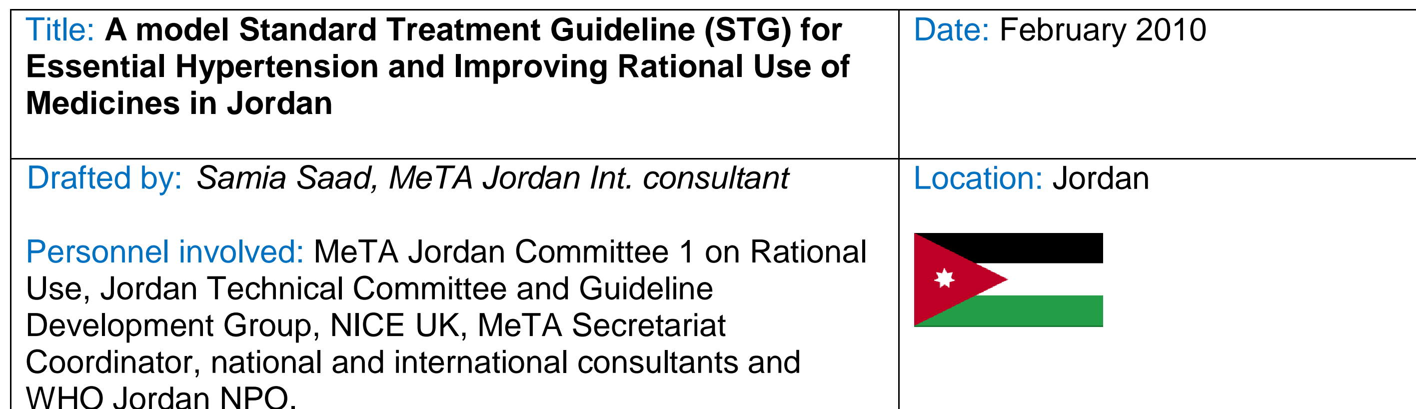
MeTA Medicines Transparency Alliance

Case Study MeTA JORDAN



Title: **A model Standard Treatment Guideline (STG) for Essential Hypertension and Improving Rational Use of Medicines in Jordan**	Date: February 2010
Drafted by: *Samia Saad, MeTA Jordan Int. consultant* Personnel involved: MeTA Jordan Committee 1 on Rational Use, Jordan Technical Committee and Guideline Development Group, NICE UK, MeTA Secretariat Coordinator, national and international consultants and WHO Jordan NPO.	Location: Jordan

Country context:

Jordan has three main healthcare providers, each providing services for approximately one-third of the population: Ministry of Health (MoH), Royal Medical Services (RMS) and private hospitals and clinics. The two university hospitals and King Hussain Cancer Center act as tertiary and referral centers. In addition,1.6 million Palestinian refugees have access to primary health care and medicines through the United Nations Relief Works Agency (UNRWA).

Health Financing[1]: Public 54.9%; Private 40.2%; Donors 4.9%. Public funds come from Ministry of Finance to MoH, RMS, and University Hospitals.

Health Expenditure: In 2007 $1.4 billion (9.5% of GDP; $250 per capita).

National or Social Health Insurance Coverage as % of Total Population approximately 87%[2] is insured: NHI (61%); Refugee's Mission (18%); private insurance (8%). Some of the population has multiple insurance coverage.

Local Pharmaceutical Manufactures: Jordan has a well developed, high quality local pharmaceutical manufacturing sector, with 16 GMP certified local branded generic medicines manufacturers, with 70% of production for export to 66 export markets. 48% in volume, 28% in value of medicines consumed in Jordan are manufactured locally and are essential for Jordan's economy (export & employment). No local manufacturing capacity for certain therapeutic areas such as oncology drugs or vaccines. The local manufacturers engage in contract manufacturing for large global pharmaceutical companies but currently this contributes to less than 5% of pharmaceutical sector revenue.

Problem identification:

Pharmaceutical expenditure in Jordan is high, particularly by households and individuals as out-of-pocket payments. One third of all health expenditure is spent on medicines/pharmaceuticals, with one third of medicines expenditures in the public sector and the remaining two thirds in the private

[1] Jordan NHA figures for 2007
[2] Jordan MoH 2009 Statistics at http://www.moh.gov.jo/MOH/Files/Publication/Ministry%20of%20Health%20Annual%20Statistical%20Book%202009.pdf

sector. Medicines expenditure is growing at 17% per annum compared to GDP growth of 3.3%. High household spending is due to many factors such as non-rational and wasteful prescribing, many over-the-counter purchases without a prescription (including antibiotics), high private sector prices (both patented and generic medicines) and insufficient availability in the public sector. At the same time, there is also evidence that in Jordan there is under treatment of certain diseases, such as hypertension.

Physicians in the public sector in Jordan have a high degree of prescribing autonomy since there are currently no national STGs, although institutional level STGs do exist such as at the RMS and KHCC. In addition, the KHCC tightly controls pharmaceutical representatives' access to physicians. These are however the exceptions and physicians/prescribers overall are quite susceptible to promotion by pharmaceutical manufacturers and there is a culture of prescribing branded new medicines, even where older medicines with cheaper generic equivalents exist and are scientifically proven to be as effective and safe.

Physician prescribing behaviour: "The prescribing behaviour of physicians [and dispensing behaviour of pharmacists] are the primary reason for the high level of drug consumption in Jordan, changing the prescribing behaviour [and dispensing practices] of providers is a necessary condition for achieving overall cost containment objectives". (p.12 of NHA 2007)

MeTA's intervention

The MeTA multi-stakeholder group identified **non-rational use of medicines** as one of the priority areas they would like to tackle as part of their national MeTA workplan.

To this end, MeTA Committee 1, *Improving Rational Use of Medicines*, was formed. As a first step towards changing physician prescribing behaviour, the Committee concentrated on consolidating and implementing Standard Treatment Guidelines (STGs). They commenced their work by reviewing what already existed and conducting a gap analysis. The main finding was that many ad hoc examples of STGs existed, however many were not used systematically or for a sustained period. Recently, there has been a renewed interest in implementing STGs in Jordan because they are part of the requirements for hospitals to be accredited by the US-affiliated *Joint Commission for Accreditation* - part of the Jordan-USAID Health Systems Strengthening[3] project.

The World Bank, using MeTA funds, provided finance for NICE International to work with Committee 1, alongside UK Department of Health's Global Health Strategy[4] funding. NICE International is a division of the National Institute for Clinical Excellence (NICE), an independent organisation responsible for providing national guidance to the UK Department of Health on promoting good health and preventing/treating ill health, using evidence based medicine. NICE support focussed on working with a Jordanian technical committee to develop an evidence-based **STG for Essential Hypertension**, a high priority disease area identified by Jordanian stakeholders, which is often under treated and can result in the need for more complex and costly health interventions further down the line.

[3] Jordan Health Care Accreditation Program at http://ghiqc.usaid.gov/tasc3/docs/jhca_jordan/jhca_jordan_sow.pdf
[4] UK Department of Health Global Health Strategy at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702

Outputs:

A Guideline Development Group (GDG) was formed, consisting of a number of senior clinicians from all the different public sector institutions, which included cardiology specialists, general practitioners (family medicine), pharmacists, clinical pharmacists, policy makers and health economists as well as NICE International. A core Jordanian-UK technical team carried out further analytical work to inform the final output - an evidence-based treatment algorithm (STG model) for Jordan.

Committee 1 and the MeTA Council are progressing with the next steps and are working on developing an implementation & monitoring plan to be put forward to the MoH. Jordan will be divided into north, middle and southern primary care centre areas to disseminate information and promote the hypertension STG and how it should be used. There are also plans to develop a leaflet and to place the information on appropriate public healthcare websites.

MeTA Committee 1 and Committee 2 (Rational Drug List (RDL) and Evidence Based Medicine) met on 10th May 2010 with the MoH Permanent Secretary and the Jordan National Drug Formulary (JNDF) Advisory Board to approve and discuss how to implement the Essential Hypertension STG as a model within public primary healthcare facilities, as well as revision to criteria and transparent SOPS for selection and de-selection of medicines from the RDL.

Impact and significance:

Having transparent national STGs and making them mandatory within a public health system is a major way to ensure that healthcare treatment options provided to populations are the best and most appropriate that the country can afford. It can also help ***limit the impact of potential unethical promotion*** of medicines by pharmaceutical companies on prescribers. This in turn will lower the cost of individual treatment courses, allowing the public sector to purchase more appropriate medicines, ultimately improving availbility and access to medicines.

Implementing mandatory STGs is a critical first step that links into other MeTA Jordan strategies to improve rational use of medicines. MeTA Committee 1 (Rational Drug Use and Encouraging Best Practice) and MeTA Committee 2 (RDL and Evidence Based Medicine) as part of their priority areas identified in the MeTA National workplan, have been working towards improving rational use of medicines within the public healthcare system through:

1. Using the RDL to standardise protocols of selected disease
2. Increasing the acceptability/impact of the RDL and reducing variation/inequity in current practices.
3. Training and involving hospital Pharmacy & Therapeutic Committees to activate their role in the implementation of STGs and related monitoring processes

It is widely recognized that to improve rational use of medicines requires a multi-stakeholder approach. It requires changing both **prescriber** behaviour as well as consumption behaviour by **users** is necessary. To this end MeTA Committee 3, *Civil Society Organisation (CSO) Capacity Building,* and its broader constituency of 30 CSOs and patient groups will work with Committee 1 to raise awareness on the importance of rational use of medicines and STGs to patients, as part of a joint multi-stakeholder approach.

The private sector also has a role to play and the local industry is represented and a participant on

Committee 2. The Physician and Pharmacy Associations have high level representives on the MeTA Council and will be also be holding workshops to promote rational use of medicines and the importance of implementing national STGs to their members (public and private sector).

What lessons can be drawn from this experience?

The Government of Jordan has already shown commitment to improving rational use of medicines by creating a dedicated Rational Drug Use (RDU) Unit within the JFDA in 2005, as part of a joint Government of Jordan and World Bank Health Sector Reform project. In addition, a publicly available Rational Drug List (RDL)[5] was developed with technical and financial help from PHR*plus.* However the RDU has limited resources and needs to be empowered.

Good work has been conducted by MeTA Committees to improve and make more transparent processes for selecting/deselecting medicines to the RDL, as well as on Standard Treatment Guidelines (STGs). But past experience has clearly highlighted that the key challenge is **implementation**. This requires incentives by the MoH to adhere, as well as lots of dissemination workshops. Involving senior clinicians from the various public institutions in the development and refinement of the essential hypertension STG was a crucial step to ensure their 'buy in' and leadership in helping convince their peers of the benefits of implementing STGs to improve rational use of medicines and ultimately access to essential medicines. In addition, a multi-sectoral approach targeting patients (consumers of medicines) will be needed working with the patient and consumer groups that are part of the MeTA process in Jordan.

Links to useful publications/websites/

- Batieha, Anwar (2003) Situation analysis of the health sector in Jordan, High Health Council, Jordan. http://www.hhc.gov.jo/sa.htm
- WHO (2008) Jordan Country profile: World Health Report
- National Health Accounts of 2007 (published July 2009)
- http://www.who.int/nha/country/jor/jordan_nha_2007.pdf
- Bader, Rania (2007) HAI/WHO Medicine prices, availability, affordability & price components in Jordan.
- Saad, Samia (2007) Medicines Transparency Alliance: Scoping Report for Hashemite Kingdom of Jordan
- Jordan National MeTA Workplan (February 2009) http://www.medicinestransparency.org/fileadmin/uploads/Documents/MeTA-Jordan-workplan.pdf
- World Bank Health Sector Reform Project Final Report- Jordan http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2005/06/01/000090341_20050601121727/Rendered/PDF/31986.pdf

Contact Details of Key People

Dr Lama Hmoud
MeTA Rational Use Committee (1)
Director of Clinical Pharmacy and Pharmacy Practice,
Ministry of Health, JORDAN
Email: lama.hmoud@yahoo.com

Kalipso Chalkidou
Director, NICE International
National Institute for Health & Clinical Excellence, UNITED KINGDOM
Email: kalipso.chalkidou@nice.org.uk

[5] http://www.jfda.jo/RDU