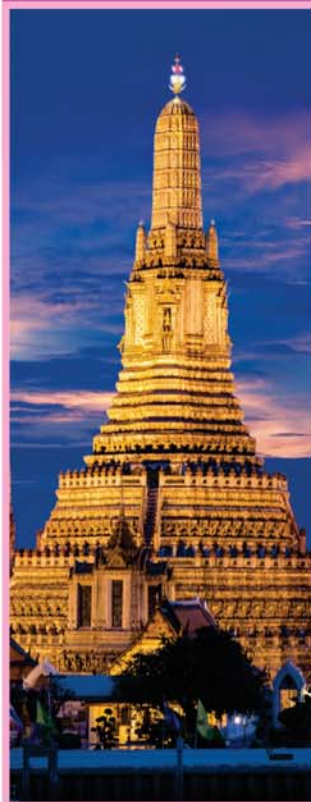


SEARPharm Forum ANNUAL REPORT 2013-14



ANNUAL REPORT

SEARPharm Forum

2013-14



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EXAMINATION OF THE DATA ON NATIONAL MEDICINE POLICIES (NMP) AND DRUG USE IN SOUTH EAST ASIA

National Medicine Policy plays an important role to bring together all the government policies, private and public sectors, and all the health resources available to the country under a common framework to best address the complicated and interdependent problems like lack of essential medicine, poor quality and irrational use of drugs and various new challenges and persistent problems. Often unplanned and piecemeal approaches result in failure to solve problems and may further result in contradicting policies. In SEA Region where countries are looking forward towards Universal Health Coverage in near future, it is extremely important for the countries to have a comprehensive, effective and up-to-date NMP. Thus a lot of importance is being given to NMP by both WHO and FIP.

FIP conducted a workshop during Centennial Congress in 2012 on National Medicine Policy (NMP) which was attended by participants from 14 countries along with representatives from SEARPharm Forum. In the workshop participants deliberated on the status of NMP in the world and made us sensitive towards the subject. After further research it was found that not all countries in the SEAR have NMP. Also they are not all at par even with the world average in terms of various standards necessary for implementing NMP successfully like number of pharmacist etc. It was thus realized that a great amount of work can be done on understanding and implementing NMP and establishing the role of Pharmacist in its implementation in the SEA Region. Thereafter a proposal for a survey to conduct situational analysis in the SEA Region to assess the status of the NMP in the region was made. Thus in Sept 2013 the Secretariat of the SEARPharm Forum undertook the study on “Assessment of the Implementation of National Medicine Policies in South East Asian Region of WHO.”

To gather the data for the study, the Secretariat designed a questionnaire on an electronic format as well as a hardcopy for National Pharmaceutical Associations in South East Asian Region and sought their response. The National Pharmaceutical Associations or their representatives from Indonesia, Thailand, India, Sri Lanka, Bhutan and Nepal participated in the survey. The survey brought out the status of

- Country Demographics
- National Medicine Policy
- Selection of Drugs
- National Formulary
- Supply (Including Procurement and Production Issues) Inventory Control/ Re-order Level
- Standard treatment Guidelines (STGs)
- Rational Drug Use

The information obtained was collated, analysed and presented in the SEARPharm Forum Regional Conference in Colombo, Sri Lanka on 29th June, 2013.

DESIGN AND VALIDATION OF A PICTOGRAM BASED HIV-TB INFORMATION LEAFLET/POSTER TO SUPPORT THE ROLE OF COMMUNITY PHARMACISTS IN INDIA

This multi-step project aims at developing and validating an easy to use pictogram-based information leaflet or poster for HIV-TB treatment to support the role of community pharmacists as part of the Revised National Tuberculosis Control Program (RNTCP) in India.

The study objectives are:

- (a) To identify which pictograms communicate the intended key counseling points best towards all population including low literacy individuals; and
- (b) To obtain feedback on how to improve the pictograms to make it easier to convey the intended message

Status of the Project:

- **PHASE 1**

(Information gathering) & 2 (Semiology Analysis)

Status: **Completed**

- **PHASE 3& 4**

Leaflet Evaluation and pictogram validation (For guessability and translucency)

Status:


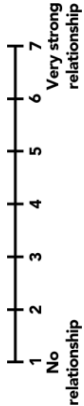

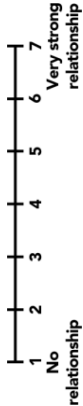
1. Redesign of pictograms using Graphic artist with Indian background for validation in India is **completed**.
2. The partnership with Revised National TB Control Program (RNTCP) of India for validation of pictograms in HIV-TB co-infected patients at its various **centers is confirmed**.
3. To undertake the process of testing the pictogram in Indian population, protocol is received which **requires Ethics Committee approvals** from CHEO, Canada and RNTCP, India.
4. Draft Protocol for Submission to Ethics Committee (Approved by RNTCP with investigators and co-investigator names from their side and translation of Consent forms (Vernacular: Hindi)- **Completed**

5. **While Ethic Committee approval by CHEO, Canada is completed, there has been substantial delay by RNTCP in getting approval by Govt. Ethics Committee in India. On persistent follow up, RNTCP has informed that Govt. Ethics Committee meeting is scheduled on 16th August, 2014, at Bangalore, India in which this agenda item will be put up. s**
6. **In the mean time, the Bill & Melinda Gates Foundation (BMGF), India are very willing to undertake the Ethics Committee approval and complete the process of testing the pictogram in Indian population. However, their patient population is predominantly TB infected and among them HIV co-infected patients are only 10%. Since, the FIP Pictogram Project approval is based on HIV-TB treatment, this would have been challenging and hence the matter was not taken up further.**


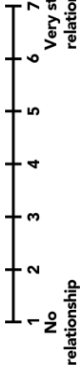

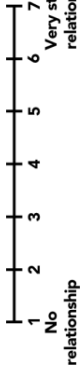

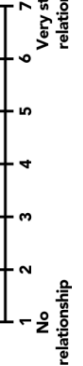

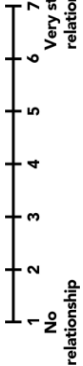

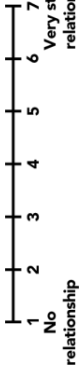

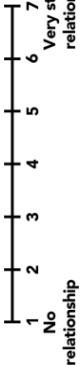
EXAMPLE: DATA COLLECTION TOOL

Appendix E: Data Collection Tools
Data Collection Tool 1

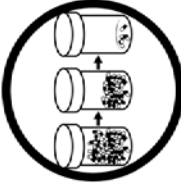
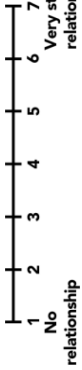

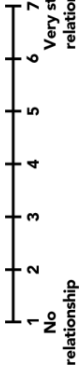
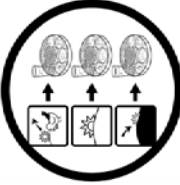
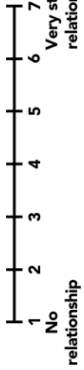

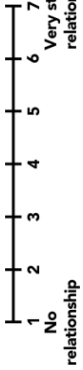

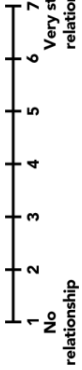

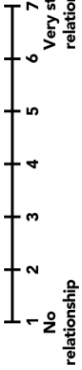
Study #: _____ Gender: M F
Age of participant: _____
Grade school level: _____ OR Highest level of schooling completed: _____
of medications regularly taken (excluding vitamins): _____
Is the patient still driving? yes or no

Number:	Pictogram: (circle the chosen pictogram)	Guessability: As stated by subject	C= CORRECT, X= INCORRECT, PC= PARTIALLY CORRECT (as per independent readers)	Translucency: Indicate numeric score from 1 to 7 (1= no relationship, 2 to 6= some relationship, 7= very strong relationship)	Qualitative input: (free text)
1					
2					

EXAMPLE: DATA COLLECTION TOOL

3					
4					
5					
6					
7					
8					

EXAMPLE: DATA COLLECTION TOOL

10						
11						
12						
13						
14						
15						

An Update DATABASE ON THE INCIDENTS OF COUNTERFEIT MEDICINES IN THE WHO-SEA REGION

Background

Definition of counterfeit medicines:

In its 2003, FIP Statement on Counterfeit Medicines, FIP adopted the 1992 WHO definition of a counterfeit medicine, that is to say: “the deliberate and fraudulent mislabeling with respect to the identity, composition and/or source of a finished medicinal product, or ingredient for the preparation of a medicinal product. Counterfeiting can apply to both branded and generic products and to traditional remedies. Counterfeit products may include products with the correct ingredients, wrong ingredients, without active ingredients, with insufficient quantity of active ingredient or with false or misleading packing; they may also contain different, or different quantities of, impurities both harmless and toxic.”

This WHO definition was officially endorsed in a meeting, convened in Geneva, 1-3 April 1992, which gathered experts from governmental institutions of WHO member states, INTERPOL, World Customs Organization (at the time known as Customs Cooperation Council), International Narcotics Control Board, IFPMA, International Organization of Consumer Unions, and the International Pharmaceutical Federation (FIP).

One of the SEARPharm Forum's objectives is to encourage and support a dialogue and collaboration among national and regional pharmaceutical associations in the South-East Asia Region of WHO by supporting WHO-policies and goals and combating the production and distribution of counterfeit medicine and sale of medicine by people who are not qualified. The print and electronic media has been widely reporting the problem. The open source media reports continue to provide coverage on the various permutations that encompass the act of pharmaceutical counterfeiting and substandard drugs like identical copies, look-alikes, rejected and relabeled.

Identical copies: These are made with the same ingredients, formulation and packaging as the originals. As high priced prescription medications, they are irresistible to counterfeiters.

Look-alike: the packaging and appearance are high quality, but there may be little or no active ingredient. Some look-alikes may even contain harmful substances such as chalk, boric acid, glass or fungus etc.

Rejects and relabeled: Drugs that have been rejected by the manufacturer for quality reasons are illegally obtained by counterfeiters or authentic drugs that have expired are relabeled with the longer shelflife and sold.

!

However, the shortcoming of the open source media reporting is that the same data at times get published by different agencies compound the information and show the problem in a much larger magnitude.

Nevertheless, in the absence of any authentic data, we depend upon news items being published in credible leading newspapers and journals. These reports mainly deal with situation in India, Nepal, Bangladesh, Thailand, Sri Lanka and Indonesia.

The Secretariat has been regularly updating such data since 2001. It is now submitting the updates on the incidents of counterfeit medicines for the year 2012-2013. This list does not reference every media report published, nor does it contain any confidential information.

Pradeep Mishra

Professional Secretary
SEARPharm Forum Secretariat

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SPF News Highlights

- SEARPharm Forum regional conference on "Assessment of Implementation of National Medicine Policy in SEA region of WHO" was held in Colombo, Sri Lanka on 29th June, 2013.
[Click here](#) for brief report
- The joint declaration on management of Tuberculosis in South-East Asian region has been signed by WHO-FIP in Hyderabad during Annual FIP Congress; and followed by Round Table Meeting to implement in respective countries.
- Bangkok Declaration- Joint statement declaration on Good Pharmacy Practices was signed by FIP-WHO.
- FIP Challenge on TB Round 1 published at SEAR Pharm Forum Seminar at New Delhi in April 2012.
[Click here](#) for complete report



fip FIP Highlights

WHO Highlights

Pharmabridge

SPF Newsletters

SPF Useful Weblinks

SPF Site Archives

SP Social Media Feed



#FIPCongress • Programme highlight: Image and self-concept of the #pharmacist - Wednesday 3 September 2014 // 09:00-12:00. It is important to assure the access to the highly professional service in pharmacy, by nurturing the professional attitude and behavior

20 Aug

TRAVEL TO AND FROM EBOLA-AFFECTED COUNTRIES IS LOW-RISK
HERE IS WHAT YOU NEED TO KNOW



WHILE TRAVELLING



Alert online personnel about a fellow traveller who has Ebola symptoms

If you develop a fever and Ebola symptoms, yourself promptly inform online personnel

Drugs, weakness, muscle pain, headache, and sore throat, followed by vomiting, diarrhoea, bleeding



World Health Organization (WHO)

20 Aug



#FIPCongress • Get to know more of the Thai Cultural Etiquette: <http://goo.gl/T8PX0x>

20 Aug

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SP Upcoming Events



2014 IPA/EDQM 4th Technical Conference

9-10 September, 2014
Venue: Hotel Lalit, Sahar Road, Mumbai
2014 IPA/EDQM 4th Technical Conference
Mumbai, India
09 & 10 September 2014

BANGKOK 2014



74th FIP World Congress of Pharmacy and Pharmaceutical Sciences 2014
Bangkok, Thailand
30 August - 4 September 2014

DÜSSELDORF 2015



75th FIP World Congress of Pharmacy and Pharmaceutical Sciences 2015
Düsseldorf, Germany
28 September - 3 October 2015

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