





Pharmacists to Increase Access to Medicines in Developing Countries


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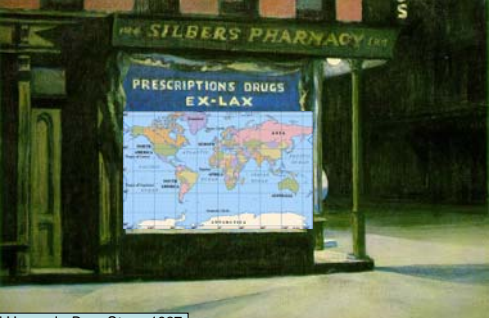
Objectives

- Encourage faculty to provide students with a global perspective to apply their pharmacy skills
- Describe the global access to medicines (ATM) situation
- Define access to medicines
- Discuss the role of national, international, and global medicine policies towards improving ATM
 - Provide examples of pharmacists' work in ATM policy
- Suggest how faculty & pharmacy students might be engaged and trained in global ATM




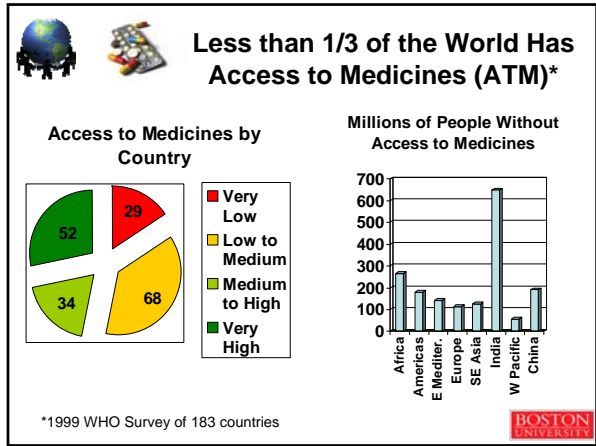


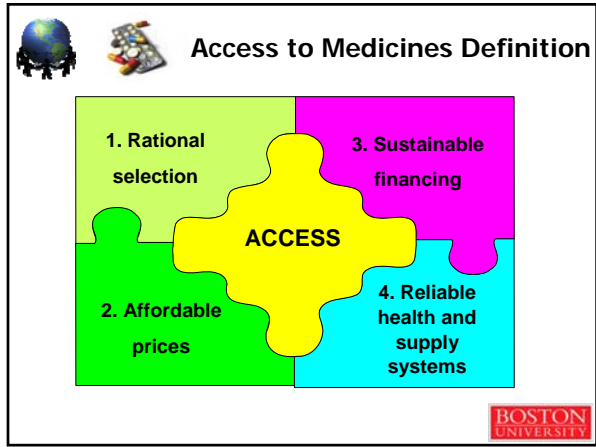
A Global Identity for Pharmacy



Edward Hopper's *Drug Store*, 1927
Museum of Fine Arts, Boston, MA







- ### ATM through policy development: national, international, global
- National Medicine Policies
 - Comprehensive policy that governs all aspects of pharmaceutical sector
 - International Medicine Policies
 - National policies that exist or relate to >1 country
 - Global Medicine Policies
 - Polices existing in many/most countries throughout the world
 - E.g., International Conference on Harmonization Drugs (ICH), World Health Organization (WHO), Global Fund, bilateral and multilateral donors
- BOSTON UNIVERSITY



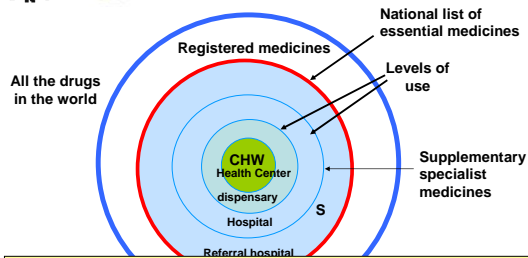
Components of medicine policies

- Legislation, Regulation and Guidelines
- Selection of Medicines
- Supply (procurement & production issues)
- Quality Assurance
- Rational Medicine Use
- Economic Strategies & Financing for Drugs
- Monitoring & Evaluation
- Research
- Human Resources Development
- Technical Cooperation among Countries





ATM 1: Rational selection



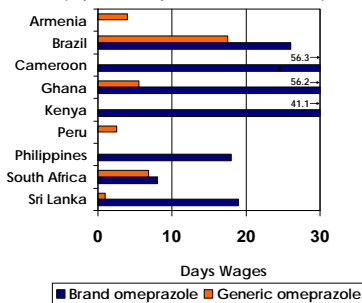
National Essential Medicine Lists - use for supply, reimbursement, training, etc.; Insurance formularies; Standard Treatment Guidelines; Drug promotion policies; Public-private initiatives to address dispensers and self-treatment; curriculum reform to introduce evidence-based medicine & pharmaceutical care; Training & capacity building





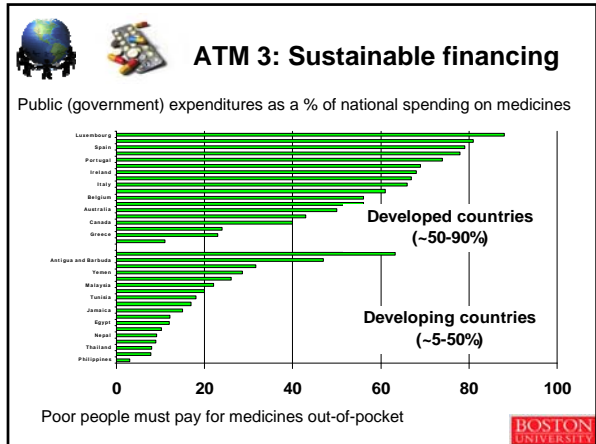
ATM 2: Affordable prices

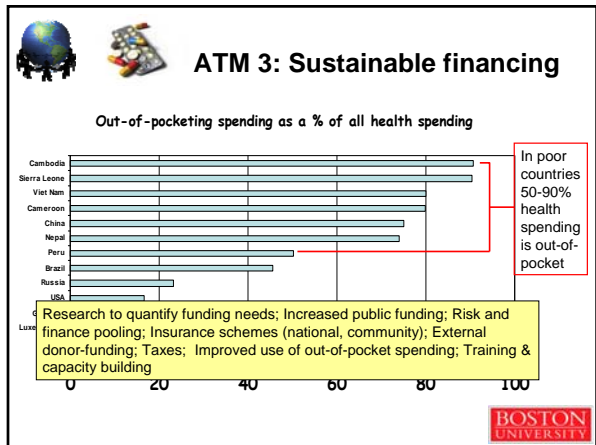
Affordability – # days the lowest paid government worker must work in order to pay for 30 days treatment with omeprazole



Vietnam:
Brand 86.6 days
Imported generic 8.96
Local Generic 1.96














No regulation of dispensing & labeling



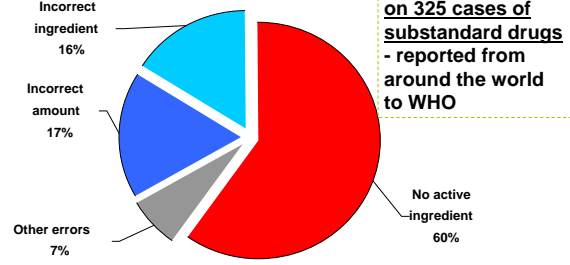
Jumgal, Kyrgyzstan









Poor quality of medicines

Results of assays on 325 cases of substandard drugs - reported from around the world to WHO

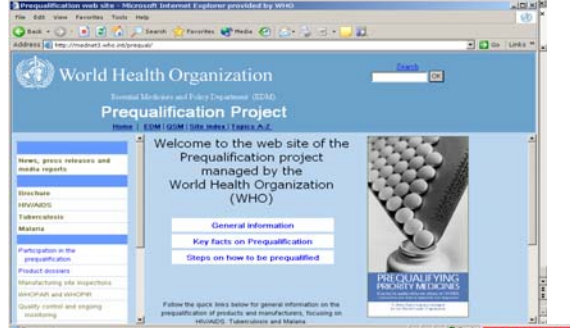



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No active ingredient	60%
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WHO Prequalification Project to assure medicine quality



Engaging & training pharmacy faculty & students

- Include global health topics & lectures in required courses
- Offer elective courses in global health
 - Lots of ready-made materials to guide faculty
- Create student organizations to work in global health
 - e.g., Universities Allied for Essential Medicines
- Create clerkship rotations in global health
- Create opportunities for students to work and intern for global health organizations
- Host external speakers to expose students to current issues and initiatives in global health
- Require students to subscribe and read global health list serves like “e-drug” <http://list.healthnet.org/mailman/listinfo/e-drug>





Summary and conclusions

- 1/3 of the world lacks access to medicines (ATM)
- Medicine policies at national, international, and global levels can improve ATM
- US Pharmacists are “leading the revolution” in curriculum reform, practice, & professionalism
 - but there is little “technology transfer” to poor countries
- More pharmacists are needed to work towards advancing the profession of pharmacy & ensuring equitable ATM across the globe
- Faculty can apply their own skills abroad & expose students to ATM issues in lots of different ways
 - training materials already in existence





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Thank you!
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