

SYMPOSIUM ON DRUG EVALUATION  
AND LICENCING

EM/SYM.DRG.EVL.LIC./9 JORDAN

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Country Statement of Jordan

by

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Mr Chairman, Dear Colleagues,

Medical services in Jordan are offered through governmental and private institutions. Governmental institutions are those of the Ministry of Health, the Royal Medical Services and the University Hospital. Some of the statistical figures to be given will not include the Royal Medical Services.

Taking the human element which plays the major role in offering these medical services, i.e. physicians, dentists, pharmacists and nurses, the following figures give us the number of those who are actually practicing these professions at the end of 1977.

Physicians	1 200
Dentists	210
Pharmacists	450
Nurses	600

Having a population in Jordan of about 2.5 million, the average number of those who are practicing each of the mentioned professions per 10 000 of the population will be:

Physicians	5.4
Dentists	0.9
Pharmacists	2
Nurses	2.7

The number of beds in our hospitals is around 3 300. The number of clinics is  $\approx$  450 and the number of MCH centres is 52.

Another important element of medical services is the Drug. Drugs are very essential and should be dispensed to every patient who needs it even to those who are unable to purchase it. In fact, a very large percentage of our families do not account for the price of drugs when considering their budgets as compared to other needs such as food, clothes, etc. Therefore, they sometimes find it very difficult to manage this sudden need for drugs.

The pharmaceutical institutions in Jordan which deal with drugs are the drug manufacturing firms, drug stores and pharmacies. We have one firm which is actually manufacturing drugs and another two firms are expected to start production at the

beginning of 1979. A fourth one which is specialized in parenterals is also expected to start production within the first half of 1979. A fifth one is newly licenced and it is not clear when it will start its production.

As to drug stores, we have 49 drug stores. These institutions are intended for the importation of pharmaceuticals and its distribution to pharmacies. Each drug store usually represents a number of pharmaceutical firms and supervises detailing of its products.

Pharmacies are intended for the direct dispensing of drugs to the patient. Different from drug stores, the number of pharmacies is increasing annually. In 1977, the number of pharmacies was 195.

Our drug policy can be understood from our applied pharmaceutical laws and acts. The first pharmaceutical legislation was in 1927, and it was the Law of Pharmacy and Dangerous Drugs Trading. It was mainly concerned with licensing for practicing pharmacy with some regulations regarding compounding and dispensing of medicinals.

In 1957 the Law of the Pharmacy Syndicate was adopted. This was, of course, more developed than the preceeding one but still it did not cover the different sides of this profession. This was followed, in 1966, by the Drug Manufacturing and Control Act. According to this act the technical committee for drug control was assigned. This committee dealt with registration of pharmaceuticals and determining its prices in accordance with certain regulations.

In 1968 the Pharmacists Licensing Act was applied specifying the requirements one has to have to get the license for practicing pharmacy.

Finally, in 1972, all of these laws and acts were revised and modified to meet the needs and cover all scopes of this profession. The result was that the Law of Pharmacy Practicing No. 43 was put into action on the first of August 1972.

This was the first comprehensive law that specified the duties and rights of pharmacists and dealt with almost all the pharmaceutical affairs. It was accompanied by the following acts:

- The Technical Committee for the Control of Drugs Act No. 15 (1973).
- Pharmacists Exam. Act No. 134 (1973).
- Specifications and Standards for Pharmacies and Drugstores Act No. 135 (1973).

The various affairs of the syndicate, on the other hand, were governed by a separate law, i.e. the Pharmacists Syndicate Law No. 51 for the year 1973.

On the basis of this law two acts were issued, Pharmacists Syndicate Internal Affairs Act No. 45 (1974) and Retirement and Social Insurance Act No. 46 (1974).

As mentioned the technical committee for drug control was assigned together with its general policy according to the Law of Pharmacy Practicing. Its final goal is to have all the necessary and useful drugs to be available in our market with reasonable prices.

Each drug has to be registered after the approval of this committee and its price is to be determined in accordance with certain specified criteria. Approval for registration is usually based on the scientific information and data supplied with the application form. The price is then determined on the basis of the export price, public price in the country of origin, price of other similar products available in the market and price of same product in the neighbouring countries.

As we can see, it is very difficult to have a definite and sensitive criterium for determining the price of each drug applied for, unless we consider all the factors affecting this price. This requires a tedious procedure, which is impractical in most of the cases. Therefore, the technical committee considers the mentioned four criteria as guidelines to have a reasonable price.

Drugs available in our market are imported from 36 countries in addition to what is manufactured locally. Ten years ago we had about 15 000 products of different trade names. Re-evaluation of these products by the technical committee ended with the following numbers:

	1971	1972	1973	1974	1975	1976	1977
Number of firms	402	402	302	302	302	201	225
Number of trade names	3 371	3 385	1 728	1 885	1 952	1 671	1 743
Number of pharmaceutical presentations	6 177	6 700	3 200	3 388	3 463	2 791	2 505

Excluding the direct purchases of drugs by the Royal Medical Services, our annual consumption of drugs for each of the last twelve years is shown in the following table:

ANNUAL CONSUMPTION OF DRUGS IN J.D.

	<u>Imported</u>	<u>Locally Manufactured</u>	<u>Total Consumption</u>	<u>Percentage of the Locally Manufactured products</u>	<u>Percentage of Annual increase in consumption (each year is compared with the preceding one)</u>
1966	1 446 909	--	1 446 909	0.0%	--
1967	1 341 281	85 383	1 426 667	6.0%	1.4%
1968	1 439 257	83 121	1 522 378	5.5%	5.2%
1969	1 433 509	104 073	1 537 582	6.8%	1.0%
1970	1 501 072	137 260	1 638 332	8.4%	6.6%
1971	2 132 171	194 241	2 326 412	8.4%	42.0%
1972	1 883 940	277 297	2 161 237	12.8%	7.1%
1973	1 945 436	253 338	2 208 374	11.9%	2.2%
1974	2 311 201	335 867	2 647 068	12.7%	19.8%
1975	3 216 649	621 559	3 838 208	16.2%	45.0%
1976	4 100 000	731 913	4 921 913	14.8%	20.4%
1977	6 870 713	1 049 933	7 920 676	15.2%	61.9%

The average consumption of drugs as per individual in JD for each of the last seven years is as follows:

1971	1972	1973	1974	1975	1976	1977
2.152	1.680	1.664	1.932	2.717	3.20	3.619