

# The Role of Education in Rational Use of Medicines

Report of the Regional Meeting  
Bangkok, 12-14 December 2007



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**World Health  
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Regional Office for South-East Asia

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# 1. Introduction

## 1.1 Background

In his keynote address at the Second International Conference on Improving Use of Medicines held in Chiang Mai, Thailand, in 2004, the WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang, had pointed out that “a drug should not be seen as a chemical but a chemical plus the information for its correct use”. Often, prescribers do not have access to unbiased information such as national formularies or standard treatment guidelines. The consumers also cannot get information from medicine information centres since they do not exist and if they do exist, it is difficult to get information from them. Information on medicines that is readily available is from promotional sources. These are primarily aimed at advertising the use of specific product(s) and not necessarily for the health benefit of the people. Providing the right information, therefore, should be an essential part of prescribing and dispensing of medicines.

There is an expressed need to improve the use of medicines globally. It has been estimated by WHO that about half of all medicines are inappropriately prescribed, dispensed and sold and about half of all patients fail to take their medicines properly. To address this important issue, two regional consultations on the rational use of medicines were held consecutively in the WHO South-East Asia Regional Office (SEARO) in March 2006. One was on *The Role of Education in the Rational Use of Medicines* and the other was on *The Role of Ethics in the Rational Use of Medicines*. Subsequently, SEARO Technical Publication Series Nos. 45 and 46 bearing the same titles as the consultations were printed and disseminated in the Region.

As the next step to the publication of *The Role of Education in the Rational Use of Medicines*, a regional meeting of representatives from consumer groups including teachers, women, mothers and youth organizations, social activists, welfare associations, patient safety groups and others was organized to inform and sensitize them regarding the

importance of education in the rational use of medicines. The intention was to generate advocates for the rational use of medicines in countries of the Region in order to enable them to inform, educate and motivate others.

It is realized that education alone is not sufficient to improve the use of medicines. A concerted effort must be made, using a number of approaches – including educational, regulatory, managerial and economic – to achieve the desired results.

## **1.2 Objectives**

### ***General objective***

To further develop and strengthen the rational use of medicines (RUM) through education of consumers in countries of the South-East Asia Region.

### ***Specific objectives***

- (1) To share successful experiences in education in promoting the rational use of medicines.
- (2) To discuss and develop a regional and a country strategic framework for advancing the rational use of medicines through education.
- (3) To formulate a generic protocol for educating consumers that can be implemented at the country level.

### ***Expected outcomes***

- (1) A regional strategic framework for promotion of rational use of medicines through education 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**

Professor Surasak Thaneepanichskul, Dean, Public Health Sciences, Chulalongkorn University, Bangkok, welcomed the participants and said the Regional Meeting would provide an opportunity to discuss and evolve strategies for Education in Rational Use of Medicines. The meeting will discuss various strategies to strengthen the rational use of medicines through the education of consumers and will focus on educating and motivating them through teachers' groups, women, mothers and youth organizations; and also consumer groups, social activists, welfare associations and patient safety groups. He hoped that the meeting would make recommendations for a strategic framework to promote rational use of medicines through education of consumers and develop a generic protocol for such education in the South-East Asia Region.

In his address, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, said that medicines are really important and that irrational use of medicines is very prevalent and poses a serious public health problem. Health-care providers play a key role in influencing the ways people use medicines. Attempts to promote this role of health-care workers is not adequate to help people get the right medicines in the right doses all the time. He emphasized that to make an appropriate decision on the use of medicines, the people themselves need to be equipped with the required knowledge and know-how, and that the people themselves must be empowered to look after their own health more effectively (for full text of address see Annex 1).

In her address, Dr Charuaypon Torranin, Permanent Secretary, Ministry of Education, Royal Government of Thailand, said that irrational prescribing patterns and self-medication could not only harm the patient but also have significant implications for the community, which has to spend the money to buy these medicines. Dr Chauruaypon said that the availability of medicines in some areas of this Region is poor, particularly in rural areas, and therefore access to essential medicines must be improved, coupled with their proper use. She emphasized that education is one of the major strategies to minimize the irrational use of medicines and for promoting their rational use (for full text of address see Annex 2).

In his inaugural address, H.E. Dr Mongkol Na Songkhla, Minister of Public Health, Thailand, conveyed his appreciation to the WHO Regional

Director and his staff for their initiative in taking forward the agenda on rational use of medicines and providing active support to the meeting. He said that Thailand, together with some like-minded countries, had proposed that the World Health Assembly discuss the issue of rational use of medicines. The Member States had adopted Resolution WHA60.16 on Progress in the Rational Use of Medicines at the Sixtieth World Health Assembly in May 2007. The resolution urges “Member States to consider establishing and/or strengthening a full rational programme and/or multidisciplinary body, including civil society and professional bodies, to monitor and promote the rational use of medicines. The resolution requests the Director-General to strengthen the leadership and evidence-based advocacy role of WHO in promoting the rational use of medicines and to strengthen WHO’s technical support to Member States in their efforts to establish or strengthen multidisciplinary national bodies for monitoring medicines use, and implicating national programmes for promoting the rational use of medicines” (for full text of address see Annex 3).

### **3. Plenary sessions**

#### **3.1 Objectives, structure and expected outcomes of the meeting**

Dr Sultana Khanum, Director, Department of Health Systems Development, WHO/SEARO, outlined the objectives, structure and expected outcome of the meeting. The objectives of the meeting were to 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 develop draft documents to provide strategic actions for consumer/public education and awareness on appropriate use of medicines in countries of the South-East Asia Region.

## 3.2 Technical presentations

### *Global perspective on education in the Rational Use of Medicines*

Dr Kathleen Holloway, Medicines Policy and Standards, WHO headquarters, Geneva, said that irrational use of medicines continues to be a very serious global public health problem that causes significant patient harm in terms of antimicrobial resistance, unnecessary adverse drug reactions, medication errors, poor patient outcomes and waste of resources. The cause of such irrational use is multifactorial and includes prescriber knowledge and habit, availability of information, social and cultural factors, and health service infrastructure. The strategies to be developed should address the fundamental causes of irrational use. There are four types of interventions or strategies: *educational*: to inform or persuade providers and consumers; *managerial*: to guide clinical practice; *economic*: that offer incentive; and *regulatory*: that restrict choices.

In order to increase capacity for promoting rational use of medicine, WHO has developed and supported international training courses on promoting rational medicines use in primary health-care centres, hospitals and the community and has also supported a programme of intervention research. Unfortunately there are only a few schools of public health that include monitoring the use of medicines and how to promote their proper use in their curricula.

Dr Holloway referred to the proposal to establish a WHO global programme to promote rational use of medicines under the guidance of an international steering committee. The objectives of the programme would be to establish national programmes coordinated by multidisciplinary bodies in several selected countries in every WHO Region. The experience gained would be used to develop a model on how to promote rational use of medicines at the national level. Educational interventions for both providers and consumers would be an integral part of a package of interventions decided by the country itself.

There is now an opportunity for all stakeholders, national and international, to contribute to the proposed future global programme on promoting rational use of medicines. Education of the consumer should be an integral part of every country's national programme to promote the rational use of medicines.

### 3.3 The Rational Use of Medicines in the South-East Asia Region

Dr Krisantha Weerasuriya, Regional Adviser, Essential Drugs and Other Medicines Policy, WHO/SEARO, said that the overall objective of this meeting is to develop a regional strategic framework, and from that a country strategic framework, and finally, activities for promoting the rational use of medicines. He highlighted some issues in rational use of medicines with a special focus on consumers as the background for discussions at the meeting.

Dr Weerasuriya pointed out the inadequacy of the data to make clear-cut recommendations, but said that we cannot afford to wait till sufficient data is available to start our activities. In view of the enormous health, social and financial consequences of irrational use of medicines, “learning by doing” activities should be commenced. Past experience has shown that a single, focused activity may have an immediate impact but rarely any long-term effect. An intervention to promote rational use must come as part of a package. Education is one key part of such a package, but must be complemented by other related activities. Dr Weerasuriya emphasized the role of multiple stakeholders with different objectives, stressing that regulation is an important part of reinforcing education. While highlighting the importance of regulating information advocacy, promotion and advertisement in the promotion of RUM, he also mentioned that the government should have specific institutions to provide drug information to different groups such as consumers, prescribers, etc.

Dr Weerasuriya referred to 12 core interventions to promote rational use of medicines, and exemplified those where the consumer has a role: (1) A mandated multidisciplinary national body to coordinate medicine use policies – *consumer should be represented in the national body*; (2) Clinical Guidelines – *Advice to patients should be an important part of the guidelines*; (3) An Essential Medicines list based on treatments of choice; (4) Drugs and Therapeutics Committees in districts and hospitals – *Consumer representation will improve transparency*; (5) Problem-based pharmacotherapy training in undergraduate curricula; (6) Continuing in-service medical education as a licensing requirement; (7) Supervision, audit and feedback; (8) Independent information on medicines – *Consumers should be consulted on the type and format of information*; (9) Public education about medicine – *Consumers are the focus and should be*

*involved in priority setting, development of materials and the campaigns itself; (10) Avoidance of perverse financial incentives – Consumers should be involved in deciding how medicine prices are regulated; (11) Appropriate and enforced regulation – Consumers should be made aware of the regulations and be part of the monitoring body; and, (12) Sufficient government expenditure to ensure availability of medicines and staff – Consumers should lobby the governments to provide sufficient funds.*

### **3.4 Fostering Rational Use of Medicines for consumers**

Dr Sauwakon Ratanawijitrasin, Faculty of Social Sciences and Humanities, Mahidol University, Bangkok, Thailand, said that irrational use of medicines, which occurs every day, rarely generates headlines that grasp the attention of the public. The problems due to irrational use of medicines have gone largely unnoticed by the providers and the patients, the public and the politicians. There needs to be a greater awareness about health hazards and escalating costs from irrational use to generate interest in RUM. Dr Sauwakon said that the WHO Regional Office for South-East Asia has been spearheading the spread of knowledge on the rational use of medicines, using a wide range of mechanisms. Rational and irrational use of medicines are the result of a combination of behaviour patterns of the providers and the patients. Education is a key instrument to forge behaviour change. Dr Sauwakon enumerated the four groups which should be educated about RUM. These include consumers, professionals, drug-store clerks and sellers, and policy-makers and bureaucrats. While educational strategies are very important in promoting the rational use of medicines, these alone will not be sufficient to ensure the continuing rational use. Therefore, education strategies should be considered as a component and an integral part of multifaceted coordinated interventions.

Dr Sauwakon said to empower consumers and providers on RUM concrete programmes should be developed and adequate resources invested in raising awareness and providing information and knowledge about the rational use of medicines. Some possible programmes suggested include RUM awareness campaigns; clinical guidelines for health professionals; drug information for patients and drug-sellers; regulating medicine information; list of questions patients should ask about medicines; consumer medicine library; RUM programmes in schools; and cultivating RUM culture. Dr Sauwakon said all stakeholders should collaborate in the

long-term efforts to raise awareness and forge improvement in RUM. Further, efforts should be made through multiple organizations, multiple channels and at multiple levels: organization, community, national and international.

### **3.5 Country experiences in education in Rational Use of Medicines: India**

Professor Ranjit Roy Chaudhury, National Professor of Pharmacology and Patron, Delhi Society for Promotion of Rational Use of Drugs, described some endeavours and experiences of the recent past in providing information and education to the public on the promotion of RUM. The interventions described were largely carried out by the Delhi Society for Promotion of Rational Use of Drugs. Dr Roy Chaudhury said that several interventions have been used in an effort to create public awareness about RUM and to educate the public on better use of medicines. These include use of television, street plays, films and videocassettes, wall paintings, providing patients with information and drug information sheets, and lectures for the public. While the interventions were received enthusiastically by the public, these could not be sustained due to financial constraints. Dr Roy Chaudhury emphasized the need to find ways to mobilize funds to make some of these interventions a regular feature.

### **3.6 Country experiences in education in Rational Use of Medicines: Indonesia**

Dr Sri Suryawati, Director, Centre for Clinical Pharmacology and Medicine Policy Studies, Gadjah Mada University, Yogyakarta, Indonesia, said a wide array of educational activities to promote RUM in the community have been tried. While activities are conducted at national, institutional as well as community levels, consumer education is the most important programme to improve medicine use in the community.

Education in RUM at the national level was conducted for (i) promotion of generic medicines by organizing poster competitions; (ii) improvement of product labelling and medicine information leaflets; (iii) control of unethical promotion practices targeted to the community towards irrational selection of medicines; and, (iv) campaigns on correct

treatment of particular disease problems, e.g. correct treatment of acute diarrhoea and promotion of generic medicines.

Dr Suryawati said that education in RUM at institutional levels has been held through (i) education of health providers on patients' education in RUM; (ii) activities in hospital waiting areas such as small group discussions, brief lectures and video demonstrations; and, (iii) information dissemination through posters, leaflets and booklets by hospitals, pharmacies and health centres to spread the message of RUM.

Dr Suryawati said that education in RUM at the community level is done by (i) women's organizations as agents of change in improving the use of medicines, e.g. use of oral rehydration solution in childhood diarrhoea, to reduce unnecessary use of injections; (ii) education programmes by NGOs and charity institutions, e.g. those targeted at groups of patients with specific disease problems such as TB, HIV/AIDS, diabetes, osteoporosis, childhood disease etc.; and, (iii) other activities such as use of interactive radio programmes to convey messages in RUM, and articles in popular magazines, newspapers and on the Internet.

Dr Suryawati stressed that there have been a wide array of educational activities to promote RUM in the community conducted at the national, institutional as well as community level. However, they are not well documented and only a few are evaluated. She also emphasized that to improve RUM education programmes in the future, documentation of existing activities at the national level is needed so that appropriate lessons can be learnt and only effective approaches used.

### **3.7 Country experiences in education in Rational Use of Medicines: Nepal**

Prof. Kumud K. Kafle, Head of Clinical Pharmacology, Institute of Medicine, Tribhuvan University Teaching Hospital, Kathmandu, Nepal, said several interventions to prescribers, dispensers, consumers, women's groups and school teachers have been conducted by different organizations in Nepal at different settings and times. The interventions conducted by the Ministry of Health (MoH) included publication of the National Essential Drugs List (NEDL) and Standard Treatment Protocols; procurement and supply based on EDL; implementation of the Community Drug Programme and Cost-Sharing Schemes; and banning of harmful drugs and irrational

combinations. The interventions carried out by various institutions included those regarding the teaching curricula on RUM in medical, pharmacy and nursing colleges; incorporation of the WHO Guide to Good Prescribing in undergraduate medical curriculum; and the establishment of Drugs and Therapeutics Committees in hospitals. The International Network for the Rational Use of Drugs (INRUD, Nepal) conducted 20 national training courses in promoting rational drug use, intervention studies on the effects of small group training on retailers' practices and the effects of training and peer group discussion on the use of Standard Treatment Protocols.

The Pharmaceutical Horizon of Nepal (PHON) conducted Medicine Awareness Training (MAT) for school teachers, journalists, women's groups and community leaders, and studied the effect of wall posters on antibiotic use, and impact of an article on drug use in the community. Further, the Alliance for the Prudent Use of Antibiotics (APUA, Nepal) developed a training package for fresh medical graduates and house officers in RUM, antibiotics treatment guidelines for common infections and posters on antibiotics for the education of consumers. In addition, the Resource Centre for Primary Health Care developed interventions such as posters on the use of vitamins and antibiotics, and published a bulletin for consumers.

Dr Kafle concluded that among the strategies tested in Nepal, training alone had a limited effect in improving the prescribing practice in the public sector, but when such training was combined with peer group discussion, the results were better and the process was sustainable. He said that in improving dispensing practices in the public sector, training, as well as training combined with supervision, has limited effects. He stressed that while training was effective in improving the drug recommendation practices of retailers, more strategies need to be tested. For improving the retailers' dispensing practices, none of the interventions were effective. Dr Kafle also emphasized that for improving dispensing practices in both the public and private sectors, more strategies need to be tested.

### **3.8 Country experiences in education in Rational Use of Medicines: Thailand**

Dr Sauwakon Ratanawijitrasin, Faculty of Social Sciences and Humanities, Mahidol University, Bangkok, and Pharmaceutical System Research and Intelligence Centre, Bangkok, said that RUM has been incorporated in the

Thailand National Drug Policy as a key component. The regulatory measures for RUM require registration of product information, drug schedules, dispensing requirement, and limitations on advertising and promotion. Dr Sauwakon said that RUM education for health professionals is very actively pursued and some of the examples include curriculum for professional education, continuing professional education, practise standards, hospital pharmacy and therapeutic committees, hospital drug information centres, newsletters, key performance indicators, conferences, workshops and training organized in hospitals and those organized by professional societies.

Dr Sauwakon said that RUM education is conducted for patients in the form of drug use advice at dispensing, providing educational material, providing counselling for specific drugs or conditions, and programmes for specific patient groups like HIV/AIDS, and chronic diseases. Further, she mentioned that the RUM education for the general public includes web-based information, and web-based questions and answers. The Drug Information Centre encourages the general public to call in, holds exhibitions (such as the Pharmacy Week) and provides books and CDs. RUM education for consumer groups is held for schools as short courses for teachers, students and as exhibitions for the community on safe use of antibiotics. Also, education for women was carried out.

Dr Sauwakon said that the Thailand experience was reviewed at the 2<sup>nd</sup> International Conference for Improving the Use of Medicines (ICIUM 2004). It was noticed that while wide-ranging activities were carried out by different government agencies, universities, professional societies, the Royal College of Physicians, NGOs, voluntary programmes, consumer groups and community programmes, they all had no continuity, lacked systematic coordination and were inadequate with limited scope.

Dr Sauwakon stressed that the challenges posed included monitoring the quality of information consumers are exposed to, e.g. in advertisements, public education programmes, evaluating programme achievements and identifying gaps. There is need for systematic support, learning and sharing of lessons on successes and failures.

### ***Discussions***

The reasons for the use of the term “medicines” rather than “drugs” were elaborated during the discussion. The “Essential Drugs Concept” was launched in the 1970s and what was the reason for it being converted into the “Essential Medicines Concept”? In the 1970s the term “drug” was predominantly used with reference to health. Unfortunately, with the increase in the illicit narcotics trade, the term “drug” came to be more associated with narcotics rather than health. Hence, WHO decided in the early years of this decade to change from “essential drugs” to “essential medicines”. It was simply a case of the meaning of the original word (“drug”) moving away and the more appropriate term being used to replace it.

The Over-the-Counter (OTC) medicines status in countries was also discussed. Some countries (e.g. Sri Lanka) had a carefully defined group of medicines that were available outside pharmacies to be sold in general shops for the treatment of minor conditions. Aspirin and paracetamol were such examples. However, these OTC medicines were to be sold under specific conditions such as individual tablets in their original wrapping which would make them clearly identifiable. It was prohibited to sell these medicines in “bulk” without any indication of what the medicine was, in the OTC category. Such bulk sales could be made in pharmacies where the pharmacist could provide instructions; these bulk products were cheaper than the OTC products. This category of OTC products was common in the developed world.

Since the medicines could be sold freely, this had resulted in pharmaceutical companies promoting and advertising these medicines vigorously in the general media, and they in turn being used by the general public for minor conditions such as colds, coughs, headaches and fevers of short duration. Most health-care professionals in countries where OTC medicines were available felt that the availability of such medications decreased the demand on health services and served a useful purpose.

In other countries in the Region there was no specifically defined category of OTC medicines. All medicines were restricted to sale with a prescription in pharmacies, and legally none should be available for sale outside a pharmacy. However, given the regulatory situation in these countries, there was widespread availability without a prescription. Some felt that such OTC medicines in countries where there would be insufficient

education could promote irresponsible self medication and delay the diagnosis of serious conditions.

Others felt that having this carefully defined category of medicines would encourage consumers to focus on this group of medicines as safe to use and, therefore, decrease the irresponsible use of prescription-only medicines. It would also encourage shops to stock these medicines, thereby increasing availability, and also increase their rational use.

There were differing opinions on whether OTC medicines should be part of a general policy which could be implemented by all countries or one that individual countries had to make decisions based on their particular background. However, a very clear distinction between self-medication with OTC medicines and use of prescription-only medicines without a prescription and supervision of health-care professionals was drawn.

## **4. Group work**

### **Briefing on group work**

Dr Kin Shein briefed participants on group work. The participants were divided into six working groups. The names of the participants in each group were provided in the working paper that was distributed. Those who were not listed could join the group of their choice.

Dr Kin Shein said that two groups will work on one topic. The products of these two groups will be combined by the Chairpersons and Rapporteurs of the two groups to prepare the Conclusions and Recommendations relating to the topic for the regional meeting.

### ***Group 1 and Group 2***

Topic: Development of a Regional Strategic Framework for improving use of medicines in the South-East Asia Region.

- Products: (i) A Regional Strategic Framework  
(ii) Conclusions and Recommendations

### **Group 3 and Group 4**

Topic: Development of a Country Strategic Framework to strengthen rational use of medicines through education of the public.

- Products: (i) A Country Strategic Framework  
(ii) Conclusions and Recommendations

### **Group 5 and Group 6**

Topic: Development of a generic protocol for education of the public in the rational use of medicines.

- Products: (i) A generic protocol for the public  
(ii) Conclusions and Recommendations

Dr Kin Shein said that the two groups working on the same topic will combine their results and one person will present it at the plenary session. He said that each group will select its own Chairperson and a Rapporteur. There will be a Facilitator assigned to each group.

## **4.1 Combined reports of Groups 1 and 2**

### ***Report of Group 1 and Group 2: Development of a 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 conclusions, recommendations and strategies were prepared:

#### ***Conclusions and recommendations***

##### *Conclusions*

- (1) There is a need for strengthening the component on rational use of medicines component in the National Health/Medicines Policy of respective countries.

- (2) The educational component for empowering the consumer/general public is lacking in the present policy.
- (3) There are limited technical and financial resources for consumer education in the rational use of medicines.
- (4) There is inadequate representation of consumer interests in relevant national bodies.
- (5) There is a need to generate evidence-based data regarding consumer awareness on the rational use of medicines.
- (6) There is a need for adequate resource allocation for this component under the national health programmes.

### *Recommendations*

- (1) A WHO Coordinating Centre on the Rational Use of Medicines should be developed in the South-East Asia Region.
- (2) Rational use of medicines should be included/strengthened as an integral part of national medicines/health policy.
- (3) A high-level multidisciplinary committee with representatives of all stakeholders (from health and related ministries, NGOs, professional bodies, civil society and media) should be established under the ministry of health which will plan, conduct and monitor activities related to the rational use of medicines.
- (4) Representatives of consumers should be adequately coopted in various committees and meetings related to medicines/health policy.
- (5) A community group may be formed to support the activities of the multidisciplinary committee.
- (6) A secretariat for RUM may be set up for the multidisciplinary committee to carry out the plan of action laid out by the committee.
- (7) Information from the multidisciplinary committee should be shared with the Regional Office.
- (8) Networking within the Region could be established through the internet by launching a website, as well as through newsletters, meetings, etc., which may be supported by WHO.

- (9) A national situational analysis should be conducted by various stakeholders. A common protocol for the situational analysis should be developed by the WHO Regional Office which could be adapted and adopted by different countries. Technical and financial assistance for the stakeholders to conduct a situational analysis as well as a meeting with the Ministry of Health should be provided by WHO.
- (10) The WHO Regional Committee for South-East Asia Region and the meeting of Health Ministers of the South-East Asia Region may consider the report and adopt a resolution to promote rational use of medicines.
- (11) WHO should mediate for resource generation from agencies such as UNICEF, World Bank, UNDP, the Melinda and Bill Gates Foundation, etc. for implementing activities related to the rational use of medicines.

### ***Regional Strategic Framework***

#### *Objective I*

The educational component of the National Medicines Policy should include education of health workers, consumers and community leaders and teachers, etc.

Each country should have a national focal point that has a proactive role in promoting the rational use of medicines, like the Essential Drugs Project in Indonesia. The educational programme should be taken as a component within the health promotion activities connected with the national health and National Drug/Medicinal Policy of respective countries.

#### *Objective II*

To stimulate awareness regionally of the need for public education in the appropriate use of medicines, regional/intercountry/multicountry meetings should be organized and participation should be encouraged. In addition, periodical publications, existing networks (INRUD type) or a new network to share experience with the international community should be encouraged.

During the regional meetings, provision should be made to provide a mechanism through which national programmes can share their experiences with the international community.

For national programmes to have access to international expertise and funding, help could be requested to invite experts for meetings from WHO, nongovernmental organizations and from institutions.

### *Objective III*

To fund public education work, national and international resources (WHO/World Bank/UNDP and other international agencies) should provide donations. Assistance may also be obtained in the form of drug information/education information.

Model proposals should be developed which countries may adapt when requesting funding.

### *Objective IV*

The Regional Office should develop models/tools that can be adopted/adapted for improving drug use, and should provide funding to develop tools that can be used for others. Pilot models could be developed initially which could be replicated. Close monitoring of this activity is desirable.

Those involved in national activities could communicate their experiences to the WHO Regional Office. This can be done with evidence-based findings.

Those involved in national activities could share information with other countries through the WHO Regional Office.

WHO collaborating centres for RUM should be established in all the countries in the Region.

### *Objective V*

For stimulating new work or promoting/supporting work carried out by others, there should be an option for reviewing the global information, education and communication (IEC) materials.

There could be an option for a website from which IEC materials can be downloaded by the members involved in curriculum development and other related activities.

Innovative research approaches from community-based groups and other partners should be developed and for this, financial and technical assistance should be provided.

### *Objective VI*

Models and tools should be developed to plan, implement and evaluate public education activities. These models must include those for educational activities that can be used in a variety of settings, including clinics and the community (e.g. drama, puppets, learning games, radio/TV spots etc.). This is to ensure that empowerment of consumers is viewed by them as a matter of right. Further, there should be adequate consumer representation in councils (such as Medical, Nursing and Pharmacy Councils of the respective countries) who should make aware to the councils that it is the patient's right to get information from health-care professionals.

Model templates should be developed of product information leaflets (PILs) that can serve as a model for the products. The information for the PILs can be taken from some standard sources (e.g. American Medical Association).

Drug/Medicine Information Centres need to be established/strengthened in the Region.

## 4.2 Combined reports of Groups 3 and 4

### ***Report of Group 3 and Group 4 on country strategic framework to strengthen the rational use of medicines through education of consumers***

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, recommendations and strategies were prepared:

#### ***Conclusions and recommendations***

##### *Conclusions*

There is a need:

- To include an education component in the national medicines policy to strengthen rational use of medicines at the country level.
- To develop comprehensive educational strategies to promote rational use of medicines.
- To develop comprehensive management strategies to promote rational use of medicines.
- To develop comprehensive regulatory strategies to promote rational use of medicines.
- To develop comprehensive financial strategies to promote rational use of medicines.

##### *Recommendations*

- An education component should be included in the national medicines policy to strengthen rational use of medicines at the country level.
- There should be an integration of national, institutional and community level strategies to promote the rational use of drugs.

- A comprehensive national educational strategic framework to strengthen the rational use of medicines with the emphasis on consumers should be developed.
- A comprehensive national managerial strategic framework to strengthen the rational use of medicines with the emphasis on consumers should be developed.
- A comprehensive national regulatory strategic framework to strengthen the rational use of medicines with the emphasis on consumers should be developed.
- A comprehensive national financial strategic framework to strengthen the rational use of medicines with the emphasis on consumers should be developed.

### ***Country Strategic Framework***

#### ***A. National level***

##### *Educational strategy*

- A national formulary should be developed and revised/updated once every two years.
- Standard Treatment Guidelines should be localized/developed and updated.
- An essential medicines list should be developed and updated regularly.
- The health promotion concept in the form of non-pharmacological approach should be promoted.
- Attending Continuing Medical Education (CME) programmes at least once in two years should be made mandatory and pre-condition for employment.
- The rational use of medicines concept should be promoted at all levels and literature for the same should be produced for the target groups.

### *Managerial strategy*

- A functional cell for the Rational Use of Medicines should be established in respective departments of the concerned ministry.
- A Rational Use of Medicines forum should be created.
- Pressure groups should be formed to initiate procedures with professional societies, eminent persons from the media, at the political level and in civil society.
- The government should ensure availability of all essential medicines.
- The Rational Use of Medicines concept at all levels of education should be promoted.
- Physicians and pharmacists practising rational use of medicines should be given some incentives.

### *Regulatory strategy*

- The Drugs Authority should ensure labelling of medicines in local languages.
- Hospitals and pharmacies following the rational use of medicines should be given accreditation.
- The Drugs Authority and the Health Ministry should enforce the rational use of medicines concept.

### *Financial strategy*

- Financial resources should be identified from the government, NGOs, international organizations, philanthropists, local leaders and corporate sectors and funds generated.
- A health insurance programme which would have rational use of medicines as a component should be evolved/initiated.
- Cost benefits due to the rational use of medicines should be brought to the knowledge of all concerned.

### ***B. Institutional level***

- A hospital formulary should be developed and updated every two years.
- A drug information unit should be established.
- Availability of essential medicines should be ensured.
- Drug utilization studies should be initiated with a built-in feedback mechanism for future improvement.
- Appropriate recognition/honour to prescribers of essential medicines and practising the rational use of medicines should be evolved.

### ***C. Community level***

- A Medicines/Drugs Information Centre should be established at every health care centre.
- User-friendly programmes should be developed to promote the concept of rational use of medicines.
- Counsellors' workshops for teachers/graduate students should be developed and conducted.
- Popular lectures from eminent personalities/local leaders/members from societies should be organized at community level.
- Field programmes, street plays, short films can be developed and shown at target areas frequently.
- The electronic and print media may be used to promote the rational use of medicines.
- To promote the rational use of medicines at school/college level, special programmes like elocution, essay, and painting competitions on the focal theme of rational use of medicines could be conducted, followed by good remuneration. Students/teachers with potential should be identified and promoted as role models.

### 4.3 Combined reports of Groups 5 and 6

#### ***Report of Group 5 and Group 6. Preparing a generic protocol for education of consumers in the rational use of medicines at the country level***

After elaborate 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*

- Consumer education is a very important activity to promote the rational use of medicines.
- A workplan needs to be drawn up as soon as possible with involvement of all parties.
- Strong national commitment needs to be assured.
- Early implementation of all the programmes is essential.
- Integrated approaches should be adopted for the success of the programme.
- The programme, once initiated, should be regularly monitored and evaluated.
- A coordination committee needs to be established.
- Adequate funding to sustain the programme with strong ethical consideration is essential.

#### ***Strategies on generic protocol for education of consumers in the rational use of medicines***

- (1) Empower the consumers by increasing their knowledge and encourage them to act on the basis of their knowledge of rational use of medicines using the following strategies:
  - Face-to-face: Workshops, group discussions.

- Campaign: Print, electronics, information technology, posters, leaflets.
  - Rational use of medicines curricula.
  - Advocacy: lobbying, media, journalists networking.
- (2) The workplan should be as follows:
- Motivate the consumers: tailor-made, e.g. community-oriented programme, door-to-door campaign.
  - Approach, encourage and accommodate interested groups of consumers.
  - Identify agents of change.
  - Establish central coordination committee in and outside the Ministry of Health.
- (3) The following tools could be adopted to promote the rational use of medicines:
- Standard Treatment Guidelines (STGs).
  - Evidence-based medicines (EBM) information.
  - National/Hospital Formulary.
  - Training of Trainers (TOT) within the community.
  - Mothers teach Other Mothers (MOM).
- (4) To oversee the implementation of the generic protocol, the following approaches could be adapted:
- (a) Establish committees
    - Central coordination committee
    - Sub-committees in the related sector
  - (b) Encourage mobilization of the agents of change
    - Multi-channels
    - Multi-strategies

- (5) Strategies should be developed for short- and long-term plans and their monitoring and evaluation employing the following parameters:
- (a) Outcome
    - Improved knowledge
    - Changed behaviour
  - (b) Strategy
    - Periodic monitoring and evaluation
    - Regular meetings and progress reports
  - (c) Concept
    - Observations
    - Feedback (bi-directional)
    - Interviews (in-depth; key format)
    - Assessment
      - Quantitative and qualitative
      - Establish indicators
    - Publications
- (6) The quantitative assessment of the rational use of medicines and health indicators could be in the form of:
- Pre-, post-test scores
  - Reduced unnecessary visits to providers
  - Reduced unnecessary prescribed medicines
  - Reduced consumption of antibiotics
  - Reduced rate of injections
  - Increased rate of generic consumption
  - Reduced medical expenses
  - Increased consultation time/dispensing time

- (7) The qualitative assessment of the rational use of medicines and health indicators could be in the form of:
  - In-depth interviews
  - Key format interviews
  - Confidence – care of health matters
  - Improved decision-making process
  - Problem-based behaviour
  - Compliance to standard treatment guidelines

## **5. Conclusions and recommendations**

The following were the conclusions and recommendations of the meeting combining the work of the six groups:

### **5.1 Conclusions**

- (1) The rational use of medicines contributes to high quality health care while irrational use leads to health hazards and wastage of resources that are already insufficient in the majority of health care systems.
- (2) There is a need to strengthen the RUM component in the National Medicinal Drug Policy (NMDP) of the respective countries; the NMDP should be a part of the National Health Policy of the respective countries.
- (3) The educational component for empowering the consumer and the public at large is lacking in present activities.
- (4) There is a scarcity of technical and financial resources for consumer education in the rational use of medicines.
- (5) There is a lack or inadequate representation of consumer groups in the relevant bodies concerned with activities in the rational use of medicines.

- (6) There is a need to create consumer awareness on the rational use of medicines. Adequate resources need to be allocated for promoting education in RUM under health promotion activities.

## **5.2 Recommendations**

### ***Regional Strategic Framework***

- (1) The meeting of the Health Ministers of the South-East Asia Region and the WHO/Regional Committee for South-East Asia may consider this report and adopt a resolution to promote the rational use of medicines.
- (2) A WHO Collaborating Centre on RUM should be established to coordinate and promote activities in the Region.
- (3) WHO should play an advocacy role and provide technical and financial inputs to support various activities to promote education and awareness in RUM. The financial support should continue until countries incorporate the RUM strategy into their health programmes.
- (4) WHO should coordinate with international funding agencies (e.g. UNICEF, Bill-Melinda Gates Foundation, UNDP, World Bank, etc.) to mediate financial support for RUM-related activities.
- (5) WHO should organize regional/intercountry/multicountry meetings to stimulate awareness on RUM.
- (6) WHO should provide support for establishing a network on RUM within the Region through the Internet by having a website, as well as through newsletters, meetings, etc.
- (7) WHO should develop tools or generic models that can be adapted/adopted by countries to improve RUM.
- (8) A generic protocol for situation analysis of RUM should be developed by the WHO Regional Office which could be adapted or adopted by different countries. The technical and financial assistance for the same should be provided by WHO.
- (9) Information generated by the country multidisciplinary committees on the rational use of medicines could be shared with the Regional Office and other countries.

### ***Country Strategic Framework***

- (1) The rational use of medicines should be included or strengthened as an integral part of the national medicine or drug policy.
- (2) A high-level multi-disciplinary committee with representatives from all stakeholders (from health and related ministries, NGOs, professional bodies, the pharmaceutical industry, retailers, health activists, social scientists, legal bodies, civil society, community groups and media) should be established under the Ministry of Health which will plan, conduct, monitor and evaluate activities related to the rational use of medicines.
- (3) A secretariat for RUM of the multidisciplinary committee should be set up under the relevant department of the Ministry of Health to carry out the plan of action laid down by this committee. A community group may be formed to support the activities of the multidisciplinary committee.
- (4) There should be adequate consumer representation in various councils of respective countries (Medical, Pharmacy and Nursing Councils) and other relevant bodies.
- (5) Drug/Medicines Information Centres for patients, the general public and doctors need to be established or strengthened in countries to provide unbiased information.
- (6) A national situation analysis on various components of RUM should be conducted by various stakeholders.
- (7) A National Formulary should be developed and revised every two years. The National Essential Medicines List should also be revised regularly.

### ***Generic Protocol for Education of Consumers in RUM***

- (1) Develop structured public educational programme, targeting all members of the community by a coalition of all stakeholders. This would empower consumers by increasing their knowledge to encourage them to act on the basis of their knowledge of RUM.
- (2) Adopt a combination of persuasive and participatory approach by providing information using strategies: (i) Face-to-face sessions:

- workshops, lectures, group discussions; (ii) Campaigns: print, electronic information; (iii) RUM curricula; and, (iv) Advocacy by lobbying, through the media and through networking.
- (3) Motivate consumers to work together through community-oriented programmes, campaigns, door-to-door interaction and approach, encourage and accommodate interested group of consumers.
  - (4) Tools for education: standard treatment guidelines, formulary of the hospital or institution should be developed if not already developed, and revised every two years. In addition to training of trainers within the community, mother-to-mother training should also be developed.
  - (5) Mobilize agents of change which could be multi-channel, multi-player and multi-strategic.
  - (6) A Central Coordination Committee should be formed with the involvement of the Ministry of Health. Sub-committees in related sectors should be formed to oversee the implementation of the programme.
  - (7) Periodic monitoring and evaluation should be carried out by organizing regular meetings and evaluating the progress reports. The outcome of monitoring, both short-term and long-term, is to see improvement of knowledge on the use of medicines and changed behaviour.
  - (8) There should be an assessment of qualitative parameters such as behaviour study by in-depth interviews, correct care of health problems, improved decision-making process, and compliance with standard treatment guidelines.
  - (9) The quantitative scores for RUM and health indicators could be in terms of reduction of unnecessarily prescribed medicines, reduced consumption of antibiotics when not warranted, increase in generic medicine consumption and reduced expenses on medicines.
  - (10) Adequate funding, complemented with strong ethical considerations, should be provided to sustain the programme.

## **Annex 1**

### **Address by Regional Director WHO South-East Asia Region**

Your Excellency, Dr Mongkol Na Songkhla, Minister of Public Health, Royal Thai Government; Professor Charas Suwanwela, Honourable Chairman of the University Council of Chulalongkorn University; Dr Charuapon Torranin, Honourable Permanent Secretary, Ministry of Education, Royal Thai Government; Dr Surasak Taneepanichskul, Honourable Dean, College of Public Health Sciences, Chulalongkorn University; distinguished participants; honourable guests; ladies and gentlemen;

I warmly welcome you all to the South-East Asia Regional Meeting on the Role of Education in Rational Use of Medicines. At the outset, I would like to thank the College of Public Health Sciences, Chulalongkorn University, for hosting this important meeting. I thank Dr Mongkol Na Songkhla, Minister of Public Health, the Royal Government of Thailand, for agreeing to inaugurate the meeting. I thank Professor Charas Suwanwela and Dr Charuapon Torrani, Permanent Secretary, Ministry of Education, Royal Government of Thailand, for agreeing to address the meeting. The presence of these and other high-level dignitaries signifies their keen interest in the role of education in the rational use medicines. I thank all participants for sparing their valuable time to attend the meeting.

All of us agree that medicines are really important for our life. At the same time, we agree that irrational use of medicines is very prevalent and poses a serious public health problem. Medicines are used by many people inappropriately; either as overuse, under use or unnecessary use, when not indicated. The problem has led to an enormous loss. In economic terms, the global estimate of this loss is about US\$ 120 billion annually. This is a really unacceptable situation.

It is easy to go around and ask people to use medicines rationally or appropriately. However, it is very difficult for people to decide on such rationality or appropriateness. Certainly, when people get sick, there is somebody to help take the decision on how to get well, and, in many cases, offer advice on the use of medicines. They are usually the health-care providers. Often, people can get help from their own peers in making such a decision.

Health-care providers actually play a key role in influencing the way people use medicines. Attempts have been made in the past to promote this role of health-care providers to ensure that medicines are properly used. However, it is evident that only this approach is not adequate to help people get the right medicines in the right doses that are used for the correct length of time. To be able to make an appropriate decision on the use of medicines, the people themselves need to be equipped with the relevant knowledge and knowhow.

If we have to get better results from our efforts in promoting the rational use of medicines in the community; then the people themselves must be empowered to look after their own health more effectively. Therefore, educating people and consumers extensively on a large scale becomes imperative. This education should be extended from the community to the general population, and to the public at large and not merely to the current clients of current health-care facilities. Such education should start at any early age, and should be integrated into the educational system from the primary to the college level.

The rational use of medicines needs full awareness and strong advocacy at the policy- and decision-making level in countries. In order to succeed in this formidable task, it is necessary to gain a complete political understanding, strong political will and unwavering political commitment. Issues relating to irrational use of medicines are very complex and complicated indeed. These involve a wide range of behavioural, psychosocial and economic parameters, which have to be taken into serious consideration when such education is planned. This is why we have invited to this meeting participants with widely differing backgrounds who can make a difference.

In fact, these are the people, without whose participation it will not be possible to implement this important initiative successfully. These people are teachers, women's representatives, NGOs, consumer groups; they are in addition to doctors, other medical personnel and government representatives.

The ethical dimension, which is extremely important, must be integrated and inculcated in this educational process. Among other things it should be made clear to all that to prescribe a more expensive medicine, when an equally effective and cheaper one is available, may be considered unethical. While accepting that medicines are important for people's health, the people must be made to understand at the same time that medicines form only one component of a range of interventions needed to stay healthy.

In order to remain in good health, people must be educated and encouraged to do other things than taking medicines. This can be achieved particularly through the regular and adequate practices for health promotion and disease prevention; practices that generally do not require medicines. To stay healthy means, among other things, to have less need for medicines for curative purposes. This situation can lead to the making of better and more informed decisions on the use of medicines.

Not less important, the people must be made to clearly understand the undesired side-effects of taking certain medicines, either in short- or long-term use. And they must always be told and convinced not to take any medicines unnecessarily. They must be told that, if they take many medicines without appropriate advice, one drug may interact with another to induce undesirable side-effects; or even decrease or increase the effect of one medicine to the detriment of the patient. This type of education of the people, similar to public education in general, is really a difficult task.

Many factors influence the level of success in promoting the rational use of medicines. These include the level of education of people; strategy and approach to ensure effective educational process; body of knowledge and knowhow to be imparted to people; and policy commitment and support at the national level.

As far as the level of education of people is concerned, our efforts should be directed towards functional literacy; whereby, people are empowered to take care of their own health, even though they may not be able to read or write. Taking care of one's own health also includes the ability to make appropriate decisions on the use of medicines. We have to choose the right strategy and approach to ensure an efficient and effective process of the education. We need to have resource centres for pooling bodies of knowledge and know-how for use as the content of educational message. Certainly, we have to work closely with policy-makers at national level to gain adequate political will, commitment and back-up support.

Rational use of medicines is a long-standing issue. Advancement in pharmaceutical sciences has enormously contributed to the positive impact on health. At the same time, it also leads directly or indirectly to an inappropriate use of medicines, and to the unnecessary use of more expensive medicines. This situation usually comes along with the undesirable aspects of promotion of the pharmaceutical products. We should try in every possible way to control and prevent the unwanted of this technological advancement.

We understand that there are several population groups in our efforts to promote the rational use of medicines. In this exercise, we should pay our special attention to the education of all people; people who may or may not be clients of health-care facilities. We believe that people themselves, if properly informed, can help in a big way in improving the rational use of medicines. It is really a daunting task, but it is very challenging indeed. Being responsible for the health of the public, which is a fundamental human right of everyone; we have to work closely together to ensure that consumers are adequately informed on all aspects of this issue.

In pushing forward this important educational strategy to improve the appropriate use of medicines, we have to work with all stakeholders; the public and private sectors; governmental and nongovernmental organizations; civil society; and the communities themselves. To fulfil the purpose of this task, actions of several sectors and disciplines need to be extremely mobilized. This formidable challenge really requires unstinted determination and commitment of all concerned. WHO is ready to provide support, as much as it can, to help ensure efficient coordination and cooperation among all stakeholders.

With these words, let me wish you all, success and the best in your deliberations. And I wish this meeting every success in bringing together the people who are moving forward towards the same objective. That objective is to improve the rational use of medicines through educating people from all walks of life.

Thank you.

## Annex 2

### List of participants

#### Bangladesh

Professor Dr Abdul Ghani  
Chairman  
Department of Pharmacy  
Stamford University Bangladesh  
51, Siddeswari Road  
Dhaka 1217 Bangladesh  
Email: ghani@bdonline.com

Mr Nazmul Hassan  
Secretary General  
Bangladesh Pharmaceutical Manufacturers  
Association (BPMA)  
Banani,  
Dhaka 1212 Bangladesh  
Email: naz@bpl.net

Prof. Dr Chowdhury Mahmood Hasan  
Chairman  
Bangladesh Council of Scientific &  
Industrial Research (BCSIR)  
Science Laboratory  
Elephant Road  
Dhaka, Bangladesh  
Email: cmhasan@gmail.com,  
chairman@bcsir.org

Dr Mohammed Abbasuddin Khan  
Sr Health Coordinator  
BRAC Health Programm  
75 Mohakhali  
Dhaka 1212 Bangladesh  
Email: abbasuddin.k@brac.net

Prof. M.A. Majid  
Pro-Vice-Chancellor and  
Professor of Surgery  
Department of Surgery  
Bangabandhu Sheikh Mujib Medical  
University (BSMMU)  
Shahbag  
Dhaka 1000, Bangladesh  
Email: profmamajid@hotmail.com

Prof. Mir Misbahuddin  
Head of Pharmacology Department  
Bangabandhu Sheikh Mujib Medical  
University (BSMMU)  
Shahbag,  
Dhaka 1000  
Bangladesh  
Email: mmisbah@aitbd.net

#### Bhutan

Ms Sangay Wangmo  
Pharmacist  
Drugs Vaccines and Equipment Division  
Department of Medical Services  
Ministry of Health  
Thimphu  
Email: sangayom@hotmail.com

Mr Tandin  
Pharmacist  
Jigme Dorji Wangchuk National  
Referral Hospital  
Thimphu  
Bhutan  
Email: ttsharing78@yahoo.com

Ms Soma Devi Tamang  
Sr. Pharmacy technician  
Jigme Dorji Wangchuk National Referral  
Hospital  
Thimphu, Bhutan

Mr Sherab Tenzin  
Pharmacist  
Institute of Traditional Medicine  
Thimphu, Bhutan

Dr Nawang Tenzin  
Director  
Dorji Wangchuk National Referral  
Hospital  
Thimphu, Bhutan  
Email: nawangtenzin@hotmail.com

Mr Sherab Tenzin  
Pharmacist  
Institute of Traditional Medicine Services  
Ministry of Health  
Email: shertenz@yahoo.co.uk

**India**

Ms A. Banerji  
Head, Administration and Communications  
Public Health Foundation of India  
PHD House, Second Floor  
4/2, Siri Fort Institutional Area  
August Kranti Marg  
New Delhi 110016  
India  
Email: anuradhabee@yahoo.co.uk

Dr Gitanjali Batmanabane  
Professor, Department of Pharmacology  
Jawaharlal Institute of Postgraduate Medical  
Education and Research  
Pondicherry 605 006  
India  
Email: gitanjali.batman@gmail.com

Dr Samita Bhardwaj  
Project Manager for Rational Use of Drugs  
Family Planning Association of India  
Bajaj Bhavan, Nariman Point  
Mumbai-21  
India  
Email: samita@fpaindia.org

Dr K. Bhuvaneshwari  
Professor and Head  
Department of Pharmacology,  
PSG Institute of Medical Sciences and  
Research,  
Peelamedu, Coimbatore – 641 004,  
Tamil Nadu  
India  
Email: nandabhuvana@gmail.com

Dr P.N. Hans  
Joint Director  
ART Training and Surveillance  
Dharmshala Block, BSA Hospital  
Delhi State AIDS Control Society  
Rohini, Sector 6  
New Delhi 85  
India  
Email: prem\_hans@rediffmail.com

Dr (Mrs) N A Kshirsagar  
Director, Professor Infectious Diseases  
Interdisciplinary Research  
Maharashtra State University &  
Medical Sciences  
and  
Emeritus Professor  
Department of Clinical Pharmacology  
Seth G. S. Medical College and KEM Hospital  
Parel Mumbai 400 012.  
India  
Email: dcpkem@vsnl.com/  
dcpkem@rediffmail.com

Dr B. Dinesh Kumar  
Asst. Director  
National Institute of Nutrition (ICMR)  
Tarnaka,  
Hyderabad 500 007  
India  
Email: nindinesh@rediffmail.com

Ms Savita Datey Menon  
Senior Vice-President (Sociologist)  
Lifetime Wellness Rx. Int. Ltd.  
Apollo Hospital, Hyderabad,  
India  
Email: savitadm@ewellnessrx.com

Dr Shobha Rani R.H,  
Professor and Head, Department of  
Pharmacy Practice  
Al-Ameen College of Pharmacy  
Hosur Road (Near Lalbag Main Gate)  
Bangalore,  
Karnataka  
India  
Email: shobha24@yahoo.com;  
shobha\_rani\_h@yahoo.co.in

Dr B. Prabha Rao  
Professor and Head  
Department of Pharmacology  
Amritha Institute of Medical Sciences (AIMS),  
Edappally, AMRITA  
Amrita Lane Elamakkara (Post),  
Kochi 682 026  
Kerala  
India  
Email: bprabharao@aims.amitra.edu  
bprabharao@rediffmail.com

Ms Alka Sathe  
Former Secondary School Teacher  
Jagruthi Seva Sanstha  
93 A/2 "Lokmanya" Society,  
Senapati Bapat Road,  
Pune 411016, Maharashtra  
India  
Email: Sathe\_sujata@yahoo.co.in  
sathe\_sujata@yahoo.co.in

Prof. S.D. Seth  
Chair in Clinical Pharmacology  
Indian Council of Medical Research  
Ansari Nagar, New Delhi 110029  
India  
Email: drsdseth@yahoo.com

Dr Mala Kapur Shankardas  
Health Sociologist and Gerontologist  
Associate Professor, Department of Sociology  
Maitreyi College  
Delhi University, South Campus  
Chairperson: Development, Welfare and  
Research Foundation  
Address: D 104, Anand Niketan  
New Delhi 110021 India  
Email: mkshankardass@gmail.com

Dr Sanjeev Sinha  
Assistant Professor  
Department of Medicine  
All India Institute of Medical Sciences  
New Delhi 110 029 India  
Email: drsnajeevsinha2002@yahoo.com

Dr Amita Suneja  
Professor, Dept. of Obstetrics and  
Gynaecology  
University College of Medical Sciences  
Guru Teg bahadur Hospital  
Shardara, Delhi 110 095  
India  
Email: amita\_suneja@yahoo.co.in

Mr Raj Vaidya  
Community Pharmacist  
Hindu Pharmacy  
(Representative of SEAR Pharma Forum)  
Drug Information Centre (DIC)  
Cunha Rivara Road  
Panaji  
Goa 403001 India  
Email: rajxvaidya@gmail.com

Mr V Nandkumar \*\*\*  
Lawyer and Socialist  
President, Universal Brotherhood Association  
61, ARTS College Road  
Coimbatore 18  
Tamil Nadu, India  
Email: nandarehema@yahoo.co.in

#### Indonesia

Yusi Anggriani, S.Si, Apt, MKes.  
Secretary  
Drug Information Service  
Faculty of Pharmacy, Pancasila University  
Srengseng Sawah, Jagakarsa  
Jakarta Selatan 12640  
Indonesia  
Email: Yusi1777@yahoo.com

Prof. Dr Ibnu Gholib Gandjar  
Chair, Indonesian Association for  
Pharmacy Higher Education  
c/o Faculty of Pharmacy  
Gadjah Mada University  
Code 62. 55281  
Yogyakarta, Indonesia  
Email: ibngandjar@yahoo.com

Ms Sri Hidayati  
Centre for Clinical Pharmacology and  
Medicine Policy Studies  
University of Gadjah Mada University  
Yogyakarta, Indonesia  
Email: srhida@yahoo.com

Mr Nanang Ismuhartoyo  
Chairman, Yogyakarta Consumer Institute  
Yogyakarta, Indonesia  
Email: elkaye\_78@yahoo.co.id

Zaenal Komar, Drs. Apt, MA  
Chief of Clinical Pharmacy  
Sub-directorate  
Ministry of Health  
Directorate General Pharmacy Services &  
Medical Devices  
4th Floor, Block B-408  
Jl.HR. Rasuna Said  
Kav. 4-9 Jakarta Block X5 Kuningan  
Jakarta 12950, Indonesia  
Email: zeinalk@yahoo.co.uk;  
zeinalk@yahoo.com

Dr Sake Juli Martina  
Lecturer, Department of Pharmacology and  
Therapeutics School of Medicine  
University of North Sumatra, and  
Deputy Secretary, Association of  
Pharmacologist Medan Branch  
Komplek TASBI Blok ZZ No.7 Medan 20122  
Indonesia  
Email: sake\_dr@yahoo.com

Prof. Armen Muchtar, MD, PhD  
Head of Clinical Pharmacology Department,  
Cipto Mangunkusumo General Hospital,  
Jakarta, and Staff of Continuing Professional  
Development Office  
Indonesia Medical Association  
Jakarta 10520 Indonesia  
e-mail: farmako@indosat.net.id

Muhammad Munawaroh, DVM  
DVM Marketing Director  
PT Indofarma Tbk.  
Indonesia  
Email: munawar\_oh@yahoo.com

Dr Purnamawati S Pujiarto, SPAK, MMPed  
Jalan Taman Margasatwa  
Kompleks PWR no. 56  
Jatipadang  
Jakarta 12540, Indonesia  
Email: purnamawati\_spale@cbn.net.id

Dr Zunilda Dj. Sadikin, MD, MSc  
Academic Staff  
Dept. Pharmacology and therapeutics,  
Medical School University of Indonesia,  
and Vice-head of Continuing Professional  
Development Office  
Indonesia Medical Association  
Address: Jl. Nimun Raya 6, Jakarta 12240  
Indonesia  
Email: nildas@indosat.net.id

Ms Nani Sukasediati MSc. Pharm  
Director of Rational Use of Medicines  
Directorate General of Pharmaceutical and  
Medical Devices Services  
Ministry of Health  
Jl. HR. Rasuna Said Blok X5 Kav 4-9  
South Jakarta, Indonesia  
Email: nani\_por@yahoo.com

Drs. Udjianto  
National Agency for Drug and Food Control  
Jl. Percetakan Negara 23  
Jakarta Pusat  
Indonesia  
Email: regobpom@indo.net.id

Dr Bambang Wispriyono  
School of Public Health  
University of Indonesia  
Kampus FKMUI, Depok 16424,  
Indonesia  
Email: wispriyono@cbn.net.id

### **Maldives**

Dr Mohamed Ahmed  
Deputy Director General (Medical Services)  
Ministry of Defence and National Security  
Male, Maldives

Mr Mohamed Rafeeq Hassan  
Assistant Director  
Pharmaceuticals Maldives Food and  
Drug Authority  
Maldives  
Email: m.rafeeq@mfd.gov.mv  
rafeeq@avasmail.com.mv

Ms Mariyam Rasheeda  
Dean, Faculty of Health Sciences  
Maldives College of Higher Education  
Handhuvaree Hingun  
Maafannu  
Male  
Maldives  
Email: mandi@avasmail.com.mv

Ms Aminath Saeed  
Director of Nursing  
Indira Gandhi Memorail Hospital  
Male, Maldives  
mail: saeed\_aminath@hotmail.com

### **Myanmar**

Dr Tin Aye  
Chair, General Practitioners' Society  
Myanmar Medical Association  
Yangon, Myanmar  
Email: mma.org@mptmail.net.mm

Dr Kyaw Myint Naing  
President, Myanmar Medical Association  
Yangon, Myanmar  
Email: mma.org@mptmail.net.mm

Dr Tin Tun Oo  
Chairman, Swesone Media Group.  
Room 104, 1st floor, Central Tower,  
No. 79/81, Anawrahta Rd  
(Between 39th st & 40th st),  
Yangon, Myanmar  
Email: swesonemedia@myanmar.com.mm

Prof. Myo Thwe  
Senior Consultant Physician  
Shwegonedine Specialist Centre  
Yangon, Myanmar  
Email: myosan@mptmail.net.mm

Dr Kyaw Win  
Chief Medical Adviser  
Pan Hlaing International Hospital  
Yangon, Myanmar  
Email: dr.kwin@mptmail.com;  
dr.kwin@spa.com.mm

Dr Thet Thet Zin  
Member of Secretariat  
Myanmar Women's Affairs Foundation  
64 (D) ZEYARKHAYMAR Road  
Mayangon  
P.O. Yangon  
Email: aunghtut@mptmail.net.mm  
(NGOs empowering community)

### Nepal

MrToya Dahal  
Assistant Senior Sub-editor  
Kantipur Television  
Kathmandu  
Nepal  
Email: toyadahal@hotmail.com

Mrs Anita Gurung (Tamang)  
Principal  
Reliance Residential School  
Kathmandu  
Nepal  
Email: truth@w.link.com.np

Mr Baburam Humagain  
Asian College of Advance Studies (ACAS)  
President, Nepal Pharmaceutical Associates  
Executive Member  
Pharmaceutical Horizon of Nepal (PHON)  
Nepal  
E-mail: brhumagain@yahoo.com

Mr Balkrishna Khakurel  
Registrar  
Nepal Pharmacy Council  
1426/44 Prayag Marga,  
Baneshwor  
Kathmandu, Nepal  
Email: bkhakurel@yahoo.com

Dr Bharat Mani Pokhrel  
Executive member, Alliance for the Prudent  
Use of Antibiotics (APUA)  
Kathmandu, Nepal  
Email: bmp268@hotmail.com

Mr Suresh Pd. Pradhan  
President  
Nepal Chemists and Druggists Association  
Nepal  
Email: ncda@healthnet.org.nep

Prof. Ishwar B. Shrestha  
Department of Community Medicine and  
Family Health  
Institute of Medicine  
Tribhuvan University  
Kathmandu, Nepal  
Email: ishwar\_j@ntc.net.np;  
ishwarbshrestha@yahoo.com

Mr Naveen Shrestha  
INRUD, Nepal  
Kathmandu, Nepal  
Email: shrestha\_naveen@yahoo.com;

Mr P. Subish  
Assistant Professor  
Department of Pharmacology  
Po Box No. 155  
Manipal College of Medical Sciences  
Deep Heights, Pokhara  
Nepal  
Email: subishpalaian@yahoo.co.in

Mr R. R. Prasad (Teli)  
Chief Pharmacist, Pharmaceutical Unit  
Ministry of Health & Population  
Kathmandu, Nepal  
Email: rrp@vianet.com.np

Dr Ritesh Upadhyay  
Star Hospital Sanepa, Rotary Club  
Medical Officer  
Nepal  
Email: dr\_upadhyayritesh@yahoo.com

Dr Lava Shrestha  
Medical Officer  
Kathmandu Medical College  
Nepal  
Email: lava\_stha@yahoo.com

Dr B.K.Shreshtha  
Medical Officer  
Department of Dentistry  
Nepal  
Email: drbshrestha@hotmail.com

Mrs Tumsa Shrestha  
Program Coordinator  
Family Planning Services  
Lalitpur, Kathmandu  
Nepal  
Email: tumsa\_shrestha@hotmail.com

Dr Sanjay Lakhey  
Associate Professor, Department of Medicine  
Kathmandu University Medical School  
B & B Hospital  
Nepal

Dr Eva Rajbhandari  
Medical Officer  
Sitadaila, Saranpur  
Block Number 2/54  
Kathmandu, Nepal  
Email: hallucination\_10@hotmail.com

#### **Sri Lanka**

Mr Louis Benedict  
Editorial Daily Mirror  
Wijeya Newspaper Ltd.  
#8, Hunupitiya Cross Road  
Colombo 2  
Sri Lanka  
Email: louis@wijeya.lk

Prof. Dulitha Fernando  
Dean, Faculty of Medicine and  
Senior Professor of Community Medicine  
University of Colombo  
Kynsey Road  
Colombo 8  
Sri Lanka  
Email: dulithafernand@hotmail.com

Prof. Colvin Goonaratne  
Emeritus Professor of Physiology  
Faculty of Medicine and Director  
National HIV-AIDS prevention project  
and the Ministry of Health  
PO Box 271, University of Colombo  
Colombo  
Sri Lanka  
Email: si7np5e@gmail.com

Ms Jinani Jayasekera  
Project Officer  
Health Action International Asia Pacific  
(HAIAP)  
2/4, No. 37, Sagara Road  
Colombo 04  
Sri Lanka  
Email: jinani@haiap.org

Ms Chrishani Siriwardena  
Communication and Information Officer  
Health Action International (Asia-Pacific)  
Level 2, Apt 4, 37 Sagara Road  
Colombo 4,  
Sri Lanka  
Email: chrishani@haiap.org

Dr Chamarie Weeraratne  
Senior Lecturer in Pharmacology &  
Specialist Physician  
Faculty of Medicine  
Kynsey Road,  
Colombo 8  
Sri Lanka  
Email: chamariweera@hotmail.com

Dr Chrishantha Weerasinghe  
Lecturer, University of Colombo  
Dept. of Community Medicine  
Faculty of Medicine  
No. 25, Kynsey Road, Colombo 8  
Sri Lanka  
Email: manujchri@yahoo.com

Honourable Champika Wijerathna  
Provincial Minister of Health  
Central Province  
Sri Lanka  
(local government representative)  
health.m.cpc@sltnet.lk

Dr Thiwanika Wijeratne  
Lecturer in Pharmacology  
Department of Pharmacology  
Faculty of Medicine  
University of Colombo  
P O Box 271  
Colombo, Sri Lanka  
Email: thiwankawijeratne@yahoo.ca

### Thailand

Ms Wimon Anansakunwatt, RPh.  
Pharmacy Department,  
Siriraj Hospital, Mahidol University,  
2 Prannok Rd., Bangkoknoi,  
Bangkok 10700  
Thailand  
Email: srwan@mahidol.ac.th  
wimhp@yahoo.com

Associate Prof Prasert Assantachai  
Department of Preventive and Social  
Medicine  
Faculty of Medicine  
Siriraj Hospital  
Mahidol University  
Pa-Ob Building, 1st Floor  
Thailand  
Email: sipus@mahidol.ac.th

Dr Jiraporn Limpananont  
Associate Professor  
Faculty of Pharmaceutical Sciences  
Chulalongkorn University  
Bangkok 10330  
Thailand  
Email: limpananont@yahoo.com

Associate Prof. Dr Orawan Kaewboonchoo  
Deputy Dean for International Relations  
& Training  
Faculty of Public Health  
Mahidol University,  
Bangkok, Thailand  
Email: phokb@mahidol.ac.th

Associate Prof. Somrat Lertmaharit  
Associate Dean  
College of Public Health Sciences  
Chulalongkorn University  
Bangkok 10330  
Thailand  
Email: somrat.L@chula.ac.th

Associate Professor Pinpan Silpasuwam  
Deputy Dean for Educational Affairs and  
Educational Administrator  
Faculty of Public Health  
Mahidol University  
Bangkok, Thailand  
Email: phpsl@mahidol.ac.th

Dr Pinyupa Plianbangchang  
Associate Professor  
Department of Pharmacy Practice  
Faculty of Pharmaceutical Sciences  
Naresuan University  
Phitsanulok-Nakornsawan Road,  
Muang District  
Phitsanulok 65000  
Thailand  
Email: pinyupa@nu.ac.th

Ms Nittayawarn Kulnanam  
Community Pharmacy Association  
40 Pharmacy Association Building  
Sukhumvit Road, Klong Toey Sub-district  
Klong Toey District,  
Bangkok 10110  
Thailand  
Email: pterawudh@gmail.com

Asst Prof. Dr Marc Van der Putten  
Dean, Faculty of Public Health  
Thammasat University  
Rangsit Campus, Klong Luang  
Pathumtani 12121  
Thailand

Asst Prof. Dr Ratana Samrongthong  
Associate Dean  
College of Public Health Sciences  
Chulalongkorn University  
4-5th Floor, Institute Bldg.2  
Phyathai Rd., Pathumwan  
Bangkok 10330  
Thailand  
Email: sratana3@chula.ac.th

Dr Siritree Suttajit  
Faculty of Pharmacy,  
Mahasarakham University  
Maha Sarakham,  
Thailand 44150  
E-mail: siritree@hotmail.com

Dr Luis Jorge Perez-Calderon's  
Asian Disaster Preparedness Center  
Deputy Executive Director  
P.O. Box 4, Klong Luang, Pthumthani 12120  
Thailand  
Email: perez@adpc.net

Ms Tipawan Yamlaksanalerd  
Office of the Basic Education Commission  
Ministry of Education  
Thailand  
Email: rachata20022002@yahoo.com

Associate Prof. Dr Sathirakorn Pongpanich  
College of Public Health Sciences  
Chulalongkorn University  
4-5th Floor, Institute Bldg.2  
Phyathai Rd.,  
Pathumwan  
Bangkok 10330, Thailand

DrPisit Sriprasert  
Provincial Chief Medical Officer  
Muang District, Nan Province  
Thailand

Ms Yawaluck Anuruck  
Office of the Provincial Chief Medical Officer  
Muang District, Nan Province  
Thailand  
Email: yawaluck97@hotmail.com

Dr Prawit Taytivat  
Faculty of Public Health  
Naresuan University  
Thailand 65000

Dr Anek Aribarg  
Insitute of Helath Research  
Chulalongkorn University  
Phyathai Road,  
Pathumwan  
Bangkok 10330  
Thailand

Asst Prof. Dr Kanittha Volrathongchai \*\*\*  
Lecturer,  
Faculty of Nursing, Khon Kaen University  
123 Mittaparb Road, Muang,  
Khon Kaen Province 40000  
Email: kanvol@kku.ac.th

#### **Timor-Leste**

Dr Lurdes Mario do rego Leao  
Member  
East Timor Medical Association  
Clinic Café Timor  
Dili  
Timor-Leste  
Email: lurdes\_leao@yahoo.com

#### **WHO Advisers**

Prof. Ranjit Roy Chaudhury  
National Professor in Pharmacology  
Patron, Delhi Society for Promotion of  
Rational Use of Drugs  
85 Y, Hauz Khas  
New Delhi  
India  
Email: ranjitroychaudhury@gmail.com

Prof. K.K. Kafle  
Head, Clinical Pharmacology and coordinator,  
INRUD, Nepal  
Institute of Medicine  
Kathmandu, Nepal  
Email: INRUD@healthnet.org.np

Dr Jumroon Mikhanorn  
Senior Advisor  
The ASEAN Institute for Health Development  
(AIHD)  
Mahidol University  
Salaya, Phutthamonthon  
Nakhorn Pathom 73170  
Thailand  
Email: adjmk@mahidol.ac.th

Prof. Hla Myint  
President, Myanmar Medical Council  
Yangon  
Myanmar

Associate Prof. Dr Choomnoom Promkutkao  
Consultant of the President  
Faculty of Medicine  
Naresuan University  
Pitsanulok-Nakornsawan Road  
Muang District  
Pitsanulok 65000  
Thailand  
Email: choomnoomp@nu.ac.th

Dr Sauwakon Ratanawijitrasin  
Associate Professor  
Faculty of Social and Humanity  
Mahidol University, Salaya, Phutthamonthon,  
Nakorn Pathom, 73170, Thailand  
and Director, Pharmaceutical System  
Research. & Intelligence Centre  
Huachiew Chalermprakiet University;  
Yossey Campus  
Anantanak Road,  
Bangkok, Thailand  
Email: sauwakon.r@gmail.com

Prof. Sri Suryawati  
Head, Department of Clinical Pharmacology  
Faculty of Medicine  
Gadjah Mada University  
Yogyakarta 55281  
Indonesia  
Email: suryawati@yogya.wasantara.net.id

Prof. Surasak Taneepanichskul  
Dean  
College of Public Health Sciences  
Chulalongkorn University  
4-5th Floor, Institute Bldg.2  
Phyathai Rd., Pathumwan  
Bangkok 10330  
Thailand  
Email: cphs@chula.ac.th

### **College of Public Health Sciences (12)**

#### **A team of 12 staff**

Mr Narong Chornam

Ms Preeyanuch Panchim

Ms Daonapa Methateerant

Ms Sunanta Wongchalee

Ms Patcharin Chansawang

Ms Huamchan Srisopha

Ms Sunitra Pak-insee

Mr Prasit Pratumratanapaisan

Mr Adul Boonpin yo

MPH student

MPH student

#### **WHO Secretariat**

Dr Myint Htwe  
Director, Programme Management  
WHO Regional Office for South-East Asia  
New Delhi  
Email: htwem@searo.who.int

Dr Sultana Khanum  
Director, Health Systems  
Development  
WHO Regional Office for South-East Asia  
New Delhi  
Email: shona2008@yahoo.com

Dr K. Weerasuriya  
Regional Adviser  
Essential Drugs and Other Medicines  
WHO Regional Office for South-East Asia  
New Delhi  
Email: weerasuriyak@searo.who.int

Dr Kathy Holloway  
Dept. of Medicines, Policy and Standards  
WHO Headquarters  
Geneva  
Email: hollowayk@who.int

Dr Kin Shein  
Temporary International Professional  
WHO Regional Office for South-East Asia  
New Delhi  
Email: kinshein@yahoo.com

Ms Nantika Sungoonshorn  
Temporary International Professional  
WHO Regional Office for South-East Asia  
New Delhi  
Email: sungoonshornn@searo.who.int

Mr Ravinder Kumar  
Sr Administrative Secretary  
WHO Regional Office for South-East Asia  
New Delhi  
Email: kumarr@searo.who.int

Ms Parul Oberoi  
Secretary  
WHO Regional Office for South-East Asia  
New Delhi  
Email: oberoip@searo.who.int

Representative from WR Thailand

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*\*\*\* Observers*

### Annex 3

## Provisional programme

Date/Time	Event	Moderators & facilitators
<b>Wednesday, 12 December 2007</b>		
07:30–08:45	<b>Registration</b> (at the venue of the meeting)	
09:00–10:00	<b>Opening ceremony</b> In Rajmontien 2 <b>Welcome address</b> Prof. Surasakdi Thaneepanichskul Dean The College of Public Health Sciences Chulalongkorn University, Thailand <b>Address</b> Dr Samlee Plianbangchang Regional Director WHO South-East Asia Region <b>Address</b> Dr Charuaypon Torranin Permanent Secretary Ministry of Education, Thailand <b>Inaugural address</b> H.E. Dr Mongkol Na Songkla Minister, Ministry of Public Health Thailand	Master of Ceremony Dr Sathirakorn Pongpanich
10:00–10:15	Group photograph	

10:35–12:30	<b>Technical sessions</b> <b>Plenary session 1: Technical presentations</b> At Rajmontien 4
10:35–12:30 15 minutes of presentation and 15 minutes of open discussions for each technical presentation	<b><i>Objectives, expected outcomes and structure of the meeting</i></b> Dr Sultana Khanum Director, Health Systems Development WHO Regional Office for South-East Asia <b><i>Global perspective on education in the Rational Use of Medicines</i></b> Dr Kathy Holloway Medical Officer Department of Medicines Policy and Standards WHO headquarters, Geneva <b><i>The Rational Use of Medicines in South-East Asia Region</i></b> Dr Krisantha Weerasuriya Regional Adviser Essential Drugs and Other Medicines WHO Regional Office for South-East Asia <b><i>Fostering Rational Use of Medicines for consumers</i></b> Dr Sauwakon Ratanawijitrasin Associate Professor Pharmaceutical System Research & Intelligence Centre Huachiew Chalermprakiet University Thailand <b><i>Country experiences in education in Rational Use of Medicines: India</i></b> Prof. Ranjit Roy Chaudhury National Professor of Pharmacology New Delhi, India
13:30–15:00 15 minutes of presentation and 15 minutes of open discussions for each technical presentation	<b>Plenary Session 2: Technical presentations</b> In Rajmontien 4 <b><i>Country experiences in education in Rational Use of Medicines: Indonesia</i></b> Prof. Sri Suryawati Director Centre for Clinical Pharmacology and Medicine Policy Studies Gadjah Mada University Yogyakarta, Indonesia

**Country experiences in education in Rational Use of Medicines: Nepal**

Prof. Kumud K. Kafle  
Head, Clinical Pharmacology  
Institute of Medicine  
Tribhuvan University Teaching Hospital  
Kathmandu, Nepal

**Country experiences in education in Rational Use of Medicines: Thailand**

Dr Sauwakon Ratanawijitrasin  
Associate Professor  
Pharmaceutical System Research & Intelligence Centre  
Huachiew Chalermprakiet University  
Thailand

15:00–17:00

**Briefing on Group Work**

Dr Kin Shein  
Temporary International Professional  
WHO Regional Office for South-East Asia

**Group Work session**

Includes drafting of overall conclusions and recommendations relevant to each group for the regional meeting

**Group 1 A & B:** A Regional Strategic Framework for promotion of RUM in South-East Asia Region (in Rajmontien 4)

*Facilitators:*  
Dr Holloway  
Dr Weerasuriya

**Group 2 A & B:** A Country Strategic Framework to strengthen RUM through education of consumers (in Rajmontien 2)

*Facilitators:*  
Prof. Kafle  
Prof. Suryawati

**Group 3 A & B:** A model protocol to strengthen RUM through education of consumers (in Rajmontien 3)

*Facilitators:*  
Prof. Chaudhury  
Dr Sauwakon

**Thursday, 13 December 2007**

08:30–12:30

**Group Work session (continued)**

Including drafting of overall conclusions and recommendations relevant to each group for the regional meeting

- 13:30–15:00     **Group Work session (continued)**
- Including drafting of overall conclusions and recommendations relevant to each group for the regional meeting
- 15:20–17:00     **Plenary Session 3: Reporting of Group Work including presentation of:**
- A Regional Strategic Framework for Promotion of RUM in South-East Asia Region
  - A Country Strategic Framework to Strengthen RUM through Education of Consumers
  - A Model Protocol for Education of Consumers in RUM
  - Combined overall conclusions and recommendations of the meeting

### **Friday, 14 December 2007**

- 08:30–10:30     **Group Work session (continued): Revision of**
- A Regional Strategic Framework for Promotion of RUM in South-East Asia Region
  - A Country Strategic Framework to Strengthen RUM through Education of Consumers
  - A Model Protocol for Education of Consumers in RUM
  - Overall Conclusions and Recommendations
- 10:45–12:30     **Plenary Session 4: Presentation of the Revised Documents**     Dr Sultana Khanum
- A Regional Strategic Framework for Promotion of RUM in South-East Asia Region
  - A Country Strategic Framework to Strengthen RUM through Education of Consumers
  - A Model Protocol for Education of Consumers in RUM
  - Overall conclusions and recommendations of the meeting

13:30–14:00

**Closing session**

In Rajmontien 4

**Vote of thanks**

By two participants

**Closing address**

Professor Khungying Suchada Kiranandana  
President, Chulalongkorn University

**Closing address**

Regional Director, WHO South-East Asia Region

**Closing remarks and closure of the meeting**

Moderator

## **Annex 4**

### **Closing address by Prof. Khun-ying Suchada President Chaulalongkorn, University, Thailand**

- Honorable Dr Samlee Plianbangchang, Regional Director of the WHO South-East Asia Region
- Honorable guests, distinguished participants, ladies and gentlemen.
- First of all, I wish to express my thanks to the organizer for inviting me to deliver Closing Address at this important Regional Meeting on the Role of Education in the Rational Use of Medicines.

This meeting has deliberated on a very difficult area – Rational Use of Medicines, which is very complex in that there are many stakeholders often with competing objectives. It has emphasized the role of consumers; consumers after all would be the main beneficiaries of medicines used rationally which in turn would bring about better health outcomes.

Of all the stakeholders, consumers are the least organized. This meeting has provided a regional strategic framework, a country strategic framework which would finally lead to activities. Thus, there is a road map which makes it easy for those returning home to initiate activities.

As was mentioned right throughout the meeting, there is an enormous health, social and financial cost in the irrational use of medicines. It is a cost that we in the developing world with limited resources can ill afford. Ironically, what we have tried to do here, is not new medicines or new technologies but realizing the full potential of what already exists.

Education of consumers is a powerful weapon to bring about rational use. Information is power – consumers should use this power to benefit themselves as well as society. Governments have a role in encouraging consumers to take their rightful place in activities in medicines in their countries. This encouragement should not be policy statement but also specific, sustainable support such as representation in committees involved in medicines, funding for activities as well as regulations to ensure adequate, balanced unbiased drug information.

Chulalongkorn University has a history of providing drug information through its School of Pharmacy. We, therefore, will participate fully and enthusiastically in this activity, which will ultimately lead to better health. I will ensure that education as a means of promoting rational use will be incorporated into the curriculum of the medical, pharmacy, nursing and last but not least the school of education.

- Distinguished participants, ladies and gentlemen.
- In conclusion, I am sure that several approaches can be identified that will pave the way in educating the lay public on the proper use of medicine.
- We hope you had a pleasant stay in Bangkok and had some time to acquaint yourself with the culture and tradition of our country.
- Thank you very much and wish you a safe return journey to your respective countries.

## **Annex 5**

### **Closing remarks by Regional Director WHO South-East Asia Region**

Prof Khunying Suchada Kiranand, President Chulalongkorn University,  
Distinguished participants; Ladies and gentlemen;

We now come to the end of the South-East Asia Regional Meeting on Role of Education in Rational Use of Medicines.

I am sure of all us will agree that this has been one of the good meetings on the Rational Use of Medicines.

It has been a useful meeting with a useful set of conclusions and recommendations; which are very comprehensive.

The Regional Office will ensure the implementation in its totality within the means and capacity of WHO. All these conclusions and recommendations are really relevant to the improvement of the situation in the Rational Use of Medicines.

I must extend my sincere thanks to all participants for their keen interest and valuable contributions to the success of the meeting.

I am very glad that we can have a big group of participants for this meeting.

As far as education is concerned, these are some my thoughts:

We have worked under certain premises during the course of this meeting. We agree that irrational use of medicines is a great danger to our health and to our economy. And we believe that education of consumers and the public at large can be use as a powerful tool to improve the rational use of medicines.

Medicine is only one part of a range of interventions for people to stay healthy. Medicine is not everything for health.

Even many ailments are self-limited and can disappear without medical intervention, especially with healthy persons.

We should promote “self care”. Self Care does not mean that medicine has to be used.

Through education, people can be empowered to stay healthy; to make the right decision when come to the use of medicines.

This is within the context of health promotion and disease preventions whereby health risks are the main focus of our attention.

Medicine is a part of man’s environment.

Through the educational process, we can take man away from improper use of medicines. However, at the same time, we will have to continue to see the irrational use of medicines away from man through the enforcement of law and regulation.

Now, we have a series of conclusions and recommendations from the meeting. If your believe in them, when you go back home, please tell your peers, your people of what you have heard and believed.

I would like to encourage each one of us, if he or she can, to start a small project on this subject, in his or her health institution, school, family or community. WHO stands ready to provide necessary support to such an initiative.

Among others, the Regional Office will develop a resource centre of information and evidence to contribute to content of educational messages.

WHO is ready to send experts to help in the development of the project. We should start something small first, keep continuing, consistently, scaling up and amplifying activities; whenever we can.

We should learn from our experiences from our actions, by constant monitoring, evaluation and documentation. Think of using students as “change agents” in families; and using community-based health workers or community volunteers as “change agents” in the community, to amplify our belief, our activities.

In this exercise, we need to be focussed, strategic, practical and realistic.

We should start with a specific target group of population. First, before reaching out to a bigger area. All in all, I would like to emphasize the crucial role of the education sector, civil society and community-based organizations.

In the process, we should try to institutionalize what ever we are doing, we should look forward to the sustainability of whatever we can positively gain from this exercise.

After sometime, the Regional Office will organise another regional meeting to follow up the actions taken on the recommendations of this meeting.

It will be an opportunity for us to share our experiences in using educational tool to improve the rational use of medicines. In this exercise, we have to keep in mind that this is a difficult task; it is a long-term undertaking. It is a long pathway for us to gradually perfect our work through the educational process.

Once again, I repeat, WHO is ready to support the participants efforts in improving the rational use of medicines through educating consumers, and educating people in general.

Let me also once again thank the College of Public Health Sciences, Chulalongkorn University, for hosting this meeting. I thank the secretariat groups, both here in Bangkok and in New Delhi for their hard work in preparing for the meeting, and for the excellent arrangements made for the conduct of the meeting.

I thank the management of the Montien Hotel for the excellent back up support to the meeting. Very importantly, I gratefully thank Professor Khunying Suchada Kiranandana, President of Chulalongkorn University, for her kind consent to address the closing session.

Ladies and gentlemen;

We are meeting during the end of the year. Let me also wish all participants and all other present here a very Merry Christmas 2007 and a very Happy New Year 2008.

I wish all participants all the best and all success in their efforts to improve the use of medicines through consumers education.

Last, but not the least, I wish all participants a safe and enjoyable journey home.

Thank you for your attention.



**World Health  
Organization**

Regional Office for South-East Asia