



WESTERN PACIFIC PHARMACEUTICAL FORUM NEWSLETTER



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President's Message

THE CHALLENGE OF CHANGE IN PHARMACY PRACTICE

Why does the world fear change? For progress it is inevitable. Perhaps nowhere in the world is pharmacy practice changing as rapidly as it is in the Western Pacific Region, I believe this is being driven by government joining WHO in recognising the pharmacist's role as a primary healthcare provider.

The challenge of change brings great pressure and stress to our organizations as well as individual pharmacists.

The future of practice in our region depends on how well we manage these changes. The Western Pacific Pharmaceutical Forum has the capacity to support change management. The Forum with input from all member organizations in 10 countries and internationally from FIP has encountered most problems seen in practice change and has the ability to provide practical advice and support. The ability of the Forum to act as a central collector and supplier of regional practice information is sufficient alone to support its existence.

The separation of prescribing and dispensing in Japan, China Taiwan, Korea and China and its success is the most outstanding and dramatic change in our region. Changes in undergraduate and ongoing professional development will play an important role in the next few years. Legislation change in New Zealand and proposed changes in Malaysia support this fact.

On the other side of the balance sheet, Philippine pharmacists are faced with a challenge to allow doctor dispensing and Japan is facing possible legislation that would allow certain non-prescription medicines now available only in pharmacies to be sold at all venues.

New legislation is heralded in Singapore and Australia. Just as the separation of prescribing and dispensing has brought major change to some countries, Home Medication Reviews are bringing changes to practice in Australia. These reviews conducted on referral by a medical doctor to a community pharmacist in a patient's home is probably the biggest step in practice change for 50 years in Australia. The concept of medical doctors and pharmacists working together in the community for better health outcomes is something we only dream about. In this instance, government is also paying both doctors and pharmacists for the service.

These changes as they evolve coupled with WHO's recognition of pharmacists along with medical doctors and nurses as the principal provider of this primary healthcare prescribe for an exciting future.

We must be forward thinking in anticipation of the changes in front of us so that we are prepared to act in order to support progress as we move into more cognitive roles. The Western Pacific Pharmaceutical Forum can unite and co-ordinate for our pharmacists and associations in future change. Don't let our opportunities slip by through lack of co-operation and fear of change. We live in the most dramatic region in the world.

At a recent seminar on change in pharmacy practice in Australia a speaker outlined these strategies for successful change.

'Be prepared. Be realistic and put things into perspective.'

JOHN WARE, OAM, PhD
President, WPPF

Western Pacific Pharmaceutical Forum

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WPPF Soaring To Greater Heights Change in Pharmacy Practice being faced

Established in Singapore at the FIP Congress in 2001, the Western Pacific Pharmaceutical Forum continuously upholds its objectives. Now, only on its third year, it can boast of a series of achievements based on the main objectives of the Forum.

President John Ware, together with the Executive Committee members, all of whom he describes as members with great visions for co-operation and devotion to the development of this new regional body of FIP, working with the World Health Organization, and supported by many associations in the Western Pacific Region, become more and more sensitive to the needs of pharmacy practice of the times.

Regularly conducting Executive Board meetings in various venues, it gives each member country an opportunity to present and address their needs. This paves the way to providing each country the necessary information about innovations, developments and problems relating to the practice of pharmacy in the countries of the Region.

The Forum, with the support from the Pharmaceutical Society of China, Taiwan, has established a website www.wppf.org. It provides the following: updates from member countries, links to other sites, section for pharmaceutical scientists, interactive site for regional pharmacists, pharma-bridge area, WHO anti smoking support, and pharmacist's involvement in SARS prevention and cure.

For the first 18 months of its existence, the Forum has already published three issues of its newsletter in hard copy, while the fourth issue was electronically done. It is exerting efforts to translate the whole issue to Mandarin and Japanese, while consideration is being done to have a translation in Korean language as well.

Realizing that many documents of FIP and WHO that relate to the government and originally written in English are not so effective in specific countries/regions, the Forum has discussed with FIP the need for translation of these in their native language. This is now an on-going project.

Major developments and change in practice have also occurred. The separation of prescribing and dispensing in Japan, China Taiwan, Korea and China is considered the most dramatic change in pharmacy practice in the Region. This means that common practice links and objectives will grow in the future.

Meanwhile, on-going programs are as follows: *Ask Questions About Medicines*, *Pharmacists Role in Public Health*, and *Communication Training*.

The collective efforts of the Forum in counteracting some projects by some governments that are not of general public interest or advancement of pharmacy practice, has attained success. Indeed, President John Ware says, "There is no shortage of projects. The Executive Committee will continue to support the separation of pharmacy practice and medical practice using the policy and the statements of the World Health Organization and FIP."

WPPF Annual General Meeting in Sydney

The Annual General Meeting of WPPF will be held on Thursday, 4 September 2003, at the Pyrmont Room 2 of the Sydney Convention Centre, Darling Harbour Sydney. It will commence at 9:00 a.m. and close at 12:30 p.m. to allow country participants to attend the FIP Council Meeting.

Highlights of the meeting include a presentation by President John Ware on activities of the Forum. A Financial Report, the Budget for 2003/2004, brief country presentations on various issues affecting the practice of pharmacy in their respective countries and election of office bearers for the next term. The program will also feature a presentation on Pharmacy Self Care – A contribution to Public Health by Mr. John Bell from Australia.

WHO Regional Office for the Western Pacific

Essential Drugs and Medicines Policy

Improving Access to Essential Medicines:

A Strategy is Under Development for the Western Pacific Region

Essential medicines save lives and improve health only if they are available, affordable and properly used. Today, despite the potential health impact of essential medicines and the substantial spending on medicines borne either by the government or by the patient, lack of access to essential medicines, irrational use of medicines, and poor product quality remain serious public health problems in many developing countries. This is also true in the Western Pacific Region.

Globally during the last 25 years as a result of the adoption and implementation of the essential medicines concept by countries which was initiated by the WHO in the late 1970s, there has been a substantial improvement with regard to access to essential medicines. However, over one third of the population in developing countries in Asia and Africa still do not have regular access to much needed medicines. Even more tragic is that the leading causes of death and disability in many developing countries can be prevented, treated or alleviated with effective essential medicines.

At the 2002 meeting of the Western Pacific Regional Committee, Member States requested that WHO prepare and objective of this strategy is to provide operational and practical guidance for the WHO Western Pacific Regional Office in collaborating with Member States and other partners to improve access (i.e. availability and affordability of essential medicines). This strategy will be the basis for the planning of country programme budgets as well as the Western Pacific Regional Office's inter-country programme budget in the area of pharmaceuticals.

The process of developing the strategy involves wide consultations, within WHO as well as externally with relevant parties, including partners in essential medicines and national medicine policies, member states and experts.

The final strategy will cover issues pertaining to:

- rational selection;
- rational use;
- affordable prices;
- sustainable financing;
- supply and medicine management system;
- quality issues;
- access to medicines, and trade globalization and Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement.

Drug Supply Management

Good Procurement Practices

BE ALERT IF ...

- The company manufactures only for export.
- The company exports only to developing countries.
- The company's product list exceeds 200 products.
- The company offers products manufactured only occasionally.
- The company has no quality control laboratory.
- Stability studies have not been conducted.

Quality Safety and Efficacy

Combating Counterfeit Drugs

In China

China has intensified efforts towards stopping counterfeit drugs. A series of seminars on counterfeit drugs was conducted in Beijing, Wuhan City, Nanjing and Tai Yuan from November to December 2002.

The seminars created awareness of the counterfeit drug problem and shared information on how other countries have dealt with the same problem. Participants included drug inspectors and regulators from the national and provincial authorities as well as staff of manufacturing companies. Over 100 participants attended each seminar. A WHO expert, Dr. Lim Keuky, presented several topics that were relevant to combating counterfeit drugs. Topics included WHO Guidelines on Combating Counterfeit Drugs, legislation against counterfeit drugs and experiences of other countries in dealing with the problems of counterfeit drugs.

This initiative clearly indicates the drug regulatory authorities' commitment to combat the menace of counterfeit drugs and their intention to foster partnership with the pharmaceutical industry to do so.

Fiji and the Smaller Island States

To encourage bulk purchase of medicines among Pacific Island countries, a second workshop on pooled drug procurement for Smaller Island States (SIS) and Fiji was conducted in Nadi, Fiji in November 2002. Objectives of the workshop included revisiting the three-year action plan developed during an earlier workshop, sharing experiences, and identifying effective strategies and feasible options for improving collaboration between the SIS and Fiji. Various models for pooled procurement were discussed and a feasible model was agreed upon: Bulk Purchase Cooperatives by pooling funds, based on a non-profit arrangement. To embark on pooled procurement, certain preconditions will have to be met, including an agreed pricing system and terms of payment. An action plan for meeting the preconditions was agreed upon.

SIS: Cook Islands, Kiribati, Nauru, Nive and Tuvalu. Also Tobelau, Marshall Islands and Palau participated in the meeting.

Tuvalu

Update drug legislation, two bills have been revised and are now being drafted. These are the Draft Poisons and Therapeutic Goods Bill and the Pharmacy Bill. WHO recruited a leading legal expert in pharmaceuticals. Dr. D. Jayasuria from Sri Lanka, who reviewed and provided comments and input on the drafts.

Federal States of Micronesia

The Federated States of Micronesia, a group of 607 small islands in the Western Pacific ocean with a total population of 105,506 is in the process of drafting a National Medicine Policy. Dr. Lim Keuky, a WHO consultant, assisted the Department of Health in assessing the pharmaceutical sector and drafting the National Medicine Policy as well as an implementation plan for the said policy.

Press Releases

Silver screen is now a smokescreen, says WHO

WESTERN PACIFIC REGION – Highest Smoking Rate in World

The World Health Organization (WHO) has urged the film and fashion industries to stop promoting tobacco use, warning that smoking is set to become the single biggest cause of disease in the Asia-Pacific region.

To mark World No-Tobacco Day on May 31, WHO is calling for tobacco-free films and fashion. WHO said the film and fashion industries were both significantly fostering the use of tobacco, either directly or indirectly, through stars smoking on films, sponsorships of fashion shows and fashion accessories bearing tobacco names. Moreover, some tobacco companies pay for product placement in movies.

Studies show that the likelihood of young people trying out cigarettes more than doubles with frequent exposure to seeing smoking on screen. Every day, some 40,000 to 50,000 Asian teens take up smoking.

Currently, the majority of Hollywood and Hollywood blockbusters dramatize smoking. According to the University of California, San Francisco, which has a website on smoke-free movies, nine out of 10 Hollywood movies dramatize tobacco. Also, 28% of films – and one in five children's movies – show a cigarette logo or brand name. A recent WHO study of Indian films showed 80% depicted tobacco use.

"This is a very worrying trend which urgently needs to be reserved," said Dr. Shigeru Omi, Regional Director of WHO's Western Pacific Region, which covers East Asia and the Pacific. "Half of all smokers eventually die from their habit, yet we still see smoking being promoted as glamorous, 'cool' or 'macho'.

The situation is the same in China, where smoking is ubiquitous on screen. New studies by China's National Office of Tobacco Control show that all of the top 10 films and eight of the most popular television series from 2003 and 2002 depicted smoking. On average, there were 26 depictions of smoking in a film, or 16 per hour.

Smoking has gained a more positive image through film in some areas. Once in Indian films, only "bad guys" smoked; now the heroes smoke just as much.

"In many films, we see heroes, who may be idols for teenagers, smoking. Is this the right image to promote to the young? This goes against all the work done by some countries, such as Singapore, in restricting tobacco advertising," he said.

He said the Region should take note of this issue, given its sizeable young population and soaring smoking rates. Currently, WHO's Western Pacific Region has the highest smoking rate in the world, with nearly two-thirds of men smoking. The impending epidemic of tobacco-related diseases will be a tremendous burden for health facilities. Smoking will kill a third of all young men alive today in China and one million children alive today in Cambodia.

Studies have shown that the likelihood of young people trying out cigarettes more than doubles with frequent exposure to seeing smoking on screen.

A typical American adolescent, who watches 150 films a year will be exposed to about 800 depictions of smoking, a study from the US Dartmouth Medical School found. Moreover, children's access to films is increasing rapidly with the proliferation of satellite and home movie channels

United States Surgeon General has reported that teenagers who smoke are 100 times more likely to go on to use marijuana and 30 times more likely to try cocaine.

With growing restrictions on tobacco advertising, tobacco companies now have few settings to promote their products.

The film and fashion industries have particular appeal, as image is a key reason people take up smoking. As one tobacco industry official said in leaked documents: "Cigarettes have never been a logical product and brand choice has always been determined by images."

WHO has called on the film industry to:

- Certify that no one involved with film production receives any payoffs for depicting smoking;
- Run strong anti-tobacco advertising before films with tobacco use;
- Stop identifying tobacco brands in movie scenes; and
- Implement a rating system for films that depict smoking.

WHO also welcomed the stand taken by stars such as Jackie Chan, who has actively campaigned against smoking and has opposed any depiction of smoking in his films.

Girls now using tobacco almost as much as boys

7 August 2003 – Young girls are smoking cigarettes almost as much as young boys, according to a report released today at the World Conference on Tobacco or Health. The findings are the result of the global Youth Tobacco Survey which studied tobacco use in more than one million adolescents from over 150 countries. The findings have major implications for tobacco control.

For more information visit <http://www.who.int/en/>

New evidence links betel-quid and areca-nut chewing to cancer

7 August 2003 – chewing betel quid – even without tobacco – can cause cancer in humans, according to new evidence from the International Agency for Research on Cancer (IARC). Earlier studies had suggested that only the tobacco in betel quid endangered people's health. IARC also concluded that chewing the areca nut can be carcinogenic. Betel-quid and areca-nut chewing is common practice amongst millions in communities around the world.

WHO Drug Information

Is now available at:

<http://www.who.int/druginformation>

Editorial

Responding to Change in Pharmacy practice

The adage, "There is nothing permanent as change" still holds true. It is even more needed amidst a world living within the comforts provided by modern technology. In every endeavor, the concept of change is indispensable as we tread the path leading to progress. Through at times, it is not just so easy to accept, its end is definitely rewarding when its benefits are realized, understood, and accepted.

As in many situation, change in pharmacy practice may cause various resentment from some sectors, but soon enough, we pharmacists, as advocates of change will stand triumphant. Thanks to our WPPF, FIP, and WHO for providing us enough strength and courage for our plight to be heard.

Our newsletter is also responding to the call for change in pharmacy practice. In an effort to become functionally by way of giving maximum readership and affectivity to our readers among countries, we are trying the best of what we can to localize the language being used as our medium of communication. We are producing our newsletter in an electronic form. WPPF management is trying all means in order to provide translation of our paper to Mandarin, Japanese, and even Korean. Still undergoing deliberation as to how well the process go in a lesser expenses, at the moment, our newsletter has to be published in English, then the President's message translated into Mandarin and Japanese to cater to the needs of local consumers. The translation has to be done after the complete publication of the newsletter in English.

The electronic edition of the newsletter will undergo a systematic procedure. The secretariat finalizes the edition, the website load group collates and pastes the newsletter, then the members of Japan and China Taiwan download the message from the website and do the translations.

This gives every pharmacist in the Western Pacific Region the opportunity to have direct access to the newsletter in the languages where they are comfortable. By this, many programs and projects in keeping with the changes and challenges in pharmacy practice will be wisely disseminated.

WESTERN PACIFIC PHARMACEUTICAL FORUM ANNUAL GENERAL MEETING

The Annual General Meeting of the Western Pacific Pharmaceutical Forum will be held on Thursday 4 September 2003 in Pymont Room 2, Sydney Convention Centre, Darling Harbour, Sydney, commencing at 9.00 am.

BUSINESS

8.30 am Coffee

1. **Welcome, Opening - 9.00 am**
2. **Apologies**
3. **Western Pacific Pharmaceutical Forum**
 - 3.1 **Activities**
President, John Ware
A verbal and pictorial presentation
 - 3.2 **Questions and Discussion**
4. **Financial Report**
 - 4.1 **Financial Statements**
 - 4.2 **Budget for 2003/2004**
Presentation - General Secretary, Reynaldo Umali
5. **Brief Country Presentations**
Presidents of representative associations will be invited to make a brief presentation, say five minutes, on particular issues affecting the practice of pharmacy in their countries. This would be followed by discussion and questions from each presentation.
6. **Election of office-bearers**
7. **Presentation 'Pharmacy Self Care - A Contribution to Public Health'**
Mr. John Bell, Australia
8. **Closure of Meeting 12.30 p.m.**

This gives participants ample time to prepare and attend the FIP Council meeting, where necessary.



The Pharmaceutical Society of China Taiwan Country Annual Report July 2003 **Facing Changes in Pharmacy Practice** Dr. Kuo Sheng-Chu, the President of the Pharmaceutical Society of China Taiwan

SARS Impact

All pharmacy associated societies in Taiwan zealously involved in the combating SARS campaigns, including nationwide temperature - taking campaign initiated by Department of Health (DOH), screening febrile customers asking for antipyretics, and educating general public about SARS via the community college program. During the period of SARS outbreak, Bureau of National Health Insurance (BNHI) permitted the hospitals to deliver refilled prescription drugs for chronic diseases patients by mail more than one-month supply and encouraged patients refill their prescriptions at community pharmacies.

During the outbreak period, the public was awoken and started to recognize that a hospital is not a place to be visited frequently. Therefore, the post-SARS era is the best moment to promote the concept of self-care. In order to equip the graduates of pharmacy school with the updated concept and knowledge, a conference on "Pharmacy Education" was held at the Sun Moon Lake on July 14-15, 2003.

Faculties from different pharmacy schools attended the discussion on designing curriculum for pharmacy students, and in particular, on public health education.

Separation Policy

The policy of separating prescribing and dispensing has been launched since 1997. After a six-year operation, a newly amended policy for the separation was introduced in January 2003. It is that any township where there a neighborhood has a pharmacy within an 1.8 km distance to the clinic(s) is available to have practice, thus, the area is compulsory to comply with this newly amended policy. It means that in this area the medical doctors are no longer allowed to dispense medicines legally. A consensus of releasing 20% of prescriptions from physician clinics has been reached. The DOH reiterated its firm stance on the separation policy and assigned the Bureau of the Medical Affairs and the Pharmaceutical Affairs as mediators to coordinate the further cooperation between physicians and pharmacists.

Drug Misadventures

Since there are two medication error events happened in the beginning of this year. The amendment of the law related to pharmaceutical products cleared the floor of the Legislative Yuan and printing Chinese drug names on drug product packages has become mandatory. The Department of Health (DOH) has been promoting the practice of storing medication in the original container to avoid future mishaps and urged pharmacists to practice in person. At the same time, a program of spreading essential pharmaceutical knowledge to the general public has been in the curriculum of the 20 community colleges nationwide. It is hoped that the knowledge of appropriate use of drugs can reach the public and pharmacists would be the drug-use advisors for the communities. The Pharmaceutical Society of China Taiwan and the national and local pharmacist associations have joined hands to promote 'Ask Questions about Your Medicine'. This campaign just comes in at the right time and addresses our need.

REYNALDO H. UMALI, MBA
Professional Secretary/ Editor