



WESTERN PACIFIC PHARMACEUTICAL FORUM NEWSLETTER



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Message

It was a pleasure for me to enjoy the privilege of participating in the first working meeting of the WPPHarm Forum.

The expansion of the working relations between WHO Headquarters and FIP has been high on the priority list during my term of office as FIP President and it has been very rewarding to see a strategy developed three years ago being brought to success. Creating new organizational structures like the regional FIP-WHO Forums globally has been time consuming, but of course, creating new structures cannot be a goal in itself. It is only when such structures become productive and make change happen that the mission is completed. With the dynamics now in force I am confident that the many dedicated and competent colleagues now engaged in implementing joint work programs with WHO, will complete the mission and make sure that the pharmacy profession globally take the position as a key member of the healthcare team and show leadership in ensuring an optimal use of medicine.

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Welcome!

Welcome to the first edition of the Western Pacific Pharmaceutical Forum newsletter. I am honored to have been chosen as the First President of this Forum and more particularly when we look around the countries of our region and see the changes that are sweeping the practice of pharmacy.

The division of prescribing by medical doctors and dispensing by pharmacists must be some of the most exciting events occurring. With Japan, Taiwan, South Korea and now the possibility of China moving in this direction, this must surely place greater responsibility on pharmacists to act in a highly professional manner by not just supplying the medicine, but providing sufficient information to maximize the outcomes in accordance with the standards of good pharmacy practice.

We propose to develop our first program for the region titled 'Ask Questions About Your Medicines'. This program and an outline of how to proceed will be sent to your national organization shortly. Such a program will fit wonderfully with the separation developments. It will encourage your customers to ask questions about their medicines as well as you, the pharmacist, providing information. In Australia we have had a separation system for over 100 years and slowly and with the support of government legislation and good professional practice we find that pharmacists are now being paid for cognitive services, not just for supplying a medicine. The most important of these are home medication reviews, undertaken by a pharmacist on the request of a physician. The pharmacist visits the patient and reviews all the medicines prescribed, including those self care non-prescription medicines and recommends to the physician any changes or alterations of the medicine regimen. With an ageing population taking more medicines this is an exciting extension of our professional role. It can be of great value in reducing medicine mishaps and hospitalization in any country in our region.

The first general meeting of the Forum will be held in Seoul South Korea on Friday 4 October 2002 prior to the FAPA Congress. Because FAPA crosses both the Western Pacific Region of WHO and the South East Asian Region we have decided that our small meeting be held in the same country on this occasion as FAPA in order to save costs for delegates. As with SEARO Forum has now been formed it is hoped that the seminar section of our meeting on 4 October will be held jointly with a division of grouping from each region for the formal meeting process.

All members of pharmacy organizations attending FAPA in Seoul are invited to attend the Western Pacific Forum meeting. I look forward with our Executive to meeting as many of you as possible on that occasion.

John Ware
President, WPPF

AUSTRALIA: Quality Care Pharmacy Program

The Quality Care Pharmacy Program is an integrated system of performance Standards and supporting tools and processes. It has been designed and developed by the Pharmacy Guild of Australia, to make it easier to:

- consistently meet the expectations of pharmacy's customers; and
- operate businesses more effectively, and ultimately, more profitably.

It has also been designed to meet the emerging requirements for quality assurance in the industry of community (retail) pharmacy. These requirements are being introduced into Australia as a result of Government pressure. As well, widespread adoption of the Quality Care Pharmacy Program will continue to ensure that certain medicinal products which are restricted for sale to community pharmacy because of their potency, will be sold according to industry, professional and Government endorsed standards of pharmacy practice.

When the QCPP is implemented, pharmacies can expect to achieve a uniformly higher standard of:

- service for customers;
- professional care for patients;
- morale and teamwork among staff; and
- business performance.

How does the Program Help Individual Pharmacies?

The benefits of the Quality Care Pharmacy Program include:

- elimination of sub-standard service delivery and more consistent service levels;
- increased customer satisfaction and retention;
- reduced customer price-sensitivity;
- a heightened sense of teamwork between management and staff;
- higher staff morale;
- focusing management and staff on the factors that make a difference to customers and the business;
- less dependency on individuals (management or staff); and
- ease of training/inducting new staff.

By focusing the pharmacy and its staff on the factors that customers value – things like service, advice, convenience, information and so on – customers are given a reason to choose a pharmacy over the local supermarket, health-food shop, discount store, hair-care specialist or similar competitors. In this respect, the quality and range of free advice is a vital component of the Quality Care pharmacy Program.

CHINA: Access Link for Medicines

(Adapted from the issue of No 30 (2001), *Essential Drug Monitor*)

As WHO's Department of Essential Drugs and Medicines Policy (EDM) states, the goal of EDM is to ensure that all people are able to obtain safe, effective and of good quality drugs at a price that they and their country can afford; and the drugs are prescribed and used rationally. This issue of the *Monitor* highlighted some recent activities to create or strengthen the underpinning access

rational use, and reliable health and supply systems. The strong impact of international trade agreements on drug prices and accessibility was inevitable to create fears and discussion. The most notable statement was the Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and public health that has been recently issued by the World Trade Organization (WTO) meeting at the 4th Ministerial Conference in Doha, Qatar, in November 2001. To recognize the importance of intellectual property protection for the development of new medicines, the TRIPS Agreement does not and should not prevent WTO members from taking measures to protect public health. The Declaration has been warmly welcomed and its implementation should be able to support protection of public health and affordable medicines for all. The critical and unresolved issue of how countries, which have no national production facilities, can make use of compulsory licenses will be discussed in the TRIPS Council on year 2002.

On the top of the international agenda is to make life-saving medicines more affordable for poor countries. A high-level WHO/WTO workshop held in April 2001 has helped 80 experts from 21 developing countries to exchange views on differential pricing and financing. The participants shared much common thinking on two central points. The first agreement is to admit that differential pricing can play a vital role to ensure the essential and affordable drugs and allow the patent system to provide incentives for research and development of new drugs. In addition to differential pricing, the second important factor is the financing effort from the international community to buy the medications and to reinforce the health care supply systems. The access to medicine is not just focus on how to supply safe and appropriate drugs but also how they actually used in practice. Some interesting efforts initiated to promote the rational use of medicines. First, the Medical and Pharmacist's Association launched a pilot project called "Physicians and Pharmacists Quality Circles for Drug Prescription" in Fribourg, Switzerland, demonstrated the influence of the local level to the higher health care system. The results for 2 years showed improving professional and humanistic outcomes with reducing prices for common infections, hypertension, heart failure, angina, rheumatism, hyperlipidemia, sleep disorders, generic substitution, and drug interactions. The Government of Oman also took a bold action to maximize the use of available health resources and to minimize waste. A new Directorate of Rational Drug Use was established by using the WHO core indicators for prescribing and dispensing to profile the quantitative and qualitative base about the practices across the nation. The university students and NGOs in Delhi were reinforcing the information of rational drug use through street theatre for consumers' learning. All of these projects elucidated that the efforts to improve the rational drug use is as important as affordable medications.

TAIWAN: The Separation Policy

The Separation Policy assures the safe and effective use of medication. In the past, both physicians and pharmacists could dispense drugs in Taiwan. However, physicians were usually too busy to dispense medication by themselves. They employed non-pharmacist helpers to dispense the drugs. If any mistake were made, the patients probably would not know and could be hurt. Besides, the patients knew neither the function nor the possible side effects of the drugs they had received. On the other hand, community pharmacists, sometimes, dispense the drugs without prescriptions.

The Separation Policy was implemented step-by-step. Before it was actually put into practice, a promoting committee was set up to oversee the whole process. Pharmacists upgraded the facilities of the community pharmacies, such as computers and software to establish drug profiles for patients. Before community pharmacists can contract with BNHI, they need to receive 40 hours of continuing education. The contract will be rescinded unless they keep receiving 48 hours of continuing education credits every 2 years during their practice. Right now, the requirement for continuing education credits is not only for community pharmacists but also for all pharmacists in practice.

Regardless of the place, the prescription must be filled by certified pharmacists now. Physicians can only dispense the medicine by themselves in the designated rural areas or in emergency cases. The practice greatly enhances the safety of taking medicines because patients can get the proper instruction and consultation.

The department of Health is implementing the second phase of Separation Policy right now hoping to find a way to solve all those problems. Our goal is to ensure the public safety and effective drug use by providing an environment in which physicians diagnose and prescribe and pharmacists dispense and consult. Thus, by promoting higher professionalism, better public knowledge, and more defined medical services, Taiwanese government strive to meet the needs and to give satisfaction to the people of Taiwan.

WESTERN PACIFIC: Traditional Medicine

In the Western Pacific Region traditional medicine is widely practiced in most countries in the area. The market for traditional medicine products in the region has expanded significantly over the past decade. More and more governments in the region plan to take actions to promote the proper use of traditional medicine and to ensure the safety of its users.

The Western Pacific Regional office of WHO has provided strong support for traditional medicine and in many ways the region is in a position to take a global lead in ensuring the safe and effective practice of traditional medicine.

There is no reliable data on the extent of the use of traditional medicine in the region, but there is evidence and in several countries, 40 to 50 per cent of the population use traditional medicines. It was identified that there had been increasing academic and industrial involvement in traditional medicine during the last decade and to meet demands from the public, governments of the region have recently paid more attention to traditional medicine and the possibility of bringing the practice of traditional medicine into mainstream health service systems.

The meeting decided to establish a regional strategy for traditional medicine. The regional strategy identifies seven strategic objectives to be developed over the next 10 years. The strategies are as follows:

- to develop a national policy for traditional medicine
- to promote public awareness of and access to traditional medicine
- to evaluate the economic potential of traditional medicine
- to establish appropriate standards for traditional medicine
- to encourage and strengthen research into evidence based practice of traditional medicine
- to foster respect for the cultural integrity of traditional medicine
- to formulate policies on the protection and conservation of health resources

JAPAN: Pharmaceutical Affairs Law

Under the Japanese Pharmaceutical Affairs Law, pharmaceuticals should be sold face-to-face by a pharmacist or under his/her supervision. However, under certain conditions and for a limited scope of pharmaceuticals, direct mail and Internet sale is permitted. These conditions are:

- The website must belong to a registered pharmacy or first-class drug seller.
- Information on pharmaceuticals should be provided independently of that on other goods.
- Name, address, license number and date, owner and/or managing pharmacist of the pharmacy or first-class drug seller should be provided.
- Dosage form, name and amount of active ingredients, indication, number of tablets per package, precautions, price and the name of manufacturer or importer should be provided.
- General advice such as "Use this pharmaceutical product after carefully reading precautions" should be provided.
- The telephone number for consultation should be shown.
- A sufficient number of telephones and personnel should be available for callers.
- Pharmaceuticals should not be mixed with other goods during delivery.
- Pharmaceuticals should be provided in a solid container, with stable ingredients, few adverse drug reactions and their scope is uncomplicated for extreme, antihemorrhoidals (except those containing steroids), dental analgesics and gastrointestinal agents (except gastrointestinal analgesics and antispasmodics).

NEW ZEALAND: Pharmaceutical Accreditation Law

New Zealand regulations prohibit sales of prescription medicines to individuals overseas who do not have prescription from a New Zealand authorized subscriber. The requirement to have a New Zealand based prescription will restrict ability of over-seas consumers to purchase medicines pharmacies. Since November 2000, there has also been an Internet pharmacy accreditation system organized by the Pharmaceutical Society of New Zealand. The program was introduced to officially recognize pharmacy sites that meet the prescribed professional standards for operating on the Internet. To be accredited, a pharmacy must comply with the ethical and legislative requirements and quality standards of a registered pharmacy. In addition, Internet sites displaying the accreditation seal must demonstrate compliance with the patient's rights to privacy and confidentiality, compliance with codes and legislative requirements for the advertising of medicines and the provision of factual and understandable information about all medicines advertised. The site must also provide the opportunity for meaningful consultation between patient and pharmacist. More information on this New Zealand accreditation system can be found at <http://www.psnz.org.nz/>

NEWS-IN-BRIEF

JAY HOOPER is new President of the Pharmaceutical Society of Australia. In the interview Hooper said that his involvement all started at a continuing pharmacy education program on Queensland's Sunshine Coast in the early 1980's. He went on to say that 'I had some spare time at that stage, so I agreed. I had no aspirations for leadership, but I thought it's no good sitting back thinking 'they' should do something about pharmacy, after all I am 'they'.

ELADIO TINIO is the new President of the Philippine Pharmaceutical Association. He topped among the candidates for Board of Directors in April this year. In a subsequent election by the elected board he was unanimously elected President, 2002-2004. Tinio currently is also a Vice President of the Federation of Asian Pharmaceutical Association (FAPA) and President of the Colegio Medico - Farmaceutico de Filipinas Inc. Mr. Tinio has distinguished himself as the executive Vice President and Chairman of the continuing professional education program of the Association.

As of 15 May, over one thousand people from 70 different countries have registered for the FIP Congress in Nice. The three largest country delegations to date come from Finland, United States, and Japan. 1 August 2002 is the deadline for online and pre-congress registration, after that, the registration is possible onsite in Nice.

The World Health Assembly, addresses the issues of safety, accessibility and sustainability of Traditional and Alternative medicine.

The WHO TM/CAM strategy aims to assist countries to develop national policies on the evaluation and regulation of TM/CAM products and practices, and to promote therapeutically sound use of TM/CAM.

Managing Medicines Website Resource Center is now available to provide information on how to help patients get the best result from their medicines through new models of practice and new services.

On 22 and 23 April, representatives from WHO, FIP and 11 Eastern Mediterranean countries gathered in Cairo, Egypt to establish the Eastern Mediterranean Region Organization of Pharmacists. The Director stated that in most countries in the Eastern Mediterranean region, the community pharmacist is the first and often the only contact, a patient has with the healthcare system. So the pharmacist is ideally positioned to provide public health messages.

REYNALDO H. UMALI
Professional Secretary/Editor

Editorial

KEEP THE EMBERS GLOWING!

Mabuhay! Goes the Filipino way of greeting friends and strangers alike. Meaning hi, hello, or welcome, how it is verbally expressed in various countries does not make any difference. The ultimate aim is to establish the warm relationship between and among friends, colleagues, and the like.

The time has come for members of the Western Pacific Pharmaceutical Forum to greet each other by exchanging ideas on the excellence and quality of service in the field of pharmacy.

And so a paper is born... The Western Pacific Pharmaceutical Forum Newsletter. It has the following objectives:

- To help achieve the goals and objectives of the forum through expression and interaction via this publication;
- To serve as an avenue for intellectual discourse and medium of knowledge and innovation in the field of pharmacy;
- To update members on current pharmaceutical issues and events;
- To share solutions to problems, if there are, in the field of pharmacy; and lastly,
- To foster better camaraderie between and among member countries.

This is our paper! This is our voice! Let us love and treasure it. Keep the embers glowing by sharing your thoughts and concerns through this avenue.

The President's Report

The first meeting of the Executive of the FIP Western Pacific Pharmaceutical Forum was held in Manila, the Philippines on 9 and 10 April 2002.

It was attended by Chairman, John Ware from Australia, Vice-Chairman Nobuo Yamamoto from Japan, Professional Secretary, Reynaldo Umali, the Philippines, Dr Lu Lizhu, China and Dr Mei-Ling Hsiao, Taiwan. Dr B Santoso, Regional Pharmaceutical Officer of WHO attended the meeting.

Dr Peter Kielgast, President of FIP, attended the meeting. In opening the meeting, John Ware paid tribute to Dr Kielgast saying he believed that the vision of the regional structure, particularly in a world where globalization is so important. The structure recognized the varied individual needs of many of the areas because of differing philosophical and cultural natures. He said he believed that this move by Dr Kielgast and the Bureau totally ensured the future of FIP as a true global organization that represented the interests of all pharmacists in the world.

The objective of the Forum is to support collaboration between the national pharmaceutical associations of the Western Pacific Region and the Regional Office of the World Health Organization centered in Manila, the Philippines.

The Executive Committee, accompanied by Drs Kielgast and Santoso met with Dr. Shigeru Omi, Regional Director, World Health Organization for the Western Pacific Region during the meeting. Dr Omi outlined the objectives of WHO in the Region and the Forum identified where its planned programs could be supportive of WHO.

The Forum decided to organize a consumer 'Ask Questions About Your Medicines' campaign for the Region. A brochure has been planned and designed and will be forwarded to the various countries associations for translation.

The Western Pacific Pharmaceutical Forum will also distribute a quarterly newsletter with a request that it be republished in the national journals.

The Executive of the Forum perceives an exciting future with groundbreaking developments in many countries. The division of dispensing and prescribing rights in Japan and Taiwan and South Korea and now the big move by China to divide the responsibilities of pharmacists and medical doctors.

It is proposed that the first Annual General Meeting will be held in Seoul, Korea on 4 October 2002 prior to the FAPA conference. The meeting will be preceded by a seminar on traditional medicine.

JOHN WARE