to promote rational use of medicines;

- Resource mobilization needs particular attention to secure funds for supporting activities related to rational use of medicines;
- WHO will continue advocacy, awareness building, and providing technical and financial back-up to country activities;
- WHO will continue organizing regional meetings to encourage information sharing and intercountry collaboration.

At the country level:

- There is a need for “high-level multidisciplinary/multisectoral mechanisms” for monitoring and evaluation of activities related to rational use of medicines;
- There must be multidisciplinary/multisectoral involvement in the implementation of national plans of action on rational use of medicines;
- Situational analysis at the country level needs to be regularly undertaken as the basis for updating national plans of action;
- “Medicine Information Centres” have to be established in each country;
- “National formularies” and “lists of essential medicines” need to be regularly reviewed and updated;
- These formularies and lists can significantly contribute to the proper use of medicines.

At the consumer level:

- “Structured educational programmes” need to be developed, targeting all members of the community/society through a coalition of stakeholders;
- A variety of “different activities” using “persuasive” and “participatory” approaches need to be undertaken to provide information to consumers; including:
 - face-to-face sessions;
 - group discussions;
 - public campaigns;
 - dissemination of printed materials;

- curricula development for education in schools; and
- advocacy through the media and lobbying.
- To develop/update “certain tools for education”, including:
 - standard treatment guidelines;
 - programmes for “training of trainers” within communities; and
 - the education programme involving mothers’ and women’s groups.

Adequate funds must be made available to sustain rational use of medicines activities at the consumer level. The means and ways must be found for mobilization of funds at this level. These are among other areas to be discussed during this meeting. We have many things, may be too many things, to do in promoting the rational use of medicines. However, our capacity is finite; therefore these areas need to be prioritized.

We need to identify and select the areas that can be best taken forward within the Strategic Framework developed in 2007 for the SEA Region, and within our current capacity. Work in promoting rational use of medicines is difficult. However, with our unwavering determination and continued commitment, good results can be achieved through our combined wisdom and joint efforts.

Distinguished participants,

Before concluding, I would like to sincerely thank all participants for sparing their valuable time to come to deliberate upon the issues involved in this very important public health area.

I finally wish the meeting all the best and all success.

Annex 2

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Annex 3

Programme

Tuesday July 13

- 08:30-09:00 Registration
- 09:00-09:15 Welcome address by Dr Samlee Plianbangchang
- 09:15-09:30 Background to the meeting, objectives, expected outcomes and structure of the meeting – Dr Kathleen Holloway
- 09:30-09:45 Global and regional perspectives on rational use of medicines in the community – Dr Kathleen Holloway and Dr Krisantha Weerasuriya
- 09:45-10:45 Experiences from Sri Lanka, Nepal and Thailand**
Chair: Professor Sri Suryawati
- 09:45-10:00 Development of a Patient Formulary in Sri Lanka – Professor Colvin Goonaratne
- 10:00-10:15 Medicines information for patients in Sinhalese – Dr Chamari Weeraratne
- 10:15-10:30 Protocol for situational analysis at national, institutional and community levels – Professor Kumud Kafle
- 10:30-10:45 Review of best practices and knowledge in the rational use of medicines – Associate Professor Sauwakon Ratanawijitrasin
- 11:15-12:45 Indonesian Experience**
Chair: Associate Professor Sauwakon Ratanawijitrasin
- 11:15-11:30 Improving mothers' knowledge, attitude and skills to evaluate medicines adverts – Dr Chairun Wiedyaningsih
- 11:30-11:45 Improving skills in selecting OTC medicines for common cold in pregnancy utilising mother active learning – Ms Sri Hidayati
- 11:45-12:00 Improving diabetic patients' adherence to treatment guidelines – Dr Titien Siwi Hartayu
- 12:00-12:15 Developing safe self medication model to empower the community on Medicines use – Ms Dettie Yuliaty
- 12:15-12:30 Role of mothers' groups in promoting rational use of medicines – Dr Purnamawati S Pujiarto

- 12:30-12:45 Review of experiences in Indonesia – Professor Sri Suryawati
- 13:45-15:00 Indian experience**
Chair: Professor Sri Suryawati
- 13:45-14:00 Community surveillance of antibiotic use in Delhi – Dr Anita Kotwani
- 14:00-14:15 Assessing the knowledge of school children – Mr R Parameswar and Dr Usha Gupta
- 14:15-14:30 Assessing medicines use practices in the elderly – Dr Anuradha Banerjee and Dr Sangeeta Sharma
- 14:30-14:45 Community Development Medicinal Unit, Orissa -Translation of Essential Medicines in Primary care into Oriya and promoting rational use of medicines in Orissa – Mr Tarak Banerjee
- 14:45-15:00 Community Development Medicinal Unit, Bengal- Translation of Essential Medicines in Primary care into Bengali and promoting rational use of medicines in Bengal – Mr. Sushanta Roy
- 15:30-16:45 Indian experience continued**
Chair: Professor Sauwakon Ratanawijitrasin
- 15:30-15:45 Good Pharmacy Practice (GPP) and providing Medicines Information to the Public (SEARPHARM)- Mr Prafull Seth
- 15:45-16:00 Community surveillance of antibiotic use in Vellore – Dr Sujith Chandy
- 16:00-16:15 Community surveillance of antibiotic use in Mumbai – Dr Renuka Munshi
- 16:15-16:30 Improving access to children’s medicines: initiatives in India – Dr Gitanjali Batmanabane
- 16:30-16:45 Review of experiences in India – Dr Krisantha Weerasuriya

Wednesday July 14

Chair: Dr Krisantha Weerasuriya

- 09:00-09:15 Review of 2nd day’s work and expected outcomes – Dr Kathleen Holloway
- 09:15-10:00 Theme 1
Regulation and policy to protect and empower the consumer – Associate Professor Sauwakon and Dr Gitanjali Batmanabane
- 10:00-10:45 Theme 2
Scaling up of strategies to national level – Professor Sri Suryawati

Chair: Dr Krisantha Weerasuriya

- 11:15-12:00 Theme 3
Resource mobilisation, panel of donors
- 12:00-12:15 Review of previous resolutions and recommendations and explanation of group work- Dr Kathleen Holloway
- 12:15-12:45 Group work 1, 2, 3 (taking into account the above themes and lessons learnt from first day's presentations) as follows:
- Review the recommendations made in the 2007 Bangkok meeting – what has been achieved, what has not been achieved and why
 - Develop new recommendations for a strategic framework and way forward for 2010-2013 taking into account the 2007 Bangkok recommendations and lessons learnt since then
- Group 1: regional strategic framework – regional actions
- Group 2: country strategic framework – country national actions
- Group 3: framework for scaled up actions at community level – country community actions
- 13:45-16:45 Group work 1, 2, 3 on the above themes

Thursday July 15

Chair: Professor Sri Suryawati

- 09:00-10:00 Group 1 presentation and discussion
- 10:00-11:00 Group 2 presentation and discussion
- 11:30-12:30 Group 3 presentation and discussion

Chair: Associate Professor Sauwakon Ratanawijitrasin

- 13:30-15:30 Plenary discussion and finalisation of recommendations
- 15:30-16:00 Closing ceremony

This “Intercountry Meeting on Promoting the Rational Use of Medicines” was held in July 2010 to review the progress of activities that had been initiated after the December 2007 Bangkok meeting on the “Role of Education in the Rational Use of Medicines”, and to re-examine the recommendations made there. Participants prepared a regional strategic framework for promotion of rational use of medicines in the South-East Asia Region; a country strategic framework to strengthen the rational use of medicines through education of consumers; and a generic protocol for education of consumers in the rational use of medicines at the country level.



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