

SEARPharm Forum

Activity Report 2007

I. ACTIVITIES

1. WHO-FIP guidelines for GPP

a. Report on First Regional Conference on GPP Policy and Plans for the South East Asia Region, Bangkok, Thailand, June 27 - 29, 2007



A Conference was organized by SEARPharm Forum with support from FIP Foundation, WHO-SEARO, WR Thailand, Thai FDA and Thailand Pharmaceutical Association to discuss the Good Pharmacy Practice (GPP) development, policy and plans in the SEA Regional countries with Thailand as project country. A few Western Pacific Pharmaceutical Forum (WPPF) countries were also invited to share their experiences. The objective of the Conference was to promote the development of GPP in the Region since GPP is an important component for raising standards of pharmacy services and practice as well as professional attitude and behaviour of pharmacists for improving health in the community.

The Conference was attended by 56 pharmacists from 15 countries representing practice, Government, academia and national pharmaceutical associations. The resource persons were present from the FIP, WHO-SEARO and Western Pacific Pharmaceutical Forum.

The three day programme began with an assessment of GPP status in seven countries of SEA Region and three countries of WPPF to determine a unified GPP mobilization direction at both country and regional levels. The self-assessment of countries brought out obstacles and inconsistencies in implementing GPP in the SEAR countries thereby sub-optimizing the role of pharmacist in the health care in the Region. A number of issues were identified, such as, lack of competency, traditional and short term thinking, good intentions but not able to implement, shortage of availability of pharmacists and lack of resources etc. Thereafter, Priorities for interventions e.g. country specific activities, assistance needed and self-development initiatives were identified. As a case study, the participants were familiarized with the outcome and experiences of the FIP/WHO GPP outreach project in Thailand. This project has led to implementation of a policy of accrediting pharmacies in Thailand by Thai FDA with

the support from Thai Pharmacy Council and universities. The participants were also provided an opportunity to visit some accredited pharmacies in Bangkok. During the Conference, the Thai Pharmaceutical Association organized dinner talks on “Development of GPP - FIP approach” and “Evidence for GPP in promoting drug access and healthier life”. At the end of the conference, the following six priority areas emerged:

1. Changing perception of the role of pharmacist among themselves
2. Improving quality of pharmacy practice
3. Documentation and dissemination of the value and benefits of pharmacy in supply chain for society and for the patients
4. Raising public awareness of the added value of the role of the pharmacist/ pharmacy
5. The role of the pharmaceutical associations and Regional Forums
6. Education and continuing education

A brainstorming session led to identification of activities which participants will undertake to implement GPP in their countries in a time-bound manner and in doing so, further identification of individual country needs and support required. The member Countries urged FIP, WHO-SEARO and local governments for technical assistance and resources for implementation of GPP at national levels.

A highpoint of the conference was adoption of “**Bangkok Declaration on Good Pharmacy Practice in the community pharmacy settings**” in the SEA Region.

b. Challenges and Opportunities for pharmacists in health care in India

A National Conference on Challenges and Opportunities for Pharmacists in Health Care in India was held in New Delhi on 30 October 2007 by SEARPharm Forum in collaboration with WHO-India. The aim of the Conference was to deliberate the role of the pharmacists:

- As a knowledge worker in 21st Century in community, hospital and government practice settings
- As a health worker in Rural and Public Health
- As a health care professional in improving access to medicines

Historically, the potential of pharmacists in community, hospital and government practice settings is not fully utilized in India. The pharmacists are seen as business people. The professional role of pharmacist is not projected in Government’s health and pharmaceutical policies. This conference examined various issues, shared experiences and evidences of pharmacists’ involvement in national health programmes for improving pharmaceutical care; and rolled out strategies for integrating

pharmacists as team members with other health professionals. Strategies were also outlined for future role of pharmacists beyond supply of medicines, much needed educational reforms and stakeholders' involvement. The lead authors and experts prepared the position papers. Distinguished guests, speakers from Planning Commission, National Rural Health Mission, Revised National TB Control Programme, Rollback malaria, Family Planning, National AIDS Control Organization and access to essential medicines and rational use of drugs through pharmacists, shared their views on challenges and opportunities for pharmacists. Full report can be downloaded from http://www.whoindia.org/LinkFiles/Essential_Drugs_and_Medicines_Report_on_CO_for_Pharmacists_in_HC_in_India.pdf or www.searpharmforum.org .

2. Combating the menace of counterfeit medicines and sale of medicines by persons who are not qualified

a. A Model to Estimate the Extent of Counterfeit Medicines in India (Based on “A Survey on the extent of counterfeit medicines in India”)

Various estimates have been made about the extent of counterfeit drugs in India. However, no systematic study has ever been undertaken to generate credible data. This has led to speculative and magnified figures in press.

What makes the problem more intriguing is that counterfeit medicines may comply with quality standards. They imitate popular brands. Counterfeit medicines circulate in complex distribution system permitting buying and selling among agents-wholesalers-stockists-retailers and hiding real from fake.

In November 2003, an Expert Committee headed by Dr. R. A. Mashelkar recommended that the MoH undertake a study based on the Delhi Pharmaceutical Trust's proposal which was scientific and statistically designed to obtain a clearer picture on the extent of spurious drugs in India. SEARPharm Forum (WHO-FIP Forum of National Pharmaceutical Associations of South East Asia Region) conducted the study with technical assistance from Apothecaries Foundation which conceptualized the study model and prepared protocol. The World Health Organization's South East Asia Regional Office supported the study.

- The domestic sale in 2006 is estimated to be USD 7 billion. Approximately 70% of this sale is realized from the retail market.
- This Survey is based on 10,743 samples collected from 234 retail outlets in metros and district headquarters spread over 38 locations in 15 states in 5 regions throughout the country. The locations were chosen based on perceived regulatory status.
- Medicines from 56 top selling brands covering 12 therapeutic categories with prices varying between less than USD 0.5 to more than USD 12.5 were selected.

- Mystery/surrogate patients posed as customers and purchased medicines against prescriptions from retail outlets near government hospitals, railway stations, bus stands in market places.
- Suspected counterfeits were isolated by trained professional based on visual inspection as first inference of unusual appearance and subsequently, subjected to laboratory analysis by accredited laboratories.
- Based on the visual inspection, the extent of counterfeit suspects was to the tune of 3.1 per cent and would be extrapolated to USD 250 million. These figures are much lower than various reports of spurious drugs at around USD 1,000 million.
- It was interesting that even from states perceived to be strongly regulated, the percentage of counterfeit suspects is almost same as weakly regulated (3.3 Vs 3.5 %). The data showed Bihar having highest probability of counterfeit suspects in the country.
- Contrary to the belief that high cost medicines are more prone to counterfeiting, the findings showed that medicines in price range of less than USD 0.5 were maximum targets for counterfeiting.
- The high and low incidents of suspected counterfeits were found in anti-histamine and cardio vascular drugs respectively. No suspects were identified among anti-TB drugs.
- The failing samples were all from anti-infective category further substantiating the results of the earlier international study published in lancet that anti-infectives were prone to counterfeiting.

While this model study covered the extent of counterfeit drugs available through retail outlets, it would be worth while to explore the extent in other distribution channels, inter country commerce and individual therapeutic categories. Another application of this study model would be in training of consumers, drug procurements agencies and chain pharmacies against the menace of counterfeit medicines.

b. Database on incidents on counterfeit medicines in SEA Region : 2007 update

It is perceived that the incidents of counterfeit medicines are increasing in the SEA market. However, there is no reliable data on such incidents. The SEARPharm Forum Secretariat collects information on the prevalence of counterfeit medicines as reported in local newspapers/journals/weeklies. This is an on going activity of the Forum. The Forum intends to continue building up this database further. The updates are available on SEARPharm Forum website.

3. Emphasizing Pharmacists role in prevention of HIV/AIDS

a. Guiding Principles for Pharmacists: HIV/AIDS in India

SEARPharm Forum has revised the FIP-CPS sponsored publication “Guiding Principles for Pharmacists: HIV/AIDS in India”. The revised publication can be downloaded from SEARPharm Forum’s website (www.searpharmforum.org).

b. CPA-PSSL Workshop on pharmacists role in the prevention and management of HIV/AIDS and TB - Sri Lanka

A PSSL-CPA interactive workshop was held during 38th Anniversary Sessions of Pharmaceutical Society of Sri Lanka in May 2007 in Colombo, where the Professional Secretary of the Forum, Mr. Prafull D. Sheth chaired a session during the workshop. The workshop explored:

- What challenges do pharmacists face in providing HIV/AIDS and TB Services?
- How can pharmacists take a proactive role in meeting these challenges?
- Challenges and strategies.

4. Curriculum reform at all levels in Myanmar and Nepal

• Curriculum upgradation in Myanmar

Myanmar is upgrading curriculum for pharmacy education. Syllabus copies of various Indian Universities and FIP documents on Pharmacy Education were supplied to Dr. K. Weerasuriya, Advisor EDM, WHO-SEARO for updating the Pharmacy curriculum and for onward transmission to Myanmar.

• Curriculum upgradation in Kathmandu University

Kathmandu University, Nepal has revising pharmacy curriculum at all levels. Syllabus copies of various Indian Universities were sent Assistant Professor, Department of Pharmacy, Kathmandu University, Nepal.

5. Technical inputs on pharmaceutical issues to WHO-SEARO

- a. In December 2007, Forum provided technical support on specifications and prices of hardness, disintegration and friability testing apparatus for DPR Korea.
- b. In November 2007, Forum provided technical support on reference standards on Miazex Starch, Talc and Isopropyl Alcohol.
- c. In September 2007, a list of manufacturers for Folic acid and Calcium lactate were provided for WR-Sri Lanka.
- d. In April 2008, provided technical support on disposal of large quantities of diethyl carbamazepine citrate (DEC) tablets in Nepal.

II. NEWS HIGHLIGHTS

- 1) Forum's ExCo meeting during the **First Regional Conference on GPP Policy and Plans for the South East Asia Region, Bangkok, Thailand, on 26 June 2007** was held. Dr. Peter J. Kielgast, Mr. Kurt Fønnesbek Rasmussen, Professor Th (Dick) F J Tromp, Mr. Xuanhao Chan were present from FIP.
- 2) In pursuing the GPP Bangkok declaration, two GPP Training workshops were held in Bhutan from 16-18 Jan 2008 (1st batch) and 12-14 Feb 2008 (2nd batch) to implement GPP in the country with support from DRA Bhutan and Health Services, National Essential Drugs Programme, Bhutan. Pharmacy personnel working in all government sectors of pharmaceutical services such as hospital, regulatory agency, drug supplies management, production and quality assurance were the target audience for the workshops.
- 3) **FIP Travel Grants for 2008**

Based on the recommendations of Forum, the grants for the year 2008 have been awarded to 1. **Ms. Yulia Trisna (Indonesia)**; 2. **Ms. Pooja Borker (India)**. The Forum is grateful to FIP for these travel grants.

III. UPCOMING EVENTS AND PROJECTS

- 1) **Design and develop awareness campaign material to educate pharmacists and consumers about counterfeit medicines**

The SEARPharm Forum concluded "A survey on the extent of counterfeit medicines in India" in May 2007. One of the applications identified in the report is its usefulness to create awareness among the pharmacists and consumers on the menace of counterfeit medicines and sale of medicines by people who are not qualified. The awareness campaign will be based on guidelines for physical inspection of formulations used in the survey. The Forum intends to supply the campaign material to the National Pharmaceutical Associations for use in their countries with a request that campaigns be organized against menace of counterfeit medicines. Similar campaigns organized in partnership between the Ordre National Des Pharmaciens and the French Agency for the Safety of Health Products (AFSSAPS) to inform pharmacists and the public on the risks of counterfeit medicine are found to be very effective in France.

- 2) As a follow up and review the progress made on GPP implementation in member countries, a 2nd Regional Conference on “GPP Policy and Plans for the South East Asia Region” is being planned at Indonesia Pharmacist Association hosting at Yogyakarta, in August 2008.
- 3) During the 2nd Regional Conference on GPP, the Forum is planning to hold its Annual Meeting during which the SEARPharm Forum Executive Committee elections are due for the period of 2008-2010.
- 4) SEARPharm Forum is planning a joint seminar on GPP with Western Pacific Forum in November 2008 during the FAPA Congress in Singapore.

IV. THE BUDGET

Some of the Founder members of the Forum continue to default on payment of membership fees. But for the support from FIP and WHO-SEARO, the Secretariat would be unable to manage its affairs. The Forum is indebted to FIP and WHO-SEARO for their contributions.

Reported by:

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SEARPharm Forum