





وزارة الصحة  
Ministry of Health

# National Antimicrobial Stewardship (AMS) Policy

<b>Document Title</b>	<b>National Antimicrobial Stewardship (AMS) Policy</b>
<b>Document Type</b>	National Policy
<b>Directorate/Institution</b>	Center for Disease Control & Prevention
<b>Targeted Group</b>	All Healthcare institutions in Oman
<b>Document Author</b>	National Health Antimicrobial Resistance Committee
<b>Designation</b>	National Health Antimicrobial Resistance Committee
<b>Document Reviewer</b>	National Health Antimicrobial Resistance (AMR) Committee members
<b>Designation</b>	As per the list
<b>Release Date</b>	1 <sup>st</sup> /January/ 2025
<b>Review Frequency</b>	Five years

<b>Validated by</b>		<b>Approved by</b>	
Name	Dr Amal Al Maani	Name	HE. Dr. Hilal Al Sabti
Designation	Director General, Center for Disease Control & Prevention	Designation	Minister of Health
Signature		Signature	
Date	January 2025	Date	16/1/2025

## Message

Antimicrobial resistance (AMR) is one of the most pressing global health challenges of our time. It threatens to undermine decades of medical advancements and jeopardizes our ability to effectively treat infections, making routine procedures and surgeries increasingly risky. The overuse and misuse of antimicrobials have accelerated the emergence and spread of resistant microorganisms, posing a significant threat to public health, food security, and economic stability.

In response to this critical issue, The Sultanate of Oman recognizes the urgent need for a coordinated, multidisciplinary approach to address AMR through antimicrobial stewardship. This policy represents a comprehensive framework to guide healthcare professionals, and stakeholders in optimizing the use of antimicrobials to preserve their efficacy for future generations. By promoting evidence-based practices, strengthening infection prevention and control measures, and enhancing surveillance systems, this policy aims to combat AMR and improve health outcomes for all citizens.

The development of this policy has been guided by international frameworks, including the Global Action Plan on Antimicrobial Resistance by the World Health Organization (WHO), and tailored to address the unique challenges and opportunities within our national context.

As we implement this policy, we call upon all stakeholders—including healthcare providers, institutions, policymakers, researchers, and the public—to work together to ensure its success. By adopting responsible antimicrobial practices, investing in education and research, and strengthening partnerships, we can safeguard the effectiveness of these life-saving medicines and protect the health and well-being of current and future generations.

The Sultanate of Oman reaffirms its commitment to combating AMR as a national priority, aligning our efforts with global initiatives to build a healthier, safer world. Let this policy serve as a cornerstone of our collective response to one of the defining health challenges of the 21st century.



**H.E. Dr. Hilal bin Ali Al Sabti**  
**Minister of Health**



## Acknowledgement

This document was developed with much appreciated support of the national Health Antimicrobial Resistance Committee members. We acknowledge the commitment and tireless efforts of each committee member, whose diverse perspectives and profound insights have enriched the policy's scope and depth.

Furthermore, we would like to thank the Quality Assurance Center for validating the document.

The task force for the development of this document included:

### Document Authors and Reviewers:

No.	PARTICIPANT NAME	ORGANIZATION
1	Dr. Amal AlMaani	CDPC
2	Dr. Amina Al Jardani	CPHL
3	Dr Kawther Al Amri	Medical city for military and security services
4	Dr. Azza Al-Rashdi	CPHL
5	Ph. Sara Al Balushi	DGMS
6	Ph. Yahya Al Rashdi	Khoulah Hospital-MOH
7	Dr Zaid Al Hinai	SUQH/UMC
8	Dr Hilal Al Sudairi	Royal Hospital-MOH
9	Dr. Abdul Rahmani Al-Azri	Al Nahdha Hospital
10	Dr Abdullah Al Qayoudhi	CDCP-MOH
11	Dr Adil Al-Wahaibi	CDCP-MOH
12	Dr Dalal AlGHafri	Ibri Hospital
13	Ph. Shabana Al Balushi	Drug safety center-MOH
14	Dr Talib Al Moqbali	Sohar Hospital
15	Dr Sultan Al Busaidi	DGHS- N.Sharqiyah
16	Dr Suliaman Al Mawali	Oman International Hospital
17	Dr Ameen Ratna	Sultan Qaboos Hospital
18	Mrs Shamsa Al Burtmani	DGIT

<b>Table of Contents</b>	
<b>Acronyms</b>	<b>5</b>
<b>Definitions:</b>	<b>6</b>
<b>National Antimicrobial Stewardship (AMS) Policy</b>	<b>8</b>
<b>1.Introduction:</b>	Error! Bookmark not defined.
<b>2.Vision:</b>	Error! Bookmark not defined.
<b>3.Values and guiding principles</b>	<b>9</b>
<b>4.Policy statements</b>	<b>10</b>
<b>5. Policy Implementation</b>	<b>10</b>
<b>6.Target Audience</b>	<b>11</b>
<b>7.Purpose</b>	<b>12</b>
<b>8.Policy Objectives</b>	<b>12</b>
<b>9. Key Components of the National AMS Program</b>	<b>12</b>
<b>9.1 National Leadership and Governance</b>	<b>12</b>
<b>9.2 National Antimicrobial Formulary and Guidelines</b>	<b>14</b>
<b>9.3 AWaRe classification of antibiotics</b>	<b>14</b>
<b>10.Roles and Responsibilities</b>	<b>15</b>
<b>11.Policy Monitoring, Compliance, and Evaluation</b>	<b>16</b>
<b>12.Review and Revision</b>	<b>16</b>
<b>13.Document History and Version Control</b>	<b>17</b>
<b>14.References</b>	<b>17</b>
<b>15.Annex-I</b>	<b>18</b>

## Acronyms

AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
ASP	Antimicrobial Stewardship Program
AMU	Antimicrobial Utilization
CRE	Carbapenam Resistant Enterobacterales
HAI	Healthcare Associated Infection
HCW	Healthcare Worker
IPC	Infection Prevention and Control
MDRO	Multi Drug Resistant Organism
MDR TB	Multi Drug Resistant Tuberculosis
OMASS	Oman Antimicrobial Surveillance System
MRSA	Methicillin Resistant Staphylococcus aureus
VISA	Vancomycin Resistant Staphylococcus aureus
VRE	Vancomycin Resistant Enterococcus
WHA	World Health Assembly
WHO	World Health Organization
UNGA	United Nation General Assembly

## Definitions:

**Antimicrobial Stewardship (AMS):** A coordinated set of strategies to optimize the use of antimicrobial agents to improve patient outcomes, reduce microbial resistance, and decrease unnecessary costs associated with antimicrobial use.

**Antimicrobial Resistance (AMR):** The ability of microorganisms to resist the effects of antimicrobial agents, rendering standard treatments ineffective and allowing infections to persist and spread.

**Antimicrobial Agents:** Medications, including antibiotics, antivirals, antifungals, and antiparasitics, used to prevent or treat infections caused by microorganisms.

**AWaRe classification of antibiotics:** The AWaRe classification of antibiotics was developed by the WHO Expert Committee on Selection and Use of Essential Medicines as a tool to support antibiotic stewardship efforts at local, national and global levels. Antibiotics are classified into three groups, Access, Watch and Reserve, taking into account the impact of different antibiotics and antibiotic classes on antimicrobial resistance, to emphasize the importance of their appropriate use.

**Healthcare-Associated Infections (HAIs):** Infections that patients acquire while receiving treatment for medical or surgical conditions in healthcare settings, often caused by resistant pathogens.

**Empirical Therapy:** The initiation of antimicrobial treatment based on the most likely pathogens causing an infection, before specific laboratory results are available.

**Definitive Therapy:** Antimicrobial treatment tailored to the specific pathogen and its susceptibility profile, as determined by laboratory results.

**Surveillance:** The systematic collection, analysis, and interpretation of data on antimicrobial use and resistance patterns to inform AMS interventions and policies.

**Diagnostic Stewardship:** The practice of optimizing the use of diagnostic tests to ensure the accurate identification of pathogens and their resistance profiles, supporting effective AMS efforts.

**Multidisciplinary Team (MDT):** A group of healthcare professionals, including physicians, pharmacists, nurses, microbiologists, and infection prevention experts, working together to implement AMS programs.

**Infection Prevention and Control (IPC):** A discipline focused on preventing healthcare-associated infections through measures such as hand hygiene, sterilization, isolation protocols, and vaccination.

**Prescription Audit:** A review of antimicrobial prescriptions to assess their appropriateness based on guidelines and clinical evidence.

**Formulary Restriction:** Policies that limit the use of certain antimicrobials to specific indications or require approval from AMS teams before use.



# National Antimicrobial Stewardship (AMS) Policy

## 1. Introduction

Antimicrobial resistance (AMR) is a critical global health challenge that threatens to reverse decades of medical progress. It jeopardizes our ability to treat infections effectively, increasing the risks associated with routine procedures and surgeries. The overuse and misuse of antimicrobials have accelerated the emergence and spread of resistant microorganisms, posing severe risks to public health, food security, and economic stability.

Recognizing the urgency of this issue, the Sultanate of Oman is committed to addressing AMR through a coordinated, multidisciplinary approach rooted in antimicrobial stewardship. Oman has been proactive in addressing antimicrobial resistance (AMR) and has established the national action plan (NAP) in 2016 which was signed and endorsed by the Minister of Health and the Minister of Agriculture and Animal Wealth.

The current threats of AMR in Oman are similar to those global threats. Recent national data have shown an increasing trend of the multidrug resistant Gram negative such as multidrug resistant Acinetobacter (MDRA), the Carbapenamse producing Enterobacterales (CRE), MRSA, enteric pathogens such as Salmonella, resistant fungal pathogens such as Candida auris and Multidrug resistant TB. The actual magnitude of these organisms needs to be addressed by implementing the national surveillance system. Similarly, the antimicrobial utilization and consumption also found to be increasing in certain settings. (1) OMASS 2023)

This policy provides a comprehensive framework to support healthcare professionals and stakeholders in optimizing antimicrobial use, preserving their effectiveness for future generations. By fostering evidence-based practices, enhancing infection prevention and control, and strengthening surveillance systems, this policy aims to mitigate AMR and ensure better health outcomes for all citizens

## 2. Vision

To promote responsible use of antimicrobials, mitigate antimicrobial resistance and elevate patient care through adherence to evidence-based practices.

### **3.Values and guiding principles**

#### **3.1 Core Values:**

##### **1. Patient-Centered Care**

- Ensuring every Omani patient has access to the correct antimicrobial treatment, minimizing harm while addressing unique cultural and healthcare expectations.

##### **2. Sustainability for Future Generations**

- Aligning with Oman Vision 2040 by preserving the effectiveness of antimicrobials as a critical resource for the country's long-term health security.

##### **3. Accountability and Leadership**

- Empowering healthcare leaders and practitioners in Oman to champion antimicrobial stewardship at all levels, from national policy to daily clinical practice.

#### **3.2 Guiding Principles**

##### **1. Education and Capacity Building**

- Prioritize training for healthcare workers, pharmacists in Oman on antimicrobial resistance (AMR) and AMS practices.
- Raise public awareness on the risks of self-medication and misuse of antibiotics through culturally appropriate campaigns in Arabic and local dialects.

##### **2. Evidence-Based Decision Making in Omani Context**

- Develop localized clinical guidelines tailored to Oman's disease patterns, resistance data, and healthcare infrastructure.
- Promote the use of advanced diagnostic tools for evidence-based prescribing.

##### **3. Prevention as a Pillar**

- Strengthen infection prevention and control (IPC) programs in hospitals and clinics across Oman, emphasizing hand hygiene and vaccination.
- Implement community-based health promotion campaigns to reduce infection risks, especially among vulnerable populations.

##### **4. Optimization of Antimicrobial Use**

- Promote rational prescribing of antimicrobials in both public and private healthcare sectors in Oman.

- Strengthen the role of pharmacists in overseeing and guiding appropriate antibiotic dispensing.

#### **5. Surveillance and Monitoring**

- Enhance Oman’s **AMR surveillance network** to monitor antimicrobial use and resistance patterns nationally.
- Establish mandatory reporting of antimicrobial usage and resistance data across hospitals, clinics, and pharmacies.

#### **6. Innovation and Adaptability**

- Foster research and development in Oman’s universities and healthcare institutions to study AMR trends and develop localized solutions.

#### **7. Transparency and Community Engagement**

- Ensure clear communication of AMS policies, goals, and outcomes with the Omani public and healthcare workforce.

### **4. Policy statements**

The Antimicrobial Stewardship Program (ASP) aims to promote the appropriate use of antimicrobials by ensuring evidence-based prescribing, optimizing patient outcomes, minimizing antimicrobial resistance, and preserving the effectiveness of these critical medications for future generations. The program will implement monitoring, education, and collaborative efforts across all sectors of healthcare, aligned with national and international guidelines to safeguard public health.

### **5. Policy Implementation**

The development and approval of a National Antimicrobial Stewardship (AMS) Policy needs to be followed by the formulation of a National AMS Strategic Plan and annual Operational Plans under the leadership of the Ministry of Health (MoH) and the National Health AMR Committee, with input from subject experts and key stakeholders.

The policy statements of the National AMS Policy are translated into strategic objectives, which describe, in broad terms, the activities that need to be undertaken to fulfil the policy statements. Strategic Plans serve as dynamic, living documents that are implemented through annual operational plans linked back to the strategic objectives. These documents should be periodically updated to reflect achievements, challenges, and lessons learned during implementation.

The national action operational plans (NAP 2025-2030) will focus on specific technical and managerial areas. They must include clear objectives, activities, and measurable indicators for monitoring and evaluation. Each activity within the operational plans should be costed to ensure its feasibility and alignment with available managerial and financial resources. A dedicated budget for implementation must be allocated to guarantee smooth and integrated execution at a pace consistent with the resources available. (2)

Activities within operational plans are formulated as SMART (Specific, Measurable, Agreed, Realistic, and Time-bound) actions. The successful implementation of these actions requires the support of multiple sectors. This integrated approach to implementing the National AMS Policy will facilitate sustained progress in addressing antimicrobial resistance and achieving the policy's overarching goals.

## **6. Target Audience**

This policy applies to all healthcare facilities within the Sultanate of Oman, including:

- Public and private hospitals
- Primary healthcare centers
- Specialized medical centers
- Community pharmacies

It is relevant to all healthcare professionals involved in antimicrobial prescribing, dispensing, administration, and monitoring, including:

- Physicians
- Nurse practitioners
- Clinical pharmacists
- Microbiologists
- Nurses

The policy also extends to patients receiving antimicrobial therapy and their caregivers, promoting public awareness regarding the risks and responsibilities associated with antimicrobial use.

## 7. Purpose

The purpose of this policy is to provide a unified, national framework for the stewardship of antimicrobials in all healthcare facilities in the Sultanate of Oman. The goal is to optimize the clinical use of antimicrobials, reduce the emergence and spread of antimicrobial resistance (AMR), and ensure the safe, effective, and cost-efficient use of antimicrobial agents across the nation.

## 8. Policy Objectives

The key objectives of the National AMS Policy are to:

- 8.1 Ensure Optimal Clinical Outcomes:** Guarantee that all patients receive the most appropriate, evidence-based antimicrobial therapy to treat infections effectively.
- 8.2 Reduce Antimicrobial Resistance (AMR):** Minimize the development and spread of AMR by promoting the appropriate, prudent use of antimicrobials.
- 8.3 Prevent Healthcare-Associated Infections (HAIs):** Implement preventive strategies to reduce the need for antimicrobial therapy, including infection control measures and the appropriate use of antimicrobial prophylaxis.
- 8.4 Promote Cost-Effective Use of Antimicrobials:** Reduce unnecessary healthcare costs by preventing the overuse or misuse of antimicrobials.
- 8.5 Standardize Education and Training:** Equip healthcare providers with the knowledge and skills needed to implement antimicrobial stewardship practices and reduce the risks associated with antimicrobial use.
- 8.6 Research and development:** Support research initiatives aimed at improving antimicrobial stewardship practices and developing new antimicrobial agents.
- 8.7 Patient Education:** Educate patients on the appropriate use of antimicrobials and the importance of adherence to prescribed treatments.

## 9. Key Components of the National AMS Program

### 9.1 National Leadership and Governance

- The **Ministry of Health (MOH)** will oversee the implementation and evaluation of the AMS program at the national level through the **Health Committee for Antibiotic Resistance Control**

- The **AMS Steering group (AMS subcommittee)** established as part of **Health Committee for Antibiotic Resistance Control** and the AMR section at the center for Disease Control and Prevention will be responsible for:
  - Coordinating AMS efforts across all healthcare facilities in Oman.
  - Developing national guidelines and monitoring programs.
  - Providing regular updates and recommendations to the MOH.
  - Monitor the implementation of the program and its impact by the established monitoring and evaluation framework.
- Each healthcare facility will need to establish a multidisciplinary AMS taskforce and/or committee responsible for:
  - Developing facility policy for AMS and coordinating the activities
  - Hospital leadership support is essential to support all the activities and interventions of the program to improve the antibiotics use in the facility.
  - the program should be led by a senior physician who will be responsible for the program outcomes of the stewardship activities.
  - Antimicrobials Expert Whenever possible, the team running the Antimicrobial Stewardship (AMS) program should be composed of clinical pharmacy, senior clinician, Infectious disease, microbiologist, infection prevention and control specialist, nursing representative, quality improvement officer, Information technology personnel.
    - Monitoring implementation of national and facility program and updating recommendations accordingly
    - **Promoting Diagnostic Stewardship and** optimizing the use of diagnostic tests to ensure the accurate identification of pathogens and their resistance profiles, supporting effective AMS efforts.
    - Providing feedback and regular reports to the health care facility administration and the **Health Committee for Antibiotic Resistance Control**

## 9.2 National Antimicrobial Formulary and Guidelines

- The **National Formulary** of antimicrobials and clinical will be reviewed, and updated regularly by the **AMS Steering group of Health Committee for Antibiotic Resistance Control**, in alignment with national treatment guidelines and resistance patterns.
- **National Clinical Antimicrobial Prescribing Guidelines:** All healthcare facilities in Oman must adhere to **national prescribing guidelines** that emphasize:
  - Correct diagnosis of infections.
  - Empiric and definitive therapy recommendations based on national resistance patterns and local epidemiology.
  - De-escalation of therapy based on culture results and clinical response.
  - Adherence to evidence-based standards for prophylactic antimicrobial use.

## 9.3 Adapt the AWaRe classification of antibiotics to support antibiotic stewardship efforts at local, and national levels.

- The WHO classification of Antibiotics into three groups, Access, Watch and Reserve, will be tagged to all prescriptions for monitoring consumption from each category.
- Monitor and follow targets set for national consumption of antimicrobial to be 70% from Access group.

## 9.4 Education, Training, and Awareness

- A **national training program** will be provided continuous for education for all healthcare professionals involved in antimicrobial prescribing and management. This program will include:
  - On boarding for new healthcare providers on AMS principles.
  - Continuing professional development on resistance trends, new therapies, and clinical guidelines.

- Public awareness campaigns to educate the population about the dangers of overusing antibiotics and the importance of adhering to prescribed treatments.

## **9.5 Surveillance and Monitoring of AMR and Antimicrobial consumption at national and local level**

- A national **antimicrobial resistance surveillance system** is implemented since 2017, in collaboration with healthcare facilities and laboratories, to monitor trends in resistance and guide the national AMS program.
- Regular audits will be conducted across healthcare facilities to assess compliance with the national AMS guidelines. These audits will cover:
  - Appropriate use of antimicrobials.
  - Adherence to national formulary recommendations.
  - Duration and dosage of antimicrobial therapy.
- Data from these audits will be reported annually to the MOH and used to refine policies and practices.

## **9.6 Infection Prevention and Control Integration**

- Infection prevention and control (IPC) strategies will be integrated with AMS efforts, including:
  - Hand hygiene protocols.
  - Waste, Water , and Sanitation access and management
  - Isolation and cohorting strategies to prevent the spread of resistant organisms.
  - Education on vaccination to prevent infections that may require antimicrobial therapy.

## **10.Roles and Responsibilities**

### **Ministry of Health (MOH)**

- Develop, implement, and update the national AMS policy and guidelines.



- Coordinate national surveillance efforts and provide necessary resources.
- Oversee and support regional and local healthcare facilities in their AMS efforts.

### **Healthcare Facilities**

- Adhere to the national AMS guidelines and integrate them into local practice.
- Establish a facility ASP committee to oversee the implementation of the policy.
- Integrate ASP activities into existing healthcare quality improvement programs
- Implement AMS strategies, including prescribing audits, training, and feedback.
- Submit relevant data to the MOH and participate in national surveillance programs.

### **Healthcare Providers (Physicians, Nurses, Pharmacists)**

- Follow national AMS guidelines for antimicrobial prescribing and monitoring.
- Participate in continuous education and training on antimicrobial resistance and stewardship principles.
- Engage with the AMS team when guidance is needed on antimicrobial therapy.

### **Patients and Public**

- Be educated on the risks associated with self-medication and the misuse of antibiotics.
- Adhere to prescribed antimicrobial treatments and complete the full course of therapy.
- Seek medical advice before using any antimicrobials.

## **11. Policy Monitoring, Compliance, and Evaluation**

- The **Ministry of Health** will monitor the compliance of healthcare facilities with this national policy through routine audits, surveillance reports, and feedback from the AMS Steering group.
- **Annual evaluation** of the national AMS program’s impact on antimicrobial resistance rates, infection control, and clinical outcomes will be conducted to assess the effectiveness of the policy.

## **12. Review and Revision**

This policy will be reviewed at least **every five years** or more frequently, if necessary, in response to new evidence, evolving antimicrobial resistance trends, or updates in national or international guidelines.

## 13.Document History and Version Control

Version	Description	Review Date
1	Initial Release	January 2025

## 14. References

- 1.Oman Antimicrobial Resistance Surveillance System. Annual Report 2023. Muscat: Sultanate of Oman Ministry of Health (2024).
- 2.Oman National Health Operational Action Plan 2025-2030.
- 3.WHO global principles for the containment of antimicrobial resistance in animals intended for food: report of a WHO Consultation with the participation of the Food & Agriculture Organization of the United Nations and the Office International des Epizooties. Geneva: World Health Organization; 2000.
- 4.WHO Global Action Plan on Antimicrobial Resistance.2015
5. Global Antimicrobial Surveillance System, Manual for Early Implemntation.2015
6. Bassim Zayed ..etal, Lab-Based Survey Of Antimicrobial Resistance In Referral And Regional Hospitals In Oman(Poster presented at IPIC MEETING 2015).
- 7.<https://www.who.int/publications/m/item/oman-antimicrobial-resistance-%28amr%29-national-action-plan>
- 8.<https://amrconference2022.om/index>
- 9.<https://www.who.int/news/item/25-11-2022-quadripartite-welcomes-new-political-commitments-in-fight-against-antimicrobial-resistance>.
10. The WHO AWaRe (Access, Watch, Reserve) antibiotic book,2022

## **15. Annex-I**

Ministerial Qarar for the National Health AMR Committee



## قرار وزاري

رقم ٢٠٢٣/٢٤٢

### بتشكيل اللجنة الصحية لمكافحة مقاومة المضادات الحيوية

استنادا الى المرسوم السلطاني رقم ٢٠١٤/٣٦ بتحديد اختصاصات وزارة الصحة،  
والى المرسوم السلطاني رقم ٢٠٢٠/٨٠ باعتماد الهيكل التنظيمي لوزارة الصحة،  
والى المرسوم السلطاني رقم ٩٢/٧٣ بإصدار قانون مكافحة الأمراض المعدية،  
والى القرار الوزاري رقم ٢٠٢٢/٢٥٧ بشأن تشكيل اللجنة الوطنية لإدارة الاستخدام الرشيد  
للمضادات الحيوية،  
وبناء على ما تقتضيه مصلحة العمل.

### تقرر

- المادة (١): يعدل مسمى "اللجنة الوطنية لإدارة الاستخدام الرشيد للمضادات الحيوية" الواردة في القرار رقم ٢٠٢٢/٢٥٧ المشار إليه، ليكون مسماها الجديد "اللجنة الصحية لمكافحة مقاومة المضادات الحيوية".
- المادة (٢): تشكل اللجنة الصحية لمكافحة مقاومة المضادات الحيوية برئاسة الدكتورة/ أمل بنت سيف بن سليمان المعنيتي، المدير العام للمديرية العامة لمراقبة ومكافحة الأمراض، وعضوية كل من:
- الدكتور/ زيد بن الخطاب بن غالب الهنائي، طبيب استشاري أول أمراض معدية بمستشفى جامعة السلطان قابوس.
  - الدكتورة/ كوثر بنت عامر بن سالم العامرية، طبيبة استشارية أمراض معدية بالخدمات الطبية للقوات المسلحة.
  - الدكتور/ عبدالرحمن بن سالم بن هلال العزري، طبيب استشاري أمراض الفم بمستشفى النهضة.
  - الدكتور/ عبدالله بن سالم بن خليفة القيوسي، مدير دائرة الوقاية ومكافحة العدوى بالمديرية العامة لمراقبة ومكافحة الأمراض.
  - الدكتور/ عادل بن سعيد بن علي الوهبي، مدير دائرة الترصد الوبائي بالمديرية العامة لمراقبة ومكافحة الأمراض.

minister-office@moh.gov.om  
www.moh.gov.om

ص.ب: ٣٩٣ مسقط  
الرمز البريدي: ١٠٠  
P.O.Box: 393 (Muscat)  
Postl Code:100

هاتف: +٩٦٨ ٢٢٣٥٧٠٠٤  
فاكس: +٩٦٨ ٢٤٦٠١٤٣٠  
Phone: +968 22357002  
Fax: +968 24601430



- الدكتورة/ سارة بنت محب الله بن عبدالمك الملك البلوشية، مديرة دائرة الرعاية الصيدلانية بالمديرية العامة للتأمين الطبي.
- الدكتور/ سلطان بن أحمد بن سالم البوسعيدي، مدير مراقبة ومكافحة الأمراض بالمديرية العامة للخدمات الصحية بمحافظة شمال الشرقية.
- الدكتور/ طالب بن خميس بن حمد المقبالي، مدير مستشفى صحار.
- الدكتورة/ دلال بنت راشد بن عبدالله الغافرية، مديرة مستشفى عبري بالمديرية العامة للخدمات الصحية بمحافظة الظاهرة.
- الدكتورة/ أمينة بنت خلفان بن سعيد الجرذانية، رئيسة قسم مقاومة المضادات الحيوية بالمديرية العامة لمراقبة ومكافحة الأمراض **مقررة**
- الدكتورة/ عزاء بنت سالم بن عبدالله الراشدية، رئيسة قسم المختبر الجرثومي بالمديرية العامة لمراقبة ومكافحة الأمراض.
- الدكتور/ هلال بن سعيد بن راشد السديري، رئيس مختبر الأحياء الدقيقة بالمستشفى السلطاني.
- الدكتور/ أمين بن سالم بن سليم رطنة، رئيس قسم الوقاية ومكافحة العدوى بمستشفى السلطان قابوس.
- الدكتور/ سليمان بن حمدان بن سليمان المعولي، رئيس قسم الطوارئ بمستشفى عمان الدولي.
- الصيدلانية/ شبانة بنت محمد بن مراد البلوشية - رئيسة قسم التيقظ للأدوية البشرية بالمديرية العامة للصيدلة والرقابة الدوائية.
- الصيدلي/ يحيى بن هلال بن حمد الراشدي - صيدلي اختصاصي أول بمستشفى خولت.
- الفاضلة/ شمسة بنت حميد بن خليفة البرطمانية، رئيسة قسم تحليل النظم بالمديرية العامة لتقنية المعلومات.

minister-office@moh.gov.om  
www.moh.gov.om

ص.ب. ٣٩٣ مسقط  
الرمز البريدي: ١٠٠  
P.O.Box: 393 (Muscat)  
Postl Code:100

هاتف: +٩٦٨ ٢٢٣٥٧٠٠٢  
فاكس: +٩٦٨ ٢٤٦٠١٤٣٠  
Phone: +968 22357002  
Fax: +968 24601430

المادة (٣): تختص اللجنة بالآتي:

- رصد حجم إنتشار مقاومة المضادات الحيوية واستهلاكها، وأثر ذلك على القطاع الصحي.
- إصدار التقرير السنوي للنظام العماني لمقاومة المضادات الحيوية -OMASS-
- وضع أسس إدارة الاستخدام الرشيد للمضادات الحيوية.
- اقتراح الإستراتيجية الوطنية الشاملة لإدارة الاستخدام الرشيد للمضادات الحيوية في القطاع الصحي .
- مراجعة وتحديث الأدلة الإسترشادية للممارسين في القطاع الصحي .
- وضع خطة التثقيف الصحي والتوعية بمقاومة المضادات الحيوية والتخطيط للفعاليات الخاصة بالكوادر الصحية والمجتمع.
- اقتراح الادوات والآليات التي تساهم وتعزز مكافحة مقاومة المضادات.
- التنسيق مع الجهات الحكومية والخاصة ذات العلاقة في سلطنة عمان للتعاون وتضافر الجهود لمكافحة انتشار مقاومة المضادات.
- التنسيق مع اللجنة المركزية للدواء في دراسة واعتماد المقترحات والطلبات الخاصة بإدراج نوعيات جديدة من المضادات الحيوية.
- التنسيق والعمل مع الجهات الأكاديمية والبحثية في إدراج مقاومة المضادات الحيوية والمشاركة في البحوث الموجهة لمكافحة مقاومة المضادات.

المادة (٤): تجتمع اللجنة بصفة دورية بدعوة من رئيسها، ويكون انعقادها صحيحا بحضور أغلبية الاعضاء على أن يكون من بينهم رئيسة اللجنة، كما تكون مداولاتها سرية.

المادة (٥): للجنة الاستعانة بمن ترى من المختصين والخبراء في سبيل أداء مهامها، ولها تشكيل فرق عمل فرعية من بين أعضائها أو الغير وتكليفها بما تراه مناسبا من مهام.



- المادة (٦): تتولى مقررة اللجنة التحضير لاجتماعاتها ودعوة الأعضاء لها وتدوين محاضرها وتبليغ قراراتها الى الجهات المعنية.
- المادة (٧): ترفع رئيسة اللجنة تقريرا سنويا الى سعادة الدكتور وكيل الوزارة للشؤون الصحية عن أعمال اللجنة.
- المادة (٨): يلغى القرار الوزاري رقم ٢٠٢٢/٢٥٧ المشار إليه، كما يلغى كل ما يخالف هذا القرار أو يتعارض مع أحكامه.
- المادة (٩): يعمل بهذا القرار من تاريخ صدوره، وعلى المختصين تنفيذه كل فيما يخصه.

الدكتور/ هلال بن علي بن هلال السبتي  
وزير الصحة



صدر في: ١٩ / ٣ / ٤٤٥ هـ  
الموافق: ٥ / ١٠ / ٢٠٢٣ م

minister-office@moh.gov.om  
www.moh.gov.om

ص.ب: ٣٩٣ مسقط  
الرمز البريدي: ٠٠٠  
P.O.Box: 393 (Muscat)  
Postl Code: 100

هاتف: +٩٦٨ ٢٢٣٥٧٠٠٤  
فاكس: +٩٦٨ ٢٤٦٠١٤٣٠  
Phone: +968 22357002  
Fax: +968 24601430