

Analisis Konsumsi Antibiotik di Puskesmas DKI Jakarta Berdasarkan Klasifikasi AWaRe WHO = Analysis of Antibiotic Consumption in Community Health Centers in DKI Jakarta Based on WHO AWaRe Classification

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Abstrak

Peresepan antibiotik yang tinggi disertai kurangnya evaluasi penggunaan antibiotik di fasilitas pelayanan kesehatan primer berpotensi terhadap penggunaan antibiotik yang tidak tepat. Evaluasi antibiotik dapat dilakukan dengan melihat pola konsumsi antibiotik di fasilitas pelayanan kesehatan tersebut. WHO telah menetapkan target minimal 60% konsumsi antibiotik berasal dari kelompok *access*. Tujuan penelitian adalah untuk menganalisis konsumsi antibiotik di puskesmas di Provinsi DKI Jakarta berdasarkan klasifikasi antibiotik AWaRe (*Access*, *Watch*, dan *Reserve*) WHO. Penelitian ini merupakan penelitian non eksperimental dengan pendekatan kuantitatif dan kualitatif. Penelitian dilakukan terhadap 44 puskesmas di Provinsi DKI Jakarta. Hasil penelitian menunjukkan terjadi peningkatan nilai konsumsi antibiotik di tahun 2022 dibandingkan tahun 2019. Total konsumsi antibiotik tahun 2022 adalah 1,827 DDD per 1.000 pasien per hari, dengan proporsi sebesar 76,91% berasal dari kelompok *access*; 10,14% kelompok *watch*; tidak ada kelompok *reserve*, dan 12,95% merupakan antibiotik yang tidak diklasifikasikan dalam WHO AWaRe (*unclassified*). Semua jenis SDM kesehatan puskesmas memiliki peran dalam penggunaan antibiotik, namun belum semuanya mengetahui tentang klasifikasi antibiotik AWaRe WHO. Dukungan pelayanan laboratorium klinik, pelayanan informasi obat diperlukan dalam peresepan antibiotik di puskesmas. Selain itu, pelaksanaan manajemen logistik obat serta pemantauan dan evaluasi juga berperan dalam penggunaan antibiotik di puskesmas. Sementara itu, pengetahuan pasien juga dapat memengaruhi penggunaan antibiotik. Hasil penelitian ini merekomendasikan adanya upaya peningkatan penggunaan antibiotik yang rasional melalui peningkatan pemahaman SDM kesehatan dan pasien serta pelaksanaan pemantauan dan evaluasi penggunaan antibiotik yang lebih menyeluruh di puskesmas disertai umpan balik.

.....High antibiotic prescribing combined with a lack of evaluation of antibiotic use in primary healthcare facilities has the potential to lead to inappropriate use of antibiotics. The WHO sets a target of at least 60% antibiotic consumption from the access group in primary healthcare facilities for antibiotic evaluation. This study aimed to analyze antibiotic consumption in community health centers in DKI Jakarta province based on the WHO AWaRe (Access, Watch, and Reserve) classification. The study is non-experimental research with a quantitative and qualitative approach. The study was conducted at 44 community health centers in DKI Jakarta province. The findings indicate that antibiotic consumption will increase in 2022 compared to 2019. Total antibiotic consumption in 2022 is 1,827 DDD per 1,000 patients per day, with a proportion of 76.91% from access group, 10.14% from watch group, no antibiotic in reserve; and 12.95% from antibiotics not classified in WHO AWaRe (unclassified). Every healthcare worker at community health centers has a responsibility regarding the use of antibiotics; however, not all of them are up-to-date on the WHO's AWaRe classification of antibiotics. Community health centers require support in the form of clinical laboratory testing and drug information services to prescribe antibiotics effectively. Furthermore, the

effective execution of drug logistics management, as well as the process of monitoring and evaluation, contributes to the use of antibiotics in community health centers. Moreover, the level of understanding possessed by patients may have an impact on the use of antibiotics. The study's findings indicate that improving the comprehension of healthcare worker and patients can lead to a more judicious use of antibiotics. Furthermore, it is imperative to establish a more extensive system for monitoring and evaluating the utilization of antibiotics in community health centers, along with providing feedback.