



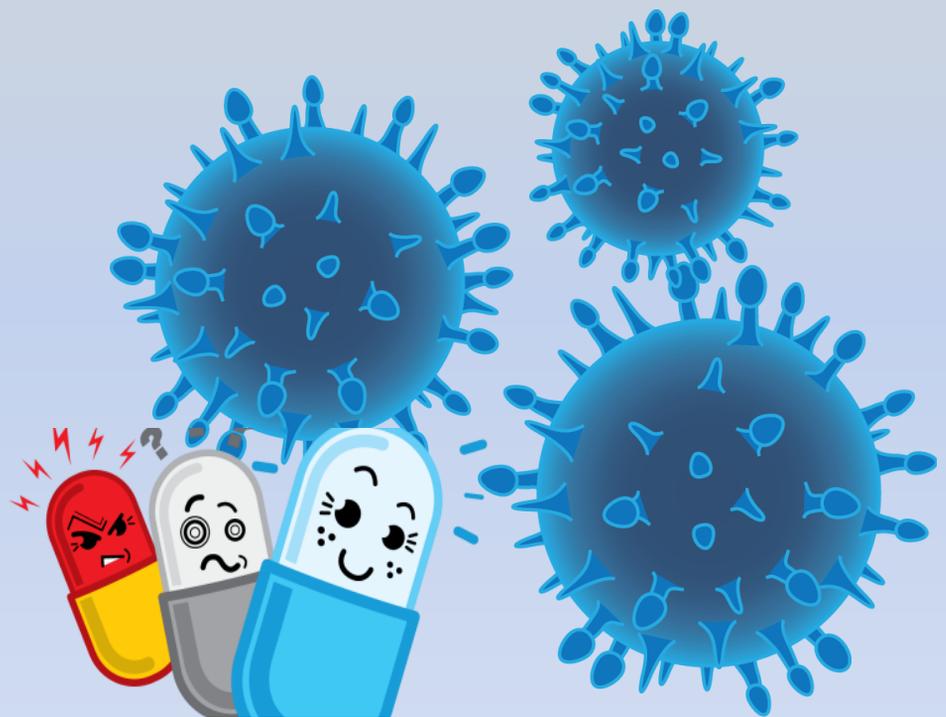
WHO



i-CARE Bulletin

(Initiative to Curb Antimicrobial Resistance)
An official publication of the SEARPharm Forum

Jul-Sep 2020 (Volume 1, Issue 4)

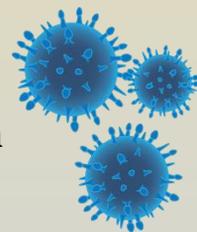


i-CARE Bulletin

An official quarterly e-news bulletin of SEARPharm Forum

C/o SBD College of Pharmacy,

1st Cross, Hanumantha Nagar, Bangalore - 560019, India



Executive Committee - SEARPharm Forum

President

T. V. Narayana
India

Past President

Chinta Abayawardana
Sri Lanka

Vice President

Nurul Falah Eddy Pariang
Indonesia

Members

Nasser Zahedee, Bangladesh
Manjiri Gharat, India

Advisers

PD Sheth, India
Teera Chakajnarodom, Thailand

Liaison officer

Ashok Soni,
Vice President, FIP

Observers

Dominique Jordan, President, FIP

Manisha Shridhar, WHO SEARO

Goncalo Pinto, FIP, Manager-Development Support

Lina Bader, Lead for Workforce, Transformation & Development, FIP

Professional Secretary

Rao Vadlamudi, India

Objectives of SEARPharm Forum

A Forum of **FIP & WHO with National Pharmaceutical Association of the South East Asian Region (SEAR)** with objective to encourage and support a dialogue and collaboration among national and regional pharmaceutical associations in the South-East Asia region of WHO and WHO SEARO. Bangladesh, India, Indonesia, Sri Lanka and Thailand are the founding nations of SEAR Pharm Forum, while Bhutan, DPR Korea, Maldives, Myanmar, Nepal and Timor-Leste are invited members of the forum. The defined objectives are,

- Improving health in the South- East Asian region by development and enhancement of pharmacy practice (Good Pharmacy Practice).
- Encouraging the implementation of pharmacy service and pharmacy practice projects by national pharmaceutical associations.
- Supporting WHO-policies and goals.
- Integrating appropriate WHO policies into undergraduate, postgraduate, and continuing education programmes in pharmacy.
- Formulating policy statements on health issues.
- Combating the production and distribution of counterfeit medicine and sale of medicine by people who are not qualified.

Official website: www.searpharm.org.



About *i-CARE Bulletin*

The objective of *i-CARE Bulletin* (a quarterly publishing e-news bulletin) is to disseminate the new knowledge and practices evolved to curtail antimicrobial resistance (AMR) and will address the issues in primary health care support, medication errors, rational use of medicine, case studies, utilisation of skills of pharmacists, use of off label drugs and legislation, disposables and medical devices and internet pharmacies.

The *i-CARE Bulletin* structure is designed with primary focus on insights on antimicrobial resistance and health care activities of various organizations in SEA region, news related to initiatives of WHO, FIP, Common wealth association, SEARPharm Forum and its members /pharmaceutical associations. It also accept the manuscripts of author interest including short review, opinion, commentary, new knowledge, new practice, new initiatives, problems, case report, medication errors, etc.

Manuscript Submission procedure

Authors / experts are advised to prepare the manuscript in word document with times new roman 11 font (text), 16 (title-bold), 12 (author-italic), double space not more than 3-4 pages (review/report/original research), 1-2 pages (Commentary/opinion/short review/Case report). The manuscript should be structured where table and figures are required to be incorporated at appropriate place. Maximum of two figures and two table is allowed. In case of case report or clinical data or news, the author are solely responsible for ethical clearance and permission to publish. The reference style should be as per Vancouver style. Authors Photograph in JPEG image (optional) and complete affiliation with email and country information is essential in the first page of manuscript. All submissions shall be forwarded as email attachment to icaresear@gmail.com.

EDITORIAL TEAM

Editor

P Ramalingam, India

Associate Editors

Mohanraj M Rathinavelu, India

G Sumalatha, India

Editorial Assistants

U Veerendra, India

Shaheela, India

EDITORIAL ADVISORY BOARD

Chinta Abhayawardana, Sri Lanka

Nurul Falah Eddy Pariang, Indonesia

TV Narayana, India

Rao Vadlamudi, India

PD Sheth, India

B Suresh, India



CONTENTS

Messages

- President, SEARPharm Forum (SPF) 88
Professional Secretary, SEARPharm Forum (SPF) 89

From Editorial desk 92

Articles – Author contributions

- Role of Corticosteroids in the management of Coronavirus pandemic
S Parasuraman 93
- Nosocomial infections: Increased risks for Immunocompromised and COVID-19 patients
*R Suri**, *P Sharma*, *K Kohli* 95
- Knowledge, attitude and practices (KAP) of community pharmacists towards Antimicrobial Resistance (AMR)
M Sudhir, *S Girija*, *T M Vijayakumar**, *M K Kathiravan*, *K S Lakshmi* 98

News, Announcements & Advertisement

- Report on the Annual SEARPharm Forum Council meeting 105
- Brief report on the Meeting of the Regional Pharmaceutical Forums and FIP Bureau members 108
- 2020 Annual Report of the Regional Pharmaceutical Forums to the FIP Council (June 2019 to May 2020) 109
- Report on SEARPharm Forum Webinar held on The World Pharmacists Day 112
- WHO SEAR News & Announcements 117
- FIP COVID-19 Timeline 121
- FIP Development Goals 122



T.V. Narayana
President
SEARPharm Forum

Dear Readers,

“As frontline warriors in the society, our pharmacists took tremendous amounts of hard work during the first stage of the lockdown and still continue to serve the society day and night, hospital and clinical pharmacists in Government, public and private healthcare settings”

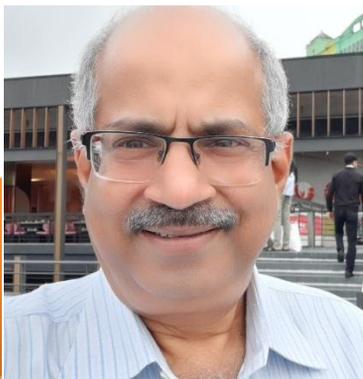
COVID-19 continues to have a devastating impact on families, societies and economies. At the epicenter of the crisis, over-stretched healthcare organizations are battling to save lives and control infection rates. For all of us, the COVID-19 pandemic has radically changed daily life in the space of just one month.

Pharmacists like other essential members of our health care community, have been challenged with navigating these changes while continuing to deliver optimal care to patients who need their support and expertise more than ever before. Across the globe, our pharmacists have always been the backbone, serving tirelessly on the front lines in the pandemic, ensuring that the millions of prescriptions are dispensed safely and reach members on time, and advocating with thousands of patients every day to help them understand how to use their benefits, and how to safely refill their prescriptions.

With mission to improve the health, well-being and peace of mind who are counting on them ,our pharmacists took tremendous amount of hard work during the first stage of the lockdown and still continue to serve the society day and night, hospital and clinical pharmacists in Government, public and private healthcare settings.

There will be more challenges ahead of us, and our resilient, dedicated pharmacists are ready to demonstrate extraordinary leadership during this unprecedented time and ready to meet those challenges head-on. On behalf of the patients and communities across the globe who are staying safe and healthy because of the work our pharmacists do, thank you for your remarkable contribution.

T.V. Narayana
President
SEARPharm Forum



Rao Vadlamudi
Professional Secretary
SEARPharm Forum

COVID-19 and Status of the Vaccines under Development

Dear Readers,

On 11 March 2020, the WHO declared the outbreak of coronavirus (SARS-CoV-2) infection to be a pandemic, it is truly a global pandemic without boundaries. As on date, the total number of confirmed cases of COVID-19 globally are 38,619,674 including 1,093,522 deaths while in India, the number of cases reported is 73,83,104 with 1,12,357 deaths. The number of cases reported each day in India is the highest in the entire world, and regarding the total number of confirmed cases, it is second next to the USA. Nevertheless, the death rate is fairly low compared to the global death rate due to the pandemic. As there are no new drugs approved exclusively for treating either COVID-19 or the SARS-CoV-2 infection, the treatment options rely entirely on repurposed antivirals (remdesivir, favipiravir) and other treatments such as antipyretics, corticosteroids, anticoagulants and so on for managing severe to moderately severe cases of clinical disease. Preventive measures currently implemented are maintaining social distancing, practising good hand and respiratory hygiene and avoiding crowded or poorly ventilated confined places and these measures would stay till the SARS-CoV-2 infection is almost eradicated.

Elimination of the Pandemic requires the development of an effective vaccine and or development of herd immunity. There have been clinical studies that reported that the antibody levels in recovered patients lasted only for less than 3 months, which cast doubts on the development of herd immunity. The only option left is the development of an effective vaccine to immunize the entire global population. Currently, there are several vaccine candidates under development. According to WHO COVID-19 candidate vaccine tracker, there are 42 vaccine candidates in the clinical development and 156 vaccine candidates under preclinical development. Among the 42 candidate vaccines in clinical development, 10 are in Phase 3, 2 are in Phase 2, 11 are in Phase 1/2 and 19 are in Phase 1.

Two vaccines have been approved to date, both in Russia, first is the Sputnik V, a non-replicating viral vector vaccine developed by the Gamaleya Research Institute, Moscow, but there is a concern around the safety of this vaccine since no Phase 3 trials were conducted before approval. The second vaccine, EpiVacCorona, a peptide vaccine which

was in Phase ½ also received approval. Recently Dr Reddy's Laboratories has tied up with Russian Direct Investment Fund (RDIF), Russia to conduct Phase 3 trial (2 doses on day 0 and day 21 intramuscularly) for this vaccine and after successful completion of the clinical trial would distribute 100 million doses to the Indian population. Approval to conduct Phase 3 trials directly in India was not given by the regulator initially but a new agreement to conduct an adaptive Phase 2 and Phase 3 human clinical trial involving 1500 participants has been approved.

Among these vaccine candidates under clinical development at least 3 are under clinical development in India; University of Oxford's non-replicating viral vector vaccine (AZD-1222) in clinical Phase 3 is being developed by Serum Institute of India. This vaccine is administered as a single intramuscular dose. Worldwide this vaccine is under development by AstraZeneca. A few weeks back the phase 3 clinical trials of this vaccine were halted due to some adverse event reported in 1 patient, however, the clinical trial is now restarted. Bharat Biotech and National Institute of Virology are developing Covaxin, an inactivated viral vaccine, which is in Clinical Phase 2 trials. This vaccine is administered to clinical trial subjects intramuscularly as two doses on day 0 and day 21. Cadila Healthcare (Zyudus Cadila) is developing a DNA plasmid vaccine (ZyCoV-D), which is in Clinical Phase 2 and is administered as 3 intradermal doses on 0, 28 and 56 days. There are other vaccine candidates in preclinical development, two by Bharat Biotech (a non-replicating viral vector vaccine and a replicating viral vector vaccine), two by Serum Institute of India (RBD-HBsAg virus-like particles, live attenuated viral vaccine) one each by Indian Immunologicals (live attenuated viral vaccine) and Biological E Ltd (adjuvant protein subunit RBD). Almost all the vaccines under clinical development are injectable and require 2 or 3 doses to be administered. Bharat Biotech has agreed with the Washington University School of Medicine, St. Louis, MO, USA to conduct clinical trials and upon receiving approval to manufacture and distribute a single-dose novel chimp-adenoviral intranasal vaccine developed by this University. In the meantime, the Government of India announced that Bharat Biotech and Serum Institute of India would conduct late-stage clinical trials of an intranasal vaccine soon after receiving regulatory approval.

Once some of these vaccines get approved for clinical use, other challenges need to be grappled with. Manufacturing in the required quantities as we are looking at over 1.4 billion doses of these vaccines to vaccinate the entire population of India, quality assurance of the manufacture and management of the supply chain for distributing the vaccine across the nation. The Government needs to ensure equality and equity in distributing the vaccine to all states and union territories and a plan to prioritize who gets the vaccine first. It is necessary to vaccinate all healthcare workforce such as doctors, nurses, pharmacists, paramedics, ambulance attendants and hospital sanitation workers, who come in direct contact with the patients. Next in line is police and municipality sanitation workforce who face higher chances of exposure to the infected individuals or sources of infection, followed by most vulnerable population like senior citizens and people with other comorbidities, which make them susceptible to develop severe COVID-19. It is also necessary to ensure that all accessories and trained-manpower are in place to

vaccinate people *en masse*. The best option for the Government to implement is to train the community and hospital pharmacists as well as the final year Pharm D students to give vaccinations and use them as the primary workforce to lead vaccination drives in the community and at primary health centres.

References

1. <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>
2. <https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-vaccine-tracker>
3. <https://www.thehindu.com/sci-tech/science/bharat-biotech-inks-pact-with-wus-school-of-medicine-for-covid-19-intranasal-vaccine/article32674865.ece>
4. <https://www.indiatoday.in/india/story/coronavirus-vaccine-news-serum-institute-bharat-biotech-nasal-covid-19-vaccine-1732932-2020-10-19>
5. <https://scroll.in/latest/976138/covid-19-serum-institute-bharat-biotech-to-conduct-intranasal-vaccine-trials-says-health-minister>

Rao Vadlamudi

Professional Secretary
SEARPharm Forum

Dear Readers,

Through public preventative measures advocated by WHO, the public are working together in their respective countries to 'flatten the curve'. With a near enough global lockdown there seems to be an even greater dependence on pharmacists as the first point of contact to fulfil the public's healthcare needs. Pharmacies around the world are one of the few places that are kept open for public service even during the strict lockdowns.

As the lockdowns are being observed all over the globe and the national level pharmacy professionals are performing frontline roles, we salute and thank our pharmacists for their selfless service in this trying time, Thanks For Being Our Family.

The involvement of many of the world's leading scholars from the fields of Pharmacy, with desire to maintain high standards of scholarly excellence have strengthened the Executive Committee of SEARPharm Forum.

With great elation,

Members of the editorial board *i-CARE Bulletin*,

are extremely grateful and glad in communicating all readers about inclusion of

Dr. Manisha Shridhar as the observer in Executive Committee of SEARPharm Forum.



Dr. Manisha Shridhar,
Regional Advisor,
WHO Regional Office for South-East Asia

Dr P Ramalingam

Editor

Dr Mohanraj M Rathinavelu

Dr G Sumalatha

Associate Editors

Role of corticosteroids in the management of coronavirus pandemic

S Parasuraman

Faculty of Pharmacy, AIMST University, 08100 Bedong, Kedah Darul Aman, Malaysia.

Coronavirus disease 2019 (COVID-19) pandemic is an ongoing disease outbreak caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, China and infected more than 20 Million, resulting in more than 733,000 deaths (as of 10 August 2020).¹ About 80% of SARS-CoV-2 infections are mild or asymptomatic, 15% infections are severe (requiring oxygen therapy) and 5% of infections are critical that required intensive care. The median incubation period of COVID-19 is five to six days and ranging from one to fourteen days. Uncontrolled viral replication (first phase) causes 'cytokine storm' characterized by decreased memory CD4 + T helper cells and increased CD8 cytotoxic activity. In the second phase, uncontrolled viral replication induced angiotensin-converting enzyme 2 (ACE2)-directed cytotoxicity which triggers a vicious circle of immune activation with consequent worsening of the hyperinflammatory state.² The accompanying 'cytokine storm' leads to a massive vascular inflammation, disseminated coagulation, shock and hypotension, leading to multi-organ failure and death.³

Anti-coronavirus therapies divided into two categories depending on the target viz., innate immune system response and blocking the signal pathways of human cells required for virus replication. Currently, antiviral drugs (remdesivir and favipiravir), fusion inhibitor (chloroquine) and adjuvant therapies are used for the management of COVID-19 pandemic. Azithromycin and corticosteroid (dexamethasone) also used for the management of COVID-19.

Corticosteroids are the steroid hormones produced in the adrenal cortex of vertebrates and they are classified into glucocorticoids and mineralocorticoids that are involved in a wide

range of physiological processes. Synthetic glucocorticoids have related structural properties to endogenous glucocorticoids which are used for management of acute adrenal insufficiency, Addison's disease, adreno-genital syndrome, arthritis, severe allergic reaction, autoimmune diseases, asthma, infective diseases, neurological disorders, malignancies, septic shock, etc. The recent reports suggest that corticosteroids can be used of the management of COVID-19 and dexamethasone reduced mortality.⁴ A total of 16 clinical trials were registered in USA clinical trials registry. In that, 3 trails were completed, 7 trails are under recruiting phase, 5 are not started and one trail was terminated.⁵

Zha et al., studied the effect of corticosteroid on COVID-19 patients and found no association between therapy and outcomes in patients without acute respiratory distress syndrome.⁶ Few clinical studies and WHO guidance does not recommend the use of corticosteroids for COVID-19.⁷ WHO also require large randomized control trials that produce actionable evidence to understand the effect of corticosteroids for COVID-19.⁸

In 2003, during the SARS-CoV epidemic corticosteroids were administered in patients who were infected and developed a severe respiratory disease and identified an increased number of mortalities in patients who were given corticosteroids. Corticosteroids also investigated for its effect on the respiratory syncytial virus (RSV) in children and no conclusive evidence of benefits is observed.⁹ Tang et al., not recommending use corticosteroids for COVID-19 as a routine treatment to prevent osteonecrosis of the femoral head (ONFH).¹⁰

As of now, the available literature on the use of corticosteroids for the management of COVID-19 is limited. Hence further clinical evidence (in

large population) are required to recommend the corticosteroids for the management of COVID-19.

References:

1. COVID-19 Coronavirus Pandemic. <https://www.worldometers.info/coronavirus/>, Last assessed on 10/08/2020.
2. Singh AK, Majumdar S, Singh R, Misra A. Role of corticosteroid in the management of COVID-19: A systemic review and a Clinician's perspective. *Diabetes Metab Syndr.* 2020;14(5):971-978.
3. Isidori A.M., Arnaldi G., Boscaro M., Falorni A., Giordano R. COVID-19 infection and glucocorticoids: update from the Italian Society of Endocrinology Expert Opinion on steroid replacement in adrenal insufficiency. *J Endocrinol Invest.* 2020.
4. Kupferschmidt K. A cheap steroid is the first drug shown to reduce death in COVID-19 patients. Available in <https://www.sciencemag.org/news/2020/06/cheap-steroid-first-drug-shown-reduce-death-covid-19-patients>. Last assessed on 10/08/2020
5. <https://clinicaltrials.gov/ct2/results?cond=Corticosteroid+COVID+19&term=&cntry=&state=&city=&dist=>. Last assessed on 10/08/2020
6. Zha L, Li S, Pan L, Tefsen B, Li Y, French N, Chen L, Yang G, Villanueva EV. Corticosteroid treatment of patients with coronavirus disease 2019 (COVID-19). *Med J Australia.* 2020;212(9):416-20.
7. Luo Y, Yin K. Management of pregnant women infected with COVID-19. *The Lancet Infectious Diseases.* 2020;20(5):513-4.
8. WHO welcomes preliminary results about dexamethasone use in treating critically ill COVID-19 patients. Available in <https://www.who.int/news-room/detail/16-06-2020-who-welcomes-preliminary-results-about-dexamethasone-use-in-treating-critically-ill-covid-19-patients>. Last assessed on 10/08/2020
9. Veronese N, Demurtas J, Yang L, Tonelli R, Barbagallo M, Lopalco P, Lagolio E, Celotto S, Pizzol D, Zou L, Tully MA. Use of corticosteroids in coronavirus disease 2019 pneumonia: A systematic review of the literature. *Frontiers in Med.* 2020;7:170.
10. Tang C, Wang Y, Lv H, Guan Z, Gu J. Caution against corticosteroid-based COVID-19 treatment. *The Lancet.* 2020.

Received: 10th August 2020

Accepted: 24th August 2020



S. Parasuraman

*Associate Professor & Unit Head, Unit of Pharmacology, Faculty of Pharmacy, AIMST University, 08100 Bedong, Kedah Darul Aman, Malaysia
Email: parasuphd@gmail.com*

Nosocomial infections: Increased risks for immunocompromised and COVID-19 patients

R Suri*¹, P Sharma², K Kohli¹

¹Department of Pharmaceutics, SPER, Jamia Hamdard, New Delhi

²Irvine Lifesciences, Noida

Abstract:

Nosocomial infections (hospital-acquired), especially surgical site infections (SSIs), that leads to post-operative complications and hence increased length of stay and hospital costs, are one of the primary causes of hospital deaths globally. It has been reported that operating theatres and surgical wards including fomites are contaminated with microorganisms like *Pseudomonas aeruginosa* and *Staphylococcus aureus*. Some of the potential sources identified for most life-threatening nosocomial infections include contamination of operating theatres via unfiltered air, ventilation, exogenous medical staff and personnel movements. The estimation of the quantity and types of airborne microorganisms relates to the environment cleanliness, human health risk and potential source of infections. For example, presence of fungi indicates that outside air enters the theatre. Consequently, a linear relationship has been established between air counts of microbes in operating rooms and surgical site infection/sepsis rate. Furthermore, nosocomial skin flora of patients and staff (microbial shedding) provides yet another source. Bacteria on skin layers, lint and other dusts enters the operating theatre and might deposit on the surfaces. Owing to its heavy economic burden on the patient and health-care system it is indispensable to strategize the reduction of SSI. This review thus, attempts to draw the attention of the readers towards the seriousness and need to combat the hospital-acquired infections, which is often neglected.

Background:

Investigations have revealed the isolation of six bacterial genera and two fungal species from different operating rooms where Coagulase negative *Staphylococcus* (CoNS) was the most frequently isolated organism in the air of the operating theatre/surgical wards and *Rhizopus spp.* was isolated in all theatres. Other airborne

micro-organisms that were found to be distributed included *Acinetobacter spp.*, *Proteus spp.*, *Streptococcus spp.*, *Pseudomonas spp.*, *Klebsiella spp.*, *Penicillium* and *Aspergillus spp.* Also, *Bacillus spp.* showed the highest frequency of recovery from fomites before surgery (no Enterobacteriaceae were isolated) and *Staphylococcus aureus* showed the highest frequency of recovery from fomites after surgery (most in hand gloves and least isolated from gowns). Nevertheless, Coagulase negative *Staphylococcus* was commonly isolated from all the protective personal equipment (PPE) investigated, with no fungus isolation. In further studies, the mean bacterial count in relation to the time of surgical procedure was also estimated, where it was found that maximum colony forming units (CFU) were present in nearly 2-3 hours during surgery and minimum count was observed before surgery, the reason being almost negligible presence of staff in the operating theatre. In the surgical wards, the count was found higher in the evening when visitors arrived to meet patients than in the morning when only the staff members were present. It was thus, concluded that human activity like walking, talking, sneezing, and also laughing in addition to number of persons, influenced the air microbial count in the hospital.¹

In order to counter these collective problems, effective ventilation strategies and surgical attire (surgical gown, sterile gloves, headgear, masks), are utilized by hospital staff in operating theatre to create a physical barrier between them and the patients, to protect scrubbed personnel from exposure to body fluids and to maintain the sterility of the surgical field. However, only the use of gloves and impervious surgical gowns has been found to effectively reduce SSI. By large, laminar flow system of ventilation significantly reduce bacterial load and purify the air but the

efficacy of the surgical attire in preventing SSI often remain unclear. Over the past many years, this uniform has remained relatively unchanged. A study in past has revealed that bouffant hats may be a source of contamination. Similarly, the role of surgical masks as a potential source of bacterial load contaminating the surgical area is of utmost importance demanding urgent need for identification of foremost influencing factors that may affect the bioburdens of surgical masks.

Studies shows that, though surgical masks are a tool for reducing the bacterial shedding from the mouth, nose and face, their surfaces become a potential contamination source when worn for an extended period of time (hygienic practices among the surgeons may be a cause of variation in results). Furthermore, between surgeon-wearing and Operation room positioned groups, (OR air-borne contamination) more CFUs from the surface of surgical masks were identified in the surgeon-wearing group. With wearing time extended, the OR atmosphere could be another contamination source. When surgeons were asked to wear two masks simultaneously, the number of CFUs isolated from the first layer (closed to the faces) was higher compared to the second (outer) layer.² Another study, collected surgical masks from hospital personnel working in medical wards and out-patient department (OPD) which revealed that both bacterial and fungal contamination on inside area of the used masks were less than from outside area and the OPD had the highest bacterial and fungal mean counts, intensive care unit had the lowest bacterial mean count and the operation room had the lowest fungal mean count. Additionally, microbial counts in air samples showed significant positive correlation with the bacterial contamination found on outside area of the used masks. This evidence supported that the fact that studied surgical masks could filter most of contaminated bacteria and fungi in air of the working wards.³ Also, it was established that CFUs from no-speaking masks were significantly lower than those from speaking masks indicating that unnecessary talking should be restricted in surgery. Washing the face resulted in significantly declined

CFU numbers on the surgeon's face, but not in the masks. When different types of masks, having diverse pore sizes and porosity were evaluated for the efficacy in preventing microbial shedding from personnel, it was concluded that mask type is a crucial factor that has a direct relationship with mask bioburdens; therefore, surgeons should be more judicious in selecting them. Masks with high filtering efficiency and low airflow resistance should be recommended.⁴

Discussion:

Scientific studies pertaining to the guidelines surrounding the topic aforementioned is marginal. From the previous studies, we advocate that thorough cleaning, proper air conditioners and supervising the entry of natural air improves the ward ventilation and reduce the microbial counts in indoor air. It is obligatory to provide ultraclean air in the operating theatre where any infection could be potentially fatal e.g. using Bio aerosol. Movement and number of persons in the operating theatre should be kept to a minimum during surgical procedures in addition to the visitors in the surgical wards as it puts immunocompromised patients at greater risk due to more load of nosocomial pathogens. Furthermore, surgical masks could be the source of bacterial shedding with extended wearing time; thus, surgeons must change his/her mask in every operation interval and must give more emphasis on face-mouth cleanliness and personal hygiene. Also, high-filtration masks should be employed wherever possible. There are also certain ambiguities to be looked upon when patient safety is considered. For example, contamination of medicines/equipments by *Pseudomonas aeruginosa* and *Staphylococcus aureus* may also occur in the storage area, if it is not ventilated properly. In addition, moisture, either during storage or during shipment, has always been a culprit of product deterioration in one way or the other. In hospitals, items transported to sterile area, without prior sterilization or improper treatment of the working

area including table tops may add to the bioburden. Many international scientific authorities have stressed upon the guidelines and recommendations for operating theatres (exposed area) such as positive pressure and exchanges of filtered air per hour. Air conditioning systems (laminar airflow) with HEPA filters which display 99.97% efficiency in removing airborne particles of 0.3 μm and above⁵ are crucial for avoiding the risk of infections. To our knowledge, many hospitals still do not follow the norms despite their effectiveness. Prevention of SSIs requires a multidisciplinary approach and can be improved significantly by acting upon various factors discussed.

Nevertheless, it is rightly said that *“Prepare and Prevent, don’t repair and repent”*

Received: 13th August 2020

Accepted: 27th August 2020

References:

1. Onwubiko NE., Microbial contamination of air and protective wears in the operating theatre and surgical wards of two tertiary hospitals in Kano, Northwestern Nigeria. *International Journal of Infection Control*, 2014;v11:i3
2. L. Zhiqing et al., Surgical masks as source of bacterial contamination during operative procedures. *Journal of Orthopaedic Translation* 2018;14:57e62
3. Luksamijarulkul P. et al., Microbial Contamination on Used Surgical Masks among Hospital Personnel and Microbial Air Quality in their Working Wards: A Hospital in Bangkok. *Oman Medical Journal*. 2014;29 (5):346-350
4. Zhiqing L et al., Understanding the factors involved in determining the bioburdens of surgical masks. *Annals of Translational Medicine*. 2019;7(23):754
5. Spagnolo AM et al., Operating theatre quality and prevention of surgical site infections. *Journal of Preventive Medicine and Hygiene*. 2013;54(3):131-7.



Reshal Suri

*Faculty of pharmacy, Department of Pharmaceutics, SPER,
Jamia Hamdard, New Delhi
Email: surireshal@gmail.com*

Knowledge, attitude and practices (KAP) of community pharmacists towards antimicrobial Resistance (AMR)

M Sudhir¹, S Girija¹, T M Vijayakumar^{1*}, M K Kathiravan², K S Lakshmi²

¹Drug Information Centre, Department of Pharmacy Practice, SRM Medical College Hospital and Research Centre, Kattankulathur-603 203

²SRM College of Pharmacy, SRM Institute of Science and Technology, SRM Nagar, Kattankulathur-603 203, Chengalpattu District, Tamil Nadu

Abstract:

Aim: To evaluate the current knowledge, attitude and practices of community pharmacists towards antimicrobial resistance.

Background: Community pharmacists in India are usually highly trusted by the patients and are an important confluence from where drugs are obtained. In rural areas, lack of availability of qualified physicians leads to patients relying on pharmacists advise for their ailments. Irrational dispensing of antimicrobials by pharmacists is a significant contributing factor for AMR.

Methodology: This present study was a descriptive, cross-sectional survey which was performed for a period of two months in Chengalpattu district, Tamil Nadu. The questionnaire consisted of twenty-two questions split across four sections. Registered pharmacists and trainees were included in the study. 30 participants enrolled in the study after informed consent was obtained. A scoring system was developed to analyse the responses.

Results: Majority of the community pharmacists agreed that AMR is a global problem (90%). More than half of the pharmacists believed that antibiotics can be used for common cold (73.3%). Only 23.3% of pharmacists knew the relevance of MRSA. 66.6% of pharmacists believed that AMR could not potentially cause death. Only 6.7% of pharmacists had undergone training regarding rational use of drugs, whereas 83.3% pharmacists did not know the benefits of an Antimicrobial Stewardship Program. Overall descriptive statistics revealed that only 47% of participants had good, considerable knowledge towards AMR. 66% of pharmacists had "good" attitude towards dispensing antimicrobials. Fisher's test of independence revealed that responses of knowledge, attitude and practice were independent of level of education, work experience and job status ($p > 0.05$).

Conclusion: This study helped us to realize and improve the knowledge gap which is persistent amongst community pharmacists in the Indian scenario.

Keywords: Antimicrobial Resistance; community pharmacists; Rational drug use; KAP

Introduction

AMR is a global problem which is bound to have increased economic burden and has a significant impact on patient's overall healthcare costs and well-being. It can also inhibit the goals of sustainable development.¹ The Global Action Plan (GAP) on AMR was adapted by the World Health Organization (WHO) in 2015.² With regard to this, many countries have adapted their own National action plans (NAPs) to fight the plethora of problems posed by AMR.

India has also developed its NAP in April 2017 which cites the planned efforts to tackle AMR in the upcoming five years. It also accounted for a whopping 12.9 billion units of antibiotic consumption in 2010, the highest in the world.³ Inevitably, India has been named as the 'AMR capital of the world.' AMR can be viewed as a labyrinthine of contributing factors.⁴ The main modifiable factors include over-consumption of antimicrobials by patients, over-prescribing by physicians and over-the-counter (OTC) dispensing by pharmacists.⁵⁻⁷

Pharmacists are one of the healthcare professionals with easy accessibility to the community and can thereby help in curbing the spread of AMR by means of effective patient counselling such as explaining the potential side effects, importance of antibiotic course completion and implications of antimicrobial overuse.⁶ In developing countries such as India, pharmacists are an important confluence from where antimicrobials are obtained due to easy

accessibility.⁸ Lack of qualified pharmacists working in these community pharmacies leads to a major disruption in the foundations laid by WHO towards rational use of antibiotics. Therefore, it is impertinent to study the dispensing attitude, behaviour and knowledge of pharmacists because antimicrobials are often obtained over-the-counter in developing countries. However, limited studies are available which aim to assess the pre-existing knowledge and attitudes towards dispensing antimicrobials amongst the pharmacists in the Indian scenario.⁹

This study aimed to comprehend and evaluate the existing knowledge gaps between the community pharmacists in Chengalpattu district, Tamil Nadu towards AMR and antibiotic dispensing.

Methodology:

The present study was a descriptive, cross-sectional survey which was performed in Chengalpattu district, Tamil Nadu, India for a period of 2 months (October to November 2019). Approval was obtained from the Institutional Ethics Committee of SRM Medical College Hospital and Research Centre, Tamil Nadu (Clearance number: 1789/IEC/2019) prior to the initiation of study.

Questionnaire development:

An exhaustive literature search was conducted across multiple databases. The questionnaire was prepared based on several available studies. External validation was obtained from the expert's team from other organizations. The final questionnaire consisted of a total of twenty-two questions divided into four sections. The first section collected the demographic details of the pharmacist including years of work experience. The second section evaluated the basic knowledge towards antimicrobials and AMR. The third section assessed the attitude and fourth section enquired about the practices towards dispensing of antimicrobials. The questionnaire was also pre-tested among two community pharmacists who were not a part of the study. Internal reliability was assessed using Cronbach's alpha test and the value was found to be 0.5.

Recruitment:

The sampling area was chosen by convenience. We included registered pharmacists and pharmacy trainees for the study. The participant was verbally informed about the study and informed consent was obtained. Confidentiality of the respondents was maintained throughout the study. A scoring system was developed to gauge the knowledge and attitude of the respondents.

Data entry and statistics:

Data was initially entered into Microsoft Excel. Percentage and mean \pm SD was calculated in Excel spreadsheet using appropriate functions. Further statistical analysis was conducted using SPSS (Version 26) software. The responses were expressed quantitatively by descriptive statistics. The knowledge and attitude section were analysed by scoring the correct response as '1' and incorrect response as '0'. The value of the scoring greater than the median for each respondent was considered as better knowledge and attitude level. For questions assessing practice, questions 18 and 22 were scored '3' if the respondent chose "Never", '2' if they chose "Sometimes" and '1' if "Always" was chosen whereas questions 20 and 21 were given a score of '3' if the participant chose "Always", '2' if he/she chose "Sometimes" and '1' if they chose "Never". A median score above 2 indicated that the pharmacist had "good" practice. The test of independence between the responses and demographic variables were assessed using Fishers Freeman Halton test.

Results:

Out of 35 pharmacies, the response rate was found to be 85.71%. Demographic details of the respondents were tabulated (Table 1). Majority of the community pharmacists were diploma holders (36.7%) and undergraduate in pharmacy (30%). More than half of the pharmacists had less than 3 years of experience. 72.4% of the participants working in the pharmacy were staff pharmacists.

The second section consisted of seven questions evaluating the knowledge of the respondents (Table 2).

Majority of the community pharmacists agreed that AMR is a global problem (90%). Only 40% and 53.3% of the participants disagreed with the statements that antibiotics are effective against fungi and viruses. The concept that, antibiotic resistance is when antibiotics no longer work to treat an infection is accepted by 90% of the respondents. Only 23.3% of the respondents knew the relevance of MRSA. Only 6.6% of the pharmacists had undergone training regarding rational use of drugs, whereas 83.3% pharmacists were not aware of the benefits of antimicrobial stewardship program (AMS).

The third section which assessed the attitude of the pharmacists reported that more than half of the pharmacists (73.3%) believed that antibiotics can be used to treat the common cold. 66.6% of the pharmacists believed that AMR could not potentially cause death. 73.3% of the participants agreed that dispensing antibiotics without prescription contribute to anti-microbial resistance and 86.6% accept that antibiotics are less likely to work in future if they are taken unnecessarily. 60% of the respondents disagreed with the statement antibiotics can be discontinued when symptoms start to subside. (Table 2)

The fourth section consisted of questions which evaluated the practice of the community pharmacists in dispensing antibiotics (Table 3). When asked about how often they dispense antibiotics without a prescription, 70% dispense sometimes and 10% always dispensed whereas only 20% of the participants never dispensed antibiotics without prescription. The common medical conditions for which the antibiotics dispensed in the pharmacy and the count of antibiotics dispensed approximately per day is depicted in Table 4. 60% of participants guide the patients regarding the right use of antibiotics if they ask for non-prescribed drug. 70% of the participants educate the patient about the importance of completing the prescribed duration of the antibiotic course. 80% never dispensed the antibiotics without the prescription for children. The overall descriptive analysis reports that 47%

(n=14) of the participants had good knowledge whereas 53% (n=16) of them had poor knowledge regarding dispensing antibiotics and AMR. Majority of the participants had good attitude (60%, n=18) towards dispensing of antimicrobials whereas only 40% (n=12) had a negative attitude. On the whole, 66% (n=20) of the respondents had good practice over dispensing of antibiotics in the community pharmacy and 33% (n=10) of the participants had poor practice in dispensing.

The tests of independence of the responses with demographic details were assessed using Fishers test and tabulated in Table 5. From the results of the table it was found that the responses of knowledge attitude and practice questions were independent to the level of education, working experience in the pharmacy, and job status ($p>0.05$).

Discussion:

To our knowledge, no study has been undertaken to evaluate the knowledge, attitudes and practices of community pharmacists in Chengalpattu district, Tamil Nadu. World Health Organization (WHO) in “Antimicrobial resistance: global report on surveillance 2014” demonstrated that AMR has the potential to affect anyone, regardless of their age and their country. WHO also adumbrates a post-antibiotic era wherein common infections and minor injuries can be deadly.⁸ Two of the prime factors which contribute significantly to AMR globally are the irrational and disproportionate use of antibiotics.¹⁰

In our study, we reported that around 75.5% of pharmacists believed that antibiotics can be used to treat cold and flu. Similar findings were reported in a multi-country WHO survey conducted in 2015 where 75% of pharmacists considered antimicrobials to be the right treatment of cold and flu.¹¹ In India, OTC dispensing of antibiotics contributed to 23% of increase in retail sales volume amongst all the other BRICS nations.¹² A significant lacuna was found in the awareness of pharmacists towards the existence and benefits of AMS although the effects of these programs have been implemented

and are gaining momentum across India.^{13,14}

In the current study, 47% of pharmacists only had "good" or considerable knowledge towards AMR. This could lead to potential irrational dispensing of antimicrobials which could in turn contribute to AMR. These results were similar in two other studies conducted in Nepal and Pakistan, also developing countries wherein participants were found to have less knowledge towards AMR.^{7,15}

Overall, study participants seemed to have good practices towards antibiotic dispensing (67%). However, majority of them (90%) asserted that they sometimes dispensed antibiotics without a prescription. This concludes that it is relatively simple and easy for patients to acquire antibiotics without a doctor's order because only 10% of the participants never dispensed an antibiotic without a prescription. A study conducted in Egypt amongst community pharmacists also corroborated similar results.¹⁶

Most studies conducted on pharmacists focus on their role in self-medication rather than their existing knowledge towards dispensing of antimicrobials. It is imperative to realize that a

pharmacist's role in today's scenario has gone beyond the scope of merely dispensing a given drug and also includes education of patients and contributing to patient safety by updating themselves regularly. We also advocate better and more stringent assessments of pharmacists training and education towards the implications of irrational use of antibiotics.

Table 1 shows demographic details of the respondents.

Characteristics	n (%)
Level of education	
Diploma in pharmacy	11(36.7)
Undergraduate in pharmacy	9(30)
Post graduate in pharmacy	7(23.3)
Others	3(10)
Years of experience	
Less than 3 years	18(60)
3-5 years	1(3.3)
Greater than 5 years	11(36.6)
Job status	
Owner	7(24.1)
Manager	1(3.4)
Staff pharmacist	21(72.4)

Table 2 shows distribution of knowledge and attitude amongst individual questions.

Questions	Poor [n(%)]	Good [n(%)]
1) Knowledge:		
a) Antimicrobial resistance is a worldwide problem	3 (10%)	27 (90%)
b) Antibiotics are effective against fungi	18 (60%)	12 (40%)
c) Antibiotics are effective against viruses	14 (46.6%)	16 (53.3%)
d) Antibiotic resistance is when antibiotics no longer work to treat an infection	3 (10%)	27 (90%)
e) MRSA is a type of cancer	23 (76.6%)	7 (23.3%)
f) Have you been trained by a government organization regarding Rational use of medicines or Antimicrobial resistance?	28 (93.3%)	2 (6.6%)
g) Are you aware of the benefits of an Antimicrobial Stewardship program?	25 (83.3%)	5 (16.6)
2) Attitude		
a) Antibiotics help cure the common cold	22 (73.3%)	8 (26.6%)
b) Do you think dispensing antibiotics without prescription contribute to anti-microbial resistance?	8 (26.6%)	22 (73.3%)
c) Can antimicrobial resistance be a possible cause of death?	20 (66.6%)	10 (33.3%)
d) Are antibiotics less likely to work in the future if they are taken unnecessarily?	4 (13.3%)	26 (86.6%)
e) Can antibiotics be discontinued when symptoms start to subside?	12 (40%)	18 (60%)

Table 3 shows responses towards practice of the participants.

Questions assessing practice	Always n(%)	Sometimes n(%)	Never n(%)
1) How often do you dispense antibiotics without a prescription?	3 (10%)	21 (70%)	6 (20%)
2) Do you guide patients regarding the right use of antibiotics if they ask for a non-prescribed drug?	18 (60%)	11(36.66%)	1(3.33%)
3) Do you educate the patient about the importance of completing the prescribed duration of the antibiotic course?	21(70%)	6 (20%)	3(10%)
4) Do you dispense antibiotics without prescription for children?	0 (0%)	6(20%)	24 (80%)

Table 4 shows antibiotics and ailments for which antimicrobials are dispensed without prescription across pharmacies.

Items	N (%)
Commonly dispensed antibiotic classes without prescription in pharmacies	
a) Penicillins	20 (71.4%)
b) Tetracyclines	4 (14.3%)
c) Cephalosporins	2 (7.1%)
d) Macrolides	1 (3.6%)
e) Aminoglycosides	1 (3.6%)
Common ailments for which antibiotics are dispensed across pharmacies	
a) Cold and flu	23 (76.6%)
b) Sore throat	6 (20%)
c) Tooth ache	1 (3.3%)

Table 5 shows test of independence between responses of knowledge, attitude, practice and demographic details of the participants.

Variables	Knowledge			Attitude			Practice		
	Good	Poor	p value	Good	Poor	x (p value)	Good	Poor	x (p value)
Level of education									
Diploma in pharmacy	4(13)	7(23)	0.214	7(23)	4(13)	0.231	9(30)	2(6.6)	0.398
others	0	3(10)		0	3(10)		1(3)	2(6.6)	
Post graduate in pharmacy	5(16.6)	2(6.6)		5(16.6)	2(6.6)		5(16.6)	2(6.6)	
Under graduate in pharmacy	5(16.6)	4(13)		6(20)	3(10)		5(16.6)	4(13)	
Years of experience									
<3 years	10(33)	8(26.6)	0.284	12(40)	6(20)	0.458	10(33)	8(26.6)	0.235
>4 years	4(13)	8(26.6)		6(20)	6(20)		10(33)	2(6.6)	
Job status									
Manager	1(3)	0	0.086	1(3)	0	1.000	1(3)	0	0.657
Owner	1(3)	6(20)		4(13)	3(10)		4(13)	3(10)	
Staff pharmacist	12(40)	10(33)		13(43)	9(30)		15(50)	7(23)	

Limitations of our study:

The major drawback of our study is the small sample size. Secondly, this study being cross-sectional is only studied at one particular time point. Therefore, any fluctuations in knowledge or practices could not be studied. Selection bias could also be possible because only pharmacists who were able to read and write English could be included in the study. Despite these limitations, we tried to highlight the existing knowledge gap towards AMR which is prevalent despite the government's efforts such as laying several guidelines and plans to tackle AMR.

References

1. Friedman ND, Temkin E, Carmeli Y. The negative impact of antibiotic resistance. *ClinMicrobiol Infect* 2016; 22:416-22.
2. WHO | Global action plan on AMR [Internet]. WHO [cited 2020 March 19]. Available from: <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>.
3. Ranjalkar J, Chandy SJ. India's National Action Plan for antimicrobial resistance—An overview of the context, status, and way ahead. *Journal of family medicine and primary care*. 2019 Jun;8(6):1828.
4. Taneja N, Sharma M. Antimicrobial resistance in the environment: The Indian scenario. *The Indian Journal of Medical Research*. 2019 Feb;149(2):119.
5. Roque F, Soares S, Breitenfeld L, López-Durán A, Figueiras A, Herdeiro MT. Attitudes of community pharmacists to antibiotic dispensing and microbial resistance: a qualitative study in Portugal. *Int J Clin Pharm*. 2013;35(3):417–24
6. Mason T, Trochez C, Thomas R, Babar M, Hesso I, Kayyali R. Knowledge and awareness of the general public and perception of pharmacists about antibiotic resistance. *BMC public health*. 2018 Dec;18(1):711.
7. Waseem H, Ali J, Sarwar F, Khan A, Rehman HS, Choudri M, Arif N, Subhan M, Saleem AR, Jamal A, Ali MI. Assessment of knowledge and attitude trends towards antimicrobial resistance (AMR) among the community members, pharmacists/pharmacy owners and physicians in district Sialkot, Pakistan. *Antimicrobial Resistance & Infection Control*. 2019 Dec;8(1):67.
8. Kotwani A, Wattal C, Joshi PC, Holloway K. Irrational use of antibiotics and role of the pharmacist: an insight from a qualitative study in New Delhi, India. *Journal of clinical pharmacy and therapeutics*. 2012 Jun;37(3):308-12.
9. Nair M, Tripathi S, Mazumdar S, Mahajan R, Harshana A, Pereira A, Jimenez C, Halder D, Burza S. Knowledge, attitudes, and practices related to antibiotic use in Paschim Bardhaman District: A survey of healthcare providers in West Bengal, India. *PloS one*. 2019;14(5).
10. Hadi et al. Community pharmacists knowledge, attitude and practices towards dispensing antibiotics without prescription (DAwP): a cross-sectional survey in Makkah province, Saudi Arabia. *Int J Infect Dis*. 2016;47:95-100.
11. WHO. Antibiotic Resistance: Multi-Country Public Awareness Survey. WHO Press [Internet]. 2015;1–51. Available from: http://apps.who.int/iris/bitstream/10665/194460/1/9789241509817_eng.pdf?ua=1
12. Laxminarayan R, Matsoso P, Pant S, Brower C, Røttingen JA, Klugman K, Davies S. Access to effective antimicrobials: a worldwide challenge. *The Lancet*. 2016 Jan 9;387(10014):168-75.
13. Baubie K, Shaughnessy C, Kostiuk L, Joseph MV, Safdar N, Singh SK, Siraj D, Sethi A, Keating J. Evaluating antibiotic stewardship in a tertiary care hospital in Kerala, India: a qualitative interview study. *BMJ open*. 2019 May 1;9(5):e026193.
14. Singh S, Menon VP, Mohamed ZU, Kumar VA, Nampoothiri V, Sudhir S, Moni M, Dipu TS, Dutt A, Edathadathil F, Keerthivasan G. Implementation and impact of an antimicrobial stewardship program at a tertiary care center in South India. *Open forum infectious diseases*. US: Oxford University Press, 2019;4(6):290.

15. Nepal A, Hendrie D, Robinson S, Selvey LA. Knowledge, attitudes and practices relating to antibiotic use among community members of the Rupandehi District in Nepal. BMC public health. 2019 Dec 1;19(1):1558.
16. Zaka El-din M, Samy F, Mohamed A, Hamdy F, Yasser S, Ehab M. Egyptian community pharmacists' attitudes and practices towards antibiotic dispensing and antibiotic resistance; a cross-sectional survey in Greater Cairo. Current Medical Research and Opinion. 2019 Jun 3;35(6):939-46.

Received: 14th August 2020

Accepted: 28th August 2020

T M Vijayakumar

*Drug Information Centre, Department of Pharmacy Practice, SRM Medical College
Hospital and Research Centre, Kattankulathur-603 203
Email: surireshal@gmail.com*



Report on the Annual SEARPharm Forum Council meeting held on Sep 9, 2020 online

The SEARPharm Forum (SPF) annual meeting was held on Sep 9, 2020 during the FIP Virtual 2020 through the Zoom Platform and the following SPF executive members and FIP leadership team were present. Dr. T. V. Narayana, President, SPF, Mrs. Chinta Abayawardana, Immediate Past President, SPF, Dr. Rao Vadlamudi, Professional Secretary, SPF, Mrs. Manjiri Gharat, Member, SPF along with Mr. Dominique Jordan, President FIP, Ms. Catherine Duggan, CEO, FIP, Prof. Ashok Soni, Vice President, FIP and Liaison person, SPF, Mr. Goncalo Sousa Pinto, FIP, Lead for practice development and transformation, Dr. Lina Bader, FIP Lead for workforce transformation and development, Dr. Manisha Shridhar, Regional Advisor, WHO SEARO, a representative from the Young Pharmacists Group (YPG) FIP and Dr. P. Ramalingam, Editor I-Care Bulletin.

The main objective of this annual meeting is to update the FIP leadership of the SPF's latest activities and plans, as well as to hear from the FIP leadership team the roadmap for the regional forums so that it is possible to work together to effect transformation in pharmacy in the region.

The meeting started with inviting Dr. Manisha Shridhar, Regional Adviser, WHO SEARO, to the forum meeting and thanking her for accepting the role of the observer of WHO Regional Office for the forum. After a brief welcome address from Rao Vadlamudi, Professional Secretary of the forum, Mr. Dominique Jordan, President FIP, addressed the meeting. The president thanked all the pharmacist colleagues all over the world for their services during the unprecedented pandemic the world is facing currently.

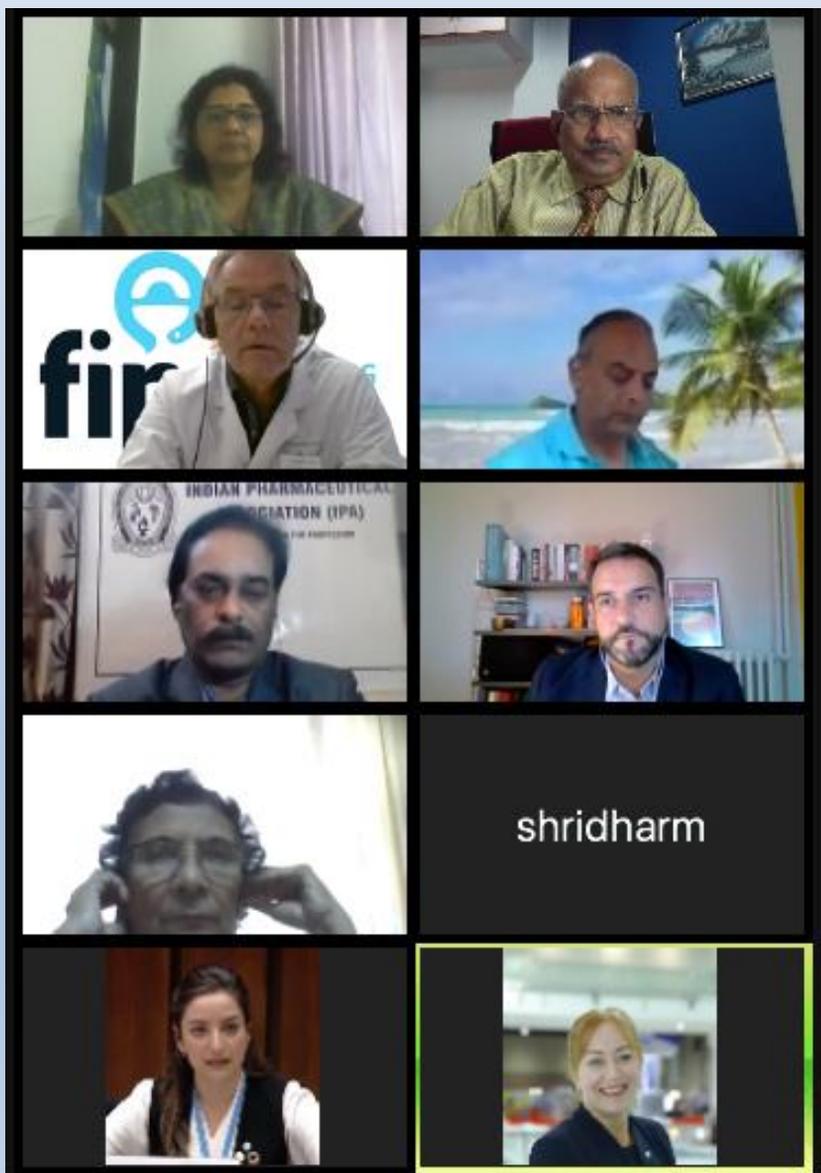
President of the SPF, Dr. T. V. Narayana in his address, mentioned that since the past one year streamlining of SPF activities is in progress and also efforts are on to contact MOs in the SEA region countries. FIP CEO, Ms. Catherine Duggan gave a presentation, which described recent developments in the FIP initiatives in the context and drivers for a closer collaborations, including the proposal for integration of the regional forums within FIP, to ensure that FIP could achieve the shared missions and vision for the profession to play a vital part and transform global health. Following that, Mr. Goncalo Sousa Pinto gave a detailed presentation on the FIP Global Pharmaceutical Observatory.

Rao Vadlamudi gave a presentation on the forum activities for the past year, which were listed in the annual report and SPF member Mrs. Manjiri Gharat gave an account of the approaches made by the member organization IPA and SPF together to advocate the importance of including pharmacists in the initiative of the Honorable Prime Minister of India. This activity received support of the FIP President Mr. Dominique Jordan, FIP Hon President, Dr. Kamal Midha and former FIP Vice President, Mr. Prafull Sheth. Further progress on this initiative is pending due to the pandemic in India.

Dr. Manisha Shridhar, Regional Adviser of the WHO SEARO expressed that she was happy to learn about FIP and the regional forums and the good work they intend to do in the SEA region. She suggested that two or three countries in the SEA region can pool resources from their MOs to work on the Top 3 priority areas in the FIP and WHO list of health priorities, to develop plans and proposals, which can be supported by the WHO Regional office.

The President of SPF, Dr. Narayana emphasized that SEARPharm Forum wishes to fully support the integration proposal made by FIP and indicated that the forum members are excited to function as an integral part of the FIP. Prof. Ashok Soni endorsed these views and said that he would represent these views in the upcoming meeting of the regional fora with FIP Bureau and in the FIP bureau meeting.

The meeting ended with a note of thanks to the FIP leadership, the regional adviser of WHO SEARO and all the SPF members who attended the meeting.



SEARPharm Forum



South East Asian FIP-WHO Forum of Pharmaceutical Associations

(Promoting Pharmacist's Role in WHO's Health Agenda South East Asia Region of WHO)

SEAR Pharm Forum is FIP Forum of National Pharmaceutical Organisations in collaboration with WHO Regional Office for South East Asia. It's secretariat is based in Bangalore, India.

Our Objective is to encourage and support a dialogue and collaboration among National and Regional Pharmaceutical Associations in the South-East Asia region of WHO and WHO SEARO by:

- Improving health in the South-East Asian region by development and enhancement of pharmacy practice (Good Pharmacy Practice)
- Encouraging the Implementation of pharmacy service and pharmacy practice projects by national pharmaceutical associations
- Supporting WHO-policies and goals
- Formulating policy statements on health issues
- Integrating appropriate WHO policies into undergraduate, post graduate and continuing education programs in pharmacy
- Combating the production and distribution of counterfeit medicine and sale of medicine by people who are not qualified

Executive Committee (2019-21)

President

Dr. T. V. Narayana, India

Professional Secretary

Dr. Rao Vadlamudi, India

Adviser

Mr. P. D. Sheth, India
Mr. Teera Chakajnarodom, Thailand

Past President

Mrs. Chinta Abayawardana, Sri Lanka

Vice President

Mr. Nurul Falah Eddy Pariang, Indonesia

Member

Mr. Nasser S Zahedee, Bangladesh
Mrs. Manjiri Gharat, India

Lisison Officer

Mr. Ashok Soni, Vice President, FIP

Observer

Mr. Dominique Jordan, President, FIP
Dr. Klara Tisocki, WHO SEARO
Dr. Goncalo Sousa Pinto, FIP, Manager-Development Support
Dr. Lina Bader, FIP, Account Manager and Key Contact Person

Activities of Forum during (June 2019 - May 2020)

- Conducted Annual General Assembly meeting of the Forum at Abu Dhabi during 79th FIP World Congress on 25th September 2019
- Participated in the meeting of FIP President with Regional forums on 26th September 2019 at the 79th FIP Congress
- Release of the first issue of I-CARE bulletin (initiative to Curb Antimicrobial Resistance by Mr. Dominique Jordan, President FIP in the presence of Ms. Carmen Pana, Immediate Past President, FIP and Ms. Catherine Duggan, CEO, FIP on 25th September 2019, the World Pharmacists Day during 79th FIP World Congress in Abu Dhabi
- Release of Second Issue of i-CARE Bulletin on 1st Feb 2020 & Third issue on 27th May 2020, which has covered several topics on the SARS-CoV-2 and COVID-19
- Participated in Golden Jubilee celebrations of MQ- Pharmaceutical Society of Sri Lanka on 12th October 2019 and discussed future collaborative activities
- In association with IPA, Represented concerned health authorities of Government of India to include the role and responsibilities of Pharmacist in Prime Minister Ayushman Bharath.



Activities of Member Organisations during 2019-20

- E-Bulletin "i CARE" (Initiative to Curb Antibiotic Resistance)
- Delegation to FIP Abudhabi
- Golden Jubilee Celebrations Srilanka
- AASP Meeting Malasia
- Campaigned FIP-Covid-19 Awareness Program
- Participated in Congress, Conventions, Awareness Programmes, along with Member Organisation



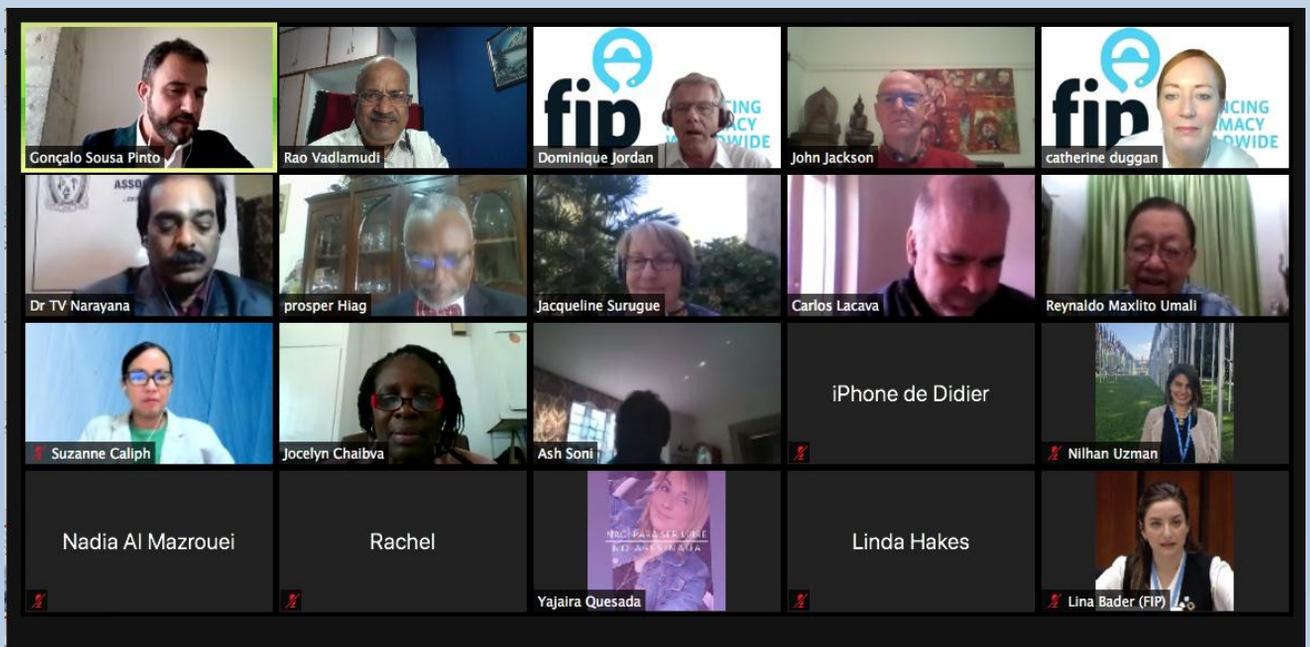
Brief report on the Meeting of the Regional Pharmaceutical Forums and FIP Bureau members

Thursday 10th September 2020, Online

This meeting was attended by the representatives of all the FIP regional forums, The African Regional Forum (AFRO), the Eastern Mediterranean region forum (EMRO), the South east Asia Region Forum (SEARPharm Forum), the Pharmaceutical Forum of the Americas (PFA) and the Western Pacific Pharmaceutical Forum (WPPF), FIP Bureau members and FIP leads.

The meeting started with the address by the FIP President, Mr. Dominique Jordan followed by a presentation by FIP CEP. Ms. Catherine Duggan about the recent initiatives and activities of FIP along with the proposal to integrate regional forums with FIP. Following that presentation, each board member responsible for a regional forum and the regional forum president presented the views of the forum about this proposal. SEARPharm forum's views were presented by FIP Vice president, Prof. Ashok Soni, SPF President Dr. T. V. Narayana and SPF professional secretary Dr. Rao Vadlamudi. At the end of these presentations the outcome was as follows, AFRO, EMRO and SEARO region forums were fully supportive of the proposal, the Americas region (PFA) expressed that they support with some concerns while WPPF has serious concerns regarding the proposal. Dr. John Jackson, President of the WPPF was given an opportunity to express his concerns and he made a brief presentation of his concerns. The FIP President addressed these concerns and informed that the main objective of FIP is to integrate all structures and functions of FIP under the One FIP concept and any concerns arising in this process will be resolved.

The meeting ended with a note that all these concerns will be addressed by the bureau in its meeting and the outcome and path forward will be announced in the FIP council meeting.



2020 Annual Report of the Regional Pharmaceutical Forums to the FIP Council (June 2019 to May 2020)

Executive committee members:

Position	Name	Country
President	Dr. T. V. Narayana	India
Past President	Mrs. Chinta Abayawardana	Sri Lanka
Vice President	Mr. Nurul Falah Eddy Pariang	Indonesia
Member	Mr. Nasser S Zahedee	Bangladesh
Member	Mrs. Manjiri Gharat	India
Adviser	Mr. P. D. Sheth	India
Adviser	Mr. Teera Chakajnarodom	Thailand
Observer	Mr. Dominique Jordan	President, FIP
Observer	Dr. Klara Tisocki	WHO SEARO
Observer	Dr. Goncalo Sousa Pinto	FIP, Manager-Development Support
Observer	Dr. Lina Bader	FIP, Account Manager and Key Contact Person
Lisison Officer	Mr. Ashok Soni	Vice President, FIP

Secretariat (person in charge and contact details):

Postion:	Professional Secretary
Name:	Dr. Rao Vadlamudi
Address:	Flat F6, Vora Towers, 8-3-224, Madhuranagar, Yousufguda Road, Hyderabad-500 038, India
Country:	India
Telephone numbers:	+91 986 655 9321
Email address:	rao.vadlamudi@gmail.com
Website:	www.searpharm.org

Current Member Organisations (formal members) as of June 2020

	Name of Organisation	Country	Number of Members
1	Bangladesh Pharmaceutical Society (BPS)	Bangladesh	3000
2	Ikatan Apoteker Indonesia (IAI)	Indonesia	10000
3	Indian Pharmaceutical Association (IPA)	India	15000
4	Pharmaceutical Association of Thailand (PhAT)	Thailand	7185
5	Pharmaceutical Society of Sri Lanka (PSSL)	Sri Lanka	900
6	The Pharmaceutical Society of Korea (DPR Korea)	South Korea	Also in Western Pacific
7	Nepal Pharmaceutical Association	Nepal	Contact made
8	Bhutan Pharmaceutical Association	Bhutan	Yet to contact
9	Myanmar Pharmaceutical Association	Myanmar	Yet to contact

Main activities of the Forum between June 2019 and May 2020:

1. Conducted Annual General Assembly meeting of the Forum at Abu Dhabi during 79th FIP World Congress on 25 September 2019.
2. Participated in the meeting of FIP President with Regional forums on 26 September 2019 at the 79th FIP Congress.
3. Release of the first issue of I-CARE bulletin (initiative to Curb Antimicrobial Resistance by Mr. Dominique Jordan, President FIP in the presence of Ms. Carmen Pana, Immediate Past President, FIP and Ms. Catherine Duggan, CEO, FIP on 25 September 2019, the World Pharmacists Day during 79th FIP World Congress in Abu Dhabi.
4. Release of Second Issue of i-CARE Bulletin on 1 Feb 2020.
5. Release of Third issue of i-CARE Bulletin on 27 May 2020, which has covered several topics on the SARS-CoV-2 and COVID-19.

Highlights of events in the region between June 2019 and May 2020 where the Forum was involved:

1. Dr. T. V. Narayana was unanimously elected as the President of the SEARPharm Forum during the annual general assembly meeting of the SEARPharm Forum held on 25 September 2019.
2. During the meeting of Mr. Dominique Jordan, FIP president, with Indian delegates on the World Pharmacists Day, the President released the first issue of i-CARE bulletin and informed all Pharmacists gathered there that this century will be century of pharmacists and expressed his concern that the initiative “Ayushman Bharat” by the Hon Prime Minister of India, is a great initiative but it does not propose a meaningful role for Pharmacists in that initiative. Mr. President informed Dr. T. V. Narayana, President of the Indian Pharmaceutical Association and the SEARPharm Forum that he would help Indian Pharmacists to advocate to the Govt of India the importance of Pharmacists in the healthcare system of the nation.
3. In the meeting of Regional Pharmaceutical Forums with FIP Bureau, SEARPharm Forum expressed that they would like to be a part of FIP in line with “One FIP” strategy and represent FIP in the region to achieve FIP goals for the region and in organizing FIP regional conference

Key collaboration with other stakeholders of the region (including the WHO Regional Office and other organisations):

WHO SEARO: Counterfeit Media Reports of SEA Region.

WHO Country Office, Sri Lanka: Pilot Project on GIS mapping of allopathic health care facilities providing care for non-communicable diseases in Sri Lanka.

MoH, Government of India: Pharmacovigilance Program of India (PvPI).

Revised National Tuberculosis Control Program, MoH, Government of India: Pictogram Project on TB/HIV- FIP sponsored and under guidance from Régis Vaillancourt, CHEO, Canada.

Most of the above projects either have been completed or discontinued.

Current projects:

1. Reaching out to all SEAR countries through the e-News Bulletin “I-CARE” to showcase the fight against antimicrobial resistance as well as other healthcare issues in these countries.
2. APAC Regional Pharmacist Forum 2018: SEARPharm Forum has facilitated an initiative with Pfizer Inc. for APAC Region to build a platform for the pharmacists of the region to network, share and enhance their skills and education. Two Virtual Meetings (August 2018 & March 2019) involving 08 countries of the region took place. First outcome is a newsletter on Antibiotics Use (Working Title/name: i-CARE an acronym for Initiative to Curb Antibiotics Resistance) to be launched on World Pharmacy DAY 2019. This objective was achieved.
3. The Forum Submitted the budget proposal towards financial assistance to Pfizer Inc. (APAC Region) for approval. This needs to be followed up.
4. Membership Drive and Networking: The number of members of the Forum is only 5. The SPF is trying to attract and involve all countries of the region with various collaborative activities and participating in their events to network and work more collaboratively on projects, sharing of information, learning from each other experiences and to work on similar projects. SPF is keen in communicating with other FIP member organizations with in Member countries to increase participating MOs in the Forum.

Main challenges:

1. Communication with MOs at organizational and individual level to build strong relationship- This remains to be a challenge and regional conference of FIP could help establish the much required communication link.
2. Communication with WHO SEARO to identify an observer/coordinator from SEARO (A new contact in the office has been identified).
3. Inadequate funds to support multi-layered, multi-disciplinary, and multi-country projects and its oversight by the secretariat through the MoS.
4. Identification and development of Second and third line of leadership (this is challenging as lack of communication with MOs is the main deterrent).
5. Dedicated resources for project implementation in MOs to be identified.

Report on SEARPharm Forum Webinar held on The World Pharmacists Day

The IPA-SPF-FIP Webinar was organized on September 25, 2020, the World Pharmacist Day on the theme “Transforming Global Health” by SEARPharm Forum in association with the Indian Pharmaceutical Association and IPA-Student Forum at 10:30 IST. The webinar topic was “Role of Pharmacist in transforming global health in the background of covid-19 in the South East Asian Region”.

The webinar was attended by Dr T.V. Narayana, Dr Rao Vadlamudi, Dr Manisha Shridhar, Mr Dominique Jordan, Mrs Chinta Abayawardana, Mrs Manjiri Gharat, Dr G. Sumalatha, Ms Pragna Ella, Mr K. Yogendra, Dr Mahender Patel, Ms Yuila Tisna, Mr Chris Edward, Mr Astron, Dr Sivagnanam Abirame, Mr Delan Desilva, Ms Deepthi, Dany, Mr Pradeep Mishra, Dr R. N. Gupta, Mr Krishna Dev, Dr C. Gopalakrishna Murty, Mr T. B. Nair, Dr K. Ramadas, Ms Vindhya, Dr Peta Subramanyam, Mr Aditya Srinivas, Mr Senarath Kumar, Ms Sakeena, Ms Sruthi, Mr Mujeebuddin Shaik and about 300 registrants on Zoom and YouTube platforms.

Introduction by Ms Pragna Ella:

Ms Pragna Ella welcomed all the dignitaries SEARPharm members, FIP office bearers and other delegates and thanked the chief guest Mr Dominique Jordan, President, FIP, Special guest Dr Manisha Shridhar, Regional advisor, WHO SEARO, Speakers Mrs Manjiri Gharat, Vice President, FIP & IPA, Mrs Chinta Abayawardana, Immediate past president, SEARPharm Forum, Dr T. V. Narayana, President SEARPharm Forum and National President, IPA and Dr Rao Vadlamudi, President, the Commonwealth Pharmacists Association and Professional Secretary SEARPharm Forum for their august presence to make the Webinar a grand success. Dr T. V. Narayana and Dr Rao Vadlamudi welcomed Mr Dominique Jordan and Dr Manisha Shridhar with virtual floral greetings. She then requested Dr Rao Vadlamudi to conduct the proceedings..

Welcome address by Dr Rao Vadlamudi:

Dr Rao Vadlamudi gave a welcome address in the webinar conducted on World Pharmacist Day to discuss particularly the role of pharmacist in transforming global health. He emphasized the need to establish the role of pharmacist all over the world as a key person in transforming global health, since the contribution of a pharmacist to the global healthcare system is immense and this century belongs to the pharmacist as stated by Mr Dominique Jordan, President of FIP, the man behind initiatives such as integrating all FIP division, sections, regional forums under one umbrella in line with the ONE FIP concept, with a motto to serve mankind with practice combined with science by the knowledgeable workforce. He thanked Dr Manisha Shridhar, Regional Advisor for Intellectual Property Rights, Trade and Health, WHO SEAR), with a comment about the necessity to respect IPR, trade rules and ensure that health is delivered equally to all. Dr Vadlamudi then invited the two women resource persons Mrs Chinta Abayawardana, former President of SEARPharm Forum and Mrs Manjiri Gharat, Vice-President, IPA and newly elected Vice-President of FIP, both of whom share their knowledge and experience related to community pharmacy in their region as well as worldwide in transforming global health and



pharmacists. He then welcomed Dr T. V. Narayana, National President of IPA and President, SEARPharm Forum and wished everyone a very exciting World Pharmacist Day.

Opening remarks by Dr T. V. Narayana:

Dr T. V. Narayana, National President, IPA and President SEARPharm Forum in his talk enlightened about the value of FIP strategies, policies, objectives and publications to the regional level. He expressed a desire to initiate region-specific activities of FIP in association with SEARPharm Forum. He said that he was delighted since the President of FIP, Mr Dominique Jordan, a great leader, a proactive and action-oriented person has agreed to be the chief



guest of this event. He expressed his gratitude to Dr Manisha Shridhar for her acceptance to be the distinguished guest at this function and hoped that with her support, WHO projects centered around pharmacist involvement in transforming health in SEAR region could be taken up and executed by the Forum in a collaborated way. Dr Narayana informed that he has completed one year as the president of the SEARPharm Forum and this time was spent in streamlining the Forum secretariat and initiating the long-awaited newsletter the I-CARE bulletin. He informed that the first issue of the bulletin was inaugurated exactly 1 year ago on the World Pharmacists Day by the FIP President in Abu Dhabi during the 79th FIP congress. He reminisced the decennial celebration of the World Pharmacist Day in Istanbul and mentioned FIP came into existence on 25th September 1912 and each year on the FIP foundation day the World Pharmacists Day is being celebrated. He added that under the dynamic leadership of Mr Jordan, FIP launched the FIP Development Goals, FIP Global Observatory, FIP Commission of Antimicrobial Resistance and the unification of all FIP boards, sections and regional forums under the One FIP initiative. Dr Narayana described the role played by healthcare professionals and others in tackling the COVID-19 pandemic in the country and stated that he is very proud of the 1.2 million pharmacists in India who rose to the occasion to ensure supply of essential medicines and patient services, exposing them to the risk of infections and some have even lost their lives in this process and he paid rich tributes to those who lost their lives in the line of duty. As future activities, SEARPharm Forum and IPA would make use of the resources and initiate projects of FIP at the national and regional level with the support of FIP and WHO SEARO. Citing that Pharmacists in India are required to play a greater role in transforming health in India particularly in the post-COVID-19 times and one major role that they can play is in vaccinating the India population once a vaccine is made available. In this connection, he requested Mr Jordan for offering FIP's training courses in vaccinations to Indian pharmacists. Dr Narayana said that IPA-SF the student body of IPA has initiated a wonderful sign languages project about which the chairperson of IPASF would give a brief description.

Chief Guest address by Mr Dominique Jordan, President of FIP:

Dominique Jordan, FIP President extended warm greetings from FIP on the occasion of the world pharmacists day and congratulated the president of SEARPharm Forum and the organisers for arranging this webinar on an important day like the World Pharmacists Day and said that he is very happy to participate in the webinar. He informed that FIP rapidly responded to the emerging pandemic situation and published International guidance and measures to support all FIP members and pharmacists in the emerging pandemic. As a global leader of pharmacy, FIP established an international task force to analyse the situation and issued a call to action with 23 urgent measures

to be followed at country level by the governments to ensure continuity of pharmacy services. Pharmaceutical scientists rose to the occasion with efforts to develop a vaccine and repurpose existing drugs that can be used to treat COVID, academic pharmacists continued educating the students despite lockdowns, to ensure fresh graduates are available for future workforce requirements, hospital pharmacists have geared up to handle the additional patient load at hospitals due to COVID and community pharmacists worked additional hours to serve the patients even putting themselves at risk.



He said never has been he was so proud to be a pharmacist as in the past 10 months. The COVID pandemic has exposed the world to several uncertainties and challenges and pharmacists have risen to the occasion and offered valuable services and that he wishes to say a big thank you to all pharmacists for those efforts. He stated that the top 10 threats to the global health indicated by the WHO there is evidence that pharmacists can play a major role in handling most of those. He added that FIP would like to prove in the Ministers summit to be organised in 2022, that pharmacists are important players of the health system and are making a difference in countries and regions. According to the Massachusetts Institute of Technology, the megatrends that will impact the world by 2030, are also expected to affect pharmacy practice and FIP is ensuring that science and practice are advanced adequately to support pharmacy workforce to handle these changes effectively. Pharmacists are needed more than ever to prevent ill health and provide patient safety as is evidenced during the Pandemic and we must ensure that the doors opened by the pandemic remain open. He predicted that in future the pharmacy profession will play a greater role in public health and new services like prevention, testing, immunization, patient safety and in managing non-communicable diseases. Pharmacy profession in various FIP member countries is already on the path of integration of community pharmacy with a provider status in primary healthcare. The future potential of our profession is exciting, but we need to be prepared in terms of developing skills and number of pharmacists to meet the demands of health care and patients. The FIP developmental goals launched in Sep 2020 are important to equip the pharmacy workforce and the profession to be ready for integration with the health care teams to provide universal health coverage. He ended his message by stating “Long live pharmacy, Long Live FIP and Long Live all the Pharmacists. He the thanked the Forum and the National Organization for the great work that they are doing in the region and informed that he and the FIP are always there to support pharmacists and pharmacy profession.

Felicitations to Mrs Manjiri Gharat:

Dr T. V. Narayana and Dr Rao Vadlamudi congratulated and felicitated Mrs Manjiri Gharat with a virtual floral bouquet for getting elected as the Vice President of FIP. Mr Dominique Jordan also congratulated Manjiri for getting elected to the FIP Bureau and stated that she will be a direct link of FIP to the SEAR Region and wished her all the best.

Address by Special guest Dr Manisha Shridhar:

Dr Manisha Shridhar congratulated all the participants on the occasion of the World Pharmacist Day. She mentioned that in 1994 an agreement on pharmaceutical products, pharmacy and how pharmaceutical products got a special place in international trade by eliminating all customs duties and tariffs. This agreement was signed only by Canada, EU, Japan and the US. She explained that anything traded on the international trading system has a six-digit classification as a part of Harmonized System of



Classification and all products that come under pharmacy and pharmaceutical products are listed in Chapter 30 have been excluded from customs duties. She said that she was genuinely surprised to note that FIP started in 1912, while the WHO formed in 1948 and even the League of Nations that existed before the United Nations formed a Health Committee in 1922. Therefore the FIP was the first body that formed to discuss health issues. She stated that all of involved in the pharmacy profession should have a real sense of pride as pharmacists are the first to be approached by people everywhere. Dr Shridhar stated that the pharmacy profession has tremendous scope since it involved research and development, production, distribution, dispensing and regulation of pharmaceuticals, biologicals, cosmetics, and even in the Ayush products. Molecular Biology, Biotechnology, Bioinformatics, Computational Biology and Tissue Culture all hold tremendous potential for the Pharmacy Profession. She discussed pharmacist duties across the board and more information required to be circulated among young professionals to get them excited about the prospects of the profession. She made a proposition to SEARPharm Forum that the forum can have resource persons from India, Indonesia and Sri Lanka work together to develop regional guidelines for COVID-19 for pharmacies and pharmacists in these countries, which could become a collaborative activity with WHO to have this adopted by region. This work can be initiated as a contractual work at a country level, which can later be extended to more countries. She concluded her address by stating that she is looking forward to a time-bound proposal from the SEARPharm Forum about developing these guidelines.

Address on webinar theme by Mrs. Manjiri Gharat and Mrs. Chinta Abayawardana:

Mrs Manjiri Gharat, vice-president of IPA and newly elected vice-president of FIP gave a PowerPoint presentation on the topic Role of Pharmacists in transforming global health in the background of COVID-19, the India perspective. She elaborated on issues like, how rapid progression occurred from normalcy to lockdown, about different notifications from Government and how Pharmacists were confused by the notifications issued by different governments. She described home delivery of medicines, shortage of stock and staff, telemedicine guidelines put forward by the government. She stressed on few important facts like the transformation from normal to new normal of living with COVID-19 and the emerging situations beyond. and how web-based education progressing in your country. She also referred to Sweden, where healthcare provision has reached greater heights. She advised all the pharmacists to look out for the changing focus on new horizons for pharmacy, advancing pharmacy practice and what's needed is revamping the profession from making medicines to making medicines work. She thanked the organizers for giving this opportunity.

Mrs Chinta Abayawardana shared information about the spread of Covid-19 in the island of Sri Lanka and experiences of patients. She described how Sri Lankan pharmacists responded to this pandemic and about the great support given by the Pharmaceutical Industry. She explained various issues like the role of the pharmacist in global health, pharmaceutical care. Mrs Abayawardana said that it is

collective efforts by the government of Sri Lanka, the military, the postal department, along with the ministry of health and about 10,000 health workers all joined hands to manage the COVID-19 pandemic. She acknowledged the organizers for the given opportunity.

Message from FIP office bearers:

Dr Rao Vadlamudi read the messages sent by Prof. Ashok Soni, Vice President, FIP and Ms Lina Bader, FIP who could not attend the webinar.

Message from Prof. Ashok Soni, Vice President, FIP and Liaison Person of SEARPharm Forum:

“I would like to congratulate the SEAR Forum and IPA for organizing this event. I’d like to add my congratulations to Manjiri on her election as a FIP Vice President. Over the last few months, pharmacists have demonstrated their immense value to the health and well-being of their public. They have been superbly supported by FIP in developing their knowledge and understanding of COVID-19 to keep people informed about this dreadful virus which helps to maintain confidence in the profession. It is clear that vaccination against COVID and many other viruses is rising on Government agendas and pharmacists must be utilised within these programmes to provide convenient access and achieve high levels of vaccination. I look forward to continuing working with SEAR Forum and IPA to drive this agenda as well as many others demonstrating the important role of pharmacists and pharmaceutical scientists in supporting the health of the public from bench to bedside. Once again congratulations on this event and I look forward to seeing many of you in person hopefully soon. “

Message from Ms Lina Bader, PhD, FIP Lead for Workforce Transformation and development:

“Never has regional unity and solidarity been more important than this year - the pandemic has only highlighted the need to engage and collaborate locally, regionally and globally. Best wishes on this World Pharmacists Day to our pharmacy colleagues in South East Asia and the seas beyond. May we celebrate the next WPD in proximity, with safety and more certainty for the future and the health of those we serve.”

Concluding remarks by Dr G. Sumalatha:

Dr G. Sumalatha in her concluding remarks gave a summary of what each speaker has conveyed during the webinar and thanked all the dignitaries (Mr Dominique Jordan, Dr Manisha Shridhar, Dr Narayana and Dr Rao Vadlamudi) resource persons (Ms Manjiri Gharat, Ms Chinta Abayawardana), coordinators (Dr P. Ramalingam, Dr Mohanraj Rathinavelu Ms Pragna Yella, Mr Mujeebuddin Shaik, Mr K. Yogendra, Mr Sesha Sayee), all the participants on the Zoom and YouTube platforms to make the webinar highly successful.

Message from Mr Dominique Jordan, President, FIP after the webinar

It was my pleasure to be part of your event. I just regret that I couldn’t stay longer and have the opportunity to learn more about the expectations, the challenges, the collaborations you have in the region. It is for me always a great honour to be with you and get the opportunity to learn and to acquire more experience. Thank you for your dedication to FIP and I am looking forward to collaborating with the forum, IPA and other partners in the region to move forward our profession. Take care and best regards.

Prepared and reviewed by
Dr. G. Sumalatha
Dr. Rao Vadlamudi

News & Announcements

Source: <https://www.who.int/southeastasia/news/>

Myanmar eliminates trachoma: WHO:

The World Health Organization has validated Myanmar for eliminating trachoma, a preventable disease that causes irreversible blindness, and which continues to be one of the leading causes of blindness globally.

“Myanmar’s multi-pronged approach promoting access to good hygiene infrastructure and clean water, strengthening eye care system, and complete community buy-in have enabled the country ensure that people of all ages can now look towards a trachoma-free future,” said Dr Poonam Khetrapal Singh, Regional Director WHO South-East Asia Region, felicitating the country at the virtual Regional Committee Session of WHO South-East Asia Region.

Myanmar joins Nepal in the WHO South-East Asia Region and 12 countries globally to achieve this feat. Though trachoma is preventable, blindness from trachoma is irreversible. Trachoma continues to be a public health problem in 44 countries and is responsible for the blindness for about 1.9 million people.

11 September 2020 New Delhi, India

Countries in WHO South-East Asia Region sign declaration to fight COVID-19 as ONE:

All Member countries of WHO South-East Asia Region today resolved to collectively fight COVID-19 and strengthen the Region’s response with better equipped health systems to deliver essential health services during the pandemic.

“The spread of COVID-19 has impacted almost every community, overwhelmed health systems and disrupted economies and livelihoods with effects reaching far beyond the health sector. It has also disproportionately impacted the most vulnerable. WHO recently surveyed countries to understand better the priorities in the South East Asia Region. At the top of the agenda is maintaining essential health services,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus.

Signing the Declaration on ‘Collective Response to COVID-19’ along with Ministers of Health and representatives of Member countries, Regional Director, WHO South-East Asia Region, Dr. Poonam Khetrapal Singh, said, “People’s ordinary health needs do not disappear during such extraordinary events. Health security is not only about building capacity to prevent, prepare for and respond to acute events. It must also be about building capacity to maintain essential health services for the duration of response and into the recovery.”

The Declaration was signed at the end of a ministerial round table on the second and last day of the Seventy-third Regional Committee Session, hosted by Thailand, and held virtually for the first time ever due to COVID-19 pandemic.

10 September 2020 Bangkok, Thailand

News & Announcements

World breastfeeding week 2020: Focus on access to skilled support:

The World Breastfeeding Week 2020 is observed from 1 August to 7 August. This year WHO and UNICEF are together advocating for ‘Support breastfeeding for a healthier planet’.

As the world marks Breastfeeding Week amidst the COVID-19 pandemic spread, WHO and partners are focusing on increasing mother's access to skilled breastfeeding support, calling on governments to protect and promote skilled counselling, a critical component of breastfeeding support.

‘Now, more than ever, countries and programmes must make efforts to ensure that every mother and family receive the guidance and support they need to breastfeed their children. Skilled breastfeeding counselling is key to improving breastfeeding rates and helps extend the duration of breastfeeding and promote exclusive breastfeeding.’ said Dr Poonam Khetrpal Singh, Regional Director, WHO South-East Asia.

As the COVID-19 pandemic continues to evolve and accelerate, WHO has taken decisive actions to promote, protect and support breastfeeding across countries in the South- East Asia Region. Recommendations on breastfeeding have been provided, with most countries adopting the guidance. WHO recommends that mothers with suspected or confirmed symptoms of COVID-19 should continue to breastfeed, with appropriate precautions such as wearing a mask and practicing respiratory hygiene. Mother and child should also stay together and practice skin to skin contact including kangaroo mother care, especially immediately after the birth of a child and while establishing breastfeeding – regardless of whether mother or child are suspected of or have confirmed symptoms of COVID-19.

These recommendations have been made considering the potential risks of COVID-19 infection in an infant, as well as the risks associated with not breastfeeding, the inappropriate use of infant formula milk and the protective effects of skin to skin contact. Mothers need to be counselled that the benefits of breastfeeding far outweigh the potential risk of transmission.

‘Without sufficient attention to breastfeeding support during the COVID-19 pandemic, the successes gained across these years by countries will not be sustained. The Covid-19 pandemic has resulted in health workers being diverted to respond to the pandemic and overburdened health systems. Infection prevention measures are also making it difficult for community counselling and mother-to-mother support services to continue. All these factors together are likely to diminish breastfeeding, unless innovative solutions are put in place to support mothers.

‘Countries should invest in making skilled breastfeeding counselling available through training of healthcare workers, with counselling made available as part of routine health service delivery and also through partnerships with civil society’ said Dr Poonam Khetrpal Singh.

7 August 2020 New Delhi, India

News & Announcements

Maldives, Sri Lanka eliminate measles and rubella, ahead of 2023 target:

Maldives and Sri Lanka were verified for having eliminated rubella, making them the first two countries in WHO South-East Asia Region to achieve measles and rubella elimination ahead of the 2023 target.

Dr Poonam Khetrpal Singh, Regional Director, WHO South-East Asia Region, congratulating Maldives and Sri Lanka on their achievement, said “Protecting all children against these killer and debilitating diseases is an important step in our endeavor to achieve healthier population and health for all”.

The announcement was made after the fifth meeting of the South-East Asia Regional Verification Commission for Measles and Rubella Elimination, held virtually. The Commission comprises of 11 independent international experts in the fields of epidemiology, virology and public health. A country is verified as having eliminated measles and rubella when there is no evidence of endemic transmission of the measles and rubella viruses for over three years in the presence of a well performing surveillance system.

Maldives reported last endemic case of measles in 2009 and of rubella in October 2015, while Sri Lanka reported last endemic case of measles in May 2016 and of rubella in March 2017.

Coming at a time when the entire world is grappling with the COVID-19 pandemic, this success is encouraging and demonstrates the importance of joint efforts, Dr Khetrpal Singh said, lauding the Ministries of Health, health workforce, partners, and most importantly the communities, who together contributed to this public health achievement.

The Regional Director commended Member countries’ efforts to deliver life-saving vaccines to children even while battling the pandemic. “Though mass vaccination activities have been postponed in several countries, it is encouraging to see that efforts are underway to resume them at the soonest,” she said.

In a global survey, more than half of all countries reported moderate-to-severe disruptions, or a total suspension of vaccination services in March and April. Preliminary information from the Region suggests both immunization coverage and surveillance have been impacted. However, countries in WHO South-East Asia Region have been making concerted efforts to resume immunization and surveillance activities and plug gaps that have arisen due to the COVID-19 pandemic.

In recent years, all countries in the Region introduced two doses of measles-containing vaccine and at least one dose of rubella-containing vaccine in their routine immunization programme. First-dose coverage of measles-containing vaccine is now 88% and the second-dose coverage 76%. Since 2017, nearly 500 million additional children have been vaccinated with measles and rubella-containing vaccine. Surveillance for measles and rubella has been strengthened further.

“We cannot allow for our progress towards measles and rubella elimination to be put on hold or reversed. We must achieve our 2023 target,” the Regional Director said, adding that WHO is committed to supporting Member countries and partners to fully revive immunization and surveillance activities, and to refine the strategic, operational and policy guidelines that will facilitate progress towards our goal.

News & Announcements

“Now more than ever, we must pull together to realize our vision of a Region in which no child suffers or dies from a disease as easily prevented as measles; where no pregnant woman loses her unborn baby due to a virus as avoidable as rubella; and where no neonate is born with a heart ailment or loss of hearing owing to a tragedy as needless as in-utero rubella infection,” Dr Khetrupal Singh said.

Member countries of WHO South-East Asia Region had in September last year set 2023 as target for elimination of measles and rubella, revising the goal of the flagship programme that since 2014 had focused on measles elimination and rubella control.

Bhutan, DPR Korea and Timor-Leste are other countries in the Region who have eliminated measles.

8 July 2020 New Delhi, India

Mental health, suicide prevention needs greater attention during pandemic: WHO

With the COVID-19 pandemic still accelerating and impacting people in multiple ways, WHO today called upon countries in South-East Asia Region to pay greater attention to mental health and suicide prevention.

“Hitting lives and livelihoods, the pandemic is causing fear, anxiety, depression and stress among people. Social distancing, isolation and coping with perpetually evolving and changing information about the virus has both triggered and aggravated existing and pre-existing mental health conditions which need urgent attention”. Stigma related to COVID-19 infection may also lead to feeling of isolation and depression, adding that another precipitating factor impacting mental health amidst COVID-19 could be domestic violence, which is reported to have increased during lockdowns imposed by almost all countries in the Region.

Early identification of mental health conditions, recognition of suicidal behaviours and appropriate management through a multi-sectoral approach is important, even as we continue to focus on arresting further spread of the pandemic, Dr Khetrupal Singh said.

Suicide claims almost 800,000 lives every year globally and is the leading cause of death among young people aged 15-29 years of age. Evidence shows that for each adult who dies of suicide there are more than 20 others attempting suicide.

The WHO South-East Asia Region accounts for 39% of global suicide mortality.

Though preventable, suicide a serious public health problem. Survivors of suicide attempts and their family often face stigma and discrimination in many forms. The impact of suicide on families, friends and communities is devastating and far-reaching.” the Regional Director said.

In these challenging times, we must work towards providing comprehensive, integrated and responsive mental health and social-care services in community-based settings, as outlined in the WHO South-East Asia Region’s Suicide Prevention Strategy.

2 July 2020 New Delhi, India

FIP COVID-19 Timeline

DEC

31

China alerts WHO to several "pneumonia" cases in Wuhan

JANUARY

7

Officials identify a new virus and name it 2019-nCoV

7

France confirms Europe's first case

11

China announces first death

13

WHO reports case in Thailand, the first outside China

FEBRUARY

11

WHO names virus SARS-CoV 2 and the disease COVID-19

10

FIP holds live webinar for pharmacists on controlling the outbreak

6

FIP issues international guidelines on the new coronavirus for pharmacists

2

First death outside China recorded in the Philippines

30

WHO declares outbreak a Public Health Emergency of International Concern

MARCH

14

Egypt confirms Africa's first case

21

The virus appears in Iran

26

Latin America reports its first coronavirus case

4

WHPA calls on governments & healthcare organisations to support frontline healthworkers

6

FIP postpones announcement of a Regional Conference for Africa

19

FIP updates its COVID-19 guidelines with latest data

18

FIP postpones PSWC2020

12

Dutch Government asks people to work from home. FIP HQ staff comply.

11

WHO declares COVID-19 a pandemic

10

FIP postpones its Regional Conference for the Southeast Asian and Asian Pacific Region

APRIL

19

FIP issues position statement on the use of ibuprofen and other medicines in COVID-19 pandemic

24

FIP takes decision to hold all April business meetings virtually

1

FIP creates global pharmacy communication space for COVID-19 dialogue

7

World Health Day: FIP launches global #PharmacyHeroes campaign

8

FIP launches a series of weekly webinars "Responding to the pandemic together"

MAY

25

FIP makes Statement of Principle on impact of pandemic on health equity & vulnerable populations

1

FIP COVID-19 Global Expert Advisory Group established

24

FIP issues Holding Statements on testing & treatment

14

FIP issues call to action to governments to support frontline pharmacy teams

9

WHPA urges G20 leaders to secure PPE supply chain

JUNE

8

FIP updates Holding Statement on treatment with hydroxychloroquine/chloroquine

JULY

1

FIP issues Holding Statement on masks

9

APHA & FIP call for continued support of WHO

15

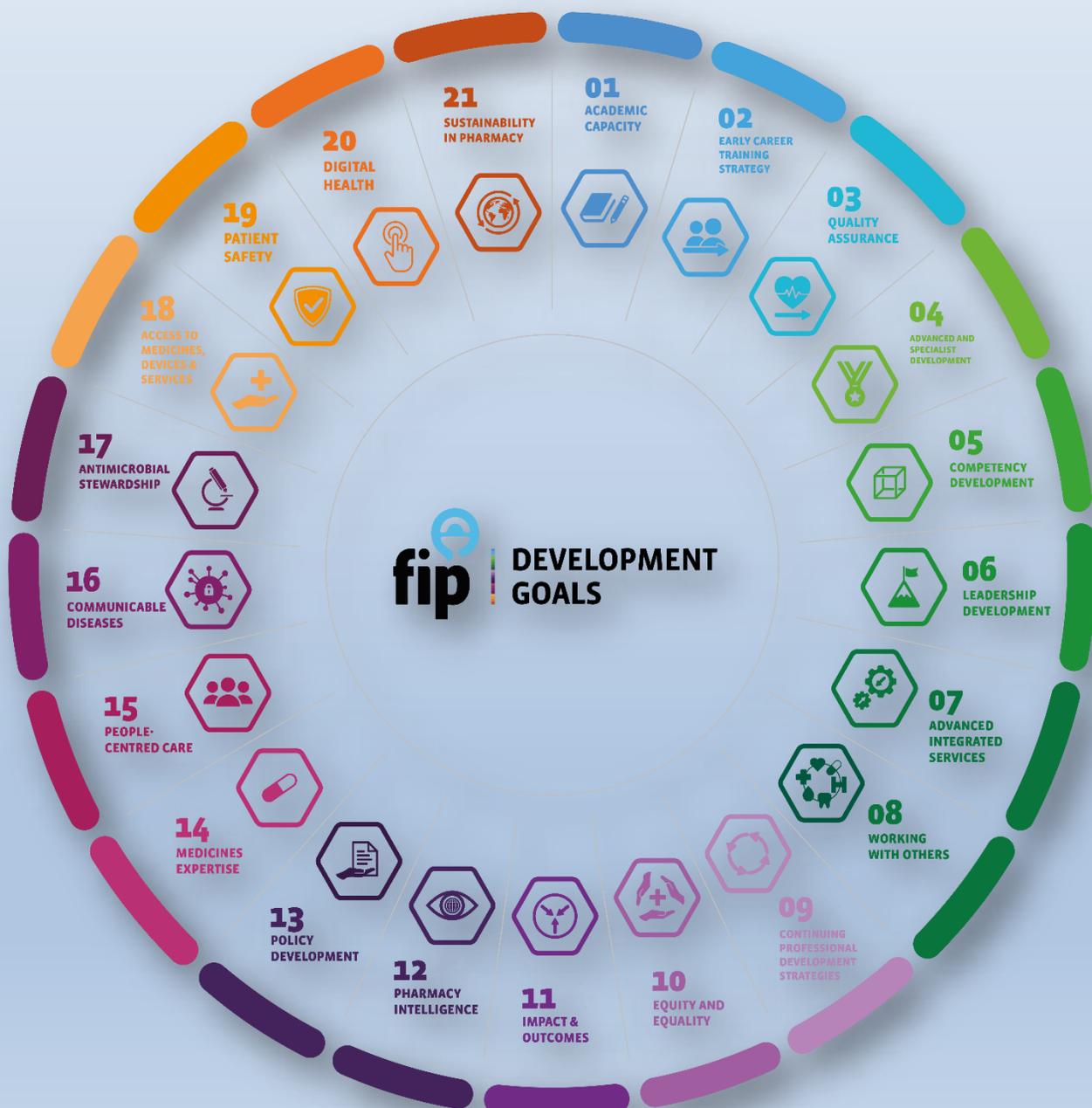
FIP updates its COVID-19 guidelines with latest data

New resource to support progress with FIP Development Goals published

FIP published its 21 FIP Development Goals (which define key areas of transformation for the whole pharmacy profession) on 21 September 2020, and this new Workforce Reference Guide seeks to support the implementation of 13 of these goals (the Pharmaceutical Workforce Development Goals for pharmacy education developed by the federation in 2016).

“The FIP Workforce Reference Guide includes all information, evidence and expertise from FIP to support our members with measuring progress, evaluation, implementation and transformation processes with regards to the workforce elements of the FIP Development Goals,” said Ian Bates, director, FIP Workforce Development Hub.

The reference guide will be updated and refined regularly. Work to expand the reference guide to cover the remaining eight FIP Development Goals is under way.





24 September 2020

Commission to tackle antimicrobial resistance established



28 September 2020

Three new FIP vice presidents take office



Parisa Aslani (Australia), Hiroshi Suzuki (Japan), and Manjiri Sandeep Gharat (India) took office as new vice presidents of FIP. The vice presidencies of Prof. Aslani and Prof Suzuki, elected by the Board of Pharmacy Practice and Board of Pharmaceutical Sciences, respectively, were ratified by the FIP Council at its meeting earlier this month. Ms Manjiri Sandeep Gharat was directly elected by the FIP Council.



FIP DIGITAL PROGRAMME

**TRANSFORMING
VACCINATION**

GLOBALLY & REGIONALLY

TRANSFORMING VACCINATION

GLOBALLY AND REGIONALLY

September-December 2020

SERIES #1

Identifying transformation needs

The needs of the pharmaceutical science, practice and workforce of vaccination

SERIES #2

Setting transformative goals

Deconstructing vaccination in pharmacy through the FIP Development Goals (FIP DGs) across the entire profession

SERIES #3

Committing to transformation

Delivering a global commitment to action on vaccination

#1

SEPT / OCT

#2

OCT / NOV

#3

DEC

Compiled and published by

Dr P Ramalingam, Editor

Dr MohanRaj M Rathinavelu, Associate Editor

Dr G Sumalatha, Associate Editor

Supported by

Indian Pharmaceutical Association Anantapuramu Local Branch, Andhra Pradesh, India

IPA Local Branch office: Raghavendra Institute of Pharmaceutical Education & Research

DISCLAIMER

Although considerable efforts have been made to check the content in this *i-CARE* Bulletin, the editors, authors and publishers make no representation, express or implied, with regard to the accuracy of information contained in this publication and cannot accept any legal responsibility or liability for errors or omissions that may be made.