The Proceedings of the 2\textsuperscript{nd} Regional Conference on GPP Policies and Plans

The SEARPharm Forum Conference
Yogyakarta, Indonesia

August 10-12, 2008
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Preface

The Proceedings of the 2\textsuperscript{nd} regional conference on GPP policy and plans at Yogyakarta, Indonesia, shows the work of member associations of FIP in WHO’s South East Asia Region. While building on the achievements of 1\textsuperscript{st} regional conference at Bangkok, the region is moving towards generating quantitative data on number of pharmacies accredited and number of qualified and trained pharmacist required for implementing GPP guidelines in the SEA region.

The proceedings contain useful information and could serve as a guidance document for our member organizations interested in GPP development in their regions.

I had the pleasure of attending this conference which was highly productive. The participants showed a keen desire towards continuity, sustainability and follow up on the outcome.

I would like to thank the leadership of the SEARPharm Forum for organizing this excellent conference, and express my sincere gratitude to the Indonesian Pharmacists Association (ISFI) for their kind hospitality.

\begin{flushright}
Ton Hoek
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CEO & General Secretary

International Pharmaceutical Federation

30 November 2008
Summary and Conclusions

Participating countries in SEA Region:

- India
- Indonesia
- Thailand
- Sri Lanka
- Myanmar

Supporting organizations:

- WHO-SEARO
- FIP
- Indonesian Pharmacists Association (ISFI)

Facilitator

- SEARPharm Forum

Faculty

- Ms. Eeva Terasalmi (Finland)
- Dr. Greg Duncan (Australia)

Objective:

Improving health in the South East Asian region by development and enhancement of pharmacy practice (Good Pharmacy Practice).

GPP includes:

- Supply and use of prescribed medicines and other health care products including counseling and primary health care
- Improving rational use of medicine health promotion and ill-health prevention
- Improving health and quality assurance in health care delivery
Activity:

In order to promote the development of GPP in the region, the second Regional Conference on GPP Policy and Plans was convened in Yogyakarta from 10-12 August, 2008. The objective of the Conference was to follow up on the outcomes of the first conference held in Bangkok in 2007 and to further develop GPP policies and Plans in SEA Region.

The faculty reviewed concepts of GPP for quality medicines, improving medicine use and health promotion by Pharmacist’s services and explained the role of pharmacist in quality management with reference to processes and facilitators. Thereafter, Status from each participating country e.g. Thailand, India, Indonesia, Sri Lanka and Myanmar were reviewed. To further evolve strategies, break out groups were formed so that all participating countries could discuss, what they knew?, what were the limits ? and what they needed to know?.

In the strategy session that followed, each country evolved a roadmap for implementing GPP.

Field Visits:

The participants had opportunity to visit 3 Pharmacies of Kimia Pharma. They were operated by government as owner, or pharmacist as owner. The Participants were entertained by Ramayana show and excellent hospitality by ISFI.

Conclusion:

In the concluding session for implementing GPP in the SEA region, a suggestion was made that the way forward would be to look at quantitative data on number of pharmacies accredited and the numbers of qualified and trained pharmacists required for making use of GPP guidelines in the region. To this end, a concept of regional team for monitoring GPP implementation and exchanging information was mooted.

Outcome:

The conference was highly productive. All participants got linked on email as a team, to discuss further any new happenings on GPP in their country, and to discuss the road map with time bound tasks. They also felt that this would avoid a gap
which was created after Bangkok meeting and all will be in touch and can take matter forward speedily.

Prafull D. Sheth
Professional Secretary
SEARPharm Forum
30 November 2008
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Introduction

3.1 FIP and WHO

FIP represents and serves pharmacy and pharmaceutical sciences worldwide. Founded in 1912, FIP promotes appropriate use of and access to medicines for all through achieving the highest standards in pharmaceutical science, professional practice, public health and patient care. In its role representing both the practice and science of pharmacy, much of FIP’s work involves contacts with the WHO. Recognizing a need to further expand cooperation FIP has created pharmaceutical Forums in all WHO Regions.

3.2 SEARPharm Forum

SEARPharm Forum is a Forum of International Pharmaceutical Federation (FIP), WHO SEARO and National Pharmaceutical Associations of South East Asia Region, established in 2001. Its secretariat is based in Delhi.

The objective of SEARPharm Forum is to encourage and support a dialogue and collaboration among the National Pharmaceutical Associations of South East Asian Region, WHO-SEARO and International Pharmaceutical Federation (FIP).

SEARPharm Forum manages its annual meeting and such activities and projects from sources such as membership fees of National Pharmaceutical Associations, and contributions from WHO SEARO and FIP, and external sources including e.g. government and other member organizations.
3.3 Background

The International Pharmaceutical Federation (FIP) first adopted the guidelines for Good Pharmaceutical Practice (GPP) in 1993. These guidelines were developed as a reference to be used by national pharmaceutical organizations, governments, and international pharmaceutical organizations to set up nationally accepted standards of GPP.

The revised version of this document was endorsed by WHO in 1997 and subsequently approved by the FIP Council in 1997. The GPP Guidelines are based on the pharmaceutical care given by pharmacists. The guidelines recommend for national standards to be set:

- The promotion of health;
- The supply of medicines, medical devices, patient self-care;
- Improving prescribing and medicine use by pharmacists’ activities.

These guidelines have been subsequently adapted and adopted in a wide number of developed countries. In certain cases, the national professional body has strived to adapt the guidelines and developed in collaboration with the government, specific regulation/legislation on this matter.

Conscious of the need to help developing countries achieve GPP, the FIP Community Pharmacy Section Executive Committee established a working group to produce guidelines in this area in 1992. The paper, entitled “GPP in Developing Countries – Guidelines for Implementation”, was endorsed by the FIP CPS Executive Committee in September 1998.
Having realized the importance of continuing to increase awareness of GPP and stimulating its implementation, the FIP Bureau decided to request the BPP to focus on the theme and to develop a specific activity.

Two countries had been identified as pilot countries for GPP technical assistance to the implementation of these guidelines. In 2005, FIP selected Thailand as country in SEA Region for GPP implementation with the title FIP GPP outreach project as a pilot project for two years. FIP had identified Uruguay as the other country.

At the end of the FIP GPP outreach project in Thailand, in June 2007, the 1st Regional Conference on GPP Policy and Plans was organized in Bangkok. The Conference was organized by SEARPharm Forum with support from FIP Foundation, WHO-SEARO, WR Thailand, Thai FDA and Thailand Pharmaceutical Association (PHAT) to discuss the Good Pharmacy Practice (GPP) development, policy and plans in the SEA regional countries with Thailand as project country. A few Western Pacific Pharmaceutical Forum (WPPF) countries were also invited to share their experiences.

The objective of the conference was to promote the development of GPP in the region since GPP is an important component for raising standards of pharmacy services and practice as well as professional attitude and behaviour of pharmacists for improving health in the community. The conference was attended by 56 pharmacists from 15 countries representing pharmacy practice, MoH, academia and national pharmaceutical associations (NPA).

The resource persons were present from the FIP, WHO-SEARO and Western Pacific Pharmaceutical Forum (WPPF).
The three day programme began with an assessment of GPP status in seven countries of SEA Region and three countries of WPPF to determine a unified GPP mobilization direction at both country and regional levels.

The self-assessment of countries brought out obstacles and inconsistencies in implementing GPP in the SEAR countries thereby sub-optimizing the role of pharmacist in the health care in the region. A number of issues were identified, such as, lack of competency, traditional and short term thinking, good intentions but not able to implement, shortage of availability of pharmacists and lack of resources etc. Priorities for interventions e.g. country specific activities, assistance needed and self-development initiatives were identified. As a case study, the participants were familiarized with the outcome and experiences of the FIP/WHO GPP outreach project in Thailand.

This project had led to implementation of a policy of accrediting pharmacies in Thailand by Thai FDA with the support from Thai Pharmacy Council and universities. The participants were also provided an opportunity to visit some accredited pharmacies in Bangkok.
3.4 Bangkok Declaration on Good Pharmacy Practice in the Community Pharmacy Settings

Preamble:

The framework for the role of pharmacist in the health care system was articulated in the report of a World health Organization (WHO) Consultative Group in New Delhi, India as early as 1988 and in a subsequent report of WHO meeting in Tokyo in 1993.

At the 47th World Health Assembly 1994, a resolution (WHA47.12) was adopted on role of the pharmacist in support of the WHO Revised Drug Strategy.

International Pharmaceutical Federation (FIP) in 1997 prepared guidelines for the development of Good Pharmacy Practice (GPP). These Guidelines were endorsed by WHO in 1998.

Objective:

GPP is an important component for raising the standards of pharmacy services as well as professional attitude and behavior of pharmacists for improving health in the community. GPP guidelines lay standards for quality of pharmacy services in community pharmacy settings.

GPP includes:

- Supply and use of prescribed medicines and other health care products including counseling
- Primary health care
- Improving rational use of medicine
• Health promotion and ill-health prevention

• Improving health and quality assurance in health care delivery

In order to promote the development of GPP in the region, the first Regional Conference on GPP Policy and Plans was convened in Bangkok from 27-29 June, 2007. The objective of the Conference was collaboration among countries of South East Asian and Western Pacific Regions to promote health and well-being of the population via development and implementation of GPP in community pharmacy settings. To this end, information on the GPP status in each country was assessed to determine a harmonized GPP policy at both regional and country levels.

Policy and Declaration:

Good Pharmacy Practice (GPP) is an important element for community pharmacists to serve and provide better services to consumers and to combat counterfeiting. Therefore, the parties concerned shall collaborate to create the best practices according to the guidelines established by FIP and WHO and adapt them to fit within their national context. The GPP shall be developed and implemented as one of the major steps to integrate community pharmacist as a partner in the health care team in the national health policy of the countries in the South East Asia and Western Pacific regions.

The collaboration among the participants of the countries from SEARPharm Forum, Western Pacific Forum and FIP shall be established and strengthened. At present, the GPP situation differs from country to country with each country having its strengths and weaknesses, sharing experiences among the counties will accelerate the implementation.
The successful implementation of this policy shall require cooperation among all stakeholders and sectors, both government and private, providing pharmaceutical services to achieve full potential of medicines during distribution, storage and dispensing. The participants from countries in Southeast Asia and Western Pacific Regions agree to harmoniously pursue this policy for GPP in the community pharmacy settings in their countries.

At the end of the conference, Bangkok declaration on GPP was signed by the participants to pursue GPP in their countries. The following six priority areas emerged for SEA Region:

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

A brainstorming session led to identification of activities which participants wished to undertake to implement GPP in their countries in a time-bound manner and in doing so, further identification of individual country needs and support required. The member countries urged FIP, WHO-SEARO and local governments for technical assistance and resources for implementation of GPP through projects at national level.
3.5 Achievements at country level in pursuing Bangkok Declaration

After the Bangkok Conference, Indonesia is moving forward to learn from Bangkok experience and implement the GPP. In this connection, a ten member team from Kimia Farma Group, a government owned pharmacy chain in Indonesia planned a visit to Bangkok in May 2008.

In pursuing the GPP, the member countries organized the following activities:

1. SEARPharm Forum organized a conference on “Challenges and Opportunities for Pharmacists in Health Care in India”, October 2007 with support from WHO-India.

2. Indian Pharmaceutical Association (IPA) with the support from WHO-India has evolved an accreditation model for pharmacies. A pilot project was conducted in Mumbai and Goa.

3. IPA with support from MoH and WHO-India, developed a GPP training manual and imparted training to pharmacists.

4. GPP guidelines established in India with the help of FIP.

5. Two GPP Training workshops in Bhutan from 16-18 Jan 2008 (1st batch) and 12-14 Feb 2008 (2nd batch) with support from DRA Bhutan and Health Services, National Essential Drugs Programme, Bhutan

6. GPP guideline for Community Pharmacies in Sri Lanka was prepared by Pharmaceutical Society of Sri Lanka with WHO support.

7. GPP guidelines established in Nepal with the help of Nepal Pharmacy Council.
Implementation of GPP in member countries is SEARPharm Forum’s priority objective. In line with this objective, with support of WHO-SEARO, FIP foundation and PHAT, the SEARPharm Forum concluded 1st Regional Conference on GPP Policies and Plans in Bangkok in 2007. From FIP, Dr Peter Kielgast, Dr Dick Tromp and Mr. Kurt Rasmussen; from WHO-SEARO, Dr Kris Weerasuriya; and from WPPF, Mr. John Ware facilitated. Participants were from 7 countries from SEA region and 4 countries from WPPF.

At the end of 1st Regional Conference on policies and plans towards GPP, The Bangkok declaration was signed by the participants to pursue GPP in their countries.

The following six priority areas were identified:

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

As a further follow up and to review the progress made on GPP implementation in member countries, the Indonesian Pharmacist Association (ISFI) hosted the 2nd Re-

The WHO-SEARO supported travel of Non-Indonesian participants (15) of SEAR-Pharm Forum. The FIP at its cost provided resource persons and the conference material. The Conference host, ISFI provided local hospitality.
4.1 Day 1

The 2nd Regional Conference on GPP Policies and Plans, reviewed the progress made in GPP implementation in the areas identified by the national pharmaceutical associations (NPA) of SEA region during the 1st regional GPP conference and Bangkok Declaration.

This was done in the background of a Keynote address which was delivered on “GPP for Quality Medicines, Improving Medicine Use and Health Promotion through Pharmacist’s Services” by Ms. Eeva Terasalmi, Secretary, CPS, FIP. The keynote dealt with need for GPP, quality models, how to reach GPP, Change management and the difficulties in implementing GPP.

Under this background, participating countries reported progress made on GPP implementation post 1st regional conference.

I. The Pharmaceutical Association of Thailand under Royal Patronage (PHAT) highlighted new regulations by the Thai Pharmacy Council and the Thai FDA regarding community pharmacy practice.

1. It was heartening to note that NHSO in Thailand has accepted the role of accredited pharmacy in disease management. Almost 200 accredited pharmacies in 3 provinces signed MOU with Bangkok Metropolitan Administration (BMA).
2. In the area of improving the quality of pharmacy practice, existing regulations and updation of standards was undertaken. e.g.: Imposition of fine and professional license suspension under a new ministerial regulation.

3. In collaboration with pharmaceutical bodies and universities, an agreement was reached to improve all teaching pharmacies to be accredited.

4. A number of measures were taken for raising public awareness of the added value of the role of pharmacist like Awareness on RUD, pharmacist as a health promoter, celebration of world pharmacy day etc.

5. The pharmacy associations/forums played a proactive role in drafting new regulations.

6. A closer collaboration between the pharma bodies and universities in preparing GPP manual.

II. The Indian Pharmaceutical Association (IPA) prepared documents based on GPP for accreditation of pharmacies and undertook one year pilot project in collaboration with WHO-India and the MOH.

1. IPA conducted 20 one day workshops for 1000 community pharmacist in different parts of the country.

2. 70 pharmacies in 2 metros were allowed 3 months for fulfilling standards of GPP.

3. 45 pharmacies were assessed and found that 2 pharmacies were found fit for GPP accreditation.

4. Further plans are in the pipeline by IPA to scale up GPP accreditation exercise at the national level.
III. The Pharmaceutical Society of Sri Lanka (PSSL) reported the following initiatives:

1. Undertook seminars, career guidance, CPD and instituted diploma course for community pharmacist and students.
3. Documented and disseminated value and benefits of pharmacy, launched journal and newsletter.
4. Held public awareness seminars and undertook Radio/TV exposure.
5. Diploma in community pharmacy being upgraded to Degree program.

IV. The Indonesian Pharmacist Association (ISFI) made a report on Indonesian market, number of pharmacist, pharmacy and health care facilities, pharmacy education and GPP experience. The country has 205 pharmaceutical manufacturers, 2,463 wholesalers, 10,826 pharmacies, 15,513 drug stores and 1,240 hospitals. There are 21,400 pharmacists serving a population of 220 million.

1. In 2008, ‘No Pharmacist No Service Concept’ was introduced in 2 provinces: West and East Java. No pharmacist, No service guidelines were issued. Bank loans to upgrade pharmacy were provided.
2. In view of wide variety of independent pharmacies, persuasive approach to implement GPP was needed.
3. On the other hand, Kimia pharmacy chains have full control of GPP implementation to reward/ punishment mechanism. The criteria are accreditation of pharmacies for their day to day activities, certification for pharmacists to have CE passing grade of 80.0 or higher.
4. A few pharmacies both independent and chain have implemented GPP at a certain level.

5. GPP implementation campaign is yet to be endorsed nationally.

6. Independent pharmacies need more guidance from community activities.

7. Policies, standards and management systems for GPP needs to be evolved by MOH, FDA, Association of Indonesian School of Pharmacy, ISFI, Medical and Dental Associations.

V. The Union of Myanmar reported following status:

1. Myanmar selected all the areas reported in the basket after 1st regional conference to promote GPP.

2. In 1964, the diploma course was started by the Institute Of Paramedical Science. University of pharmacy was established in 1992.

3. Till date, 212 Diploma, 46 B-Pharma (Bridge Program), 933 B-Pharma and 10 M Pharma Pharmacists have graduated.

4. They are currently evaluating the situation for changing perception on the role of pharmacist among themselves, updating knowledge and skill, leadership and role models.

5. For improving quality of pharmacy practice, they are looking at the concept of accreditation of pharmacies.
4.2 Day 2

The session began with a keynote by Dr. Greg Duncan of Monash University, Australia, second resource person from FIP. His talk explored the “Role Of Pharmacist in Quality Management with Special Reference to Processes and Facilitators”. He emphasized that GPP is an evolutionary process.

In evolving GPP, there is a need to understand what we know? (Processes); what are limitations? (Facilitators and barriers) and what do we need to know? (Road Map) Basically the processes should deal with the knowledge about improving medicine usage and promoting adherence, customers counseling and promoting public health. The facilitators and the barriers are quality and number of workforce available, their education and continuing education requirements.

For building the roadmap, skills, attitude and knowledge of pharmacist are to be developed through partnerships.

Dr. Greg Duncan with his experience on the subject in Asian countries dealt on the each of the issues at length and opened discussion through formation of Three Breakout Groups for brainstorming with reference to six priority areas identified at Bangkok conference. Each break out group discussed:

Processes - What do we know?

- Improving Medicine Usage & Promoting Adherence
- Counseling Customers: Written & Oral
- Promoting public health
Facilitators and Barriers - *What are the limits?*

- Quality & Number of Work Force
- Education & Continuing education
- Other issues – structural issues etc.

Building Roadmap - *What do we need to do?*

- Development of skills, attitude and knowledge
- Capacity building and partnership
- Gaps in evidence and priority setting

**Group Discussion**

Each group felt a strong need to improve the knowledge level of the pharmacist in medicine usage. The medicine usage should be improved by patient counseling both orally and by handouts. Each group also felt that there was a strong need to get involved in public health programs.

In South East Asia, there is a shortage of pharmacist willing to work in community pharmacy and of those who are working lack quality and hence the need for education and continuing education with relevant curriculum. The groups also felt that strong need for better compensation for pharmaceutical services, political will, adequate legislation and support from their professional organizations for implementation of GPP.
As a first step for implementation of GPP, the Pharmacist themselves must be convinced that GPP is an investment, take all stake holders and professionals with them, implement practice oriented curriculum and organize CPD programs.

**Strategy Session**

The last session was setting strategy for GPP in the SEA region. Each country made a Road Map presentation which addressed their priorities, time table and action required for implementation of GPP.

**Conclusion**

Finally it was concluded by Dr. Tom Ahaditomo that GPP is strategic to pharmacist for delivering professional services in the spirit of Bangkok declaration. The Yogyakarta conference made possible to reach a consensus, for a step wise implementation with timetable.

**The following process was suggested:**

- Development of regional team for GPP implementation
- Regular reporting of outcomes of the ongoing initiatives by each country to GPP team
- Sharing of information on relevant activities

The second regional conference was formally closed by Dra Kustantinah, DG, MOH, Indonesia with a promise to support the GPP initiative in Indonesia.
Field Visits

The participants had opportunity to visit 3 Pharmacies of Kimia Pharma. They were operated by government as owner, or pharmacist as owner.

The Participants were entertained by Ramayana shows and excellent hospitality by ISFI.
DAY 1 Presentations
August 11th, 2008—Monday

- Good Pharmacy Practice, Ms Eeva Terasalmi, CPS, FIP
- Progress Report on GPP Implementation: Thailand
- GPP Accreditation Report: India
- GPP Development & Implementation: Sri Lanka
- GPP Transformation: Indonesia
- Union of Myanmar
“THIS PAGE IS INTENTIONALLY LEFT BLANK”
GOOD PHARMACY PRACTICE
FOR QUALITY MEDICINES,
IMPROVING MEDICINE USE AND
HEALTH PROMOTION THROUGH
PHARMACIST’S SERVICES

Eva Tedeschi, Secretary, Community Pharmacy Section, FIP

GPP – WHY?
• World has changed totally: Medicines are very effective and expensive. The right usage is of outmost importance.
• Societies needs cost savings and better adherence to avoid wasting money and spare resources.
• Counterfeiting
• Trends: population based health and wellbeing

New needs – new challenges
• To avoid counterfeiting
• To have a safe distribution system
• To promote right usage of medicines
• To use pharmacists knowledge on promotion of public health
- PHARMACY SERVICES MUST BE OF GOOD QUALITY
- SOCIETIES AND PATIENTS (+ CUSTOMERS) NEED TO BE SURE THAT PHARMACISTS ARE ACTING ACCORDING THE QUALITY STANDARDS

GPP
• GOOD PHARMACY PRACTICE MEANS THAT THE QUALITY OF SERVICES IS GUARANTEED!
• COMPARE WITH OTHER GXP’S
• GLOBAL QUALITY MANAGEMENT SYSTEMS ARE SUITABLE FOR SERVICE PRODUCTION, TOO

GPP MODELS
• MOST BASED ON ISO – STANDARDS
• ISO 9001 – 2000
• NATIONAL PHARMACEUTICAL ORGANISATIONS
• SUITABLE FOR BOTH HOSPITAL AND COMMUNITY PHARMACY SETTINGS
• CAN BE ACCREDITED

HOW TO ACHIEVE GPP?
• MANAGING CHANGE
• THE SELFPERCEPTION OF PHARMACISTS HAS TO BE CHANGED SO THAT WE ARE ABLE TO ADAPT TO THE NEW PROFESSIONAL ROLE
• CHANGES NEEDED IN BASIC EDUCATION AND IN CONTINUING EDUCATION TO CHANGE THE KNOWLEDGE BASE AND TO BE ABLE TO LEARN NEW SKILLS
• A LOT OF TIME AND WIDE CONSENSUS AMONG THE PHARMACY PROFESSION NEEDED
• LEADERSHIP!!!
HOW TO REACH GPP

- VISION
- STRATEGY
- NEEDS ASSESSMENT
- STEPSWISE APPROACH
- STANDARDS OF QUALITY - QUALITY MANAGEMENT
- TIME AND PATIENCE

CHANGE

- CAN BE DESCRIBED WITH THE PROCHASKA - DE CLEMENTE TRANSITION MODEL
- PRECONTEMPLATION
- CONTEMPLATION
- DECISION
- ACTION
- MAINTENANCE

PRIORITY AREAS SELECTED IN THE 1st REGIONAL CONFERENCE IN GPP

- CHANGING PERCEPTION OF THE ROLE OF PHARMACIST AMONG THEMSELVES
- IMPROVING THE QUALITY OF THE PHARMACY PRACTICE
- DOCUMENTATION AND DISSEMINATION OF THE VALUE AND BENEFITS FOR SOCIETY AND FOR THE PATIENTS OF PHARMACY IN SUPPLY CHAIN
- Raising PUBLIC AWARENESS OF THE ADDED VALUE OF THE ROLE OF THE PHARMACIST/PHARMACY
- THE ROLE OF THE PHARM. ASSOCIATIONS/FORUMS
- EDUCATION
- (BHUTAN, INDIA, INDONESIA, MALDIVES, NEPAL, SRI LANKA, THAILAND)

HOW TO ACHIEVE GPP

- NATIONAL EFFORT WITH BROAD INVOLVEMENT
- STEPSWISE APPROACH BASED ON NEEDS ANALYSES – WHAT ARE THE PRIORITIES
- BASIC PROJECTS LIKE QM TO PRACTICE THE NEW ROLE AND NEW TASKS. GOOD FOLLOW UP AND DOCUMENTATION.
- COLLABORATION WITH OFFICIALS

EASY TO SAY - DIFFICULT TO DO

- BUT DONE IN MANY COUNTRIES AND
- EXPERIENCES ARE VERY GOOD
- WE CAN SAY THAT IF YOU DON'T SELECT THE FUTURE BY YOURSELF YOU WILL GET THE FUTURE SELECTED BY OTHERS – IS THAT WHAT WE WILL IN THIS PROFESSION?

QUALITY MANAGEMENT

- VISIONS AND STRATEGY
- PROCESS DESCRIPTION;
- BASIC AND SUPPORTING PROCESSES
- MONITORING AND MEASURING OUTCOMES
- CONTINUOUS IMPROVEMENT
Progress on GPP Implementation: Thailand

The 1st GPP Conference in Bangkok (June 2001)

- The SIX Baskets
  1. Changing perception of the role of pharmacist among themselves
  2. Improving the quality of pharmacy practice
  3. Documentation & dissemination of the value & benefits for society and for the patients of pharmacy in supply chain

The 1st GPP Conference in Bangkok (cont.)

- The SIX Baskets
  4. Raising public awareness of the added value of the role of the pharmacist / pharmacy
  5. The role of the pharmacy associations / forums
  6. Education

Expected direction

- Advance accredited qualified
- Basic accredited
- Regulatory compliance

Voluntary
- Accredited Pharmacy
- Advance Accredited Pharmacy

Mandatory
- Licensed Pharmacy
Thailand interests
1. Changing perception of the role of pharmacist among themselves

- Attitude of Pharmacists
  - new regulations by The Pharmacy Council and the Thai FDA regarding community pharmacy practices
  - public hearing of the new regulations in various forums

- Consensus between stakeholders
  - NHSO accepted the accredited pharmacy roles in DM disease management

- Change management [shopkeeper to professional]
  - no active activities
  - Role model
  - idea, more requests

Recognition of accredited pharmacy – refill prescription on DM

2. Improving the quality of pharmacy practice

- Institutionalizing pharmacy services (promote the strategy of GPP)
  - MOU Community Pharmacy Association and the Bangkok MA
  - Research in 3 provinces (NHSO support)
  - The Product Liability Law

- Enforcement of existing regulations and updating standards
  - Fine and professional license suspension (absence of duty)
  - New ministerial regulations incl. pharmacy license suspension

- Process of implementation of standards (e.g. TQM)
  - Training programme: How quality system matters?
3. Documentation & dissemination of the value & benefits for society and for the patients of pharmacy in supply chain

- Collaboration b/w pharmaceutical bodies & universities
  - agreement to improve all teaching pharmacies to be accredited pharmacy
- Collaboration b/w pharmaceutical bodies & universities to exploit research in GPP
  - A meeting "Lessons learned from the research – integration of accredited pharmacy into the health insurance scheme" 18-19 September 2008
  - 7 matched pair universities

4. Raising public awareness of the added value of the role of the pharmacist / pharmacy – Piecemeal

- Rational drug use awareness to the public
  - TV, Radio, newspaper, 14 ministries documents
  - Information on patient & other healthcare providers expectations and satisfaction
  - none
- Pharmacist as a health promoter
  - Smoking cessation network, OLM, HPF
- Campaign on special weekday on "World Pharmacy Day" dealing with special issues
  - Pharmacy week in July: "Unused medicine"
- Promotion together with new activities
- MOU with BMA
- Change of attitude of pharmacist to be more open to about his activities
- Monthly meeting

5. The role of the pharmacy associations / forums – more proactive

- Negotiation & representation for the advancement of profession
- Representation in drafting the new regulations
- Separation of the role of the pharmacists and the physician & research into impact
  - Need Big Hands
- Networking with national and international body
  - With BMA, Kimia Farma
- Establish/review/renew implementation strategies
  - Meeting "Revive the Roadmap Implementation" 23-24 Aug 2008
- Sustainability of SPF GPP project
6. Education

- Close collaboration b/w pharmaceutical bodies & university staff
  - The working group to improve teaching pharmacies
- Practice oriented curriculum
  - R090
- CPD, self-training material etc.
  - CPP Manual as a self-development manual

Opportunity for Improvement

- Systematic driving force as regional efforts
- Associations’ role as change agents (IPA, Kimia Farma etc.)
- Encourage internal motivation
- More collaboration in provincial level
GPP – Accreditation India

Indian Pharmaceutical Association

Good Pharmacy Practice in India
What has been achieved so far?

2002
IPA-CPD drafted and published India-specific GPP Guidelines (based on FIP - GPP Guidelines)


Training Programmes
IPA has conducted around 20 one-day workshops for Pharmacists in different parts of the country. Covered 1000 Community Pharmacists. Long way to go…..

Problems faced in implementation of GPP
Large number of pharmacies (approx. 5 lakhs)
Improper/ unclear data on exact numbers
Many pharmacies are not manned by Pharmacists (exact figures not known)
Pharmacy is largely seen as a business and not as a profession. Pharmacies are controlled in majority by non-pharmacists.
Drug laws are poorly implemented viz. presence of Pharmacist, sale of prescription medicines against a prescription etc.

Accreditation of pharmacies
One Year Pilot Project
Aug 2006-07
In collaboration with WHO India Country Office & Drugs Controller General of India
Prepared documents – based on GPP
- Accreditation Worksheet/Scoring sheet,
- Accreditation Manual
- Sample documents (Annexures) – Pharmacy Policy, Staff Training Checklist etc.
- Other training material

Worksheet…for Assessment

STANDARD 12 broad areas
FINER STANDARD 1 or more sub areas
CRITERIA Sub components under each Finer Standard – 1 or more
GUIDELINES FOR RATINGS Basis for allotting point Depending on fulfillment of criteria (3 or 2 or 1 or 0)

Based on total points, percentage calculated and ultimately grades allotted

Voluntary enrolment of pharmacies in 2 cities

<table>
<thead>
<tr>
<th>Total Number of pharmacies enrolled</th>
<th>70</th>
</tr>
</thead>
</table>

- Given 3 months to upgrade
- Pharmacies guided to fulfill Standards & Criteria laid down

Assessment of pharmacies – by Assessors

<table>
<thead>
<tr>
<th>Grades scored by pharmacies</th>
<th>Total pharmacies assessed</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade A (Above 75%)</td>
<td>NIL</td>
<td>2</td>
</tr>
<tr>
<td>Grade B (50 – 75%)</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Grade C (25 – 50%)</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Grade D (Below 25%)</td>
<td>1</td>
<td>NIL</td>
</tr>
</tbody>
</table>

Analysis…

<table>
<thead>
<tr>
<th>Total pharmacies enrolled</th>
<th>70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total pharmacies assessed</td>
<td>45 (64%)</td>
</tr>
<tr>
<td>Total pharmacies scoring Grade A</td>
<td>2 (4.44%)</td>
</tr>
<tr>
<td>Total pharmacies scoring Grade B</td>
<td>22 (48.89%)</td>
</tr>
<tr>
<td>Total pharmacies scoring Grade C</td>
<td>20 (44.44%)</td>
</tr>
<tr>
<td>Total pharmacies scoring Grade D</td>
<td>1 (2.22%)</td>
</tr>
</tbody>
</table>

Findings…

Many pharmacies – had continued enthusiasm throughout the project period.
Others - died down after an initial burst.
Number of Pharmacies who did not want to be assessed at end of project : 25
Excuses/Complaints/Difficulties

TIME
STAFFING PROBLEM
Space restraints
Not ready for change - The gradient of change was tough for many.
Pharmacies found it a little cumbersome to get acclimatized to the documentation systems.
Legal aspects
“Not very feasible in India…..”

COSTS

Some pharmacies were disheartened by some of the stringent standards, but for certain standards there was no compromise acceptable.

Low scorers…

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Separate Patient Care Area</td>
</tr>
<tr>
<td>2</td>
<td>Induction programme for staff on appointment</td>
</tr>
<tr>
<td>3</td>
<td>Documentation</td>
</tr>
<tr>
<td>4</td>
<td>Temperature regulation/ control</td>
</tr>
<tr>
<td>5</td>
<td>Training of staff</td>
</tr>
<tr>
<td>6</td>
<td>Refilling of Prescriptions</td>
</tr>
<tr>
<td>7</td>
<td>Dispensing as per SOP</td>
</tr>
<tr>
<td>8</td>
<td>Dispensed Stamp</td>
</tr>
</tbody>
</table>

Positive Learnings

Enthusiasm, positive attitude shown by many pharmacies
Made changes by overcoming hurdles
Attitude towards practice changed
Confidence building
Showed that it is feasible
More pharmacies want to be part of the Accreditation exercise.

Positive Feedback

Helped to put house in order.
Improved professional approach
Improved client approach and number of clients
Team work among staff
Importance of self education
Value of patient care

Present strategy of IPA

IPA to scale-up the GPP & Accreditation exercise to a national level
IPA to set up/be involved as an Accrediting body
Modalities….

Formation of GPP SIG within IPA
Collaboration with stakeholders & concerned organizations
Awareness amongst Chemist Associations and their members/pharmacists, and involve them in awareness generation, and implementation of GPP

In the making

GPP website
- For awareness about GPP
- For dissemination of information and updates
- To provide contact information for conducting GPP training programmes
- To invite registration of those interested to organize GPP training programme (in their state)

GPP + Accreditation

Since the criteria included in the Accreditation Manual are based on the GPP-India guidelines, Accreditation on a national scale will in turn ensure implementation of GPP guidelines inorder to get accredited.
Accreditation will provide a concrete, systematic system for implementation of GPP.
Good Pharmacy Practice Manual will guide the pharmacists extensively to implement the criteria laid down in Accreditation manual.

Ultimately…..

When Accreditation is used as a means of measuring the extent of GPP implementation, this could prove to be a tangible means to measure change or practice of GPP.
GPP Development and Implementation in Sri Lanka

Types of Community Pharmacies
- owned by pharmacists
- owned by non-pharmacists
- State Pharmaceuticals Corporation (SPC) retail outlets (State owned)
- SPC franchised pharmacies
- Chain pharmacies / supermarket outlets

Types of Pharmacists
- Certificate of efficiency
- Certificate of Proficiency
- University Diploma
- B. Sc. (Pharmacy)
- B. Pharm

Problems identified
- Mindset not service oriented but market oriented
- poor professional attitude
- Malpractices due to weaknesses in law enforcement
- Pharmacies (55%) run by unqualified and people
- Therefore quality of services is poor
- Lack of teamwork

Problems in systems rather than individuals
Other issues

- Illegal pharmacies
- Absence of pharmacists at senior management levels of MOH
- Medical administration dominance hindering change

Six priority areas identified at the 1st Regional Conference in Bangkok last year
&

What have we done?

1. Changing perception of the role of pharmacists among themselves

Attitude change & updating knowledge of pharmacists
- Seminars for pharmacist students
- Career guidance seminars for newly qualified pharmacists
- CPD seminars for pharmacists
- Diploma course for community pharmacists

2. Improving the quality of pharmacy practice

GPP project:
- Guidelines prepared & launched
- Introduced to community pharmacists
- Training on GPP initiated

3. Documentation & dissemination of the value & benefits of pharmacy in supply chain for society and the patients

- PSSI Journal – Pharma Guide
- PSSI newsletter
- Information on registered medicines
- Certification scheme (to be introduced)

4. Raising public awareness of the added value of the role of pharmacist / pharmacy

- Public awareness seminars
- Radio / TV programmes
- Articles in newspapers
5. The role of pharmaceutical associations / forums

- Work with MOH & other professional associations (SLMA)
- Participation at TAC, DESC, NSC etc
- Liaise with International bodies (CPA, FIP, SEARPharm Forum)

6. Education

- Diploma in Community Pharmacy programme
- Journal
- Assistance to universities for degree programmes (curriculum development)
INDONESIA AT A GLANCE

- Pharmaceutical market 2005: USD 2.51 billions
- Population: 220 millions
- Drug expenditure per capita: USD 11.4
- # Pharmacist: 21,400

Source: IMS Health, 2007

PHARMACY & PHARMACEUTICAL

- Pharmaceutical market: USD 2.51 billions
- Prescriptions: USD 1.52 billions
- OTC: USD 0.99 billions
- Pharmacy contribution to the total market: 22.4%

Source: IMS Health, 2007

MARKET PLAYERS

- Pharmaceutical market: USD 2.51 billions

<table>
<thead>
<tr>
<th>PLAYERS</th>
<th>NUMBER</th>
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<tbody>
<tr>
<td># Pharmaceutical Manufacturer</td>
<td>205</td>
</tr>
<tr>
<td># Pharmaceutical Wholesaler</td>
<td>2,463</td>
</tr>
<tr>
<td># Pharmacy</td>
<td>10,826</td>
</tr>
<tr>
<td># Drug store</td>
<td>15,513</td>
</tr>
<tr>
<td># Hospital</td>
<td>1,240</td>
</tr>
</tbody>
</table>


HEALTHCARE FACILITIES

<table>
<thead>
<tr>
<th>FACILITIES</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care owned by government (Puskesmas)</td>
<td>7,669</td>
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<tr>
<td>Hospital</td>
<td>1,240</td>
</tr>
<tr>
<td>Clinical Laboratory</td>
<td>504</td>
</tr>
</tbody>
</table>

Primary care: physician office, Puskesmas, small clinics

Source: Profil Kesehatan DepKes RI, 2005
SEARPharm
Forum

**DISTRIBUTION OF PHARMACIST**

- #: 21,400
- Source: Profil Kesehatan Depkes RI, 2005

**PHARMACIST IN PRIVATE SECTORS**

- #: 10,480
- Source: Profil Kesehatan Depkes RI

**DISTRIBUTION OF PHARMACY**

- #: 10,826
- Source: Profil Kesehatan Depkes RI

**# PHARMACY BY OWNERSHIP**

- #: 10,826
- Source: Profil Kesehatan Depkes RI

**PHARMACY EDUCATION**

- # School of pharmacy: 60
- # Pharmacists program: 23
- New paradigm of Bachelor program:
  - Introduce new specialty on Clinical Pharmacy & Community Pharmacy

**ISFI HARD WORK....**
GOVERNMENT POLICIES

- Regulation pertaining to Pharmaceutical Services
- Standard for Pharmacy services in community setting
- Technical guideline for Pharmacy services in community setting
- Guideline for drug information service

STANDARD SERVICES IN COMMUNITY PHARMACY (Medi, 2004)

- Encompasses standards for:
  - Human resources
  - Facilities
  - Pharmaceutical handling
  - Management of pharmacy
  - Pharmaceutical services in pharmacy
- Enforcers: Health District office & district office of ISFI.

PHARMACEUTICAL SERVICES IN PHARMACY

- Prescription screening
- Dispensing of medication
- Drug information for public education
- Home care
- Evaluation of service quality: customer satisfaction, delivery time, standard operations procedure

ISFI PROGRAM

- Set-up interest group on:
  - Hospital pharmacy (Hisfars, 2000): 8 provinces
  - Community pharmacy (Hisfarma, 2001): 2 provinces
- Pharmacists registration & certification, 2007
  - # Pharmacists certified: 8,986 (63.6%)
- No pharmacist no service concept, 2008
- Continuing pharmacy education, 2009:
  - CE Blue print

CERTIFICATION OF PHARMACIST

- Aim: to enhance knowledge & professionalism of pharmacists
- Topic of interest:

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical care</td>
<td>40%</td>
</tr>
<tr>
<td>Product knowledge, pharmaceutical sciences</td>
<td>40%</td>
</tr>
<tr>
<td>Regulations</td>
<td>10%</td>
</tr>
<tr>
<td>Organization</td>
<td>10%</td>
</tr>
</tbody>
</table>

NO PHARMACIST NO SERVICE CONCEPT

- 2008: Pilot Project in 2 Provinces: West Java and East Java
- 2009: Pilot project in all provinces (33 provinces)
- No pharmacist no service guideline
- Bank loan to upgrade pharmacy (Bank BRI)
INSIGHT OF GPP (Bangkok)

- Supply & use of prescribed medicines & other healthcare products, incl. counseling
- Primary healthcare
- Improving rational use of medicine
- Health promotion & ill-health prevention
- Improving health & quality assurance in healthcare delivery

GPP EXPERIENCE: FACTS

- Independent pharmacies:
  - Wide variety of pharmacy quality & activities
  - Need persuasive approach to implement GPP
- Pharmacy chain: have full control of GPP implementation through reward & punishment mechanism

HISFARMA ACTIVITIES: NATIONAL

- Identify problems faced by most independent pharmacies
- Propose recommendation, policies, standards & management system to:
  - Ministry of Health
  - Indonesian FDA (Badan POM)
  - Association of Indonesian School of Pharmacy
  - ISFI
  - Indonesian Medical Assoc., Dentistry Assoc.

HISFARMA ACTIVITIES: CE

- To enable pharmacists provide drug information to the patients
- To encourage pharmacists capable and willing to do:
  - Patients’ medication records
  - Prescription analysis
  - Drug use monitoring

PHARMACIST FUNCTIONS

- Professional: related to drug utilization control
- Practice: related to ethics of pharmacy practice
- Manager: supervisory functions to all activities of the pharmacy
- Entrepreneur: related to capital investment & ownership

NEW CONCEPT OF PHARMACY SERVICES

- Drugs are not merely a commodity.
- Pharmacy is a system to assure that the process of delivering medicine complies with healthcare requirements
- Pharmacy activities:
  - To deliver pharmaceutical care to the patients
  - To manage drugs as part of healthcare system
**PHARMACY EXPERIENCE**
- Promotion of health
- Ill-health prevention
- Provision of advice
- Influence the quality of prescribing or use of medicines

**PROMOTION OF HEALTH**
- Regular continuing education to pharmacists pertaining to diseases & pharmacotherapy
- Regular examination to measure qualification of our pharmacists
- Regular patient education:
  - Customer education cards
  - SMS, flyers
  - Special events (Ramadan, Hajj)
  - Bulletin
- Public campaign: danger of counterfeit drugs

**CONTINUING EDUCATION**

**SCORING OF CE**
- Multiple choice quizzes have to be completed by all participants of our training school
- Passing grade: 60% or higher
- Self score less than 60%, take re-exam
- Ask Me program: certified if attended 50% or more of total subjects & passed

**ASK ME, I'M CERTIFIED**

**PATIENT EDUCATION THROUGH SMS**
- To encourage implementation of healthy lifestyle
- Send regularly based on their purchase history
PATIENT EDUCATION DURING SPECIAL EVENTS

- Fasting month of Ramadhan:
  - Educate the right time to take medicine
  - Inform the benefits of sustained release products
- Problems with:
  - Sulfonylurea, bisphosphonates, diuretics, contraceptive pill, antibiotics

PATIENT EDUCATION DURING SPECIAL EVENTS (cont’d)

- Pilgrimage to Mecca:
  - Educate how to take medicine for timing of menstruation
  - Educate how to protect their skin & lips with sunblock, after sun lotions and lip balm

PATIENT EDUCATION THROUGH BULLETIN

ILL-HEALTH PREVENTION

- Customer education through our Customer Education Program cards
- 100 series card from food poisoning until stroke
SEARPharm Forum

PROGRAM EDUKASI PELANGGAN

PROVISION OF ADVICE

- Face to face in our pharmacy
- Through written fax or e-mail
- Through our dedicated phone line
- Through counseling column in our bulletin

PROVISION OF ADVICE (cont'd)

To help patient understands how to take the medicine properly

PROVISION OF ADVICE (cont'd)

To help patient understand the medicine she's taking for

PROVISION OF ADVICE (cont'd)

To help patient understand how to use the nebulizer properly

PROVISION OF ADVICE (cont'd)

To help patient using their walking aid properly
INFLUENCE QUALITY OF PRESCRIBING

- To detect wrong prescribing
- To detect wrong instruction of drug usage
- Scanning of ≥9,000 prescriptions to be studied: to avoid error in reading & handling prescriptions
- Patient Medication Record

CONCLUSION

- Achievement: a number of pharmacies, both independent & chain, have implemented GPP at a certain level
- Problems:
  - GPP implementation campaign yet to be endorsed nationally
  - Independent pharmacies need more guidance from Hisfarma

ACTION PLAN 2009 & 2010

- ISFI facilitate other provinces to join HISFARMA
- Introduce new system of reward & punishment mechanism nationwide through:
  - Accreditation for pharmacies implement GPP on their day-to-day activities
  - Certification for pharmacists able to have CE passing grade of 80.0 or higher
- Seeking support for GPP implementation for our 1st priority pharmacies
UNION OF MYANMAR

Demography
Population (2006-2007) 56.515 million
70% - Rural
remaining - Urban
growth rate - 2.02%

People and Religion
- made up of 135 national groups
- speak over 100 languages
- major ethnic groups are Kachin, Kayah, Kayin, Chin, Mon, Bamar, Rakhine and Shan
- 89.4% of Bamar, Shan, Mon, Rakhine and Kayin are Buddhists
- the rest are Christians, Muslims, Hindus and Animists

Myanmar Health Service Delivery System

National Health Committee (NHC)
- formed on 28 December 1989

<table>
<thead>
<tr>
<th></th>
<th>Chairman</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Secretary (1), State Peace and Development Council</td>
</tr>
<tr>
<td>2.</td>
<td>Minister, Ministry of Health</td>
</tr>
<tr>
<td>3.</td>
<td>Minister, Ministry of National Planning and Economic Development</td>
</tr>
<tr>
<td>4.</td>
<td>Minister, Ministry of Home Affairs</td>
</tr>
<tr>
<td>5.</td>
<td>Minister, Ministry of Progress of Border Areas and National Races and Development Affairs</td>
</tr>
<tr>
<td>6.</td>
<td>Minister, Ministry of Social Welfare, Relief and Resettlement</td>
</tr>
<tr>
<td>7.</td>
<td>Minister, Ministry of Science and Technology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Minister, Ministry of Education</td>
</tr>
<tr>
<td>9.</td>
<td>Minister, Ministry of Sports</td>
</tr>
<tr>
<td>10.</td>
<td>Minister, Ministry of Immigration and Population</td>
</tr>
<tr>
<td>11.</td>
<td>Mayor, Nay Pyi Taw</td>
</tr>
<tr>
<td>12.</td>
<td>Director, Directorate of Medical Services, Ministry of Defence</td>
</tr>
<tr>
<td>13.</td>
<td>Deputy Minister, Ministry of Health</td>
</tr>
<tr>
<td>14.</td>
<td>Director General, Department of Health Planning, Ministry of Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Joint Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Director General, Department of Health Planning, Ministry of Health</td>
</tr>
</tbody>
</table>
Food and Drug Safety

- Food and Drug Administration (FDA), Yangon formed under Department of Health since 1995
- Mandalay FDA branch established in 2000
- Offers laboratory service of controlling quality and safety of food, drugs, cosmetics, medical devices and household products

Food and Drug Safety (Cont.)

- Inspected and certified on the basis of compliance with the required Good Manufacturing Practice and assisted in applying Hazard Analysis Critical Control Point methodology
- Drug registration and importation
- Exportation of food & household products

Priority areas selected by Myanmar to promote 'Good Pharmacy Practice'

1. Changing perception of the role of pharmacist among themselves
   - Evaluation of current situation
   - Find the gap between the real situation and the ideal
   - Assessment for the real needs
   - Challenge the current situation (inspire a shared vision)
   - Harmonious development

1. Changing perception of the role of pharmacist among themselves (Cont.)
   - Change attitude and behaviour of pharmacists
   - Update knowledge and skill of pharmacists
   - Leading by role modeling
   - Strong leadership will make CHANGE (for improvement)

2. Improving the quality of Pharmacy Practice
   - Accreditation of Quality/GPP pharmacies
   - Education in GPP implementation
   - Enforcement of existing regulations and updating standards
   - Process of implementation of standards (e.g. TQM)
3. Documentation & dissemination of the value & benefits for society and for the patients of pharmacy in supply chain
   - Collaboration pharmaceutical bodies and universities between exploit research in GPP
   - Bringing outcomes of scientific activities to the public in the area of GPP

4. Raising public awareness of the added value of the role of the pharmacist / pharmacy
   - Pharmacist as a health care provider (Patient oriented pharmaceutical care)
   - Educate patients about the responsibility of pharmacists in healthcare
   - Creating Drug Information Centres

5. The role of pharmacy associations/forums
   - Negotiation & representation for the advancement of profession
   - Job description (proper utilization of pharmacists)
   - Networking with national and international bodies
   - Sustainability of SPF GPP project

6. Education
   - Competency based curriculum
   - Practice oriented curriculum
   - Emphasis on patient oriented pharmaceutical care
   - Improve learning / teaching activities
   - Influence and inspire pharmacy students to nurture and mold the next generation

6. Education
   - Continuing pharmacy education
   - Encourage educational as well as biomedical research
   - Create opportunities to enrich experience
   - To attain academic excellence
   - To attain excellence in professionalism
Department of Medical Science

Universities and Training Schools under Department of Medical Science
- Universities of Medicine
- Universities of Dental Medicine
- Universities of Pharmacy
- Universities of Nursing
- Universities of Medical Technology
- University of Community Health
- University of Public Health
- Nursing, Midwifery, Lady Health Visitor Training Schools

Ministry of Health

Department of Medical Science

University of Pharmacy (Yangon)

- Location - North Okkalapa Township, Waibargi
- Established in - 30.1.1992 (Thahton Street) 7.5.2001 (Waibargi)
- Area - 19.958 acres

Historical Background
- Diploma course - Institute of Paramedical Science (1964)
- University of Pharmacy (1992)

Institutional Aim and Objectives

Aim
To produce highly qualified pharmacists to improve health and quality of life of citizens of Myanmar.
Objectives

At the end of the course, the graduates should:

1. be able to perform their professional tasks responsibilities in health teams by the knowledge of pharmaceutical technology and services related to pharmaceutical care.

2. have acquired knowledge of pharmacy administration pertaining to professional practice.

Objectives (cont.)

3. be competent in application of knowledge in practice with sound humanity.

4. have acquired the knowledge of health care delivery system.

5. have a foundation for further specialization in industry, teaching, hospital, community pharmacy, drug administration and management, research and drug information.

Objectives (cont.)

6. be capable of promoting self-directed, life-long learning so that pharmacists can respond appropriately to changing health needs and advances in pharmaceutical knowledge and technology.

7. have the capability to think analytically, reason logically and ethically.

8. have developed capabilities to do research in pharmaceutical sciences.

University of Pharmacy (Yangon)

20.9.1991 - ‘Institute of Pharmacy’ 11 officers, 45 staff
30.1.1992 - established in BOC college, Thahton Street, Yangon University
7.5.2001 - moved to Walbargi, North Okkalapa
7.3.2002 - 42 officers, 91 staff
10.6.2005 - ‘University of Pharmacy’

Admission and Selection of Students

Undergraduate B.Pharm Course
- Students must pass the Basic Education High School Examination
- Admission is granted in order of merit based on the aggregate marks
- Students who have passed the GCE or other equivalent examinations can apply for admission

Postgraduate M.Pharm Course
- Selection is done by the Central Selection Board of Postgraduate Studies

Financial Aids
- Scholarships for outstanding students
- Stipends and free tuition for students with financial difficulties

B.Pharm. Course

<table>
<thead>
<tr>
<th>Year of Study</th>
<th>Duration</th>
<th>Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year B.Pharm.</td>
<td>1 year</td>
<td>Myanmar, English, Chemistry, Zoology, Botany, Mathematics, Behavioural Science</td>
</tr>
<tr>
<td>2nd year B.Pharm.</td>
<td>1 year</td>
<td>Anatomy, Physiology, Biochemistry, Pharmaceutics, Pharmacology, Pharmaceutical Chemistry, Pharmacognosy</td>
</tr>
<tr>
<td>3rd year B.Pharm.</td>
<td>1 year</td>
<td>Pathophysiology, Pharmaceutics, Pharmacology, Pharmaceutical Chemistry, Pharmacognosy</td>
</tr>
<tr>
<td>4th year B.Pharm.</td>
<td>1 year</td>
<td>Pharmaceutics, Pharmacology, Pharmaceutical Chemistry, Pharmacognosy</td>
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SEARPharm Forum

M.Pharm. Course

<table>
<thead>
<tr>
<th>Year of Study</th>
<th>Duration</th>
<th>Subjects</th>
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</thead>
<tbody>
<tr>
<td>1st year M.Pharm.</td>
<td>1 year</td>
<td>Pharmacology, Pharmaceutical Chemistry, Pharmacognosy</td>
</tr>
<tr>
<td>2nd year M.Pharm.</td>
<td>1 year</td>
<td>Pharmacology, Pharmaceutical Chemistry, Pharmacognosy</td>
</tr>
</tbody>
</table>

Pharmacists Graduated

- B.Pharm (Bridge) 1st Batch-3rd Batch 46 nos.
- Dip Pharm 1st Batch-4th Batch 212 nos.
- B.Pharm 1st Batch-12th Batch 933 nos.
- M.Pharm 1st Batch-3rd Batch 10 nos.

Undergraduate B.Pharm course (2007-2008) academic year

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Class</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>1.</td>
<td>1st year B.Pharm (12/2007)</td>
<td>188</td>
</tr>
<tr>
<td>2.</td>
<td>2nd year B.Pharm (1/2008)</td>
<td>152</td>
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<tr>
<td>3.</td>
<td>3rd year B.Pharm (1/2008)</td>
<td>190</td>
</tr>
<tr>
<td>4.</td>
<td>4th year B.Pharm (1/2008)</td>
<td>154</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>684</td>
</tr>
</tbody>
</table>

Postgraduate M.Pharm course (2007-2008) academic year

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Class</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>1.</td>
<td>1st year M.Pharm (12/2007)</td>
<td>12</td>
</tr>
<tr>
<td>2.</td>
<td>2nd year M.Pharm (1/2008)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>23</td>
</tr>
</tbody>
</table>

Library Service

- Fulfilling the literary needs of
  (a) the teaching staff of the University of Pharmacy
  (b) undergraduate and postgraduate pharmacy students
  (c) researchers
- Availability of interlibrary loan
- Easy accessibility of photocopying service at reasonable price
- Online reference search for postgraduate students and faculty members

Expected Benefits for Universities of Pharmacy

- to maintain and improve e-library
- to establish a well equipped common laboratory for postgraduate students and researchers
- to establish an advanced Drug Information Centre for all health professionals

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Conclusion

It is envisaged that Universities of Pharmacy can provide adequate training for well qualified pharmacists who can provide good pharmacy practice for health care system of our country.
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DAY 2 Presentations
August 12th, 2008-Tuesday

- Pharmacist Role in Quality Management: Processes & Facilitators- Dr. Greg Duncan, Monash University.
- Journey To GPP!- Three Break Out Groups presented on Processes - What do we know?, Facilitators and Barriers - What are the limits?, Building Roadmap - What do we need to do?
- Strategy Session On GPP for SEA region
  - GPP Road Map : Sri Lanka, Thailand, India, Myanmar & Indonesian
- GPP Strategic Steps Towards Pharmacist development, Dr Tom Ahaditomo, President, SEARPharm Forum
- Closing Remarks by Dra Kustantinah, DG, MOH, Indonesia
“THIS PAGE IS INTENTIONALLY LEFT BLANK”
Role of the Pharmacist in Quality Management: Processes and Facilitators

Greg Duncan
BPharm MPH

Overview
- Moving forward with GPP – Evolution or Revolution?
- Processes - What do we know?
- Facilitators and Barriers - What are the limits?
- Building the Roadmap - What do we need to do?
- Where to from here?

Processes

Improving Medicines Use & Promoting Adherence

Outcomes
- Individual and population health benefits
- Economic benefit
- Reduced negative consequences (e.g., antibiotic resistance)
- Facilitates allocation of resources

Processes

Improving Medicines Use & Promoting Adherence

Support process by:
- Engagement with all stakeholders
  - Consumers, health care professionals, governments, pharma industry, insurers, others
  - Participation of all stakeholders
- Regulatory and professional framework to support
  - National medicines policies
  - National service or practice guidelines
  - National treatment guidelines
- Change consumer expectations – cultural change
  - Links to Bangkok priorities
- Consumer interaction (communication)

Processes

Counseling Customers: Written & Oral
- Customer/patient autonomy
- Informed customer makes informed choices
- Change in health behaviours
- Translate pharmacist expertise into meaningful, useful plain language
- Oral advice
  - Prioritise information
  - Limit to how much remember
  - Ensure understanding
  - Supplement oral advice with written information
  - Inform of availability for further advice
Processes

Counseling Customers: Written & Oral

- Pharmacist skills
  - Skill development of pharmacists – life long learning
  - Preparation for counselling episode – information and resources
  - Target counselling to patient need and understanding
  - Consider health literacy of customer
  - Professionalism
    - Confidential interaction
    - Sense of privacy
    - Gain trust of patient
    - Confidence in information provided

Processes

Promoting public health:

- Much education, policy and regulation focuses on individual patient care
- Need to put patient care in population perspective
- Reconcile with Pharmaceutical Care (Systematic Patient Care)
- Consider population impacts of services to individual patients
- Support public health activities
- Underpin national standards and guidelines with public health perspective

Facilitators

Integrate core principles into knowledge and practice

- Population perspective - “greatest good for greatest number”
- Collective responsibility for protecting health and preventing disease
- An understanding of the socioeconomic determinants of health
- Multidisciplinary approach including community involvement

Facilitators

Quality & Number of Work Force

- Address from national perspective
  - Prioritise services for population
  - Identify work force needs
    - Roles for pharmacists, pharmacy technicians or assistants; other health professionals
    - Roles for various educational levels
      - Diploma vs Degree vs PharmD
- Element of resource allocation
- Linked to education and training
  - Quality assurance processes?
  - External and internal audit

Facilitators

Education & Continuing education

- GPP may drive significant change in education
  - Patient/people focus vs drug focus
  - Potential increase in clinical and professional knowledge and skill development compared to natural sciences
- Competency based education and assessment
  - Identify population needs to educate pharmacists to meet them
  - Instill “Life long Learning” culture
  - Build continuing professional development activities into daily practice framework
  - Ongoing assessment of competence (with registration?)

Facilitators

Education & Continuing education

- Availability of resources
  - Shared curricula
  - Shared educational materials
  - FIP academic section support activities in this area
  - Many resources for innovative learning online
    - No need to reinvent the wheel
  - Collegial nature of universities
  - Opportunities for collaboration in resource development
Facilitators

Other issues – structural issues etc.
- Shared experience of GPP implementation in other countries
  - National health priorities may vary
  - Challenges to implementation often similar
  - May identify lessons to be learned
- Guidelines, standards
  - Provides clear framework for service delivery
- Regulatory environment
  - Regulatory change may force change to occur quickly
  - Not politically correct but very effective
  - Needs to be supported by govt in various ways

Building a Roadmap - What do we need to do?

Development of skills, attitude and knowledge
- Many resources available
  - GPP framework documents
- Continuing Professional Development culture
  - CPD not just clinical skills but for any learning needs to improve services
  - May include computer skills, communication skills, management etc as well as drug and disease knowledge
- Resource access
  - Infrastructure – internet access for information
- Encouragement – “people like me” examples

Building Roadmap - What do we need to do?

Capacity building and partnership
- Build capacity for individuals, community and organisations
  - Facilitate positive change management
  - Structural and regulatory framework that supports service development to meet changing community needs
  - CPD culture for pharmacists – life long learners
- Recognise that do not deliver service in isolation – partners in improving health outcomes
  - Relevance to consumer as end user of service
  - Prescribers, Pharma industry, government and insurers

Building Roadmap - What do we need to do?

Gaps in evidence and priority setting
- Priority areas from first meeting underpin issues
  - Review for relevance
  - Others to be added?
  - For groups to discuss
- Dealing with evidence gaps
  - In clinical practice and at a professional level
  > Identify gaps clearly, search for and evaluate evidence
  > If evidence missing, identify how to fill gap (research agenda)
  > Integrate new knowledge into guidelines, standards etc
  > Process of managing evidence gaps should be part of guidelines (with need to do so identified in standards)

Where to from here?

- Groups to address key areas from national perspective
- Share ideas
- Consider six priority areas from 1st meeting in Bangkok
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JOURNEY TO GPP!

THREE BREAK OUT GROUPS

Each group had members from each participating countries:

- Processes - What do we know?
  - Improving Medicine Usage & Promoting Adherence
  - Counseling Customers: Written & Oral
  - Promoting public health

- Facilitators and Barriers - What are the limits?
  - Quality & Number of Work Force
  - Education & Continuing education
  - Other issues - structural issues etc.

- Building Roadmap - What do we need to do?
  - Development of skills, attitude and knowledge
  - Capacity building and partnership
  - Gaps in evidence and priority setting
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Journey to GPP! Group - I

Facilitators and barriers: What are the limits?

1. Quality & number of workforce
   A. No sufficient number of pharmacists who want to work in community pharmacies
   B. Quality of pharmacist not up to mark

2. Education & continuing education
   A. Curriculum is industry oriented and not practice oriented
   B. Lack of problem-based learning process
   C. Lack of hands on training (no patient exposure)
   D. No concept of continuing professional development (CPD) - Facility is not available and pharmacist not motivated

3. Other issues - structural issues
   A. Political will and support, bridging liaison with other health care professionals
   B. Organizational support
   C. Financial support
   D. GPs/Physicians with other health professional
   E. Regulations (Drug Act) are ancient - need to be reviewed
   F. Increasing demand for quality services
   G. Government to protect patient right
   H. Government to protect patients' safety as WHO has declared
   I. Lack of information to promote drugs but GPP to pharmacists
   J. Fragmentation of health care education system
   K. External pressure (preference other than medicine from other provinces, nutrition, anti-aging, consumable medical supplies)

GPP ROADMAP

1. National campaigns to promote the pharmacist & ask all public to make better use of Pharmacists
2. In-service pharmacists to be trained on continuous basis on knowledge of drugs/diseases & communication skills
3. Motivate pharmacists to provide patient information/counselling/patient care

Process: What do we now, where do we go?

1. Improving Medicine Usage & Promoting Adherence:
   A. Pharmacist:
      - Lack of knowledge, awareness of concept of patient counselling
      - Lack of confidence to provide patient instructions, patient counseling
      - Lack of initiative and motivation
      - Lack of understanding of GPP concept
      - Inadequate communication skills
      - Delivering information in a non-threatening manner

   B. Government:
      - Ensuring protocols for GPPs (Patient Package Inserts)
      - Government to protect patients' safety as WHO has declared
      - Government to protect patient's right

   C. Patients:
      - Patients not aware of medicine benefits or side effects if not used properly

2. Counseling customers: written and oral
   1. Not being currently carried out to desired extent
   2. Written communication material not available in adequate quantities

3. Promoting public health:
   A. Pharmacist has no public health perspective - are not involved in public health programs

GPP ROADMAP

- Promote GPP among pharmacists – motivate them that GPP is an investment
- Government to endorse GPP & its various components, and provide financial support
- Take all stakeholders and professionals together
- Curriculum revision with practice oriented learning/hands on training/integration in some curricula with other health care team
- Equip pharmacists with expanding expertise e.g. medical supplies, nutrition elements, cosmetology, gerontology etc.
- Set up association CPD program in collaboration with government agency

GPP ROADMAP

- Upgradation/review of Medicine Use policies & drug laws of the country
- Proper implementation of drug laws
- Provide written information to pharmacists to provide to patients
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Journey to GPP!
Group -II

Working group on processes: improving medicine usage & promoting adherence
1. Srilanka: mindset of the pharmacists market oriented
2. Thailand: focus in selling (business oriented) not patient counseling/patient care
3. India: GPP training manual, pharmacy week to increase pharmacist profession awareness
4. Indonesia: accessible to pharmacist (no pharmacist on the side)
5. Myanmar: dispensing by doctor, and no regulation by government

Working group on processes: counseling
1. Srilanka: -
2. Thailand: trust to pharmacist, there are several level of public trust
3. India: Patient Counseling course for community course, and information leaflet for public
4. Indonesia: Counseling manual but more in hospital and big pharmacy store, and also self/family awareness of medicine
5. Myanmar: -

Facilitators
- By regulation: 'no pharmacists no service' (Thai: few years ago)
- Guidelines
- Indonesia:
  Training for new Pharmacists, organized by: Professional and college associations.
  Licensing, government regulation: 5 years need to renew

Input Barriers
- No pharmacist on pharmacy
- Public awareness for pharmacists
- Organizational issue
- Pharmacists as a side job
- Owner vs pharmacists
- Drug inspectors are not pharmacists
- GPP requirement is too high, and lot of expenses
- Resources is obstacle resource
Input Barriers: cont.

- All of countries have licensing in a lifetime, except Indonesia and Thailand
- Irregualted medical prescription
- Distribution of the pharmacists.

Strategy: Building Roadmap

- Outcome: GPP
- Process barriers
- Input barriers

Process: Governmental rules & Incentives

- Availability of pharmacist
- Irregualted medical practice
- Distribution of pharmacist
- Pharmacy council
- Drug inspectors

Processes: other issues

- Federation collaboration: conflict of interest
- Database development: Drug & counselling
- GPP issue
Journey to GPP! Group –III

WHAT DO WE KNOW - PROCESSES
- Society: get more benefit from ill health prevention campaign
- GPP: get medicine with less cost, coz they use rational drug use
- If patient get same medicine from > 1 prescribers
  - Communicate to the prescribers
  - Always ask what other medicines that patient may taking
  - Build customer loyalty to get records of their purchase history

WHAT DO WE KNOW - PROCESSES
- To get patients’ trust: pharmacists must be knowledgeable (medicine, diseases state), have good communication skill & customer service
- Pharmacist Assoc: propose standards to the regulator (government)
- Participation of pharmacist in community: campaign on BP & blood glucose measurements

FACILITATORS
- Basic education: GPP curriculum, communication skill
- Guideline: standard of practice, standard requirements for premises
- CE: from / facilitate by the association, have blueprint, to limit the period of pharmacist license
- Sharing success & failure stories among pharmacists:
- Trained resources: from other countries / region / FIP

FACILITATORS
- Good organization of association: strengthen secretary function of the assoc
- All information from FIP-WHO (GPP guideline): use them as advocacy for the government
BARRIERS
- Political will: need policy maker / MoH who understand the benefits of GPP
- Create evidence that pharmacy practice can improve national health
- Prescribers do not allow pharmacy to substitute the medicine prescribed, even though there is a regulation to substitute to generic version
- Mindset of pharmacists: hard to change from drug-oriented to patient-oriented

BARRIERS
- In some county there is a law that prohibit pharmacy to do promotion of practice and public health awareness: BP measurement, blood glucose test
- In some county there are no pharmacy council. Their job: create pharmacy curriculum & standard of practice

BUILDING ROAD MAP
- Where we are (self-assessment), where should we go, how to get there
- Each country: GPP guideline (minimum standard of practice) should be approved by government. Later will be improved step by step accordingly
- Re-exam: existing rule, # pharmacist, # pharmacy
- Capacity building: professional organization, help pharmacist achieve standard, train the trainers, CE, accreditation to the pharmacy, certification to the pharmacist

BUILDING ROAD MAP
- Change management, 2007:
  - Perception of the role of pharmacist
  - Quality of pharmacy practice
  - Value & benefits for society
  - Raising public awareness
  - Leadership role of association
  - Education reform & CE

BUILDING ROAD MAP
- A ready package to study & learn: not have to download from the web
- Pharmacist equipped with partnership (government, industry) to be placed in rural area
- Financial resources: membership, workshop & seminar, government, WHO, funding
- Separation role of prescribing & dispensing
- Integrate pharmacy with insurance companies, take care outpatients medicine, public awareness campaign
8

**BUILDING A NATIONAL STRATEGY ON HOW TO REACH GPP?**

Wrap on Plans for Strengthening of GPP in Community Pharmacy Settings in SEA Region

- What are the priorities in your country?
- What is the timetable?
- What actions are required?
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# GPP Road Map in Sri Lanka

<table>
<thead>
<tr>
<th>Priorities And Actions</th>
<th>Timeline For Initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for pharmacists who own pharmacy &amp; pharmacists who work for government pharmacies</td>
<td>2008-09</td>
</tr>
<tr>
<td>Introduce GPP concept to pharmacy students</td>
<td>End of 2008</td>
</tr>
<tr>
<td>To have teaching pharmacies affiliated with school of pharmacy</td>
<td>2011</td>
</tr>
<tr>
<td>Public campaign on pharmacy profession awareness:</td>
<td>End of 2008</td>
</tr>
<tr>
<td>Implore government to approved GPP guideline and support the implementation</td>
<td>End of 2008</td>
</tr>
<tr>
<td>Produce more pharmacists from school of pharmacy</td>
<td>2010</td>
</tr>
<tr>
<td>Implementation of rules related to pharmacy and pharmacist</td>
<td>End of 2008</td>
</tr>
<tr>
<td>Establishment of pharmacy council</td>
<td>2009</td>
</tr>
<tr>
<td>Continuing pharmacist development by the association</td>
<td>End of 2008</td>
</tr>
<tr>
<td>Introduction of accreditation &amp; certification system: training, certification, certified.</td>
<td>2010</td>
</tr>
<tr>
<td>Public health awareness campaign through appropriate media.</td>
<td>End of 2008</td>
</tr>
<tr>
<td>Patient information leaflet: to improve / get adherence, compliance.</td>
<td>2010</td>
</tr>
<tr>
<td>Recruit drug inspectors from pharmacist.</td>
<td>2010</td>
</tr>
</tbody>
</table>
“THIS PAGE IS INTENTIONALLY LEFT BLANK”
## GPP Road Map in Thailand

<table>
<thead>
<tr>
<th>Issue</th>
<th>Actors</th>
<th>Timetable</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define the project-owner (the one who is responsible to drive the GPP implementation)</td>
<td></td>
<td></td>
<td>1. One project owner or multiple owners, the owner is the leader for the taskforce</td>
</tr>
<tr>
<td>2. Make the issue as a national agenda</td>
<td></td>
<td></td>
<td>Driving the GPP should be voluntary or compulsory</td>
</tr>
<tr>
<td>3. Establish the national taskforce</td>
<td></td>
<td></td>
<td>National sub-committee existed, need to find the right composition</td>
</tr>
</tbody>
</table>
“THIS PAGE IS INTENTIONALLY LEFT BLANK”
# GPP Road Map in India

<table>
<thead>
<tr>
<th>Priorities And Actions</th>
<th>Timeline For Initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity building within the association to carry out the tasks listed below</td>
<td>Immediate</td>
</tr>
<tr>
<td>Upgrade current GPP &amp; create awareness about GPP and its components</td>
<td>Immediate</td>
</tr>
<tr>
<td>Curriculum revision: Work with stakeholders</td>
<td>3 months</td>
</tr>
<tr>
<td>Consumer awareness about medicines usage</td>
<td>6 months</td>
</tr>
<tr>
<td>Provide CPD for practicing pharmacist</td>
<td>ongoing</td>
</tr>
<tr>
<td>Prepare info material/ Training of Pharmacist</td>
<td>ongoing</td>
</tr>
<tr>
<td>Motivate student pharmacist to work in community pharmacy</td>
<td>6 months</td>
</tr>
<tr>
<td>Network with Stakeholders and other health care professionals</td>
<td>Strengthen the ongoing activity</td>
</tr>
<tr>
<td>National campaigns to promote pharmacist &amp; their Roles</td>
<td>Strengthen the ongoing activity</td>
</tr>
<tr>
<td>Create evidence about role of pharmacist in improving public health &amp; share the positive experiences</td>
<td>1 year, collect data further</td>
</tr>
<tr>
<td>Decide incentives for better performance</td>
<td>2 years</td>
</tr>
<tr>
<td>Priorities And Actions</td>
<td>Timeline For Initiation</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Recognize &amp; Endorse GPP, Financial Support for GPP training</td>
<td>1 year</td>
</tr>
<tr>
<td>Adapt National Medicines Policy, patient Rights to Safety &amp; quality Services</td>
<td>2 year</td>
</tr>
<tr>
<td>Involve pharmacist in national health programs</td>
<td>2 year</td>
</tr>
<tr>
<td>Advocacy for PPIs</td>
<td>3 year</td>
</tr>
<tr>
<td>Database of human resources on pharmacy</td>
<td>3 year</td>
</tr>
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</table>
Indonesian GPP Workplan

Strategies

- IMPROVEMENT REGULATION & GUIDELINES
- Good organization of association: strengthen leadership & secretary function of the assoc
- Empowerment/capacity building for pharmacist and pharmacy
- Basic education on GPP curriculum, communication and leadership skill
- Improvement patient/client awareness & other stakeholder

Indonesian GPP Workplan

Timetable

- The minimal standard of GPP should be finished at the end of year 2008.
- TATAP implementation for whole provinces (33) start at 2009 →
- Pharmacy Practices Regulation (2009)
- Accreditation (2010)
- Certification (2011)
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## GPP Roadmap in Myanmar

<table>
<thead>
<tr>
<th>No.</th>
<th>Project</th>
<th>Deadline</th>
</tr>
</thead>
</table>
| 1.  | Curriculum Reform (in 5 years time) Draft is almost ready               | 1st year → HRD & Infrastructure (including capacity building)  
2nd year → continue + finalising curriculum draft  
3rd year → implementing curriculum |
| 2.  | Establishment of Pharmaceutical Association (starting in 2009)          | 1st year → preparation for establishment  
2nd year → establishment |
| 3.  | Increasing number of pharmacists (starting in 2010)                    | 1st year → Increasing number of teachers  
2nd year → Increasing number of students accepted in each university  
5th year → Increasing number of pharmacy faculty |

Advocacy will be strengthened and implemented step by step
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9

**Strategy Session on GPP for SEA Region**

- Wrap on Plans for Strengthening of GPP in Community Pharmacy Settings in SEA Region
  - Assessment of the numbers of pharmacies to be accredited with qualified & trained pharmacists using GPP guidelines.
  - Identification of Support, Collaborations and Implementation Mechanism

- Development of Regional activities and Team.
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### THE LOCAL CONDITION

**PARTIAL READINESS**

1. Pharmacy facility
2. The commitment of the pharmacist
3. The environmental setting
4. The legal system availability
5. Partial readiness of the government system (particularly the DOH)
6. Partial understanding on pharmacy service as profession-based health-care service
7. Partial understanding on the GPP as quality-based pharmacy service
TO ESTABLISH THE SUSTAINED EFFORT TOWARDS THE GPP ACHIEVEMENT IN THE SEARO COUNTRY MEMBERS

THE REGIONAL GPP TEAM / TASK FORCE

THE ROLE OF THE REGIONAL TEAM ARE TO BRIDGE THE CHANGING PROCESS TOWARDS GPP IMPLEMENTATION

1. THE TECHNICAL TEAM ASSISTING THE GPP IMPLEMENTATION PROGRAM OF THE MEMBER COUNTRIES
2. TO LIAISON THE PROCESS OF THE GPP IMPLEMENTATION
3. TO MAINTAIN THE ON GOING INITIATIVES OF THE EACH COUNTRY GPP TEAM
4. TO REPORT TO THE EX COM OF THE SEARPHARM FORUM IP WHO
5. ANY OTHER RELEVANT ACTIVITIES TOWARDS THE ACHIEVEMENT OF THE GPP IMPLEMENTATION

THE OUTCOME

1. THE POLICY ESTABLISHMENT OF THE GPP IMPLEMENTATION BY THE EACH GOVERNMENT SYSTEM OF THE RESPECTIVE COUNTRIES REFER TO THE WHO DIRECTION
2. THE DEFINED PROGRAM OF THE IMPLEMENTATION BY THE FRAME [ 5 YEARS PLANNING) OF EACH MEMBER COUNTRIES
3. THE PROMOTION OF THE GPP INITIATIVES IMPLEMENTATION BY THE PHARMACIST ORGANIZED PHARMACIST OR ANY STAKE HOLDERS SUPPORTED BY THE NATIONAL PHARMACIST ASSOCIATION
4. THE GPP DISSEMINATION AND PROMOTION THROUGH THE ACADEMIC SOCIETY
5. THE DEFINED MODEL OF THE GPP BASED PHARMACY SERVICE AND THE BENCHMARK
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CONCLUDING REMARKS BY
DRA. KUSTANTINAH, DG, MOH
INDONESIA

“I thank SEARPharm for conducting this conference in Indonesia & for initiative which is much needed. I have seen the plans for developing GPP roadmap for different countries and I am happy about them. In the region, there is a need for professional approach in retail pharmacy and implementation of GPP will ensure it.

As GMP has become mandatory for the industry, GPP should be for retail pharmacy.

I will give full support and cooperation to Indonesian associations to bring about this improvement.

I feel our new initiative "No pharmacist, No service" will bring about paradigm shift.

With these words I declare meeting closed.”
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Kusmeni  
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Indonesia
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## The SEARPharm Forum 2nd Regional Conference

**Hotel Inna Garuda, Malioboro Street,**
**Yogyakarta, Indonesia**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td><strong>August 10(^{th}), 2008—Sunday</strong></td>
<td><strong>Arrival of delegates to the conference</strong></td>
</tr>
<tr>
<td>13.00 – 17.00</td>
<td>Check In Hotel Inna Garuda</td>
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<tr>
<td>17.00 – 19.00</td>
<td>SEAR Pharm Forum Exco meeting</td>
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<tr>
<td>19.00 – 20.00</td>
<td>Break</td>
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<tr>
<td>20.00 – 22.00</td>
<td>Welcome Dinner, Hosted by President, Indonesian Pharmacist Association (ISFI)</td>
</tr>
<tr>
<td><strong>August 11(^{th}), 2008—Monday</strong></td>
<td><strong>Opening &amp; Conference Session</strong></td>
</tr>
<tr>
<td>08.00 – 12.00</td>
<td>Opening of 16th National Scientific Congress—ISFI (SEARPharm forum delegates are invited)</td>
</tr>
<tr>
<td>12.00 – 13.00</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>13.00 – 13.45</td>
<td>Session –I: Opening of SEARPharm Session on GPP Policy and Plans</td>
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<tr>
<td></td>
<td><strong>Welcome &amp; Opening Remarks</strong></td>
</tr>
<tr>
<td></td>
<td>• Mr. Haryanto Dhanutirto President, ISFI</td>
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<tr>
<td></td>
<td>• Mr. Ton Hoek, General secretary &amp; CEO, FIP</td>
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<tr>
<td></td>
<td>• Dr. Tom Ahaditomo, President, SEARPharm Forum</td>
</tr>
<tr>
<td>13.45 – 14.00</td>
<td>Photo Session: All participants</td>
</tr>
<tr>
<td>Time</td>
<td>Session Description</td>
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</tbody>
</table>
| 14.00 – 14.30 | **Session II:** Theme Session on GPP: GPP for Quality medicines, Improving Medicines use & Health Promotion, through Pharmacist’s Services.  
Ms. Eeva Terasalmi, Secretary, Community Pharmacy Section, FIP |
| 14.30 – 15.30 | **Session III:** Progress report - What Is Being Done for GPP Development and Implementation in SEA region?  
- Thailand - Status of GPP Accreditation for Community Pharmacy  
- India - GPP Accreditation Concept  
- Indonesia - Model for GPP transformation |
| 15.30 – 15.45 | **Coffee Break**                                                                 |
| 15.45 – 16.30 | **Session III Progress report**- Continued  
- Sri Lanka - GPP Policy and Plans  
- Myanmar - GPP Policy and Plans |
| 16.30 – 17.00 | **Discussions**                                                                     |

**August 12th, 2008—Tuesday**  
**Conference Session & Field Visits**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
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<tr>
<td>09.30 – 10.00</td>
<td><strong>Morning coffee</strong></td>
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</table>
| 10.00 – 10.30 | **Session I:** Role of Pharmacist in Quality Management: Processes & Facilitators  
Dr. Greg Duncan, Lecturer in Pharmacy Practice, Monash University, Australia |
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>10.30 – 12.30</td>
<td><strong>Session II: Journey to GPP!</strong>&lt;br&gt;Three Break Out Groups: Each discussed the following-&lt;br&gt;&lt;br&gt;<strong>Processes - What do we know?</strong>&lt;br&gt;• Improving Medicine Usage &amp; Promoting Adherence&lt;br&gt;• Counseling Customers: Written &amp; Oral&lt;br&gt;• Promoting public health&lt;br&gt;&lt;br&gt;<strong>Facilitators and Barriers - What are the limits?</strong>&lt;br&gt;• Quality &amp; Number of Work Force&lt;br&gt;• Education &amp; Continuing education&lt;br&gt;• Other issues – structural issues etc.&lt;br&gt;&lt;br&gt;<strong>Building Roadmap - What do we need to do?</strong>&lt;br&gt;• Development of skills, attitude and knowledge&lt;br&gt;• Capacity building and partnership&lt;br&gt;• Gaps in evidence and priority setting</td>
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<tr>
<td>12.30 – 13.30</td>
<td>Lunch Break</td>
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<tr>
<td>13.30 – 15.00</td>
<td><strong>Session III: Short Presentations &amp; Discussion- Continued</strong>&lt;br&gt;Three Break out group presented their findings on :&lt;br&gt;• Processes&lt;br&gt;• Facilitators and Barriers&lt;br&gt;• Building Roadmap</td>
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<tr>
<td>15.00 – 15.15</td>
<td>Coffee Break</td>
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<tr>
<td>15.15 – 16.15</td>
<td><strong>Session IV: Strategy Session on GPP for SEA Region</strong>&lt;br&gt;<strong>(All Countries)</strong> - Eeva, Greg and Tom&lt;br&gt;• Wrap on Plans for Strengthening of GPP in Community Pharmacy Settings in SEA Region&lt;br&gt;  o Assessment of the numbers of pharmacies to be accredited with qualified &amp; trained pharmacists using GPP guidelines.&lt;br&gt;  o Identification of Support, Collaborations and Implementation Mechanism&lt;br&gt;• Development of Regional activities and Team.</td>
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<tr>
<td>Time</td>
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<tr>
<td>16.15-16.30</td>
<td>Session V: Closing Remarks by Dra Kustantinah, DG, MOH, Indonesia</td>
</tr>
<tr>
<td>16.30 – 18.30</td>
<td>Field Visits to 3 Pharmacies</td>
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<tr>
<td></td>
<td>1. Apotik Kimia Farma (Government Owner)</td>
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<tr>
<td></td>
<td>2. Apotik Sanitas (Pharmacist Owner)</td>
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<tr>
<td></td>
<td>3. Apotik Wipa (Pharmacist Owner/tentative)</td>
</tr>
<tr>
<td>August 13th, 2008 – Wednesday</td>
<td>Departure</td>
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<tr>
<td>08.00 – 13.00</td>
<td>Check Out Hotel Inna Garuda</td>
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</table>
SEARPharm Forum is FIP Forum of National Pharmaceutical Organisations in collaboration with WHO Regional Office for South East Asia. Its secretariat is based in Delhi.

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:

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

Areas of Improvement

The SEARPharm Forum seeks to strengthen all aspects of improving health and the quality of life of the citizens of the member countries in the South-East Asian Region by the implementation and management of appropriate projects relating to:

a) National Drug Policies, Essential Drugs Concept, dissemination of drug information to other health professionals, patients and the general public.
b) Participation in health promotion and health education programmes, including the prevention of disease and disability.

c) Quality use of medicine, drug utilization studies and pharmaceutical care projects.
d) Integrating all scientific and relevant aspects of pharmacy practice into the curriculum of all institutions of pharmacy in the region

targets in focus

From the beginning, the focus within the SEARPharm Forum is to establish working relations with WHO-SEARO with the purpose of providing assistance in the implementation of regional Health For All strategic plans and by making better use of pharmacists to improve health and quality of life of citizens in South-East Asia Region.
SEARPharm Forum
South East Asian FIP-WHO Forum of Pharmaceutical Associations

Projects, Activities and Strategies

The projects of the SEARPharm Forum are implementing WHO-FIP Good Pharmacy Practices Guidelines, Essential Drug Concept, pharmaceutical curriculum reform, emphasising pharmacists’ role in WHO programmes in prevention of HIV/AIDS, smoking cessation, combating the menace of counterfeit medicines and sale of medicines by persons who are not qualified.

Benefits from Membership

Adequate exchange of information through conferences, symposia, training programmes organised in partnership with WHO, implementation and management of projects through task forces, sending experts to various project – and expert groups, creating cohesion and confidence for individual pharmacists and strong interprofessional collaboration in national programmes.

Organization of SEARPharm Forum

Executive Committee. An Executive Committee of 3-5 members is responsible for pursuing objectives and implementing decisions of the SEARPharm Forum. FIP, WHO-SEARO, WHO Headquarters and FAPA enjoy Observer status.

The Annual Meeting. Members and observers meet once in a year at WHO-SEARO Headquarter to conduct business in accordance with the aims of the SEARPharm Forum.

SEARPharm Forum Newsletter. Please visit our website www.searpharmforum.org for latest information about the activities of the Forum and its members.

The Secretariat. A satellite Secretariat of the SEARPharm Forum is situated at E-256, Greater Kailash – I, New Delhi – 110 048, India.

List of Member Countries - SEARPharm Forum

<table>
<thead>
<tr>
<th>Founding</th>
<th>Invited</th>
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<tbody>
<tr>
<td>Bhutan</td>
<td>Bangladesh</td>
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<tr>
<td>India</td>
<td>DPR Korea</td>
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<td>Indonesia</td>
<td>Maldives</td>
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<td>Sri Lanka</td>
<td>Myanmar</td>
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<td>Thailand</td>
<td>Nepal</td>
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<td>Timor Leste</td>
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