Drug Management

Let pharmacists do more for health in developing countries

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It is desirable that the role of the pharmacist be expanded in developing countries, particularly with a view to coping with the problems of poor access to essential drugs and the irrational use of drugs. This objective requires improved collaboration between the medical and pharmacy professions.

Some 1500 million people in the world today have little or no access to essential drugs. In certain developing countries or regions where drugs are not readily available there is also a serious shortage of doctors and pharmacists. Although action is being taken to intensify the training and deployment of health manpower, many factors conspire to hinder progress, among them dwindling economic resources, rapid population growth, political instability, and the AIDS pandemic.

Evolution of the pharmacy profession

Much of the work of hospital and community pharmacists now involves ready-to-use and prepackaged drugs. This in no way diminishes the responsibility of pharmacists to exercise diligence, care and supervision to ensure that patients receive appropriate drugs of good quality at affordable prices. Indeed,

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there are growing pressures for pharmacists to be assigned duties in response to emerging social realities and the demands of public health.

These duties can be identified and clarified by considering unmet needs that pharmacists might be able to fill. Pharmacy education and pharmacy practices vary widely, and what can legitimately be done by pharmacists trained in one country may be different from what those trained elsewhere can do. Not all developing countries have facilities for pharmacy education, and they are thus obliged to rely on national or foreign pharmacists who have been trained in other countries. However, it is not possible to make broad generalizations about the unmet needs that can be tackled by pharmacists, or to allocate a precise role to pharmacists in this connection.

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Unmet needs may exist in relation to the demands of patients, the pharmaceutical industry, health care institutions, and the regulatory authorities. Different plans of action are needed for different types of pharmacy manpower. Thus, as a matter of priority, countries must institute needs assessment surveys with a view to planning the training and deployment of manpower.

**Problem areas**

In many developing countries, special attention is being given to the expansion of drug distribution systems through the deployment of trained manpower, with a view to tackling difficulties of access to essential drugs and the irrational use of drugs.

Factors contributing to the non-availability of drugs include poor planning, weak infrastructural development, a lack of efficient distribution systems designed to meet needs, financial difficulties in sustaining drug procurement systems, and a lack of trained personnel for dispensing and distribution. Irrational usage stems partly from inadequate controls on marketing; in some countries, too many inappropriate drugs are sold by unqualified persons, while health centres staffed by qualified personnel often have to contend with acute shortages of drugs. In some developing countries, prescription requirements are ignored and these drugs are available even through unauthorized outlets.

In a few developing countries, drugs may be available in adequate or more than adequate amounts, at least in certain urban or developed areas. In other areas, with a shortage of both pharmacies and pharmacists, drugs may be available to the community through unqualified persons operating within a parallel illegal market. Inadequate product registration and inspection systems help perpetuate such practices which have far-reaching public health implications.

Only rarely in developing countries are pharmacists in a position to function optimally in accordance with social expectations and their professional training and experience. Yet they are uniquely placed to offer their services as health promoters. Some pharmacies have pregnancy testing kits and equipment for measuring blood pressure which customers can use at little or no cost. Some distribute printed materials on common health problems. Indeed, the theme of health promotion provides a good focus around which pharmacy practices can be developed without necessarily coming into direct conflict with the role of the medical profession.

**Policy options**

Many countries have tried to deal with the problems of poor access to essential drugs and of irrational drug use by limiting the numbers of drugs on the market, promoting local manufacture, distributing drugs in prepacked kits, restricting advertising and promotion and issuing information in the interests of rational prescribing and use, promoting the development of the health infrastructure, and accelerating the training of doctors. The following options are available to address these problems with the help of pharmacy manpower.

- Development of crash training programmes with greater emphasis on endemic diseases and deployment in areas where the need is greatest.
- Introduction of curricular reforms so that all pharmacy students obtain more prac-
tical experience in diagnosing common endemic ailments, enabling them to prescribe drugs for a wider range of conditions than at present, provided that relatively complicated cases continue to be referred to doctors.

- Compilation of lists of drugs that different types of pharmacy outlets in certain geographical locations may distribute without a prescription, provided that the pharmacists have sufficient experience to exercise discretion based on case history.
- Mobilize pharmacists to serve voluntarily as community health promoters and educators to help improve the general standard of health.

The role of the pharmacist should be accorded greater recognition: service conditions should be improved, policies should be adopted which facilitate reasonable turnovers, and there should be opportunities for further training and absorption into related services, particularly in the area of drug control and inspection, where there is a need for people with experience in quality control.

The proposed policy options can be implemented without major structural changes in the health sector and without heavy investment. The medical profession should be more closely associated with the training of pharmacists, especially in regard to the diagnosis of the most frequent and least complicated conditions for which essential drugs are required.

It is highly desirable that the medical and pharmacy professions work closely together for the general good, while recognizing and respecting each other's strengths and skills.

Reference