SEARPharm Forum

[ANNUAL REPORT]
October 2011 - September 2012
SEARPharm Forum

SEARPharm Forum is FIP forum of National Pharmaceutical Associations in collaboration with WHO Regional Office of South East Asia. Its Secretariat is based in Delhi. The focus within the SEARPharm Forum is to establish working relations with WHO-SEARO and implementation of FIPs strategic plan by making better use of pharmacists to improve health and quality of life of citizens in South-East Asia Region.

Executive Committee

President: Dani Pratomo (Indonesia)
Immediate Past President: Teera Chakajnarodom (Thailand)
Vice President: Chinta Abayawardana (Sri Lanka)
Members: J.A.S. Giri (India)
Nasser Zahedee (Bangladesh)

Professional Secretary: Prafull D. Sheth (India)
Assistant Professional Secretary: Pradeep Mishra (India)
Executive Secretary: M. A. Khan
Project Assistant: Sohail Hasan

Observers:
Michel Buchmann (FIP)
Kathleen Holloway (WHO-SEARO)
John Chang (FAPA)

Auditor: Sandeep Ramesh Gupta and Co., India

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<th>Member Countries</th>
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<tr>
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<td>India</td>
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<td>Indonesia</td>
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<td>Timor Leste</td>
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Activities (2011-12)

1. Regional management team on GPP implementation in SEAR
2. FIP Challenge on TB Round 1 Project
3. Mechanisms for the implementation of Basel Statements in SEAR
4. Database on the media reports on incidence of counterfeit medicines in SEAR (ongoing since 2001)
5. Maintenance of SEARPharm forum website (ongoing since 2001)

Activities in Focus (2012-13)

1. Advocacy of FIP-WHO Guidelines on Good Pharmacy Practice (GPP) in SEA Region:

Since 2009, SEARPharm Forum has been reviewing the progress made by the member organizations in the GPP implementation through its regional management team consisting of Teera Chakajnarodom (Thailand), Dani Pratomo (Indonesia), Raj Vaidya (India).

1) GPP implementation could be boosted by strong political will nationally and international pressure which would transform into stronger regulations and implementation.
2) Upgrade/rationalize the pharmacy work force to skilled workers by starting tailor made certificate programs which could harness GPP needs. Better remunerations of the pharmacists would inspire them to put themselves in GPP promotion practices.
3) Position pharmacists in the Primary health care programs and public health issues which will eventually build pharmacists’ role as practitioners not mere dispensers.
4) Make National Alliance with other health care professionals associations on the lines of World Health Progressive Alliance (WHPA). This would collectively influence policies and bring an end in conflict of interest between the health care professionals.

In 2011, at the FIP Congress at Hyderabad Joint FIP/WHO Guidelines on Good Pharmacy Practice: Standards for Quality of Pharmacy Services was released.

For the implementation of 2011 Joint FIP/WHO Guidelines on Good Pharmacy Practice, following four issues were addressed during the SEARPharm Forum Seminar on “Benefits of good practices in pharmacy - Setting standards for delivery of safe medicines” to patients in WHO-SEA Region, held on 27th April, 2012 at New Delhi:

- Setting up accredited pharmacy in India by Raj Vaidya, India
- Regulatory support for implementation of GPP in Thailand by Songsak Vimol-kittipong, Thai FDA
- Good Trade Practice in Sri Lanka by Chamila Samarsinghe, Sri Lanka
- Implementation of GPP in Indonesia by M. Wahyudi, Indonesia

Discussion highlighted the following issues:

- Infrastructure for setting up accredited pharmacy
- Mechanism for regulatory support for implementing GPP
- Experience on GPP Implementation
- Good Trade Practices in pharmacy
Based on the outcome, it is planned that Working group led by forum president, \textit{Dani Pratomo} and members from Thailand, India, Indonesia and Sri Lanka assess the progress of GPP accreditation of pharmacies implementation in the region and submit a report.

2. To examine the Data on National Medicine Policies (NMP) and drug use in South East Asia

The forum through its national associations will examine the existence and Implementation of National Policies, EML as a basis for public procurement, National Formularies, availability & affordability of EM in public & private facilities and prices, quality assurance in retail and distribution chains, data on sub-standard & fake products in the distribution chain.

Specifically in the domain of pharmacy, the national associations will examine the top 20 selling medicines for the following indicators and quantify them: distribution and retailing practices in community and hospital settings, prescribing and dispensing practices, availability of brand vs. generic, average no. of drugs prescribed per patient, direction on drug use from pharmacists and Continuing Professional Development for pharmacists.

\textit{Pradeep Mishra}

\textit{Assistant Professional Secretary}