

A report on symposium on

How pharmacist can safeguard public health by enhancing safety and quality of medicines in SEA region of WHO

SEARPharm Forum, is one of the six regional pharmaceutical forums of FIP which brings together national pharmacy associations, the World Health Organization (WHO) and aims to increase partnership, dialogue, understanding and activity in the world regions. The goal is to enable the pharmacy profession to have a greater impact on improving pharmacy services and health. SEARPharm Forum with National Pharmaceutical Association of the South East Asian Region (SEAR) encourages & supports a dialogue and collaboration among national and regional pharmaceutical associations in the South-East Asia region of WHO. Its goal in activities is improving health in SEA Region by development and enhancement of pharmacy practice and pharmaceutical sciences.

To deliberate the objectives of SEARPharm Forum a symposium on "**How pharmacist can safeguard public health by enhancing safety and quality of medicines in SEA region of WHO**" was convened in Bangkok, Thailand on 14th February, 2015. The participating organisations were Pharmaceutical Association of Thailand under Royal Patronage (PAT), Indonesian Pharmacist Association (IAI), Pharmaceutical Society of Sri Lanka (PSSL), Indian Pharmaceutical Association (IPA) and Bangladesh Pharmaceutical Society (BPS). Speakers from Thailand, India, Indonesia and Sri Lanka deliberated on the theme of the symposium.

Topics for Symposium:

- Example of implementing national medicine policy in Sri Lanka
- Physical presence of Pharmacist to strengthen community pharmacy
- Conceptual model for pharmacists in community pharmacy
- Improving effectiveness of HIV –TB Medicines through Pictograms
- Engagement of patients and pharmacists for better outcomes



The symposium reiterated the fact that every patient wants safe, effective and quality medicines. Medicine safety for patients means responsible and safe use of medicine. A multidisciplinary collaborative approach should be used that includes patients and those in addition to health professionals assisting in their care. Drivers for unsafe medicines are products manufactured with inadequate oversight or marketing of medicines with insufficient data on safety. While medicines can be effective, they can be harmful and can be unnecessarily costly unless they are used responsibly. Community pharmacists provide a range of public health services with promising improvements in health access and outcomes. The potential of community pharmacists should be utilized to promote their involvement in medicines management and other cognitive roles in drug therapy and healthcare delivery systems. Difficulties in SEAR are that 30-40% of pharmacies operate without a pharmacist. Furthermore, pharmacists' skills differ greatly based on the duration of their education (2-6 years). Health literacy and making patients competent for their treatment is yet another safety net for patients.

Medicine access is a big problem in SEA region, for example, 65% Indians don't have access to modern medicine. Ministries of Health in SEA region are constantly

evaluating models for Access of medicines to their population. SEARPharm Forum intends to come out with a position paper on **“Improving access to medicines.”** During the Symposium’s panel discussion on the subject, members described examples of models which are deployed in their countries for streamlining procurement, inventory management, distribution and dispensing. The *Jan Aushadhi Scheme* and *National Rural Health Mission in India* are an exemplary initiative in this regard. In Thailand and Indonesia, social health insurance financed by payroll tax is used for formal sector employees. Thailand has managed to reach universal health insurance coverage through three main public schemes: the *Universal Coverage Scheme* (UCS), the *Social Security Scheme* (SSS), the *Civil Servant Medical Benefit Scheme* (CSMBS). While discussing the models of access, each panel member from Thailand, Indonesia, Sri Lanka and India focused on whether pharmacists were present, and if so, contribution made by them. The pitfalls in the models were deliberated and suggestions for improvement were made.

SEARPharm Forum thanks and acknowledges the local hospitality and logistic support received from Pharmaceutical Association of Thailand under Royal Patronage (PAT) for the Symposium.

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